

Dr Chenault Doug Lee

M.B.,B.S. (NSW) prvd no 351586T

Dip Obst RACOG Dip Obst (NZ)

Family Physician Obstetrician**Aviation Medical Examiner******ERINDALE MEDICAL PRACTICE****

1-5 Grattan Court, Wanniasa, P O Box 321, Erindale Centre ,ACT 2903

Phone: 02 62 96 1966 Fax 1800 021 403

WWW.mydr.com.au/practice/erindale

Email: Leedoug23@internode.on.net

to

our ref:

your ref:

date: 23 June 2008

Re: "superclinics" model of care Vs personalised GP care

Some time ago, I spent over an hour consoling a single mother who had lost her 18 year old son, presumably from aspiration pneumonia, after one of his many epileptic fits. I have known the boy from the day he was born. His epilepsy was difficult to control despite the best efforts of the best doctors and the eternal vigilance of her mother. This tragic ending was inevitable but it was still very sad when it happened. Even though there is nothing I can do to bring the boy back, I hope that his mother can console in the knowledge that some one in the medical system does care about her and her son.

This is but one of the many unpleasant challenges, and paradoxically, unique privileges, that crosses the path of a GP. It is a privilege to me because a patient had trusted me enough to allow me to share her grief.

While scenarios like this are played out every day in the surgeries of family doctors across the nation, I doubt if it can ever happen in the consulting room of a superclinic, because : (1) it is highly unlikely that a doctor would work in the same superclinic for 18 years, (2) it is highly unlikely that a patient is able to see the same doctor in a superclinic often enough that they really know each other, and (3) it is highly unlikely that the management of superclinics would condone long consultations.

For a doctor, going to work in a superclinic is just another day at the office. One writes some scripts and referrals, patch up some wounds and collects one's pay. Comes knock off time, one leaves one's troubles behind and goes home.

Current Medicare remuneration policies deliberately discriminate against prolonged patient contacts in favour of frequent short consultations, as well as lucratively paid, and formula driven, "care plans", which happen to be the modes operandi of superclinics.

It is sad to see that the government has pledged its support for superclinics and ignores the role of compassion in general practice.

To me, a medical practice without compassion is a body without a soul.

However, the saddest of all, I fear, is the possibility that many new generation GPs who have honed their skills in superclinics, may never come to know or experience the many unique challenges, as well as the joy and privileges, which make general practice not just another job, but a vocation.

Yours truly,

Chenault Doug Lee

****1st practice in ACT to receive full accreditation****