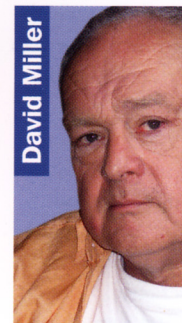


David Miller



OUT OF THE BLUE recently a letter arrived on my e-desk from a good friend. John is an intelligent, well-informed professional writer, but from a medical viewpoint, definitely a layman. So he is a concerned citizen and this is what he said:

"My guess is that the nurse who's about to arrive in the larger GP practices of three or more doctors is going to be a bossy nuisance whose main job will be to keep people away from the doctor, while still extracting some money from Medicare for the nurse's predations and presumptions.

In that way the GP clinic will begin to resemble the bigger emergency departments. You will be harangued by a nurse and answer intrusive questions in public areas before you even get to see a doctor.

Is this true? Can you write an article about what the push is to get nurses to take the place of proper doctors."

Like John, many others may also be alarmed at this latest government initiative. Ceiling insulation scheme mark 2?

As a doctor I love nurses and rely on their traditional support. Within the hospital their advice is usually spot on and also in my practice I have Nurse Sharon visit occasionally. On these days I tend to group procedures and also patients with special requirements who need to see her.

As a solo practitioner, I have to pay all her expenses, and it's a bit sad but no great surprise that this fresh shower of government gold

is directed, yet again, at larger and corporate practices.

Like many other people in the community, I choose to have my own mechanic and my own plumber. I know that I am not the only one who likes to deal this way, because my patients tell me that is why they come to my practice. They know who they are going to see. Sometimes they have to wait or go elsewhere if I'm away because there is no way to get a locum anymore.

By the way, there are plenty of doctors capable and willing

**My patients  
come because  
they know who  
they are going  
to see.**

to take this role, but alas, not allowed unless they are under the GP College umbrella. Once upon a time, specialists in training could fill this role and it provided a good background of understanding for their future careers.

But it seems John is worried about the replacement of doctors by nurses in a diagnostic and therapeutic capacity.

When the current health minister took up her portfolio, I recall one of her first pronouncements, 'I am not the minister for doctors'. Indeed, various efforts have been made towards nurse practitioners during this term in office.

Some of the reasons for the push towards Nurse Practitioners are obvious, such as a cheaper and more abundant, easier to control workforce.

Out in areas of real need, nurses have taken on the doctor role for many years and are really good.

Midwifery case loading in low-risk birth centres is one positive example which was worked out in consultation with doctors. During some stints with the Royal Flying Doctor Service I have seen dedicated nurses at work in communities and taking pivotal clinical decisions. But in the suburbs, people like John still want to see a 'real doctor' to diagnose and treat their conditions.

There may be other Machiavellian forces at work as these initiatives seem to turn up as if on a magic carpet. Who is advising the Sultans of Spin in Canberra? It doesn't seem as though the medical profession has much say. One could imagine that bureaucratically correct quasi-autonomous bodies such as GP practice accreditation corporations could be rather influential. After all, who controls the funding?

When I ask visiting medical students about their ambitions, they mostly confess that general practice is not their goal, because it now takes just as long and is as hard as becoming a specialist. But wait. Now General Practice is a specialty itself. It's a bit confusing, but the pieces fall into place if the new GPs at the front line are actually nurses.

Maybe John has a point.

