

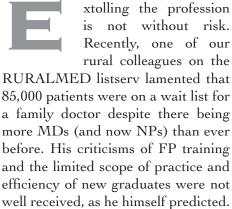
EDITORIAL / ÉDITORIAL

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Extolling the Profession



This lamentation is evergreen. When I went into rural generalist limited practice, I was in scope ('What? You don't pour ether, or do appendectomies? Peter, they trained you twice as long for family practice as I got as a GP. What did you learn?') Back then, I took 15 min to see a patient (while my older colleagues would double book every 10). Furthermore, the passage of time did not reduce the gaps.

My scope has diminished (feeding an ever-present guilt), and now, I only see a dozen patients a day, despite the promised 'efficiency' of electronic medical records. My panel of active patients was over 2000 strong early in my career, and I now struggle to keep up to the increasing age and morbidity of half that number.

Some of this is beyond my control. And yet... are we so entitled

to our cynosure of exalted position as to be allowed the self-deceit of complacency?

We can point to the COVID epidemic (and point away from our fears for ourselves). We can defer to the responsibility of the ministry (and away from ours to make? do with what we have). We can rail at the medical associations and how specialised medicine is disproportionately rewarded (and not acknowledge that we are paid well enough for our needs). When asked about helping out, we can assert our need to say 'No' (and be quiet about our responsibility to sometimes say 'Yes'). We can lament that the curricula written and unwritten are designed to infantilise family medicine (and not celebrate that rural practice has more input in medical training than ever before).

The enemy is not the burnt-out old farts or the snowflakes who cannot cope. We are both the same, in it together, travelling through time trying to do good through the art. Each of us has had to come to terms between our aspirations and ideals, and the dysfunctional systems in which we work. Complacency is the enemy for the goal to move the needle from the imperfect compromises of today to better ways for tomorrow.



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