50 years in general practice and never a dull moment

Dick Shanahan

I am a retired general practitioner and as such, in both my medical life and since then, I am unique. Each one of you is unique. We all dip into this vast sea of knowledge called medicine: no two of us take out the exact, same information and knowledge.

In the 1930s with my general practitioner father, all the family went to mass in Firies, to the local church. Quite regularly, after mass, patients would 'have a word' with the doctor, standing beside the car while we all sat in. It took me some time to realise that various women would come to him. He would pull out his pocket medical diary "and what date is that now? Who is the nurse?" And so maternity cases were booked.

By the 1940s I travelled with him as often as possible on 'calls' or house visits.

I remember one particular night-time visit to a farm in the area. I was invited in to sit by the open kitchen fire. There was a large, to me, grown-up family, more boys then girls there. The father, I think, had a large carbuncle on the gluteal region, which needed lancing. A bed was brought into the middle of the kitchen; the patient was lay on his side; the family stood all round; Doctor beside the patient and most importantly, the biggest son stood at the foot of the bed to light the proceedings with a paraffin lamp. There was silence; all eyes on the scalpel. As the incision released the gush of pus, the light failed. The big man fell backwards in a faint, smashing the lamp beside him, but he recovered. So did the patient.

My father provided me with an insight into the workings of the mind of a country GP. A source of constant amazement to me was his extraordinary memory of patient histories. When I joined him in practice in 1952, my only defence was to start keeping written records. Difficult as it is to believe today, a little over 50 years later, clinical records were not kept, in general practice. Admission notes to the hospital, if written at all, were mostly: "Dear ----, Please admit XXX who has an abdominal pain. Yours etc.

I joined my father in the practice in 1952 and had the wisdom of his guidance for about a year. Then haemochromatosis took hold, and ended his life prematurely.

The necessity to keep a record of my work meant the creation of a filing system. When such a decision is made, and when it does not exist in practice, where do you start? I first used a diary for a year or two. To access a particular patient's history, I had an index card for each patient with the diary date put on this card.

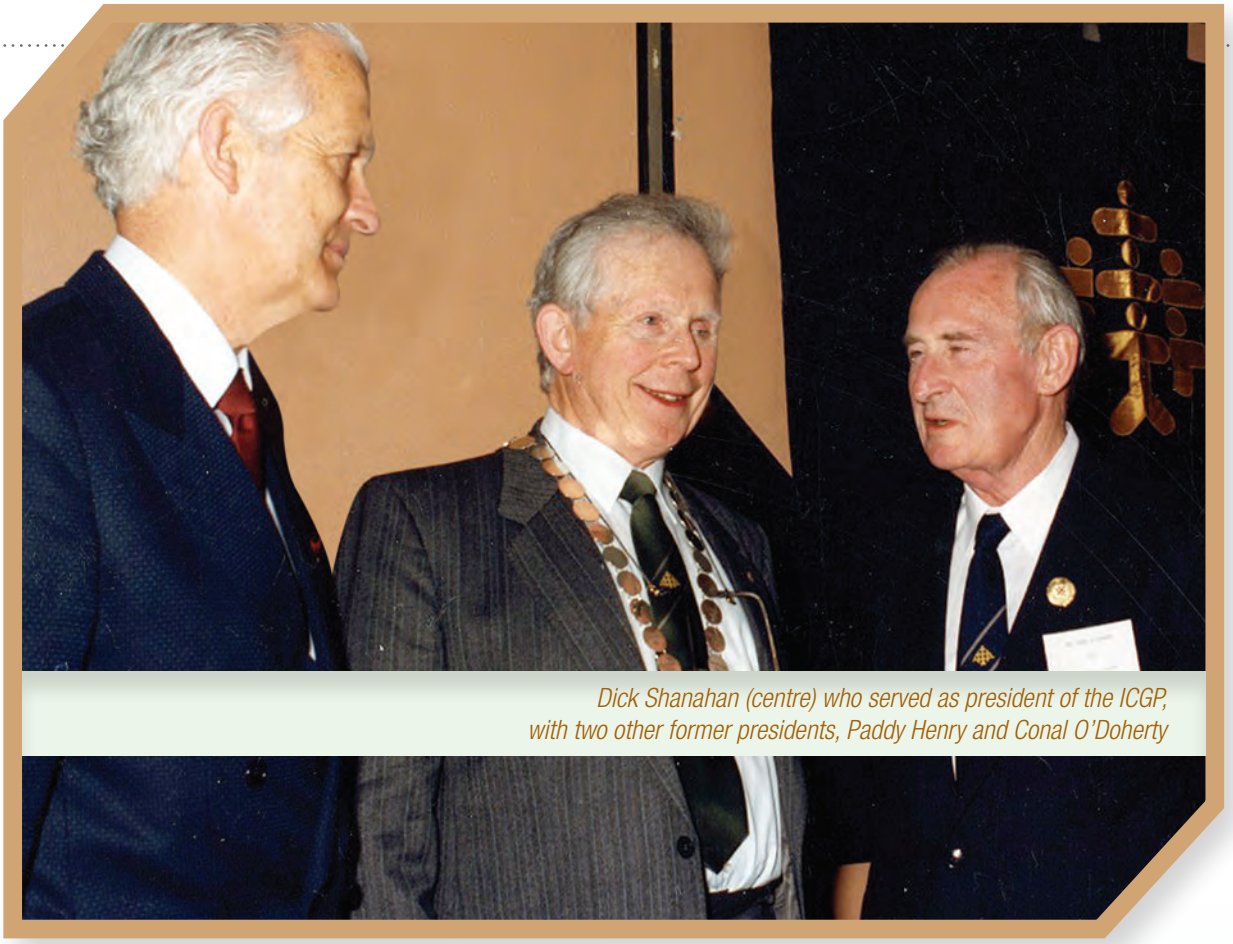
About this time in 1952, the Royal College of General Practitioners was founded. Within a few years, here in Ireland we realised that we had a most helpful dedicated clinical organisation. Those of us who had joined the college in the south of Ireland started meeting in Cork once a month on Sunday mornings. The format, which I believe has not changed, is to talk and listen in an almost exclusively GP atmosphere, where we learned from one another.

A year or two later, I developed separate record cards (A4 size) for all patients. I read somewhere, probably in the RCGP journal that separating males and females halved the search time!

Sometime later I had what I called "the best flu I ever got". After a few days, while still in bed, and nothing to do – there was no such thing as TV – I got a blank sheet of paper and started thinking about this filing, and how to get rid of the time wasting of searching for files. Here is the solution:

Down the left side of the page I wrote all the letters of the alphabet. Across the top I wrote the five vowels + 'Y'.

In those days I don't think we had a name for what we now call a spreadsheet. The first letter of the surname was located opposite the letters of the alphabet. The first vowel after the first letter found its horizontal placing. Each surname had, therefore, its own box number. There was less than 1,000



Dick Shanahan (centre) who served as president of the ICGP, with two other former presidents, Paddy Henry and Conal O'Doherty

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surnames, so, 'Allman' was in an 'A', A' box, becoming 001. Sullivan (never use the 'O') become 701, and so on. The identifying number was on the top right corner of the file.

Very quickly, we added three more digits for the christian names, followed by an 'M' or 'F' for the sex.

In the mid-1970s, I met socially with the Ceann Comhairle of Dail Eireann. Out of curiosity I asked him what was a consultative council. I did so as the Minister for Health had just announced a plan to form such a Council on General Practice. A couple of days later I got my answer - I was appointed to the council.

Actually, it was the most exciting medical experience I ever had. Under the chair of Professor James McCormick over 30 of us met monthly for a year and a half. The McCormick report led to a revolution. Over half of the group were active GPs. We started to wonder if we could, would, should form an Irish college of general practice. How could we compete with the RCGP? I am so grateful that we made the decision to 'go for it'. This was the revolution that completely changed the face of the Irish general practice. Much later on, I had the honour of being president of the ICGP.

I bought my first computer in 1979. It cost as much as a nice car – over £9,000. It is interesting that when I wrote my first computer programme, about 20 years after I had got my filing in order, I found that this indexing system was ideal for computer identification. In those days, memory was at a

premium so, the guiding maxim was maximum information from minimum input. For instance, most diagnoses were reduced to three letters: UTI = urinary tract infection; PNE = pneumonia. The doctor's diagnosis was what was entered. Clinical findings were added.

In 1959, I installed a radio-telephone in the car. I think that this was the first one in rural general practice. As I needed somebody to answer the radio-telephone in the surgery, it quickly gave me the nudge to employ a nurse. 'Nurse' was the person of first contact in the practice. As I was usually out on a long round of calls in the morning, through Nurse we could solve quite a number of problems, for instance; repeat prescriptions, advice on certain matters; inoculating children etc.

For WONCA 1998 I presented research on Reason for Encounter (RFE). I was fortunate to recruit over 50% of Kerry GPs into the project. For one week, four times in the year they recorded the RFE on all medical contacts they made. Age and sex were included. We used the agreed international identification of why patients feel that they must visit their doctor.

In comparing the Kerry findings of almost 18,000 with a European study involving over 90,000 patients, there was a remarkable similarity in the findings. One interesting figure for Kerry for during 1985-1988 was that musculoskeletal problems were much higher in summer time. I believe that this was associated with the much more stressful hard physical work on the farms in those days.

Electronic aide memoire is a favourite subject of mine. My own definition of this function is to use the computer on the desk during consultations to provide a certainty about procedures or management, which is within the competence of the GP. It is not another recording system. It can be an effective tool falling within the compass of 'decision making', but it is only part of that process. The aim is, not to remove decision-making power from the doctor, but to improve the capacity of the doctor to make better decisions.

I wish to pay tribute to my special mentor, Frank Hilliard. He was a member of the merchant family, the Hilliards of Killarney. Frank studied medicine and became a consultant cardiologist in England.

In his 50s in the 1950s he got a coronary himself and, surviving it, retired home to Killarney. He set up a wonderful consultant service for GPs in Kerry. On a consultation, he came to our houses, and then, together we visited the patient. A fascinating part of his equipment was his ECG machine. The essential part was the special chamber that held a strip of unexposed film. At examination, as the strip rolled across an aperture, a beam of light was reflected from a tiny mirror that vibrated to the various cardiac pulses. When he got home he developed the film in his dark room. A telephone call, was added to the advice already given, followed by a letter.

As a young married GP, having lost my father's dispensary practice, as well as the dispensary house I asked myself where would I go to continue practice? Frank's advice was: "It does not really matter where you practise, as long as you give it your best shot. Anyway, did your ever see a doctor go hungry?"

Another time he advised me to take up a hobby. "What you choose is what you like. It is vital that your hobby COSTS you some money. Remember, if you start make money from your hobby, there is the risk that his may lead you to put your all into your hobby, rather than into your practice".

As you face a life in general practice, I hope that as you sit in your surgery and the door opens for the next patient, you will feel the excitement of wondering what is coming now. Remember, at that moment, you have been chosen as the most important person in the life of this entrant. The amazing thing is that, even after, many of these people will always keep a special place for you in their hearts.

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