MEDICINE AND THE GENERAL PRACTITIONER IN AUSTRALIA*

DAVID ZACHARIN, E.D., M.B., B.S.
Victoria, Australia

AUSTRALIA, land of the Southern Cross, the sunburnt land, 'down-under' to our American cousins, is the world's sixth continent. An island of some 3,000,000 square miles, it lies in the southern hemisphere between the Pacific and the Indian Oceans, 2,400 miles from east to west, 2,000 miles from north to south, between the 10th and 45th parallels of latitude; from the tropical jungles of north Queensland and mangroves of Darwin, to the lapping antarctic seas in southern Tasmania. This geographic reminder may help you follow a talk which embraces this vast continent with a population you would find around greater London.

Unknown to the world of the eighteenth century, in its 176 years of white occupation, it is the home of over 12 million people, a land of fertile farms, expanding industries and big cities. To understand the character of the true Australian one must realize that although half the population is found in the six capital cities, this does not sever the affinity of almost every Australian with our immense land.

There is no such person as the typical Australian. He may be short or tall, fair or dark, of British or European parentage, but nearly all share some characteristics, fashioned mainly by living in a land which by age and nature, and until today's age of jet travel, by its ocean girt remoteness differs so widely from any other. Its isolation has vanished, with the great cities of the world all within a day or two's flight. The many seafarers of its long coastline, its class of farmers, drovers and outdoor workers and its city workers, share the national addiction to a vast variety of sport—as participants as well as spectators.

The Australian of stage and film producers delight, talking loudly in a strange cockney-type accent and ill mannered and uncouth, is no more typically Australian than any such type in any other country,

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nor is a certain type of Australian abroad who feels he must play this part and loudly shout " Waltzing Matilda " at the drop of a hat. This folk-poem familiar to me since childhood, now set to a musical jingle, oddly enough, I first heard rendered as a popular recorded item five years ago in the U.S.A. where my host was seriously disappointed that I did not receive it as Australia's national anthem.

In this broad land there is no difference to be found anywhere in speech or accent; a strange feature to the visitor from the United Kingdom or North America where a man can be so often identified with a state or district by his speech. To another Australian there are subtle differences in approach and mental attitudes that will often distinguish a man's home State in Australia.

Great cities are much alike anywhere in the world; Sydney has a population over two and a half million; Melbourne over two million. The other capital cities are smaller. In spite of their sprawl, we are still free of smog and it is the ambition of most of us to have a house and garden, although perforce large apartment developments are now taking place. All our large cities are on the sea coast and the sparkling beaches are within easy reach for all, with swimming, sailing and water skiing.

One becomes used to great distances. In the country little is thought of driving 150 or 200 miles to a dance or picnic races. Our College headquarters are in Sydney. Several times a year I fly from Melbourne for executive meetings—600 miles—leaving home in the morning and back at night. Our present president comes over from Perth—over 2,500 miles.

Australians don't worry overmuch about politics and are usually tolerant about anyone's religious ideas, and social levels as known in the old world, by and large, do not exist. However, it is not a ' classless ' society. Any class as such is based on levels of education and achievement and this is open to any child in Australia with ability with a vast number of government scholarships and bursaries at all levels of education, with living allowances for children whose parents are at the basic wage level. The influx of millions of immigrants from the countries of Europe has brought some alteration to our eating habits, arts and crafts, the theatre and general culture, all for the better. The older people naturally retain ties and thoughts of their birthplaces, the children in no time at all become just Australians and forget their countries of origin. Today Australia is no longer the dependant child of an all-wise parent. Rather it is the mature and stalwart son whose family ties are still strong but who must perforce follow his own life and needs.

The first medical practitioners of Australia were, of course, general practitioners, and not the least notable feat of Principal Surgeon

John White and his assistants and ships' surgeons of the First Fleet in 1788 was to assure the Fleet a phenomenally healthy voyage, in an argosy of about 1,500 people, half of them convicts, including 190 women and 13 children, on an unprecedented voyage of 15,000 miles and eight months in almost unknown regions with only 32 deaths. In the first crude hospital of green timber and bark shingles, they had to devise specifics and anti-scorbutics from the strange local flora—wild sarsaparilla and red gum. In the middle seventeen-nineties the surgeon of H.M.S. *Reliance*, George Bass, with Mathew Flinders, entered the papers of history by a coastal exploration in a tiny vessel with an eight-foot long keel.

The first practitioner to qualify by examination in Australia was William Redfern, a young surgeon's mate in the Royal Navy, transported at the age of 19 for his part in advising the mutineers at the Nore to be more united. He became the first in general civilian practice on modern lines, acting as surgeon to a hospital and taking fees from the public. When Governor Macquarie died in the heart of medical London in 1824 his wife mourned that Dr Redfern was not there to save his life as he had done more than once before. Most of our early practitioners became well known in politics and the life of the young country and imparted much to our culture, industries, economy and freedoms.

After 38 years of medicine, with 34 in general practice, and the privilege and good fortune during my lifetime of having visited almost every section of our wide land, I feel I can present a fair picture of medicine in Australia today and the part of our general practitioners in it. Our standards of medicine, surgery, obstetrics, paediatrics and public services are, I think, recognized everywhere as high. With the work of our recent Nobel prize winners—Sir Macfarlane Burnett in virology and Sir John Eccles in neurology, and with the outstanding observations of Sir Norman Gregg that found the relationships between german measles and foetal deformities, the world is familiar.

Australia was fortunate in the calibre of those that came from England to be the teachers in our university medical schools, laying a sure foundation and high standard from the beginning. This has not been allowed to deteriorate and in fact has caused critical comment to be levelled at our medical registration boards for their great care in accepting foreign qualifications. For many years the only medical schools were in the Universities of Sydney and Melbourne, then Adelaide and Brisbane. Only in the last four years has a medical school been established in Perth. There is none in Tasmania. Within the last two years a second medical school has commenced in Melbourne at Monash University and a third is planned. In Sydney, the University of New South Wales has the

second medical school. The basic qualification for practice in Australia is the M.B., B.S. of one of those schools or a recognized medical qualification from the United Kingdom. A very few European medical graduates are admitted after interview; the remainder must pass an examination or spend a shortened course in our universities and pass the M.B., B.S.

The usual methods of getting into general practice (after at least a year as a hospital resident) are by purchase, as an assistant, or by ' squatting ', that is, putting up a plate where one fancies, and waiting for custom. In my young days this met with bitter opposition from the established practitioners of the district. Today, with our ' population explosion ' (from a little over 5,000,000 in the 1930's), there is a shortage of general practitioners and ample work for any one competent; in fact, too much for many of the older established who gladly take partners and assistants and no longer worry about ' squatters '. Unlike your system today there is no control of any description over where a doctor goes or how many doctors are in any area.

It is not possible to say exactly how many general practitioners there are in Australia. We estimate approximately 6,000 of whom over 1,500 to date have joined the College. The number is growing daily.

Many smaller rural communities offer substantially subsidized and therefore unopposed practices, with a house, and a local hospital complete with nursing staff thrown in. You may well disbelieve me when I state that in spite of this a number of such areas have not been able to get a doctor for years. The living conditions are usually excellent but the professional isolation and inability to get locums for holidays, study leave, and so forth, keep applicants away; also the inherent desire of the city bred to cling to cities. These matters our College is steadily taking in hand and the forthcoming years should on our present planning, do much to alter the lot of the isolated rural practitioner. One rather unique medical practice is that of our flying doctor service. This came into being by the vision and energy of Dr John Flynn—a non-medical Presbyterian missionary in the inland of Australia in 1927. When the people of Australia's lonely inland areas need medical aid they use the radio to call a ' flying doctor ' and they promptly get advice over the air channel and when needed the doctor is soon speeding to the scene in an ambulance plane. Sir Theodore Fox, of *The Lancet* recently described this service quite fully in his article on the general practitioner in the ' Antipodes ' as he delights in describing us. I am afraid that like so many who visit strange countries for a short time, even this skilled and experienced observer was led rather astray into thinking that Australian general practitioners attempted too much,

especially in surgery and obstetrics, that could well be dealt with by specialists with the aid of modern air transport, helicopters, and so forth. To one who really knows Australia this is a pleasant (and possibly desirable) fantasy of the future.

Our rural general practitioner must still do much and many indeed are exceedingly able in what they do. Our College fully recognizes the need for those who intend to practice surgery to equip themselves by postgraduate qualifications and in other branches. We feel that the ideal general practitioner of the future is one who has qualified fully in the five-year training plan of our College as a general practitioner and then for preference qualifies in some special interest as well if he so desires, but this fully qualified general practitioner by our standards will be a specialist in his own right as a general practitioner, a speciality no other branch of medicine can hope, or aspire to handle.

In obstetrics in Australia the general practitioner today still does over 60 per cent of the work. Births in 1961 were a record 239,986 at 22.56 per thousand of population. The Australian section of the Royal College of Obstetrics and Gynaecology with a membership of a few hundred could not under any circumstances do the work. Obstetrics is almost totally in hospitals of varying sizes and types, from the great teaching hospitals to small three or four bed ' bush nursing ' hospitals. Domiciliary confinements, frequent in my early days of practice, are almost non-existent today and ' midwife ' obstetrics does not exist. Emphasis is placed by all practitioners on antenatal care. Surveys conducted by our College in 1959–60 on " Conduct of Third Stage of Labour " and in 1962–63 on " Toxaemia in Pregnancy " showed outstandingly good results and low morbidity in general practice in Victoria. Many of our College members are highly qualified in surgery, obstetrics, and paediatrics, but still work in general practice as well. As our maternal, foetal and neonatal mortality rates rank within the leading three or four in the world I feel our general practitioners do a rather good job.

By and large Australia is still a country of private practice in medicine. We abide strongly by the fee for service principle and were overwhelmingly supported by the people of Australia in the 1930's when the Government of the day sought power in a national plebiscite to enforce nationalization of medical practice. The attempt has not been repeated. It is one of the aims of our College to keep our general practitioner standards so high that the community will remain happy with our service as it is.

There is no disease seen in Australian practice that presents any special problem, such as bronchitis does in your country. Carcinoma of the lung is not nearly as often seen as it is with you, although we have similar extensive publicity about it and smoking. In a

quite intensive practice over many years I have seen about one case in four to five years and have confirmed that this is about average incidence in general practice. With our rapidly increasing motor vehicles, already more than one to four of population, we may not remain so fortunate.

Financially, patients are provided for in several ways. Our hospital services are of the highest standard with large public hospitals and varying size private hospitals. The public hospitals are often teaching hospitals connected with university medical schools and the staffs until recently were purely honorary appointments. Now a few have become paid positions, usually on a sessional basis.

In Queensland all public hospital staff are on a salary basis and anyone can seek free treatment in these hospitals, as they are financed by the State government by means of a lottery that has been running for over 30 years and brings in so much money that the Queensland Government are almost hard put to it to find new places to build and equip expensive hospitals. This system is not to the benefit of the general practitioner in Queensland.

Many clinical assistant positions are available to general practitioners if they want to keep in touch with medical progress.

Indigent patients are treated without charge, as are pensioners, in the widows, age and invalid pension brackets. Others who may come within a strictly applied ' means test ' are assessed to pay varying fees according to their income bracket. Those whose income is above the ' means test ' level must seek private treatment.

It is open to anyone to insure under a commonwealth government subsidized hospital and medical benefits scheme which returns up to 70 per cent and higher of general practitioners' consultation fees and varying degrees of refunds for operations and other special procedures and hospitalization. Pensioners attend private practitioners not on lists but by free choice, presenting their entitlement card and signing a voucher that is paid by the government (at an agreed rate about 60 per cent of private fees).

Ex-service personnel with post-war disabilities are amply covered by an extensive repatriation department medical service in which general practitioners are paid on a fee for service basis; the fees being about 75 per cent of the normal private fee. All employees in industry are covered by an all embracing Workers' Compensation Act for which the employer is fully responsible and insures accordingly. Again the private practitioner is paid for all services at a somewhat reduced scale agreed on between the Australian Medical Association and the insurance companies and paid direct by the company to the doctor.

Access to hospitals for continuing care of patients by general

practitioners is variable. In rural districts all general practitioners have access to treat their own patients as they see fit. In larger towns access to base hospitals is somewhat limited to those with special qualifications, nowadays, but private hospitals are there for all who so desire.

In the big cities only private hospitals will take patients for general practitioner's personal care, and this no longer is so in the case of the large private hospitals, where only the specially qualified general practitioner whose standard of work is known and approved will be given a bed—a very limited number indeed today.

An extensive and efficient public health service, both Commonwealth and state, completes the picture with baby-health centres; free (and becoming compulsory), chest x-ray surveys; free, if so desired, Salk vaccine injections and tuberculosis sanatoria, where the inmate is paid a full pension until cured.

The general practitioner in Australia practises—

(1) as a solo practitioner, often with a surgery wing attached to his house and usually with a loose but highly satisfactory arrangement with a nearby friend to take each others calls in emergency, for days off, often even for annual holidays as in spite of the very high fees locums are rarely available. In one or two places a scheme has been started whereby teaching hospital residents are released for one month to relieve country practitioners for purposes of post-graduate study: our College is pursuing this avenue vigorously.

(2) in a partnership of two or three.

(3) in a larger group, often (and I think misleadingly) called a 'clinic'. Such groups practice in usually well built and equipped premises with ample ancillary aid, and often have young specialists attached to the group to deal with the surgery, obstetrics and so forth. Criticism is often levelled at this practice to the effect that it is directed towards preventing the patient seeking a higher second opinion and that the specialists within the group cannot be pure specialists and make a living, yet are not good general practitioners.

Largely these remarks can only have some bearing in suburban areas. In the college we recognize general practitioners in five main types:

1. Family doctor, performing very few techniques beyond basic diagnosis.
2. Family doctor who carries out limited techniques in obstetrics, minor surgery and anaesthetics and comprising the majority of general practitioners.
3. Practitioners who are general in all respects and do anything that comes their way within their powers and ability; still numerous in country areas, but each year their numbers will decrease. Some have had adequate training and experience, others have not.

4. Family doctors with special interests who have undertaken special training and often obtained higher qualifications. This type is increasing and is, I think, the ideal.
5. Those who have only pursued specialist training and qualifications and for various reasons gone into general practice. Usually do not make very good general practitioners and are no longer specialists.

The general practitioner's paper work is frequently complained of, but by your standards is almost negligible. The Australian general practitioner has to work hard, but his income today is good, for the young entrant into the profession perhaps too good, and easy to earn, with the *Journal of the Australian Medical Association* full of advertisements for assistants and locums at £60 to £80 a week, plus accommodation, plus car allowance, and I have yet to meet an established practitioner, especially in the cities who does not get ample time for golf, some fishing, football, the races and other recreations. The greatest drawback is the almost total lack of domestic service aid, although as in the U.S.A., electric domestic apparatus is easily and amply available. Above all, the one that suffers, as usual, is the doctor's wife for whom in my opinion, no tribute is too great.

THE MEDICAL SOCIETY

... There the professor, the specialist, and the general practitioner all meet, and each in his own way contributes to the instruction and intellectual recreation of the others. There, you can meet your neighbours on common ground, and compare experience and opinion by personal discussion. There, rivalries, controversies and discussions may be allayed, and professional friendships be formed; there, you can gauge the mental and academic capacities of your medical contemporaries, and discern the difference between the wise and the injudicious, between intellectual giants and the mental dwarf; there also, you can estimate the influence of the indefinable excellencies of some, and discover and learn to avoid the glaring imperfections of others—and in many other respects learn effectually to separate the chaff from the wheat.

The Young Practitioner. JUKES DE STYRAP, M.K.Q.C.P. (1890). London. H. K. Lewis, p. 55.