

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

