On changing careers midstream

AN IDENTICAL PLEA FOR HELP marked both the beginning and the end of my career as a general practitioner, and I think that the particulars of these two events reflect the great changes that took place during my decade or so spent as a GP. In 1959, I returned to Australia from England and began working as an assistant in a general practice in the eastern suburbs of Sydney.

In the middle of the night, in the middle of winter, I received a phone call from a man who politely identified his mother as a patient of my boss. He asked me to come to the house, and said, “Mother can’t breathe, doctor”; he surmised that mother might have a bad cold. I took down the name and address, and got dressed, cursing myself for agreeing, without closer inquiry, to see someone who might have nothing worse than coryza at that hour. The patient’s home was not far away, but it was a bitterly cold night, with a howling westerly wind blowing: in those days, cars did not come with a heater as standard equipment!

When I reached the house, the son (much older than me) took me to his mother, a very elderly woman who was, at once, seen to be in extremis as a result of acute left ventricular failure. A quick history was taken from the son, the standard remedies of the day given — intravenous theophylline, morphine, and digoxin, as I recall — and an explanation of the condition and its bleak prognosis given to the son. The patient died soon after. The son thanked me for attending promptly and for doing what I could. I felt ashamed for my unspoken resentment at the time of agreeing to make this house call, but I also felt a sense of great relief that I had attended. The old aphorism “to cure sometimes, to relieve often, to comfort always” came to mind.

I left the practice at the end of that year to join a group practice — still in the eastern suburbs — where I remained for the next 11 years. During that time, my initial indifference to the psychiatric aspects of illness was gradually replaced by a growing realisation of the importance of emotional factors in medical practice. Eventually, I decided to undertake specialist training in psychiatry, and it was agreed that I would leave the practice at the end of 1970.

I was on call for the practice on a weekend late in 1970 — perhaps my last weekend on call. The Sunday evening was warm and still. Towards midnight, there was a phone call, and a woman asked me to make an urgent house call, saying, “Mother can’t breathe, doctor!”. My mind went back to the incident of years before, and I simply took the address without getting any medical details and got there as soon as I could.

I found that, this time, Mother was a middle-aged woman with a head cold, who could not breathe through her nose. Respiration through the mouth was unimpeded and examination of the respiratory and cardiovascular systems was otherwise normal.

I wrote a prescription for ephedrine nose drops. Both mother and daughter protested that the chemist shops would not be open until the next morning. I suggested that the medical “urgency” of the situation would justify waiting until then. A pensioner medical service voucher was signed, and I left with gritted teeth and, no doubt, seriously high blood pressure.

When the red mist settled, I was able to reflect that this might have been a suitable valediction to general practice, an appropriate omega to the alpha of the earlier incident.

The two incidents encapsulated some of the reasons for my ever-increasing dissatisfaction with general practice. I had seen the role of the GP move from that of front-line treating doctor — as my training, experience and inclination had taught me to be — towards that of gatekeeper or signpostman. I had given some thousands of general anaesthetics as a GP, but could see that the days of the GP-anaesthetist were limited, and, in any case, I had decided that I preferred to be dealing with patients who were conscious and inclined to talk. “Blood tests” and medical imaging were insidiously displacing clinical skills as the primary methods of diagnosis.

It took a long time, 20 or 30 years, but ultimately I came to be almost glad that I had experienced that second house call. Changing horses in midstream is something to avoid, so it is said, but these two episodes seemed to me to help justify changing my career when in darker moments I had doubted the wisdom of doing so.

Andrew R Robertson
Forensic psychiatrist
The Ashley Centre, Sydney, NSW