

The heart, the passion of general practice

Peter Anyon was, according to his mates, something of a visionary. A lateral thinker, a lucid writer; he was bored by committee meetings.

He was also a passionate GP, a consultant paediatrician; someone who took great pride in his profession.

General practice was the true heart of medicine – it dealt with people – whereas surgical specialists were stigmatised as ‘bloody technicians’ and orthopaedic surgeons sub-classified as stone masons.

He was incensed by the dismissal of GPs as ‘second class doctors’ by the profession and the public and, as a specialist paediatrician himself, could not abide some of the condescending attitudes of his colleagues who expressed a wish to ‘drop off into general practice’ as they neared retirement. They quickly became more thoughtful after his rhetorical retort about GPs ‘dropping off into urology or rheumatology’.

At a Hutt Hospital staff meeting in the early 70s, it was ironic that both Peter Anyon and a GP anaesthetist from Upper Hutt, Humphrey Rainey, independently produced brief papers on the importance of postgraduate training for GPs.

Eric Elder had earlier started a fledgling scheme in Southland, and both proposed a similar scheme in the Hutt Valley.

‘Graduates were getting no chance of training for general practice, or even getting a look at it,’ recalls Rainey. *‘During the obligatory two years in hospital service they were often seduced by the glamour of a*

specialty and carried on postgraduate training in that.’

Peter very forcefully told the Hutt staff – of specialists – that if anyone seriously wished to pursue general practice, the training they received in their hospital years was abysmal.

So who got the job of setting up a training system?

Humph Rainey recalls Peter was a natural in organising the teaching aspects of the programme, and it quickly became clear he was a born leader and teacher of adults who only needed a little polishing as he went along.

‘His selection of discussion leaders to the half day release programmes gave aspiring GPs a far greater insight into the complexities of practice than the mundane presentations on purely medical topics,’ Humph said.

Through the 60s into the 1970s, Peter Anyon’s experiences helped him develop for the College of GPs, with Bert Young and Peter Gibson,

the exam that has evolved into Primex, the primary examination for membership of the College. Innovative and exacting, it set high standards.

His idea of using paid actors to simulate patients was a world first, and is

now copied around the globe.

Peter Anyon also took an administrative lead in the College, as president in 1980–82, and earlier was on the council with his mate Ash Fitchett, whom he had first met as a brand new third former at Well-



Photo: Julia Stuart

Peter Anyon

ton College. Their careers had progressed uncannily in parallel, to Otago Medical School and staying in the same hostel, Knox College, working in Wellington Hospital then in neighbouring special area practices on the West Coast.

Finally Ash settled in Wellington as a solo GP, while Peter went on to become a specialist paediatrician, before settling into general practice.

‘I believe his patient contacts in Ngakawau on the West Coast awakened his love of ‘just human beings’, which he was reluctant to give up for a narrow field of work,’ said Fitchett, who succeeded his mate two terms later as president of the College. Interestingly, two ex-patients from Ngakawau attended the funeral.

Peter Anyon’s answer was general practice – and paediatrician in charge of the children’s ward at the Hutt Hospital for 28 years.

He pioneered research into numerous clinical problems afflicting his patients, and is credited with documenting Lactose Intolerance in babies. He also has Anyon’s Syndrome, an obscure congenital abnormality, named after him...not because he had it but because he found it.

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His crusading spirit probably came from his mother, who found there was nothing in the health system to help her as she looked after Peter's younger brother, who had Down's Syndrome. Ash Fitchett remembers attending the first meeting of IHC around the Anyon kitchen table.

'She was a formidable lady,' Ash recalls.

Peter's writing skills were utilised by the *Evening Post* newspaper, and his weekly 'tongue-in-cheek' health column avidly followed.

Then there was his 'correspondence' with the Medical Council and its ancillary Medical Education Committee. Humph Rainey is quick to point out that while his name was

often on the 1980s' skirmishes, he was more often acting as a censor, to prevent any splenetic libels,

'Peter became interested in the Medical Council for several reasons. First, he could never get near them. We were not allowed to attend their meetings so didn't know what they were about, especially as at that time they did not even produce an annual report.'

'Second, letters to the chairman received replies such as 'We have taken legal advice...' or sometimes no reply at all.'

'Third, he was incensed by the Medical Education Committee that didn't produce reports as it ought, and worse still was meant to set the standards for medical education

which would be carried out by its own members and then assessed by the same people to see whether they were meeting their own standards.'

Fourth, there was the Medical Council 'electoral' system, where members of the Royal colleges – not the RNZCGP at this time – were selected without reference to the members.

When the Medical Practitioners Act was finally introduced in 1995, the election, not selection, of members was achieved, with annual reports and the appointment of non-medical personnel on the Council and its disciplinary committee.

Peter Anyon was farewelled by family, friends, colleagues and, yes, ex-patients in Greytown at the end of August.

The College thanks both Humph Rainey and Ash Fitchett for their time in producing material for this tribute to their mate. Perhaps Peter Anyon is best summed up by Humph's footnote: '...while he realised general practice was more than just clinical medicine, he was still an excellent clinician. He wouldn't let his trainees get away with sloppy clinical work.'

Anyon vs New Zealand Medical Council, NZMJ, Jan 25, 1984

...I'd like to suggest that all those educationalists be confined to where they properly belong, on an advisory committee, which could tender well meaning but not necessarily acceptable advice to a Medical Education Committee reconstituted so it reflected the profession and the public. Just as war is too important to be left to the generals, so we might suppose that medical education would be much better left not solely to the medical educationalist. A few lay members...mightn't be a bad idea. Nor would the presence of some recently graduated doctors fail to improve matters. And, of course, some form of election would be necessary for those members from the profession...

I'd like briefly now to touch on another matter. In his article Dr Brinkman suggest that the Medical Council should exert a leadership role. Would that that were so, but currently you might as well expect a bunch of spavined artichokes to turn themselves into a French salad. It's a regrettable fact that, hardly suggestive of dynamic leadership, that the Medical Council has taken sixty odd years to produce its first annual report. You can't say it's been the leader in the vocational registration saga, can you? It's effectively hidden disciplinary matters as if they were precious jewels, never to be seen by our vulgar prying eyes. And as for ethics, which Dr Brinkman suggests, that council espouse, we can't expect much lead from a body, which tolerates a Medical Education Committee whose composition, is suspect, to say the least.

And so on...