

## Losing touch with GP reality

“I couldn’t touch him – but that was all” was the reaction of a 95-year-old Patea woman recently confronted with the new reality of primary health care in Taranaki’s deep south.

It was her first appointment with a virtual reality doctor, a stop-gap measure offered the small settlement as it adjusts to the loss of its last GP. She indicated a certain satisfaction with the new tech approach, and apparently she’s not the only one reasonably happy that at least something has been done to provide consultation of sorts while medical authorities ponder what to do.

Her comment and feedback from other patients was passed on to a forum hosted in Hawera by South Taranaki mayor Ross Dunlop and attended by a couple of dozen health care workers and representatives of various groups. The meeting discussed at length something they already know - that New Zealand’s chronic GP shortage is making life difficult in some rural communities.

A Taranaki District Health Board representative was at pains to explain the crisis is not confined to Patea or Taranaki, but affects most regions. He agreed with Ross Dunlop that Patea is one of the worst cases.

First, some background. In a classic case of self-help, two groups in South Taranaki - the Patea medical trust and Ngati Ruanui - have set up “virtual medical clinics” in Patea (pop: 1500) after the town’s last doctor left weeks ago. Patients talk to doctors via a video link.

What emerged from last week’s meeting was a realisation, for me anyway, that the old model - being on the books of a GP with whom we have an enduring personal relationship - is faltering. We’re going to have to adjust to new ways, just as society modified its expectations long ago when GPs cut back on house calls to those too indisposed to visit the surgery. No doubt such visits still happen, but not to the extent they once did.

We need to think carefully about what the elderly woman was actually saying. The essence lies in her reference to touch: she couldn’t touch the doctor - but much more significantly, he couldn’t touch her.

When I consider what happens during visits to “my” New Plymouth GP, I realise a lot of our time is spent talking. So much so, his nurse sometimes sticks her head in and reminds us gently that it’s lovely we have so much to chat about, but could he please get a move on because there’s a full waiting room.

In theory, discussion about my condition du jour could be just as effective if I’d dialled him up on Skype or Facetime. Much of the relevant stuff comes from his verbal probing of my current hypochondria and putting my mind at rest.

But doctors do more than that, of course. There’s the physical contact - the laying on of hands, palpating, prodding, listening to the performance of internal organs...and the unpleasant inserting we endure because someone with knowledge of bodily functions occasionally needs to check up the fundament to feel if all is normal. I can’t imagine how that could be done online, unless we’re closer than I thought to robots wearing rubber gloves.

What’s to become, then, of folk living on what are now considered our remote margins when they get sick? One thing is certain, there’s as much chance of a return to the days when more than one local GP lived permanently in every small town as there is of health authorities reopening the big mental institutions – or Patea getting back its own hospital board (it had one that was closed 50 years ago).

As one of the district health board representatives pointed out, while the sudden arrival of virtual doctors was undoubtedly a rude awakening for Patea, it may show which patients and conditions can indeed be diagnosed, checked and treated by someone behind a remote camera (with the added touch of local nursing staff, of course).

Knowledge emerging from the current experiment and others like it may help build the new model of primary health care that’s going to be needed. Novel ways of doctoring are already with us, including self-help online health management offered by some modern group practices operating in Taranaki

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now, no matter where you live. You can renew prescriptions without an actual visit to a GP; the exchange is done via the web.

We're going to lose doc's touch to some extent, so we better get used to it.