GP house calls: An entity worth protecting

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It was twelve noon on a typical wet and windy Saturday in the west of Ireland. My GP, having finished his breakfast and perused the Irish Times, calls to say that he will shortly be making a routine house call to change the catheter of an elderly man confined to his bed for the past few months. As a medical student with a strong interest in family medicine, I ask if I can tag along. Dr S, a veteran with 25 years of GP experience, duly obliges. Rather than seeming inconvenienced, he appears excited to impart some of his knowledge to a student eager to gain insight into how the front line of primary care actually works.

the patient's wife has been caring for him over the previous months, and how this particular case is a perfect example of the kind of house call one could expect when working in rural Ireland. He stresses the importance of providing support for the man's carers, which he tells me is one of the most salient priorities when dealing with a case of this nature. While both the patient's history and the thought of witnessing a new clinical procedure interest me, it's the dynamic between the doctor and the family in this, the most private of places, I find most intriguing.

cists and social workers attempting to provide complementary care — often all under one roof. Many of these modern health care practices are further diversifying to incorporate X-ray facilities, DEXA scanners and minor ops clinics. Now, the once small and personalized GP surgeries are increasingly becoming expansive, sanitized clinical limbs of hospital medicine. Or are they? This got me thinking. What is it that sets general practice apart from hospital medicine?

Let's take shopping as a crude analogy. I personally despise even the



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On the 10 minute journey through meandering roads to the small farmhouse, Dr S briefs me on the patient's history: 'An 80 year-old-man with atrial fibrillation, benign prostatic hyperplasia and early onset dementia; a real classic', he says. He explains how

Contemporary family practice can act as a microcosm of hospital medicine. Under the guise of mini hospitals, primary care facilities are now expanding to include an ever-enlarging multidisciplinary team, with doctors, nurses, physiotherapists, pharma-

thought of finding myself at 5 o'clock on a mundane Friday afternoon, in a faceless, soulless, multinational superstore. To me, the prospect of trying to shout and push my way through a hot and overcrowded supermarket is far from desirable. I would be far

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more comfortable visiting my local village shop, where I will be greeted by name and asked how I'm doing. I would rather a pleasant ten minutes in a shop that is as sparsely populated as the countryside in which it finds itself. A place where queuing is as obsolete as mobile phones that can change the channel on your TV or running shoes with a built-in GPS tracking device.

Here in lies the beauty of the family practice. It's local and it's personal. It's about family, it's welcoming, it's relatively quiet, it's on your doorstep, and in the case of house calls, it will even come directly to your home. Sure, there are times when I need to source a dozen duck breasts from a small farm in the Dordogne to show off at a dinner party. On the odd occasion when this occurs, I will head to the nearest Hypermarket to brave the crowds and queues. Equally occasionally, I may need to make the trek, like many others in rural Ireland, to get my gallstones removed by Endoscopic Retrograde Cholangiopancreatography (ERCP). When this happens, I take a deep breath, bless myself and launch into the lion's den, ready to become a number on a form, a faceless statistic on someone's report. However until then, where possible, give me local, personalized GP

So why general practice? Why local? Why somewhere with a personal touch? Why a partnership rather than a totalitarian regime, where a consultant tells me how it's going to be, or an advertising executive tells me why I need to buy overpriced ham from Iberia? Well it's obvious! It's the same reason people spend six times as much to fly first class to New York and stay in The Waldorf, rather than flying economy and bunking at the nearest Travel Lodge. It's about service. It's about the welcome you receive from staff who care about how

your day is going. In short, it's the idea that when you need someone or something, day or night, it will be there, just like your humble GP service.

So here in lies the beauty of the house call. On demand, personal service in the privacy and comfort of your own home. With the exception of the local Parish Priest coming to administer the last rights, there is no other service where you can ring up and within the hour have a skilled professional kneeling by your bedside. I find it somewhat humorous to toy with the idea of ringing my bank manager, accountant or solicitor at 10 o'clock on a Saturday night to ask them to come round for a chat about my finances.

It is easy to argue that GP home visits are reserved for emergency cases only, or for people who are very ill. The reality, however, is that the majority of home visits are more about psychosocial and palliative care. Often visits are more to provide support and counsel than to explore clinical issues. Often these visits are simply to let carers know that they haven't been forgotten, that there is support for them and that they're not alone.

A recent survey of GP home visits in Donegal (yet to be published), which I have been involved in collating, has revealed some pertinent findings. Our study calculated a home visiting rate of 158/1000/year with a 9-fold variation between practices. The gender spread was approximately even, with 54% of calls made to female patients, while the average patient age was 79 years. The mean time taken for a house call was found to be about 30 minutes and the majority of calls were initiated by the patient or a relative (63%). Only 14% were found to be initiated by the GP. Interestingly, of the 651 home visits surveyed, 257 (39.5%) were classified as routine calls, which could have waited at least another 24

hours. Only 59 (9%) resulted in a hospital admission.

So what does this tell us? What is the role of the house call in the current climate of the increasingly depersonalized healthcare system? The results from this study highlight that house calls still comprise a substantial part of the workload for many rural GP's. Further, these home visits tend to be weighted towards elderly patients who often only require routine support, and not for medical emergencies as the service is often sold. Perhaps then, the greatest strength of the house call is that it provides a means of protecting older, more dependent and vulnerable patients; those who cannot protect themselves.

Aside from Ireland, Great Britain and the Netherlands are two of the few countries that still provide GP house calls. This leads one to ask, is this the mark of a society that is grasping onto an archaic way of life and lagging behind the remainder of the developed world? Or are we pioneers for sticking to our traditions and providing a more personal form of health care that greatly fosters community cohesion? To paraphrase Fyodor Dostoevsky, 'the degree of civilization within our society can be judged by the way we treat our outcasts.' We live in a society intent on destroying the local grocer and losing the personal touch, a society accelerating away from one focused on family to one obsessed with personal profit and gain. In order to protect our individuality, our elderly, our marginalized, and our weak, we must also protect the house call.