

# Contributions from members of Te Ohu Rata O Aotearoa

## My life as a Raglan GP

Thomas Nigel Ellison

*Tom Ellison has been a solo general practitioner in Raglan for 36 years. He practised obstetrics until the Raglan Maternity Hospital closed in 1969 and helped in the formation of the Raglan St John Ambulance Brigade and the Raglan Air Sea Rescue Service. He has several awards from St Lazarus of Jerusalem, including Knight Commander (1991). He received a Queen's Service Medal for Fire Service in 1981.*

I was born in Avarua, Rarotonga, Cook Islands, the second youngest child of nine, of English, Scottish and NZ Maori descent (Ngai Tahu, Te Ātiawa, Ngāti Porou). My father, Dr Edward Pohau Ellison, graduated from Otago Medical School as one of the first Maori graduates of Medicine behind Sir Maui Pomare, Sir Peter Buck and Dr Tutere Wi Repa.

It had long been my desire to follow in the footsteps of my father. He worked for the Ministry of Health for many years, serving in the Pacific Islands, Chatham Islands and in New

Zealand from 1919. On his return to New Zealand from the Cook Islands in 1945, he settled as a general practitioner in a small rural town in Taranaki, with the desire to help his people with dedication and compassion, working very long hours, even in his later years. His example determined my choice of career, so when the opportunity arose to practice as a general practitioner in Raglan, Waikato, I accepted.

I began in solo practice in Raglan in February 1966. Raglan is a seaside resort, with a population then of approximately 1 200, and a surrounding district population of about 6 000. The boundaries extended from Kawhia in the south, (45 miles by road), Te Akau in the north, (some 48 miles by road), and east towards Hamilton, a further 15 miles away. The present population of the township of Raglan is approximately 4 000.

Being the only GP in the district for the next 17 years, it was a very busy, enlightening, informative and absorbing practice. I was seeing from 60 to 100 plus patients per day, five days a week, and was on call every night and weekend. During this period I did home visits whenever necessary, often travelling far out into the country, and averaging about 100 miles per week.

My wife, family and I managed three two-week holiday breaks in 1971, 1975 and 1980. This was because locums were quite difficult to obtain, and I felt committed to being available, and endeavoured to do my best in caring for the patients. During the school holidays, and in particular the summer breaks, the Raglan township population increased to twenty to twenty-five thousand, for a period of approximately two months, and on these occasions I was very busy.

In 1983, another GP started in solo practice, to be followed by another solo GP in 1995, and then a further two GPs joined the latter's practice. This helped a lot, and with their cooperation, the after-hours cover was much more effective, and much less burdensome.

My earlier years of general practice were very rewarding and patients often thanked me with gifts of fruit, vegetables, meat and fish. In fact the first evening meal on the first day of practice was a snapper given to us that day. I thus did not mind the long hours of work, al-

though this was quite burdensome for my wife and family. However, because my surgery has always been attached to my residence and my wife worked as nurse/receptionist, family and work life merged without a dis-

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tinct separation between the two. My family often accompanied me on home visits that sometimes took all afternoon. Tea, cakes and scones were nearly always a part of these afternoon excursions, and the children were thoroughly spoiled. These later years however are more paper work than people orientated, and this is very time consuming. With the advent of the computer and the need for medico-legal reasons to be very precise with medical records, patients' medical needs, doctor/patient rapport and face-to-face communication have suffered.

There are numerous amusing experiences I recall from my time as a solo GP, a couple of which I would like to share. Being Port Health Officer had its own risks. Once I was asked to go out over the bar on the local Raglan fishing trawler to meet an overseas boat to clear it for health reasons before Customs and Police Officials could board it. On this particular occasion the seas were very rough, with waves that appeared to me to be about 20-feet high. Having attached a rope between the two vessels I was asked to jump from the fishing vessel to the deck of the visiting ship. With the movement of the two vessels and the size of the swell I did not relish the idea of jumping and refused to clear the ship until it came into the harbour. From that date all visiting overseas vessels were cleared inside the harbour.

On another occasion I was called in by the local police constable to accompany him to an inland bush block where another policeman had fallen from a helicopter while looking for marijuana crops. I was duly flown in with the police constable to the closest landing area to the site of the accident, approximately five kilometers distance by foot. Having reached the site of the accident after a long trudge through thick bush, and after assessing the patient's injuries, the constable called in by cell phone the NZ Army who were training in the vicinity at the time, for assistance in transporting the injured policeman. In due course the Army arrived and started transporting the patient in relays of six to the nearest viable landing area where the helicopter was waiting. En route was a stream of about ten feet width and five feet depth, and as there did not appear to be any alternative means of crossing, the sergeant ordered eight men into the stream. The patient was passed across on a stretcher overhead, and I was asked to follow by walking on their heads. This excursion took me away from a busy surgery full of patients from about 11am until 4pm, by which time the patients in the surgery had decided they were all well enough to wait another day.

There have been many benefits to having a solo rural medical practice, such as getting to know the patients

and their families in their own surroundings on both a business and personal level. The problems have been the isolation from peers, the inability to access further education, the long hours and the difficulty in getting locums. I have been buoyed by the support of the Te ORA

Maori GP Peer Group, which I have enjoyed for the last year, and would like to close with a quote from their waiata, composed recently by my son Sean:

Ngā akoranga a koro mā, a kui mā  
Tūhonotia mai ki ā te Pākehā  
Hei oranga mō tātou katoa  
Tinana, Hinengaro,  
Whatumanawa, Wairua,  
Mauri, Mana, Hā, Tapu

*Combine the teachings of our elders  
With those of the western world*

*For the health and well-being of all*

*Physically, Mentally,*

*Emotionally, Spiritually,*

*For the life-force, ethos and psyche, the intrinsic power  
and uniqueness, the life-breath and absolute sanctity of  
the individual.*