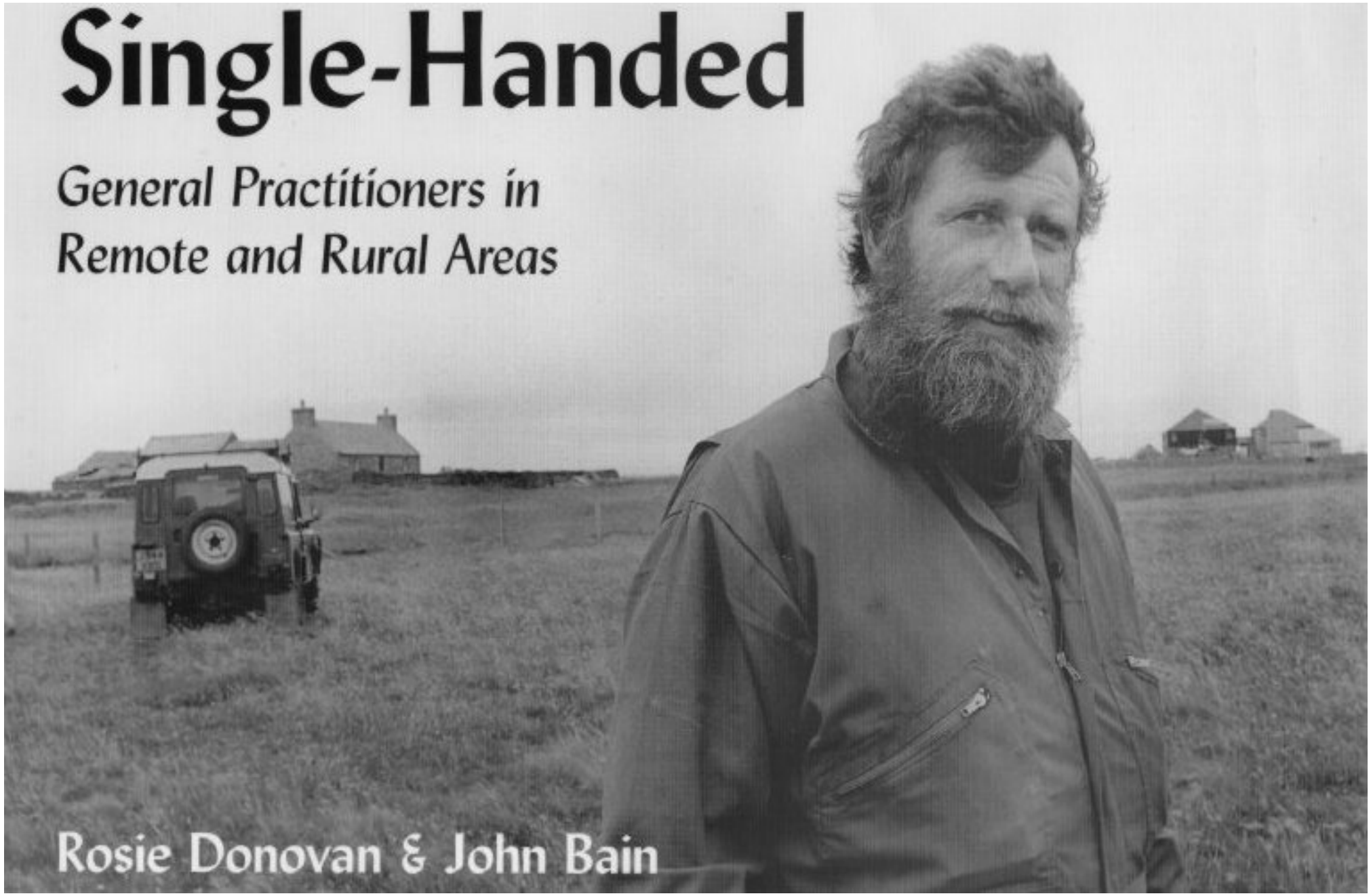
Single-Handed

General Practitioners in Remote and Rural Areas



Rosie Donovan & John Bain

Introduction by Professor John Bain, University of Dundee

The majority of reports on health care focus on urban areas and much more is known about the health needs of urban dwellers than rural dwellers. The same can be said about doctors in rural areas where there is an assumption in some quarters that they work in idyllic settings with few of the stresses faced by city doctors. The reality is somewhat different, and although they represent a relatively small proportion of the profession, general practitioners in rural areas make significant contributions to the health of our society.

This project focuses on single handed doctors, a unique band who serve small and isolated communities

throughout both the Highlands and Islands and other remote areas in Scotland. The area of Scotland loosely referred to as the Highlands covers around a third of the country and for the most part has a rugged terrain with a sparse population. If there is anything true of small rural medical practices, it is that no two are alike. Practice in a rural area is unique in that the doctors are not just working in the community, but are very much part of that community. To work in a rural community means that private and working lives are inextricably linked.

Doctors who choose to be single handed are self selected, each one of them finding the places and jobs that suit their personalities and they are moulded by the situation in which they find themselves. Boundaries between doctor, patient, friend and acquaintance are always blurred in these small practices. Patients are well informed about the details of the doctors' lives, recreation, families and a host of personal matters. The doctors often know more about the patients than the formal medical notes would indicate. This visibility can be difficult to manage and those coming from an urban environment may take some time to adapt, and to develop the social skills required in a remote sparsely

populated rural environment. However, it is being part of the community that makes single handed practice a unique experience.

There are, of course, difficulties in being a single handed doctor: the isolation, the lack of time off, the problem of taking important decisions with no immediate backup. Despite these, the general practitioners love their work, their patients and their way of life and most of them wouldn't change their circumstances. The compensations include living in some of the most beautiful parts of Scotland, and the opportunity to be totally independent without interference from partners. Some are mountain climbers, but the irony is that having arrived in the mountains there is often little opportunity to climb them because they are on call twenty-four hours a day. Patients' expectations in these remote areas have changed over the years. There was a time when a doctor could leave a message on the surgery door stating, "If you require my services I'm fishing down near the harbour." This type of arrangement is much less common than it used to be.

At a time when recruitment to single handed practice causes concern, there is a need to explore and record

the lives of doctors in these practices. While the creation of the Associate Practitioner Scheme, which provides part-time help for rural doctors, has alleviated the pressures of isolation, the ultimate responsibility for patient care still lies in the hands of those who have chosen to pursue their professional lives "far from the madding crowd". With the advent of telemedicine, which provides video links between remote doctors and specialist units, this may lead to improvements in care, but could also lead to policies which lead to a reduction in the number of doctors in far-flung areas. The move towards co-operatives to cover for night-call may also lead to similar arrangements for daytime working, with the end result being that one doctor and a number of associates may cover a much wider geographical area than currently. This means that single handed practice

may be under threat and it is an opportune time to review how these doctors see their roles and future prospects.

In this project, forty-seven of the two hundred-odd single handed doctors in Scotland report on their experiences and provide an insight into their unique contributions to rural Scottish health care. In 1998, Rosie Donovan spent six months travelling by Land Rover, from the Rhinns of Galloway in the far southwest, to Unst, the most northerly of the Shetland Isles. She visited doctors working under a wide range of conditions: from small island communities, separated from the nearest hospital by a ferry journey of several hours; to practices which, while only ten miles apart, are separated by a mountain road often impassible in winter.
She recorded interviews with doctors, in which they discussed life as the sole physician in a remote community, their views on their responsibilities to their patients as well as to their own families, their feelings about this form of medical practice and their hopes for its future. Each chose a favourite location for a photograph which they felt best represented their place of work. There were times when the doctors' busy schedules allowed her little time to get to know them, interview them, record their impressions and experiences of life as a rural doctor, and find a suitable location for a portrait. Sometimes the demands of their practice meant that they could spare as little as half an hour.

At other times, she could spend longer getting to know them, and often, after the work was done, go sailing or hiking in the hills, have lunch or dinner, and meet their families. For her, it was a tremendously rewarding experience, as she gained insight into the lives of these dedicated physicians and made friends for life of many of them. The resulting photographs show them posed against the stunning backdrops of their places of work - some of the most beautiful and rugged areas of Scotland. The accompanying texts illustrate their commitment to single handed practice as the art of medicine.

Her collection “Single Handed”, photographic portraits of GPs who have lived and worked in

Scotland's remote and rural communities, with their stories, was exhibited in the Royal College of General Practitioners in Edinburgh.

In recognition of her contribution to the wider appreciation of the role of rural doctors, at the opening of the exhibition, Rosie Donovan was made an Honorary Fellow of the University of Dundee in December 2004 by Sir Alan Langlands Principal and Vice Chancellor of the University, who said: "Single Handed" has cast an illuminating light on the lives and lifestyles of GPs in some of Scotland's most remote rural areas. It has been well received by a wide range of audiences." "Single Handed" has struck a chord with doctors in rural areas in many countries, from Norway to Australia, and Canada to Pakistan.

General Practitioners in remote and rural areas of Scotland

Photographs by Rosie Donovan

This project focuses on single handed doctors, a unique band who serve small and isolated communities throughout both the Highlands and Islands and other remote areas in Scotland. These areas are characterised, for the most part, by a rugged terrain with a sparse population. Practice in a rural area is unique in that the doctors are not just working in the community, but are very much part of that community; private and working lives are inextricably linked. Boundaries between doctor, patient, friend and acquaintance are always blurred, patients are well informed about the details of the doctors' lives, recreation, families and a host of personal matters, and the doctors often know more about the patients than the formal medical notes would indicate. However, it is being part of the community that makes single handed practice a unique experience.

There are, of course, difficulties in being a single handed doctor: the isolation, the lack of time off, the problem of taking important decisions with no immediate backup. Despite these, the general practitioners love their work, their patients and their way of life. The compensations include living in some of the most beautiful parts of Scotland, and the opportunity to be totally independent without interference from partners.

At a time when recruitment to single handed practice causes concern, there is a need to explore and record the lives of doctors in these practices. While the Associate Practitioner Scheme, the advent of telemedicine and co-operatives to cover for night-call may lead to improvements in care, they could also lead to policies which lead to a reduction in the number of doctors in far-flung areas, with the end result being that one doctor and a number of associates may cover a much wider geographical area than currently. This means that single handed practice may be under threat and it is an opportune time to review how these doctors see their roles and future prospects.

This project is based on a series of photographs and taped consultations with GPs working in isolated communities. Forty-

seven of the two hundred-odd single handed doctors in Scotland report on their experiences and provide an insight into their unique contributions to health care in Scotland. The idea for the project was conceived by Professor John Bain of the University of Dundee, and the field work was carried out by photographer Rosie Donovan. She visited the doctors at their remote places of work, to photograph and interview them. The resulting photographs show these dedicated physicians posed against the stunning backdrop of their places of work. The accompanying texts describe their commitment to single handed practice as the art of medicine.

The artist gratefully acknowledges the support of Land Rover, Agfa, Caledonian MacBrayne Ferries, P & O Ferries, the Tayside Centre for General Practice, University of Dundee, and the Department of the History of Medicine, U.W.O., without whom this project could not have been conducted.

... some anecdotes

Memories

A winter's afternoon; the day for the weekly visit to the distant village in the practice.

I had taken the blood tests and given the injection he so hated - part of his long battle against the advancing disease. It took time for him to psyche himself up for the venepuncture, so we'd have a chat and a cup of tea. It wasn't an occasion for hurrying.

As I gathered up my things, I could see that snow was falling. He carried my bag down the steep stairs to the front door, as he always did. "You take care and watch that road" he said as I set off on the 20 miles home, to the evening surgery.

Two and a half years later, I stood with his family in that same room as his long struggle with illness came gently to an end. I thought about his courage through difficult symptoms and difficult treatment, about his perky spirit, about his love for his family. It brought many personal thoughts too; for it was only nine months since my own husand had died. They were alike in some ways, those two men - same age group, both belonging to a great Scottish city, both facing dreadful illnesses with courage, spirit and determination.

I moved to the window, away from the family group beside the almost still figure in the bed, and I felt the tears pricking my eyes.

Night Call

I had just gone to bed about midnight, when the phone rang. A young, unrecognised, rather hesitant male voice asked if I would come and see his mother who was unwell in a holiday cottage right on the periphery of the practice area. I knew where these cottages were but had never been there - you reached the house at the end of the tarred road, 20 miles from my home and then walked about one mile along the track to these isolated cottages which had no piped water or electricity, but where a community had once lived. A beautiful place, but not in the middle of the night!

The lady's symptoms sounded potentially serious so æ hour later I reached the end of the tarred road where my escort was waiting. His torch was working, which was more than could be said for mine! We climbed up the track into the darkness. As we progressed over the soggy path, I began to wonder how I was going to get this lady out of here, if she needed to be admitted to hospital. Our Health Board helicopter didn't fly at night, and even if I could arrange a rescue one, I had no knowledge of any suitable landing site on this exposed promontory. Would we, with my ambulance colleagues, have to carry this lady in an ambulance chair over this rough ground? The ambulance was about 30 miles away. Quite a problem indeed.

The problem could have been increased the next moment as my foot slipped into a ditch at the edge of the path. A lot of help a doctor with a sprained ankle would be in this situation! No harm done fortunately, but greater care was taken the rest of the way.

We came down an incline, and suddenly, through scrub and trees, the gable end of a house materialised. It was a one roomed cottage - cosy and snug with a stove and lamps. After examining the patient, it was clear she wouldn't need hospital admission, so no heroics were going to be required. A welcome cup of tea and then my escort walked back with me to the car.

Back home by 3.15 am - and morning surgery at 9.00 am.

How would I have got her to the tarred road?

Carnage on a Mountain Side

On a Monday morning in the middle of an outbreak of influenza, I received a call asking if I could visit three men on the working site of Glensanda who had been in bed for two-three days with influenza. I arranged to be met by the Glensanda launch after finishing the surgery on the Isle of Lismore at 4.00 pm. I proceeded to Glensanda and saw the men with influenza and while waiting for the return boat at 5.0 pm was interrupted in discussion by a landrover coming into the yard at high speed. A man jumped out saying that there had been a major accident with contractors putting electricity into the site two miles up the hill. I therefore proceeded as fast as possible up to the ICI factory which is at the

end of the road and then on foot across the burn and over the mountain side for about one mile on very slippy, steep terrain as there had been several weeks hard frost which was just beginning to thaw. We met a site of utter carnage as the pipe layer had overturned coming down the hill whilst carrying eight men.

The driver's body had been ripped in half and the other seven bodies lay strewn over some 300 yards on the hillside. Immediate attempts to triage were undertaken and an eerie silence prevailed as 180 men looked on in horror at the sight. We arranged for the quarry boat to go off shore to give us radio contact via the boats to the offices down below. A helicopter was scrambled from RAF Leuchars and a lifeboat was launched from Oban. All I had with me was my black bag with three syringes and a small number of ampoules of Pethidine and Morphine and no intra-venous fluids with me.

A quick assessment showed one patient with a compound fracture of tibia and fibula; one patient with a fracture dislocation of shoulder and broken ribs, one patient with multiple head injuries and an eye removed and covered from head to toe in blood, one patient with a suspected ruptured spleen and/or liver, one patient with a suspected spine injury, one patient regaining consciousness after being knocked out with no apparent external injuries and the seventh patient with a closed ankle injury. I allocated workers to stay with each of the seven injured and decided to move the more seriously injured by manned stretchers down to the first aid centre, whilst remaining with the rest of the casualties on the hillside. The lifeboat arrived shortly before the helicopter and as the helicopter came across the Lynn of Morvern there was an almighty explosion down below us. It became apparent that no-one had told the blasters what was happening and the 6.00 pm blast had gone off on time much to the chagrin of the helicopter crew and all around. We quickly reassured the helicopter that no other explosions were going to happen. The man with a spinal injury was winched off the hill as was the man with a ruptured spleen/ liver and flown to Glasgow. The suspected spinal injury and lower limb fracture were flown to Oban. The rest of the casualties were transported by lifeboats to Oban.

At 9.30 pm after giving statements to the Police, and checking out all the other minor casualties and a quick debrief I returned to Port Appin to finish my routine visits of the day. Thankfully all seven patients made satisfactory recoveries.

A Birth to Remember

During the 80's Appin had a large number of New Age Travellers living on the edge of the practice area, many of them chose to have babies in their caravans, horse boxes and buses. The most memorable of these deliveries was the child of "one armed Pete", and his partner Mel. Pete was a former member of the Royal Army Medical Corps and wished to deliver his own child but asked for my presence. I was called at the appropriate time to the bus to find Pete lying unconscious on the floor having been hit by a turnip by his partner when she went into transition stage. He lay unconscious throughout the delivery which proceeded relatively uneventfully although accompanied by a choir of some 20 to 25 hippies chanting "Here wo go, here we go!" followed after the delivery by "Nice one Mel". Thereafter Pete regained consciousness in time to roll out the barrel of home grown beer that he had made for the occasion and great merriment was had by all.

An Emergency

I received a phone call from the Ambulance Service saying they had received a 999 call from a phone box on the Island of Lismore by an unidentified person who was believed to be a child saying her father was impaled on railings on the west side of Lismore. Could I help as they had no means of responding. I contacted the District Nurse on Lismore who had heard nothing and she phoned several points on Lismore and asked individuals to check where we thought there might be railings where there might be someone impaled. We contacted Glensanda to ask for assistance and they immediately released one of their fast boats from ferry duties to help us search with and the District Nurse went on the boat down the west side of the island. Foot parties went out from Port Ramsay and from Achnadin, one heading south and one heading north. The local policeman contacted me asking to borrow my car on Lismore, and I explained that I was already involved in the situation and he came and stayed with me in my

house and we tried to co-ordinate the information we were getting in.

After an hour and a half my doorbell rang and a visitor asked if I was the doctor because he had scratched his head falling off his bicycle. I explained I was busy with a serious incident on Lismore and his face dropped slightly and said that he had fallen off his bicycle on Lismore and I asked if he had a daughter and he said yes. She had gone to get help and he had not seen her since and it quickly became apparent that this man with a scratch on his forehead was the person who was impaled on a railing on Lismore. I asked him to wait a second while I nipped in and spoke to the policeman who jumped up and down a couple of times but then thought of the paperwork for wasting police time was too great so asked me just to put an elastoplast on the man's head and preferably give him a kick up the backside and send him on his way. I did the former and refrained from the latter.

Local Knowledge

Last summer I was fishing in our boat with my family, in the bay in Lochaline, taking the mobile phone for any emergencies. We were returning home with a few mackerel when I saw a small rigid inflatable boat heading towards me. The man aboard asked if I was the doctor, and swiftly raced me across the bay to a dive boat where a diver was having some difficulties. Unfortunately my phone battery had gone flat and no one had been able to contact me. However the local publican had pointed out my boat, and the crew came to fetch me. Patients seem to have a second sense in knowing where to find you in such small communities.

An Explosive Event

It was our first winter in the practice and suddenly there was a knock at the front door one evening, when I opened the door, a man that I did not at that time know, said "come quickly, there's been an explosion in the square". With that, he turned round and ran off, leaving me wondering what I was going to face - had the IRA planted a bomb here? How many dead would there be? How much morphine should I take?

What had actually happened was an elderly couple in the square had lit their fire, which had a back boiler, but the pipes connected to it had been frozen. As the water

expanded, there was nowhere for it to go and the back boiler exploded with such force that the outside granite wall was bowed and cracked and the inside of their house looked like a bomb had hit it. There was a bit of smoke and fire and there was a dazed looking lady lying in the corner of the room. Her husband had left the room at the time, for a call of nature, which was probably his saving. His wife had a broken collarbone and a few burns and was somewhat dazed as you might imagine.

When the boiler had exploded, it had flown across the room and hit a wooden door, and the boiler had passed through this door leaving a hole in it in the shape of the boiler! It was really like something out of a Tom & Jerry cartoon.

The boiler had then landed amongst a heap of plastic bottles that the gentleman was collecting for some reason, so there was plastic smoke in the air as well. The flight path of the boiler had gone right across the chair, in which he had been sitting, which is why his call of nature had been his saving grace.

A Stitch in Time

It was a beautiful summer's day, in the bad old days when the surgery was attached to the house.

"There's a sheep in the wire over the fence at the back" my wife said. I went to see. Sure enough a ewe had got herself all tangled up in some abandoned barbed wire lying just over the fence.

Super doc to the rescue. My wife held the sheep, while I tried to untangle it. No chance; it had struggled so much the fleece was well matted into the barbs; we were getting nowhere.

Who says doctors are not resourceful? Back over the fence, into the surgery, grab a pair of curved scissors from the sterilizer and bob's your uncle, one slightly sheered sheep, but at least free to recount the tale.

Sheep skin isn't like human skin, or maybe it's just that humans are usually anaesthetised and, if not unconscious, trying to co-operate. It just took one nick, maybe quarter of an inch, it was like a zipper undoing, eight, ten inches, the whole belly

was exposed, it looked like I was trying to gralloch it.

Panic, but strangely enough no blood, it almost looked like a dissection.

Loud shouts to the house, assistance required, another two to subdue a by now very frightened sheep.

Back over the fence, needle forceps, toothed tissue forceps, 3/0 black silk, ten stitches and some fleece later it was released.

The farmer was never told, and at least the sheep didn't complain to the Health Board.

Breaking the Rules

A couple of years ago, a 94 year old male patient of mine was interviewed on Scottish national television news. He and his wife were the longest married couple in Scotland - a mere 73 years. He was telling the interviewer his secrets of a long and happy married life. He thought Westray was the best place in the world to live and even "had a nice doctor who let him drive even though he couldn't see!" The fact that this was about 500 yards along the length of a field to collect his pension was not explained and I waited with bated breath for my defence union to ring.

Life Saving Event

I was in the midst of a busy Monday morning surgery when an urgent request for a house call came in from a lady whose husband had collapsed. I dashed out of the clinic leaving a packed waiting room behind me. The house was some two to three miles away along narrow country roads and as I zoomed along I was praying that I would not meet any of the local farmers with a muck sprayer!

Thankfully I reached the house safely and found Bill on the kitchen floor, very blue but conscious. I dispatched his wife to my car to collect the oxygen and emergency bag and just with that Bill collapsed again. This time there was no pulse and I launched into one woman cardio-pulmonary resuscitation.

However to my great surprise after two respirations and a couple of chest thrusts had been delivered Bill opened his eyes and was obviously responding. His pulse and breathing became regular and he was able

to talk without difficulty and I began to wonder if I had misjudged the situation in the first place.

The ambulance quickly arrived, having covered 19 miles in 17 minutes, and Bill was taken to the local GP hospital. I returned to my surgery and to thankfully not so full waiting room. A short time later I got an urgent phone call from the nursing staff to say that Bill's heart rate had suddenly shot up and that although he was still fully conscious they thought I should come quickly. It transpired that Bill was having spells of ventricular tachycardia and presumably I had witnessed and managed to resuscitate him from an episode of pulseless ventricular tachycardia at home.

He went on to be treated and investigated in the district hospital and from there he was transferred to Glasgow where he had insertion of a dual action internal defibrillator.

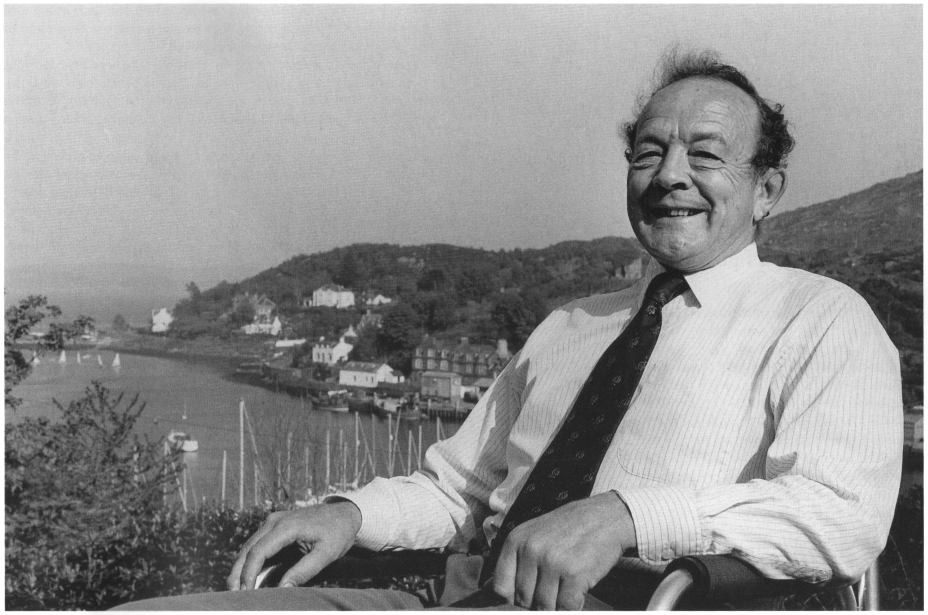
He returned home from hospital after one month and still remains fit and well. It gives me a great feeling of satisfaction each time I see him out and about and to know that this is one life I was privileged to save.

Just in Time

Early one morning a mother phoned in great distress saying her baby wasn't breathing. I made my fastest turn out ever and on arrival there was this limp rag-doll - first impression - too late. Fortunately after mouth to mouth resuscitation he pinked up quickly. The father drove my car to the hospital while I sat in the back continuing with mouth to mouth resuscitation. He turned out to have whooping cough and spent six weeks in hospital. Originally I had not been due to be on call that night as the rota had been changed. The doctor who would have been on call would actually have taken much longer to arrive.

It is rare in general practice for seconds to really count, but when there is a successful outcome, it compensates for some of the more mundane day-to-day work.

Neil MacDonald, Tarbert



I went into single handed practice because my father was an old style general practitioner and I wanted to copy him. I came from a little place called Scourie in Sutherland, and liking the countryside I always thought I'd go into single handed practice somewhere in the Islands. I was in Aviemore for about nine years before coming here 23 years ago and I am just about to retire.

Tarbert is a beautiful spot and a great community and the local people are friendly, welcoming and hospitable. This is a big practice with 1800 patients and we have good purpose built premises which enable me to have a Registrar. Registrars, who are doctors in training, have been very stimulating and they also help relieve the workload. In addition, I have an associate partner which is a great boon in relieving the pressure of work. I am beginning to find it very exhausting when I have to get up at night and I was recently up to about 4.00 a.m. on two successive nights and that's beginning to be too much for me. Normally, the way I do things is to have a surgery all morning, Monday to Friday and I work very hard in those four to five hours. I then go home for a bite to eat and have two to three visits to do in the afternoon. I no longer have afternoon or evening surgeries and the patients accept this. Hospital Consultants come from Glasgow and see patients in my surgery with me. This is all very friendly and keeps me in touch with a whole variety of specialties.

I like to spend time in community activities with music being my main interest. I started

up the Gaelic Choir here and I still have a large part in running it. I also love playing bridge but that has fallen by the wayside recently because of lack of numbers. Having being brought up in the highlands, I like hill walking and still go back to my original home in the north west where my sister still runs a croft.

I think my family have suffered because I have been a single handed doctor. I didn't see so much of my children as I would have liked when they were growing up. I was out so much and when I was at home I was bogged down with paperwork. However, I've no regrets and the job satisfaction has been enormous. The essence of general practice is communication and the ability to get on with patients. Without this, you would never survive as a single handed GP. I don't know what's going to happen in the future; it concerns me to observe the recruitment problems, particularly for isolated areas. All I can say that it has been a most fulfilling experience for me.

Alistair Grassie, Isle of Arran

I've been on the Isle of Arran for 20 years and came initially because I wanted to be single handed which had the attraction of not having to be involved with somebody else's ideas on how to do things. I also wanted to retain hospital privileges whereby I could continue to do things I'd been trained to do, such as deliver babies, fix broken limbs and do minor surgery. Although city GPs deal with the generality of medical conditions they only deal with them at a

certain point and it is too easy for them to pass on cases to hospitals which are on their doorstep.

From a social point of view we wanted to live and bring up our children in a rural area. By and large that has been as we had expected and we feel very much part of the community. Class boundaries are not tolerated very well here . I had a student once and we were taking the dog for a walk along the beach in front of the golf course and I stopped at the ninth tee and asked him to have a look at the foursome playing golf. There was a school teacher, a chartered accountant, a postman and a binman. Back home in the city you would overlook a golf course where the foursome would be a clutch of accountants, a clutch of lawyers, a clutch of doctors, but no binmen!

Everbody's children go to the same school and they're all part of the same melting point. The fact that most of your patients are not only patients but friends and neighbours means that you will go the extra mile for them.

I have a dispensing practice which means that I am the local chemist as well as the local GP for 1300 patients. The patients are scattered over a 20 mile area along a coastal fringe with the two main areas being 20 miles apart. Servicing the two areas can be difficult but we now have two purpose built surgeries in both areas. The influx of summer visitors increases our workload enormously with between 20,000 and 25,000 people at the height of the season being looked after by only four GPs in the island.

Our main concern is about recruitment because a lot of younger doctors are unwilling to be involved in out of hours care and fewer and fewer are willing, for medical reasons, to take on some of the front line areas of medicine that we have traditionally performed.

I think there is unease about the future, but the job still drives you forward. The work is interesting, enjoyable and challenging with never a dull moment and no time to twiddle your thumbs. We have brought up our family here so that's a fairly strong test of whether we are committed to the place or not.

Sheena Young, Arisaig

I've always been a single handed practitioner and I went to Kinlochleven in 1972 and that was for five years and I found it very hard with a list of 1200 patients with a lot of respiratory illness from people who had worked for many years in the British Aluminium factory. I resigned from that when I got married and left general practice for a while when the children were born.

I came to Arisaig in 1989. People whom I knew in the village phoned me up and urged me to apply for this job. We've been here for about nine years now and I'm very happy and settled. My practice list is about 600 and the practice extends from the River Morar in the west through Arisaig and Lochailort and then down towards Glenuig. The surgery is attached to the house; we have hopes for a new surgery being built within the village and that would give us greater facilities and more scope as the present surgery is very cramped. We use our dining room as the office so it will make a big difference when a new surgery is built and we have a bit more privacy in the house. This is a very busy area in the summertime as there are wonderful beaches and scenery with a lot of caravan sites in the area. We see a vast number of temporary residents in the summer with a wide range of medical problems. One day a week I go to Glenuig and do a surgery there which is held in the village hall. It's better than it used to be because I used to see people at the post office or even by the roadside so the use of a room in the village hall has helped a lot.

Good single handed practice is what people really want, because there is a large amount

of personal contact with families - often three or four generations in that part of the world. The main disadvantage is the lack of off duty time. You may not be very busy but can be restricted to four to six nights a week on call. Before my husband died he used to take calls for me so that I could go out. My teenage daughters have done this in recent years and when my younger daughter goes away I don't really know what I'm going to do.

Dr Geoffrey Headden, Kinlochleven

I started my life as a GP in an old mining town south of Newcastle Upon Tyne and spent 12 years there. There came a point where I wanted to reduce my workload and run my own business. In the event, I was the only applicant for my current post and this may have been due to the fact that single handed practice appeals to a relatively small numbers of doctor who can develop their own pace of work and lifestyle.

The advantage to the people living here is that they have a doctor who is available within the village. They don't have to travel up to 20 miles for medical care and they

also come to know me as a friend. I can be quite busy and the night call commitment certainly restricts your social life. This is one of the larger single handed practices with around 1000 patients and I dispense all their medications. Most of the patients with chronic conditions don't go to hospital outpatient clinics as I provide the continuity of care for them which is different from a city practice where a lot of patients are followed up in hospital. There are quite lot of social problems with uncertainty about employment which causes difficulties for

people who may have to uproot themselves to find a job.

I am keen on setting myself quality standards and am trying to put together a practice plan for the next two years which might include reviewing my care of patients with chronic illness like asthma and diabetes. It can be difficult to push yourself to maintain high standards because there aren't any other medical colleagues noting what you are doing.

I don't find that I involve too much with the community although I joined the social club to ensure that there are enough people to justify its existence. My wife tends to have more involvement with community affairs than I have and she is a lieutenant in the girls brigade. I don't know if I will stay here permanently; my wife and I have talked about some sort of missionary work before we are too old. We have two sons aged 13 and 15 and they will need to finish their education before we think of moving. For the foreseeable future I see myself staying here in Kinlochleven.

Maris Buchanan, Salen

When I was a medical student I'd hoped that I would eventually be in practice in a rural area. I was originally in partnership for about five year in Kyle of Lochalsh and have now been here for five years.

My practice covers a large area from Loch Linnhe in the east to the end of the Ardnamurchan peninsula. I've one main surgery at Salen and branch surgeries at Strontian, 10 miles from here and at

Kilchoan, 20 miles west. There are about 1100 patients which is quite large for a single handed practice and it is also a dispensing practice so I'm kept fairly busy. Single handed practice is a way of life and you have to accept that. I have an associate GP working with me which gives me some time off and this makes a big difference.

I was lucky to be able to appoint two people as practice managers to do all the administration and help with the dispensing. I think this practice will eventually need two people with the list sizes growing and there are plans for a new school at Strontian. I've got to have somebody looking after the house and doing all the housework and I also have someone else looking after the garden: otherwise it would just be impossible.

There has been some difficulty in attracting people to this particular area and we have had quite long spells without an associate. It is not an inducement practice and practices like this one are not singled out for any additional remuneration. I get the same out of hours allowance as a city practice so the payment I receive for being on call for long hours is negligible. However, a lot of the time on call is not too busy, although it can be hectic in the summer when a lot of visitors are around.

I try to go along to community activities like concerts and the art exhibition and do a lot walking. There is quite a lot going on but I am limited in the extent to which I can take part. I would like to be more involved but some things are in the evening and I have evening surgeries and the on call commitments means that I have to be by the phone. Mobile phones and pagers do not work here so I'm restricted in what I can do. Despite these inconveniences I love the area and if the workload doesn't get too much I hope to stay here.

Donald Fraser, Laggan

After I graduated I did my first hospital post in Inverness and then joined an urban practice in Ayrshire which I hated and stayed for only three months. I returned to the highlands and was a Trainee in Fort Augustus and an Assistant in Kingussie for a year. At that time it was difficult to get a job and we emigrated to Canada where I worked in rural practice for three years. However

our roots were in Scotland and we returned home and I've been in this practice for 21 years.

One of the things about this job is that it is not really single handed - it is a partnership between the doctor and his wife. I can understand why a lot of doctors wives leave them, it's a full time job being married to a single handed doctor. Although there are only 500 patients here I'm kept fairly busy. The next practice is 12 miles away, and although that doesn't sound far, it can be a problem in the winter months. The roads are narrow and twisting and public transport is not always readily available. In the winter I used to carry cross country skis in my car along with food and a sleeping bag, but the winters recently have not been so bad.

There are times when you can feel very isolated in that many people don't really see you as a person, they see you as a doctor. I became aware of this when I decided to build my own surgery and a large section of the community fought me tooth and nail about the land I wished to acquire. Since then I have participated less in community affairs, although in the last year I've started to get involved again. When I came initially, I took it as part of the job to adopt a leadership role and I was the one who organised our own private transmitter when there was no TV in the area. I just accepted it because if you didn't do it, nobody else would.

I'm not sure if there is a future for single handed practices as younger doctors are less committed than my generation. I come from an old fashioned middle class background where you were brought up with

a sense of duty and I don't think that that exists to the same extent now.

The stresses of the job can present problems. About 10 years ago I was probably drinking too much; and even now if I don't have some alcohol at night I would find it very difficult to do the job. I thought that we would probably have been quite happy to stay here for the rest of our lives but now I'm not so sure. The winters are hard and long and there are times when I'm tempted to think of retiring to sunnier climes.

Susan Bowie, Shetland Isles

I came to Shetland because I had lots of friends here and I used to work in the fish factory as a student and I kept in touch with these friends who let me know there was a locum job on the island. I came for five years and after my first son was born I moved to the single handed practice in Hillswick. That lasted for two years but I then had to move Inverness because of my husbands job but after a few years and two children later, we got the chance to return and I became the single handed practitioner again in Hillswick.

My practice covers a fairly wide area which is characterised by a combination of wilderness and dramatic sea cliffs which have some of the best nesting areas in Britain. There are only 700 patients and one of the really good things about being single handed is that you know everyone well and they know you.

I'm on call all the time but it is not too busy. I start morning surgery at 9.30 and am usually finished with appointments and home

visits by 2.30 in the afternoon. The patients are very good at not calling you out at night - I probably get a night call once every four months and it is usually something serious. They don't call you out for a child with earache in the middle of the night, they wait until the morning.

I really enjoy the way I can work here and be able to give a lot of time for all my patients. I am on first name terms with all my patients and they are on first name terms with me. I am also extremely fortunate with my three members of staff. I have a practice nurse who also has a croft, and the lady who does the computing and secretarial work is the wife of the local lawyer and she also looks after sheep. My Receptionist is indispensable and is really a practice manager although the Health Board won't upgrade her. I've help from associate GPs from time to time and there is another one coming in a few months which will make a big difference.

My husband is a journalist and works full time and for 2 ½ years was working away from home which was difficult in lots of respects. Over the years I've been fortunate to have very good child minders and I've also got my mother living nearby so she helps out from time to time as well. If the children hadn't been happy, then I wouldn't have carried on, but in general, they are fairly unaffected by my job.

I'm not sure what the future of single handed practice will be. I still maintain that single practice is how medicine ought to be. It is about the art of medicine, having time for your patients and not being bogged down by audit projects, guidelines and all that paperwork that has bedeviled the health service in recent years. For me, this is the ideal way to practice medicine.

Kevin Woodridge, North Ronaldsay

After graduating I worked for three years in academic hospital posts and at that time general
practice was not a career option. However, I came to think that working in a small rural practice would be ideal and after a training

post in the Hebrides I was appointed at my present job in 1977.

This is a very small practice in an island four miles by two miles. When I first came here there were 120 patients; there are only 80 now. It's an area where you have to make decisions about whether to get the lifeboat to take a patient to the mainland, or just take a risk and get on with things yourself. I have walk in surgeries three days a week and on a Saturday morning, but I also have other interests which keep me fully occupied. We have a 36 acre croft with North Ronaldsay sheep which are a unique breed. I'm also director of the bird observatory which collects migration data and has been a source of considerable stimulation. I'm also chief fireman on the island and one of the five coastguards. I'm active on the community council and involved in social activities which keeps me in touch with what people are thinking. There are only four pupils in the local school at present which is the lowest since I've been here. There are now four children under school age including two of my own and the school will be up to eight pupils before the eldest leaves for secondary education in Kirkwall.

Until recently the continuous on call committment was a major constraint but the advent of the associate general practitioner scheme has been a major step forward. We are also in the midst of building an aerial for mobile phones and this will improve communication dramatically. Up until now, I have had to leave messages on answering machines about my whereabouts. I'll now be able to go out and about without having to worry about how I can be contacted.

I sat in a local enquiry in the 1980's about the future of medical practice in this island and the conclusion was that, in financial terms, it was still the best option to have a doctor on the island. If you have a nurse practitioner or paramedical service they would require purpose built premises and some form of medical back up and the investment would not be dissimilar to having a self employed doctor with an inducement allowance. As long as doctors continue to come to islands like this, then there are strong arguments to maintain the current arrangements. As for myself, I cannot look to far into the future but when the children eventually leave home for higher education then we may have to reconsider our options. Our way of life wouldn't suit everybody but it has provided a rich mixture of interests both within and outwith medical practice.

Dr John Smith, Isle of Lewis

I was born in the west of the Island of Lewis some six miles south of where I am now practising so it's an area where I've spent the whole of my life. I was originally in practice in Stornoway for nearly 20 years but in 1991 I was looking for some new challenges and direction in my life. The Government had just introduced what is called the associate general practice scheme whereby single handed practitioners qualify for additional part time help which provides time off and night cover.

I've around 1300 patients in a dispensing practice and I work approximately two weeks on and one week of and my associate covers my work. The people here are very undemanding and will sometimes delay

seeking help to the detriment of their own health. An example of this is a lady who phone me up one morning and asked if I could visit her the next time I was in the area. She was complaining of pains in her chest and alarm bells were ringing in my head as she was someone who seldom complains. I arranged to see her almost immediately and her electro-cardiogram showed that she had signs of a heart attach which needed fairly urgent attention. She was prepared to wait until I was available, not demand an immediate vist which would have been quite justified. You also have to be prepared to deal with all kinds of emergencies as the nearest hospital is 25 miles away along narrow twisting roads. Three quarters of my consultations with patients are in Gaelic, the older people being more comfortable with their native language, rather than English.

My main hobby is playing the bagpipes and I am involved in the local piping society where I try to promote an interest among the younger generation who can maintain the tradition of playing the pipes. I am also chairman of the board of directors of a local arts organisation which is attempting to raise £5 million pounds for a purpose built centre which will help sustain long standing traditions. I also have a boat here and do a lot of fishing and overall find myself very content with everything I have. I can't think of any other place I would like to be working and as long as my health remains good I will continue to live and work here.

Andrew Naylor, Leverburgh, Isle of Harris

I've been coming to the islands regularly since 1983 when I did a student elective in Stornoway, where I met my wife, and after my vocational training in the north of England, returned here in 1989.

There are approximately six hundred and twenty patients with a largely elderly population and I am particularly interested in geriatric medicine. The elderly people here are generally fairly fit and I think this is a reflection of their lifestyle. They are hard workers, digging peats and fishing, and adopt an active outlook on life. When I came here my idea of being elderly had to be redefined, as people in their sixties and seventies don't really think of themselves as

being old. Patients here are generally more appreciative than I have experienced elsewhere and the beauty of practising here is that you can provide time and continuity of care.

We live a hundred yards from the surgery in a house we built ourselves. Living near the surgery can be a problem particularly if you are off duty and not on call because patients sometimes come to the house, which puts you in an awkward position. Your friends are also your patients and that has to be handled with care as you are privy to confidential information. My wife is from the island and we have a seven year old child who attends the local school; my wife is also a trained nurse and works in the surgery on a part-time basis.

I can't be away from home too much, and when doing home visits I tend to have a route plan, so my receptionist or wife can contact me fairly quickly. Although the practice is not particularly large it can take at least half an hour to reach some of my patients. I do a branch surgery once a week in a sitting room in a private house; it is really a gathering place where pre-ordered prescriptions are picked up and the consultations are fairly basic, as there is no equipment or records. The nearest hospital is sixty miles away in Stornoway, and the hospital consultants are generally aware of our role as rather isolated doctors.

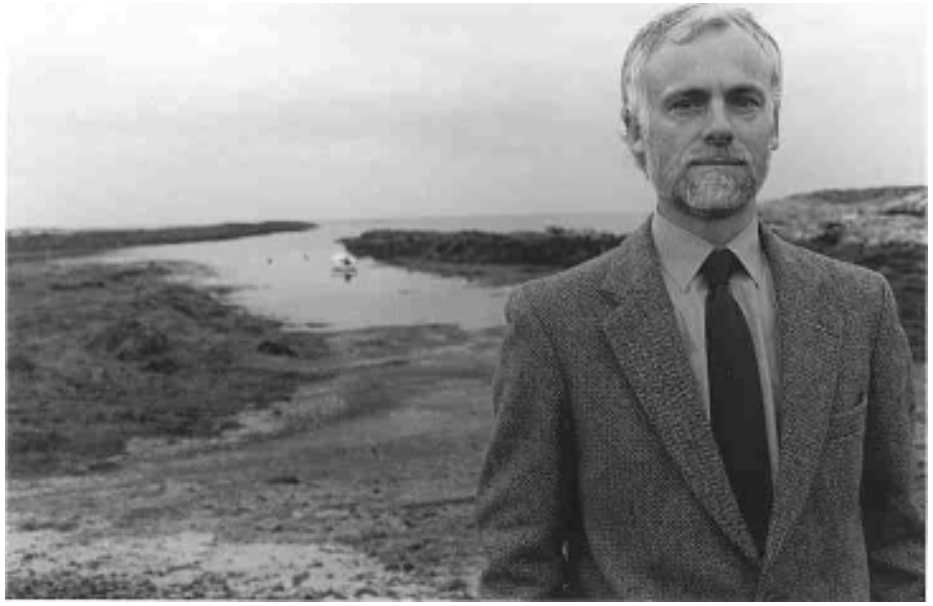
Even in such a remote place there can be the occasional dramatic incidents. Some years ago an RAF Shackleton crashed on the island. Although all the crew on board were killed instantly, the coastguard helicopter and medical services had to be mobilised. There was tremendous community support for the bereaved families

and the investigation team. Such events are unusual, but it does show the need for adequate resources on site.

This is a very pleasant part of the world, especially on a good summer's day. It's not so nice in the winter although it is the unpredictability of the weather, rather than the serious nature of it which can be a problem. There is plenty to do around here, like go hill walking and fishing, but I'm not really an outdoor type; just a quiet relaxing family life with relations in Stornoway to visit from time to time. To some extent you can feel cut off at times but I enjoy being part of a small supportive community where you really know your patients well.

John Holliday, Isle of Tiree

I was born in Essex, spent most of my youth in Norfolk, and after studying science at Cambridge University, went on to study medicine in London. I've always had an interest in remote places and I spent a number of years looking after aboriginal people at Kintore, an isolated practice in Australia, about eight hundred kilometres from Alice Springs. My son was born in Alice Springs Hospital but we decided we



couldn't live there long term. When we came back to this country I couldn't settle down, but I then got the chance to come to Tiree. I'd gone on holiday on several occasions to the north west of Scotland and my first hospital post after graduating had been in Fort William. The island of Tiree is about twelve miles long and about two to three miles wide and although I only have seven hundred and fifty patients, I do a lot of driving to visit people at home. I'm extremely happy working here; the people are very polite and undemanding. You'll get a patient coming in on a Monday morning and saying I had chest pain all weekend, or I

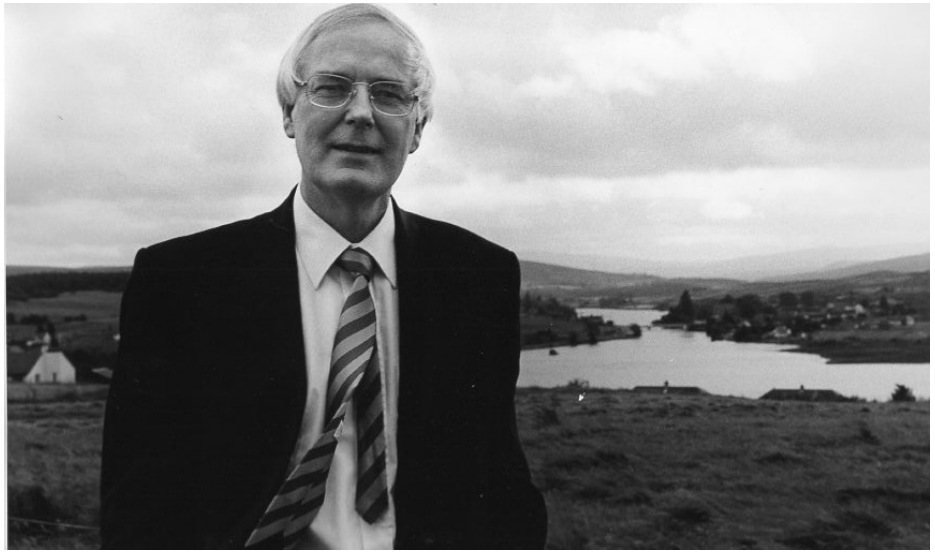
had an epileptic fit on Saturday night but did not want to call you out at the weekend.

The size of the practice is a balance between being small enough to spend time with patients but large enough to be presented with the usual variety of medical problems. You have to keep on your toes and there are exciting times when the plane can't get in and you have to manage burns, set fractures and do minor surgery which would otherwise have to go to hospital. One of the features of the island is that there is a good air service to Glasgow which is where I tend to refer patients requiring hospital care. I don't get very much time off and even with the Associate Practitioner Scheme I find myself just finishing seven weeks on call before getting a break.

The Gaelic language is still quite strong among the older people and I have worked at becoming reasonably fluent in the language. My wife and children both speak Gaelic but don't use it very much. I have a lot of interests outside medicine, with music being particularly important to me. I co-founded a traditional music teaching festival which now is in its tenth year and we have about a hundred children attending every year. They are taught a mixture of musical instruments, dancing and singing and it has helped a revival of traditional music and arts on the island. My main passion at the moment is setting up a museum to reflect the history of the island and we have raised money to buy a building so that people who visit here can learn about the island's traditions.

Alex Dickson, Lairg

I'm now aged fifty-three and have been in this practice for fifteen years. Prior to coming here I had been in practice in Ayrshire for ten years, in a busy practice with three partners in an area of high



unemployment, bad health and not a particularly good relationship with patients. I always yearned to come back to the highlands ever since doing my training in Beauly in Inverness-shire. Prior to coming to Lairg I had looked at various practices in the Highlands and Grampian Region and I had always shied away from going into single handed practice, primarily because there was going to be no time off. When I looked at the practice in Lairg I found that there had been a doctor for thirty-seven years non-stop and thought that if he was able to stand the pace, then I could probably do so as well. When I visited the practice I found that there was an on-call rota with a neighbouring practice in Bonar Bridge, which meant that I would have some time off and time for family life.

We've had our ups and downs since coming here but on the whole we are content with our life. I use the term 'we' because my wife works in the practice as well and she is the practice nurse and employed for about ten hours per week, although she does a lot more than that. There are eleven hundred patients in an area covering six hundred square miles with my most distant patients twenty-six miles in one direction and twenty-two miles in the other - it is really a large area to cover. There is a community hospital in Golspie which is twenty miles away where there are outpatients and visiting Consultants with the main hospital being fifty miles away in Inverness.

I have good premises which provide facilities for myself, the practice nurse, the health visitors and the district nurses, with additional room for a visiting psychiatrist, psychiatric nurse and a dentist. We work quite well as a team, although we don't have formal meetings; we just go in and out of each other's rooms and pass on information informally. I don't object to night calls if they are necessary and most of the patients here value their doctor and err on the side of not calling you when it might have been necessary. I've been doing on-call at night here for fifteen years and it is not something that tends to get me down. Having an associate certainly eases the burden.

I don't get involved in community affairs. Both my wife and I like our privacy and our life is very much bound up with the practice, which means we talk a lot about it at home. We have three children and we find that our family is our life. I often look around and

see other doctors who take on too many commitments and they end up not coping when they get overstretched. I suppose I'm a bit of a loner who likes to do his own thing and I do it better because I'm doing it alone and have only myself to blame. I give more of myself because I'm working for myself.

David Murray, Lochcarron

My first experience in general practice was as a trainee in Broadford on Skye and my wife and I really loved being on Skye. I went from there to doing my obstetric training near Glasgow which was terrible, and I pined for the highlands. Fortunately, the job in Lochcarron became vacant and I've been here for thirteen years. I didn't particularly want to be a single handed doctor but the lure of the highlands was just too great.

I've got just under a thousand patients, most of whom live in the village of Lochcarron, but the practice stretches over four hundred square miles from Achnasheen to the east, and north to Shieldaig and Torridon. I've an associate GP which has made a large difference to the workload. I would like to have a full-time partner so that I could have more time off and see more of my family as I don't like not being able to spend time with the kids at weekends, and my children are now getting to the stage where they really need that. I don't think there is any particular merit in being single handed; I think there is merit in providing the sort of personal care which I can provide, and if there is some way that this type of service

can be preserved without the burden of being single handed, then that would be ideal.

I think there is going to be pressure to combine single handed practices into co-operatives, which would be difficult in this

area. Applecross, Torridon and Lochcarron could be combined but I don't think the patients would be happy in the middle of January having to make a round trip of seventy miles to a doctor. By living in the community as a GP you have to accept that people see you first and foremost as the doctor and you have to accept that you are seen to have a position, which means they tend to treat you differently from everyone else. I think this is particularly difficult for my wife as she has a role to play as the doctor's wife, which is probably more difficult than actually being the general practitioner. I don't think it affects my children although it may do as they get older.

I do get involved in the community and we are trying to get a leisure centre built, and I find I have to act as the community's voice and not be intimidated by local authority committees. The main hobby I've developed since coming here has been sailing, and the family enjoys going out on the loch. There's now a small sailing club in the village which I helped to set up. When sailing, I can't go out of sight of the house, in case there's an emergency call. If one comes in, my wife takes the green flashing light from the car, puts it on the roof and turns it on. When I see this, I know I have to come straight home.

There are times when I think of GPs in urban areas which have little or no night-call work and I ask myself whether I am being foolish carrying on here and being on call every night. If I'd two lives to lead, I'd spend one of them doing what I am doing now, but I don't know if I want to spend all my life doing what I am doing just now.

Susan Taylor, Lochaline

I trained in Glasgow and even at medical school I thought I'd like to work in a rural area. I did my training in the highlands and for the last four years have been in practice in the village of Lochaline, on the Morvern Peninsula, which overlooks the Sound of Mull and is the ferry point for Mull. I'm twenty miles from the next practice and thirty-five miles from the nearest hospital which can be reached by a ferry crossing or by a longer route round the peninsula.

It's a small practice with only three hundred and thirty patients and the surgery is next to the house. I provide a full range of care to

patients and I'm also interested in diving medicine as we have a lot of visiting divers here. Fish farming is common, so being able to get in and out of boats is important. With the nearest ambulance twenty miles away, I carry a full range of emergency equipment. There has been an associate GP for about eighteen months which allows me to have one day off a week and every third weekend off.

The patients are traditionally reticent in coming forward with complaints and they tend to be very considerate about not calling you out at night. I get called out on average once a month, and most people will try to make the effort to come to the surgery and I try to provide a readily accessible service. We get a lot of tourists in the summer and they are quite a welcome change from the routine. There are times in the winter when you can get a bit stale and it is quite refreshing to have people walk in with a new problem to solve. There are also unusual situations and I remember when I was an associate myself and my predecessor in the practice remarked on a 'patient' he had seen the previous evening. Lucy the duck had attended the surgery for treatment for bumble-foot - apparently a not uncommon abscess on the webbed foot!

My husband also works in the practice as practice manager, receptionist and dispenser - he'll tell you he does all the jobs I dislike. He has put his own career on hold to help me in the practice and I certainly wouldn't have managed without him. We have two children aged six and four and we like getting involved in community affairs. I enjoy amateur dramatics and am busy campaigning to have a secondary school built locally at Strontian. My other escape is sewing; I love doing patchwork and we have

a textile group which meets in the winter months.

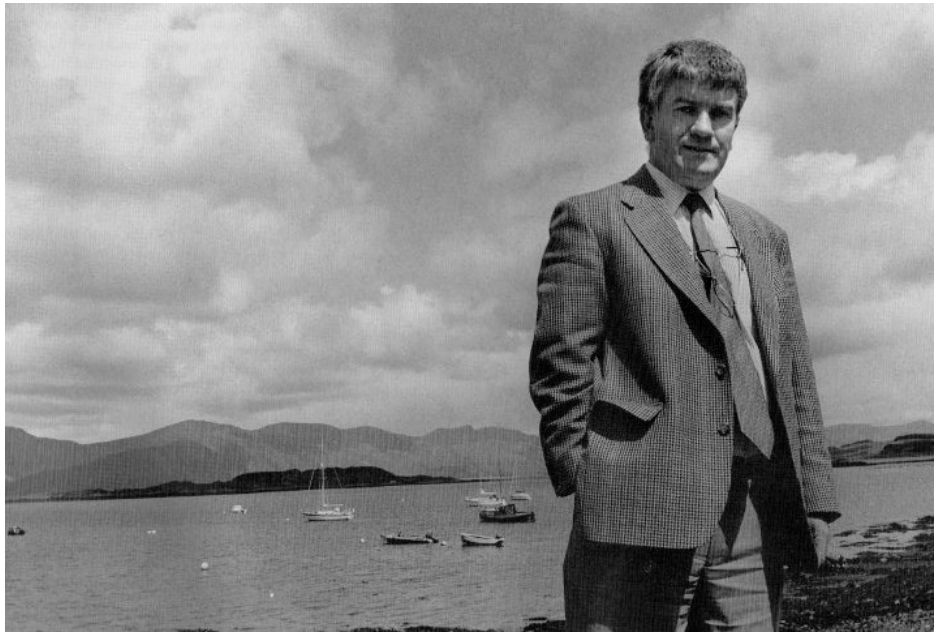
I do hope that single handed practice is maintained in this type of area and I'm sure patients value the service and would fight to make it possible to retain doctors in small practices like this. I also think we have to prove that the care provided is of a high quality, and if I can continue to do that, I'm happy to go on working in this remote but beautiful part of the world.

Iain McNicol, Port Appin

I've been the doctor here for the last eighteen years having taken over from my father who was here for the previous fifteen years. I enjoy single handed practice as a way of life because it can be both varied and fulfilling. It may be difficult to get away from the practice but there are so many happy mixes of roles that you can play in the community.

I'm married with four children who went to the local primary school until they were twelve before going to the high school in Oban. It can be a hard life for the family of rural doctors because there are not many teenagers for your children to mix with and play sport. They also live in the shadow of my role because I am known by everybody in the community and I think it was difficult for them to lead their own lives in the community.

One of my main interests has been the Appin Community Co-operative, of which I was the founding chairman and we bought over the village shop when it was threatened with closure. We now run a craft shop and have set up a community trust and community enterprise group which can stimulate the local economy.

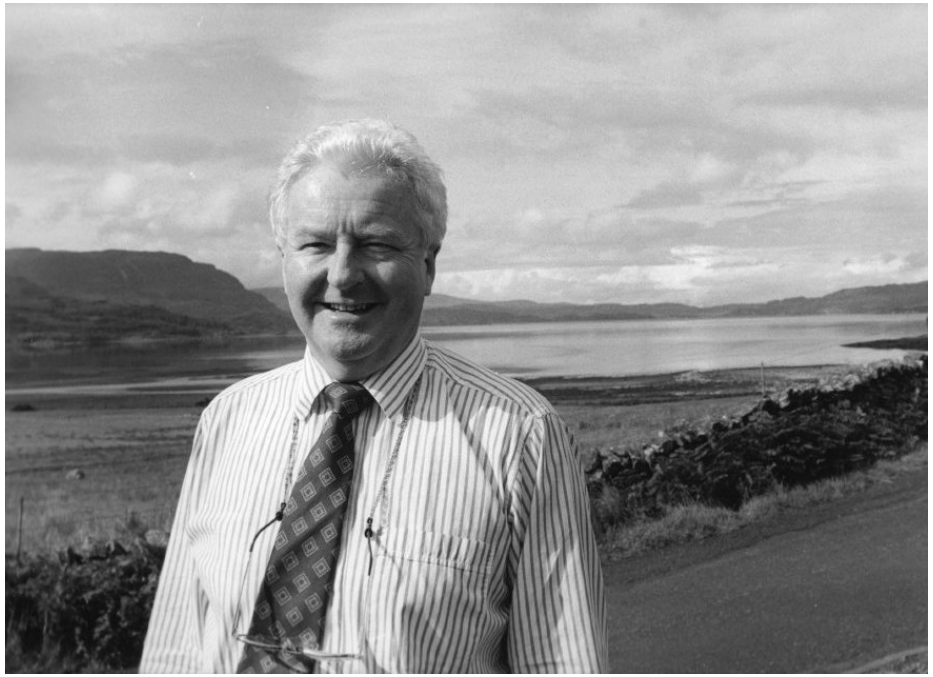


In medical practice I am involved in an emergencies care scheme called BASICS which ensures that doctors far removed from accident and emergency centres can provide immediate care in emergency situations. I also take part in a project studying travelling people who have lived in this area since they were dispossessed after Culloden, and there are records which have family trees going back to 1820 with eight generations of intermarriage. There are at least seven genetic diseases among these families and we are trying to address some of the problems that arise from these. It can be quite difficult because the travellers seek comfort from folk of their own kind by intermarrying and tend to turn a blind eye to our suggestions about the dangers.

I think one of the strongest arguments for keeping doctors in rural areas is the focus, the cement as it were, in which a community can be built. Ministers are covering wider and wider parishes and becoming less a part of individual communities and teachers no longer live locally. I think we can persuade our political masters that rural practice is worth preserving, as communities tend to value their local doctor rather than being part of a large group where patients don't know who their doctors really are.

Andrew Brown, Fasaig, Torridon

I spent ten years in a city practice before coming here in 1986. I used to go on holiday on the west coast of Scotland and have also done locums in the west. I thought I'd like to work in this type of practice where you could treat the whole patient and not with the more fragmented system I'd experienced in a city.



My wife and teenaged daughter found it a bit of a culture shock at first but soon settled. My daughter had to stay in a hostel at the secondary school and in retrospect she claims it increased her social skills and enabled her to cope when the time came to go to university. When my son went to the local school there were about ten children and at one point it peaked to around twenty pupils, but the roll is now down to only five.

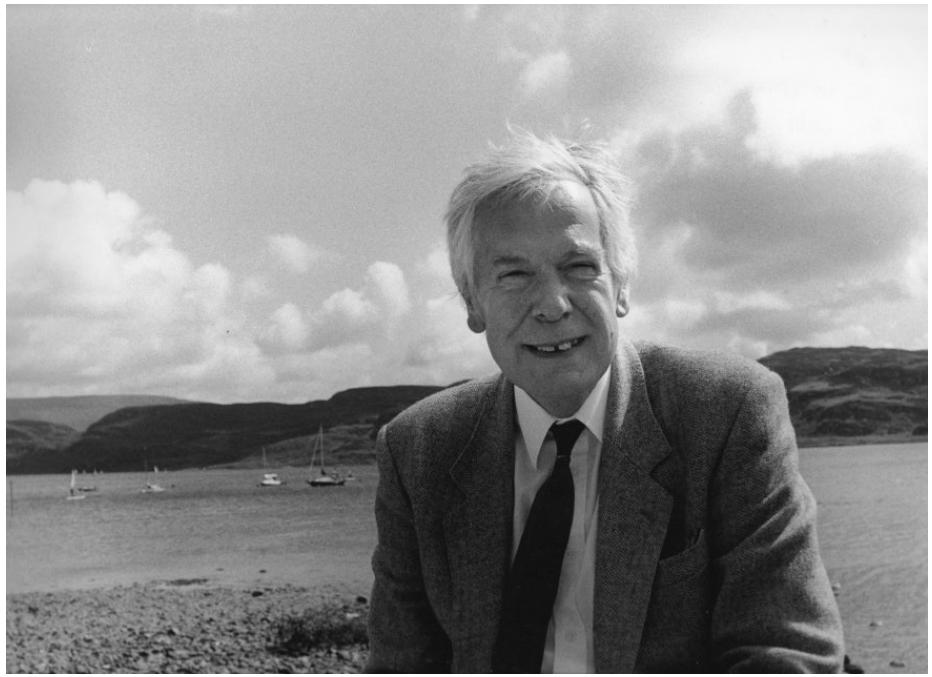
The practice list is only four hundred and is fairly static as there are no jobs to attract people to the area. The summer months are hectic with the influx of visitors and there are times when I may be coping with up to two thousand people. The practice is responsible for the accident and emergency service in the area and we are equipped for all types of emergencies, including mountain rescue. My wife works as a part-time receptionist and has to help out in out-of-hours emergencies. Unfortunately, communication systems here are poor as mobile phones and pagers don't work so you are tied down when you are on-call. The Associate Practitioner Scheme, which I share with another practice, has led to having protected time when we can go away for a weekend, shut off from the practice, and come back to work refreshed.

We've a rather limited social life; we go to the country dancing, attend local functions but there is a limit to the extent that you can socialise with your patients. I enjoy hill walking but curiously have done less since I came here. Part of it may be the aging process or it may be due to the fact that the mountains are now part of your environment rather than a day's adventure.

Most of the time I'm quite content here. There aren't enough patients to warrant two doctors but the distances involved over single track roads are such that the community will always require resident medical care. The Associate Practitioner Scheme has allowed us to survive and have the opportunities to get away from it all. The strong community spirit and the splendid scenery makes up for a lot of the disadvantages of practising in a remote highland area.

David Lockie, Tighnabruiach

I started off in a group practice but after practising in the same locality for some time



I had the urge to work in the type of practice I am in now. It beats anything else I have really experienced as a doctor, somehow it gives me freedom to express who I am and what I am.

There are about eleven hundred patients in the practice and although I have an associate doctor to help me I am still working here the majority of the time. There is a local hospital run by GPs which is about twenty-five miles away and the district hospital is also twelve miles away from here, so any back-up is fairly distant. This means that I have to be a bit more resourceful than my counterparts in urban practices. One recent example springs to mind when a man with a chronic lung problem had his oxygen concentrator fail at 3.00 a.m. and I had to sort it out with a screwdriver with an anxious family peering over my shoulder.

When we arrived here the surgery premises were rather quaint. Visitors used to come into the old surgery which was a converted bakehouse dominated by a large oak cabinet full of drugs and remark on how they thought this was how medicine was practised at the turn of the century. It was also cold and I would sometimes have to go to work with several sweaters on and wearing gloves.

I now work in a restored shop right down by the sea. I can look out my window and see the most wonderful views of the Island of Bute, the East Kyle of Bute, and can just about see the southern tip of the Island of Arran. I see lots of seabirds diving, dolphins jumping, swans gliding over the inner waters, so I'm incredibly lucky to be in such a beautiful environment. The disadvantages of living in a community like this are that you can be stopped in the

street and asked about a repeat prescription, or could I go and visit an elderly relative when I am next in that area. For all that, there is a real need for a doctor here. Accidents and typical medical emergencies occur just as elsewhere and the people need someone on hand to be able to deal with them.

I am interested in music and play the violin and when I came here I discovered that one of my next door neighbours was a Scottish fiddler, so he taught me to fiddle and I taught him how to play the violin. I've picked up some of the pursuits associated with living by the sea. I've bought a yacht and took part in my first race recently when I came in seventeenth out of nineteen. There was a cheer as my boat crossed the finishing line and I quite liked that!

James Finlayson, Tarbert, Isle of Harris

My origins are in the highlands, my family is from Skye and I was born and brought up in Newtonmore. Although I've no close relatives here, I understand the culture because I really feel that I am one of them.

I was originally going to be a psychiatrist but I had been a trainee in the practice and when my trainer offered me a partnership I jumped at the chance to live and work in the Western Isles. After he retired I had a partner for about three years and since he left, I have been single handed with the help of an associate during the last few years.

This is a large practice for one doctor with fifteen hundred patients, but it is a dying community with around twenty to forty deaths a year and only ten to twelve births.

There are three hundred and forty patients in Scalpay which used to be an island but there is now a bridge across to it. In days gone by, there was a district nurse based there and she would see all the problems and call you across if she was in any difficulty. You had to arrange the ferry and going over at night under the starlit sky is a distinct memory but it is now part of the mainland which doesn't have the same attraction.

Fishing is declining and Harris Tweed is almost out of existence so that there are no real employment opportunities apart from fish farming. The tourist industry is quite small and hasn't really taken off which may be due to the gales and storms that we tend to get out here.

The thing I really enjoy about single handed practice is the opportunity to see an interesting problem through to its conclusion and not having to depend on specialist help. I also like working with a very close team and the relationship with everybody who works in the practice brings a lot of job satisfaction. My wife is the relief nurse and secretary and enjoys being part of the extended family of the practice.

The main disadvantage is being on call at night and I think it would be quite a good life if you could relax at night knowing you were going to have a good night's sleep. The creation of the Associate Practitioner Scheme has been a tremendous improvement but even with an associate I am sometimes on call continuously for up to four weeks. With no mobile phones or radio pagers, you have to be available at all times and the days have gone when a single handed GP could go off for a bit of fishing or sailing and not be contacted for a few hours.

There will have to be changes to allow people to have more protected time and it may be that there will be fewer single handed doctors in the future. That is not to say that I haven't enjoyed my time here which has been extremely rewarding.

Tony Trickett, Island of Hoy, Orkney

I was originally in single handed practice in Pembrokeshire but I had thirty-five hundred patients and it was just getting too much for me. The place was getting bigger, the

motorway was getting closer and I was reaching the stage that to survive I would have to drop my standards. I've been here now for twenty-five years and this is my home, my life and where I shall retire. Longhope is part of the Island of Hoy and my practice is quite small with only four hundred patients. The island is thirty miles long and about eight to nine miles wide so I do have to do a bit of travelling when visiting patients at home. I suppose I'm a bit of a rebel and enjoy the freedom of single handed practice. My patients are all well known to me as I see them all the time; I meet them in the shop, I play badminton with them and I occasionally have a drink with them in the pub. Total patient care and the care of people within their own families is fundamental to my philosophy of general practice. I do both morning and evening surgeries with three evenings a week until 7.00 p.m. which may seem quite late but the boat comes in around then and the shop closes at 7.00 p.m. so it is a convenient time for my patients.

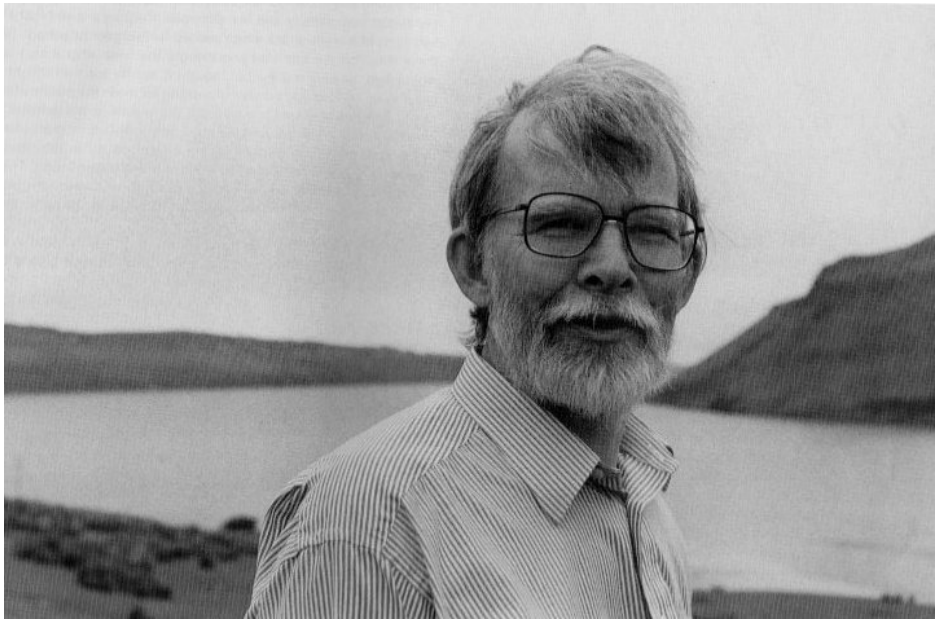
You have to deal with everything here and if you get a message that a patient has collapsed vomiting blood you are already planning the care en route. Organising the ambulance driver, the district nurse, the ferry to transport the patient to the mainland hospital; all these things have to be thought of. Fortunately, I have a radio telephone and a radio pager and mobile phones work well here. There are seldom two emergencies at the same time but the support systems are really good with everyone mucking in together. Getting emergencies off the island could be a problem before the helicopter service which has the advantage that it can land anywhere

and there are few situations, other than fog, when it cannot fly. I suppose my proudest moment was receiving the MBE for services to medicine which reminded me that doctors in isolated areas are regarded highly.

I have been involved in all the organisations on the island from the Community Council to school boards. One of the biggest honours of my life was to be appointed to be Honorary Secretary of the Longhope Lifeboat which goes back to 1874. I have trained all the lifeboat men in first aid and the lifeboat service is vitally important to the island. I am also Chairman of the Hoy Trust which is obliged to maintain and preserve ten thousand acres of land which is of extremely high ecological value. It includes several farms and crofts and the Hoy Inn which is a pub at the far end of the island.

Although it can be a tough life, there are tremendous rewards in serving a community like this. I don't really think that a paramedical or flying doctor service would work. The island needs someone to be the central figure in medical care and provide continuity of care to the individuals who become part of your life.

Tom Pearce, Carbost, Isle of Skye



I was working in the Falkland Islands before coming here and had previously had experience of working in a large urban practice. In many ways it was a leap in the dark because I had never been to Skye before, but single handed practice had always appealed to me. This is a small practice with five hundred and fifty patients within a fairly well defined geographical area. There are times when I actually feel guilty about being paid to do what I really

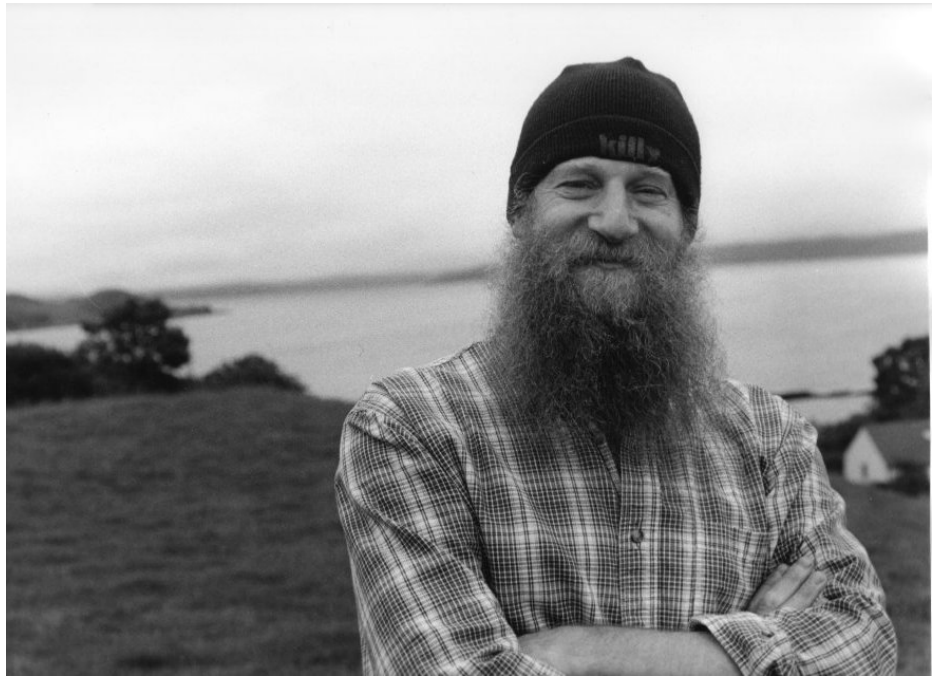
enjoy. There is something about the intimacy with patients which doesn't occur in busy urban practices. I can give someone half an hour of my time without feeling pressurised - it's a form of pastoral care for people whose lives you fully understand. I think this type of medical care is being lost in large co-operatives with out-of-hours care by anonymous doctors who don't know what makes patients tick. I would like to find out why people go into single handed practice as there must be something to explain why some people are suited to it and others are not.

The responsibility of being on your own all the time is potentially stressful. Doctors have been brought up in a macho environment where they are not encouraged to express their feelings and are made to feel that they have to be able to cope with everything that life throws at them. There are situations where colleagues have had experiences which have affected their mental wellbeing and this often leads to drink problems. I think there is a need for a mentoring system for single handed doctors; someone with whom you can share concerns and get it out of your system. For me it's my wife who acts in that capacity. I don't think I would have survived without her and to sit down and sound off or just tell her little anecdotes about the day is extremely important. We have a very clear unwritten rule that anything I say is treated as strictly confidential, and although people may suspect that we talk about them they accept that it goes no further.

There was a time when we thought of leaving here but the thought of reorganising another practice and getting to know the patients was just too much to contemplate. Although work intrudes enormously into family life, I am around a lot at home, every night and at weekends. I suppose the job hasn't impinged too much on my family life and although the children may have missed out on pop concerts and museums in cities, they have been able to walk around safely and not be exposed to the drug culture.

I would hope that single handed practitioners can be proud of the services they provide and the strong relationship that exists between doctor and patient. It may only be possible in places like this, but for me, it is the only way to practice medicine.

Alan Donald, Ferrindonald, Isle of Skye



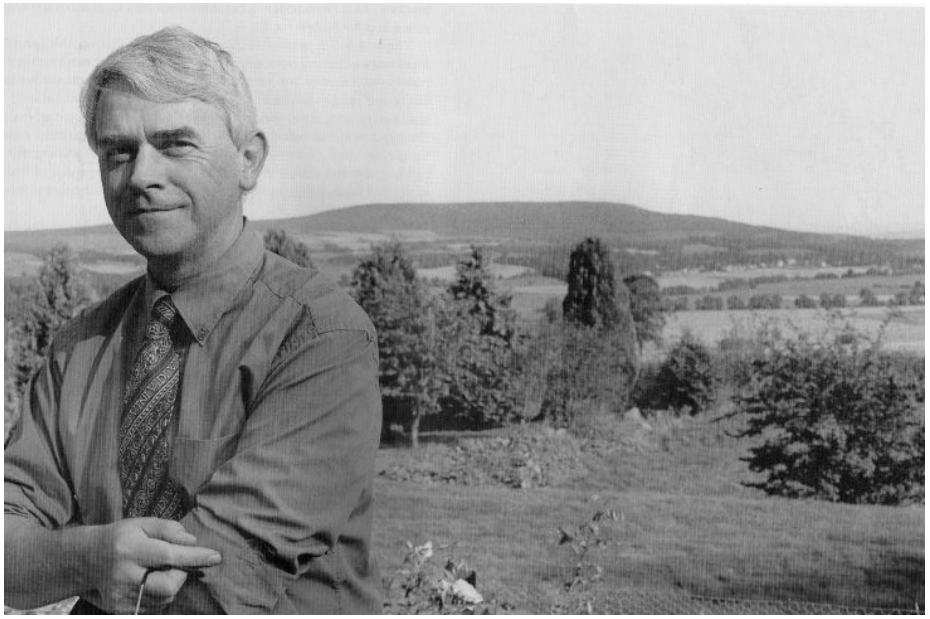
Before I came to work on Skye, I was working in hospital doing anaesthetics and casualty work and it was pure chance that I ended up here. I had met one of the GPs when I was climbing in the area and ended up coming back at regular intervals to do locums for GPs on the island. Being capable of giving anaesthetics was an advantage because one of the GPs I did locum work for also did anaesthetics in the local hospital. I ended up as his trainee and after that was appointed to this practice.

I've a practice list of six hundred and fifty patients with the practice stretching about sixteen miles from one end to the other and about five miles across. I don't have an appointment system as the patients have always appreciated the chance to walk in when they need attention, and they know they can be seen that day and not be asked to come back tomorrow. I have an associate which allows me to have one week off in three which keeps me sane. Being on call is very demanding: even if it is very quiet, you can't go out with friends, you can't go out for exercise because mobile phones don't work here and even if they did you would still have to get back from where you were. This is a change from days gone by when I could go out fishing in a hill loch and I remember when I was doing a locum, climbing Beinn Sgritheall above Arnisdale when I rigged up an alarm system so that they could flash torches and ring bells if there was an emergency call. You couldn't possible do that now because people expect you to be available every minute of the day.

I'm not sure if I will stay in single handed practice although I enjoy the independence but the demands now are very different from when I came originally. There is more to life than work and I consider my social life is very important to me. The Associate Practitioner Scheme, which really is the equivalent of having an assistant, has been a tremendous boon - in all honesty I'm not really sure if I would have managed to cope without that sort of assistance.

I'm not convinced that being self-employed has all that many advantages. Having good premises and decent resources could be achieved by having a salaried service. Lots of my colleagues shudder at the thought of this, but it's a very strange sort of self-employment that we have; after all, the contracts being imposed on us are all one sided. The only disadvantage of a salaried service in remote areas might be that doctors would not invest in these communities and end up moving on every few years. Provided I can get my regular time off, I'm happy to stay here but I remain unsure of where my long term future lies.

Iain Ferguson, Torphins



I worked for ten years in Canada before coming here and had been a GP / anaesthetist in a town three hundred miles north west of Winnipeg and then had five years on Vancouver Island. I enjoyed the time in Canada very much but our relatives were here, and we were always coming home every year to visit them, which wasn't really a holiday. There were a lot of plus points in Canada; referrals were seen promptly, there was minimum waiting time for hospital care and there were fewer trivial

complaints. However, you had no income if you weren't working and with a young family we decided we would be more secure back in this country. It took about two years to disentangle ourselves and when I came back I worked in Dingwall before coming to Torphins.

Torphins is a rural practice with about sixteen hundred patients within a ten mile radius and although it is in the midst of a farming area, it is only twenty-two miles from Aberdeen. There is not too much pressure here and a nice mix of patients from the farms, and incomers who are mainly associated with the oil industry and commute to Aberdeen. There are times when I would prefer to have someone to bounce ideas off, but the Associate Practitioner Scheme has at least gone some way to alleviating the isolation. I'm not so cut of as people might be in the Highlands and Islands and I can get to medical meetings in Aberdeen relatively easily. Our social life is largely outwith the village and my wife is very involved in music activities in Banchory and Aberdeen. I've five children, and that takes up a lot of my off duty, but I do find time to play golf regularly. We are pretty settled here now and this is the longest we've actually lived in any one house and I anticipate staying here until retirement.

I think the future of single handed practices in an area like this is threatened as doctors are tending to join larger groups and co-operatives. People are much more prepared to travel to come to the health centre and although this is difficult for elderly people and young mothers I think this trend will continue. The evidence so far is that co-operatives for night work can cover quite wide areas and the government may see that as an argument for covering larger populations by day as well. That could lead to shift work which could be the end of traditional general practice where doctors really know their patients and their families. At the end of the day, the local population would probably not want such an arrangement and would fight strongly to retain the current situation. I am naturally biased and would resist attempts to rationalise services by eroding the service provided by a single handed doctor.

Janet Fitton, Strathdon

I was a medical student at Cambridge University and Charing Cross and Westminster Medical School in London. When I did my general practice training my intention was to work in and around London but my husband-to-be and I both enjoyed outdoor activities including hill walking, camping and getting into the countryside at weekends. I applied to become an associate in this area, and we bought a cottage and planned to stay two or three years. After about a year, the doctor in the practice I'm now in resigned and I was appointed to his post.

There are six hundred and seventy patients in the practice which consists of the whole of the Strathdon area which goes from Mossat up to the Lecht where there is a skiing centre. There is no main centre of population, with the practice at Bellabeg roughly half way along the glen. I have a part time associate and I don't think I would have considered single handed practice without the associate scheme.

Mobile phones don't work here so I do have a lot of time when I have to be at the end of a telephone. I'm hoping that is going to improve soon which means that I would be able to get out and about a bit more and be more involved in the community. My husband now acts as practice manager and has taken over the business side of the practice and I also have two part-time receptionists and a part-time practice nurse. It is also a dispensing practice and we distribute all the patients' drugs as the nearest pharmacy is twenty miles away. We've a boy of one year and I was lucky enough to have a locum provided during my maternity leave. My

husband, being part-time, can take a lot of his work home and we have a neighbour who comes in a few mornings a week to help out.

I like this area very much; it is very friendly; there is a long standing population of farming people and some people with small estates. There is also the well known Lonach Highland Gathering which takes place every summer and everybody turns out for that. With its being a small practice, I know who people are, who they are related to, their families - it is a true family practice. There is some uncertainty about the future with the formation of local health co-operatives which will cover larger areas and populations. I'm a bit apprehensive about going into a larger group as I don't think you will know the patients so well. People have also spoken about nurse practitioners using telemedicine with video links, but I can't imagine how that would work in emergency situations. If there is a medical emergency or road accident I usually get there before the ambulance. We have no plans to move elsewhere; we have recently bought a house. I like the people and the work, and although there are times when I feel somewhat isolated, the advantages of working here far outweigh the disadvantages.

David Starritt, Tarland

I grew up in Wales and went to medical school in London, and after doing my general practice in South Wales came here in 1985. Tarland is what is called an inducement practice where we are guaranteed our income, as the list size of seven hundred and fifty patients would not

be financially viable without a form of inducement.

When we came here we made two public rooms in our house into the consulting room and the waiting room which became a bit of a problem as children came on the scene. We eventually built a new surgery using local tradesmen and that has made a big difference. There was also a chemist in the village at that time and when she announced that she was going to retire, I thought I'd be responsible for all dispensing of prescriptions. However, my wife was a pharmacist; she decided to buy the chemist shop, so now she is the local chemist and I am the local doctor.

Being in a small community we get to know patients really well and if I fancy a beer, I'll go to the pub occasionally and have a drink. By mixing with people in the village I get to know what is going on in the community and at the local school. It is a very safe place for the children to grow up and the surrounding countryside is beautiful.

The main disadvantage of working here used to be the restriction of being on call all the time, although people here do not abuse the system and seldom call you out unnecessarily. More recently I have joined a rota with two other practices in the area which means I am only on one night in five and I can get some weekends with the family. A more difficult problem is getting locums at short notice for short periods and I well remember when our second baby was due I had to arrange for three different doctors to cover various parts of the day so that I could get away. Planning ahead for locums is not so much of a problem, but for unexpected events or illness it can be a bit of a headache.

While this is a rural setting we are only thirty-two miles from the city of Aberdeen, which is an advantage to both us and our patients. I doubt if they will replace me here when I retire as there are more and more moves towards co-operatives and I am sure the health authority must question the cost effectiveness of maintaining a single handed practice like this. Not being too isolated and with a neighbouring practice around five miles away it is likely that they would organise a branch surgery. However, my retirement is some way off, and I have no intention of moving so they will have to put up with me for some time yet.

David Crowley, Tomintoul

I did my undergraduate training in London and was originally in a dispensing rural practice north of Rugby in Warwickshire. I've now been here for fourteen years and have enjoyed it immensely. Although Tomintoul is only sixty-five miles from Aberdeen, it is a very remote area which tends to get cut off in the winter months when the exposed Lecht road gets blocked with snow quite frequently.

This is a scattered rural community surrounded by hills with about five hundred patients, but it can be busy in the winter months with skiing injuries at the nearby ski slopes and in the summer there are quite a lot of tourists. When we first came, the doctor's consulting room, waiting room and dispensing area were all situated in the house and it was very cramped. There was no soundproofing and patients in the waiting room could tell when I was coming to the end of a consultation because they would say, "He's talking about the weather now." It is changed days now with purpose-built premises across the road with facilities for a triple duty nurse, a practice nurse and part-time physiotherapist and chiropodist. It is only recently that there has been an ambulance based here - before that it was just someone who could drive and had no medical training which could be a bit worrying when you had to send seriously ill people to Aberdeen on a wild winter's night. Having a part-time associate is also very helpful as it does cut down on the amount of time I have to be on call. Having said that, patients here are very considerate and don't

call you at night unless it is something serious.

The community life has changed quite drastically since we have been here; there used to be numerous things going on, with a drama club, a bridge club, a bowling club and a shooting club and almost every night of the week there was something to do. Things have changed in that there seems to be fewer community activities. Losing our local school was a big blow although it doesn't affect us now as it happened after our children left to go to university. The high costs of running a garage have also led to the demise of our local garage and all these things continue to undermine the community.

My time outside medicine is spent in outdoor pursuits including long distance running, cross country skiing and mountain hiking. Being twenty miles from the next practice and hemmed in by the hills in an area which stretches to the Cairngorms, I don't see any alternative to providing medical services here. Telemedicine and video links may reduce the number of visits that patients have to make to specialist outpatient centres, but there will always be a need for a doctor on site and I look forward to being that doctor for the foreseeable future.

Moray Fraser, Canisbay

No one has really heard of Canisbay, although everyone has heard of John O' Groats as the most northerly place in the mainland. Canisbay is the most northerly mainland surgery and I've been here since 1984.

I think I always wanted to be a doctor and it goes back to my childhood when I had distinct memories of the doctor's surgery and the fact that he had a Rover car. When I was a medical student, my attachment in general practice in Kirkintilloch did much to stimulate me to set out on a career in general practice. My mother came from the Island of Harris and following my postgraduate training I had an urge to move back north to be nearer my roots. After seeking a number of posts in the highlands, I was appointed to this practice in 1984 where I have been since.

In my first six years I got very little time off but, jointly with Tongue, Sutherland, we were the first practice in Scotland to employ an associate in 1990 and that has made quite a difference in being able to plan time off. We now have Dr. Fiona Brown as a half-time associate for ourselves. There are one thousand and thirty-nine patients in the practice which has risen by about a hundred since I came here. The practice is not too large geographically, covering about a hundred square miles. In my first few years, there was a lot of home visiting to do, because that was the way it had always been but it was a very inefficient way of working. There were no appointments and people were prepared to wait quite a long time in the waiting room. It was almost a social centre where people kept up with local gossip. We now have an appointment system and far less visiting which means a much more efficient use of time. There is a hospital at Wick sixteen miles away, which provides both medical and surgical services.

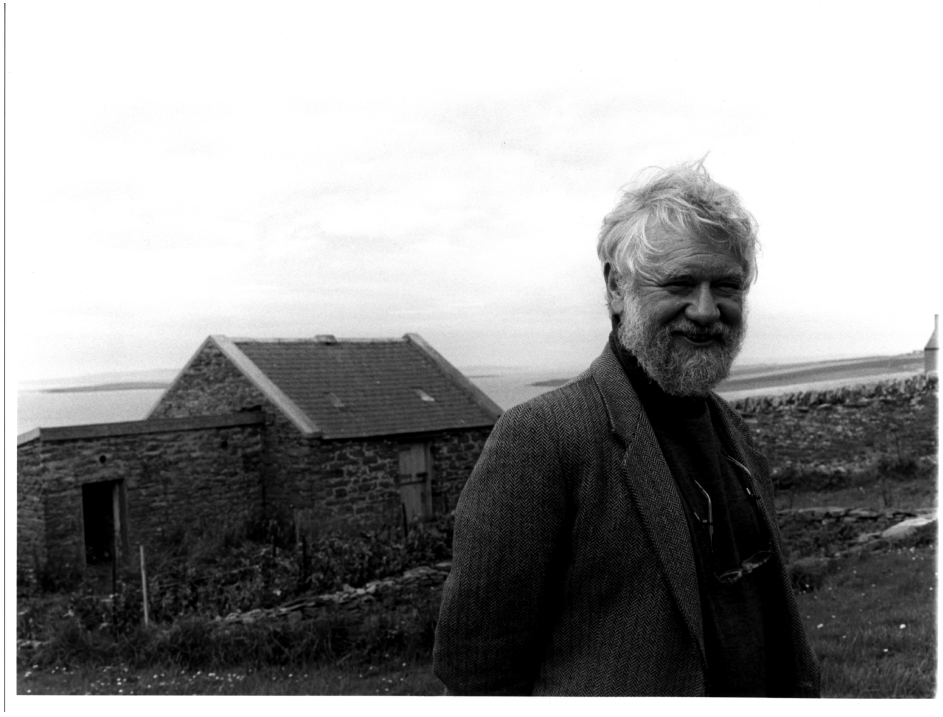
Over all, I've enjoyed my time here although there was a spell when some difficult patients tended to get me down. Without partners to talk to, these situations can be depressing but I suppose over the years there is a maturing process where you learn to cope with these things. There are very few people who abuse the service but when they do you are on your own. The staff that I employ are all well known to me socially and there are people whom you have got to know so well that it is hard to imagine life without them.

Looking out the window you see over to the Orkney Islands and to the Island of Stroma. Although it is a remote part of the world there is a certain raw beauty about it all. I don't know what the future holds for single handed practices. I think people will always

need a qualified doctor to meet the wide range of undifferentiated problems that present every day.

Jon Buchan, Island of Stronsay, Orkney

I've only been here since 1995 and prior to coming had been a Senior Medical Officer in the Civil Service for twelve years, having been in practice for fourteen years before that. I had reached the stage in my life where the Civil Service and I were not really compatible and I needed a change. It was quite a change too! Before coming I had to do some re-training and was a trainee GP in Totton in Southampton. I will never forget the day we arrived here - we had left Southampton at 3.00 in the afternoon and arrived at Scrabster at 5.30 the next morning having driven all night. We then got on the boat to Orkney and then had a crossing via Sanday and Eday before arriving on Stronsay. My wife had never been to the island before but she has taken to it like a fish to water; it is very much like her childhood where she was brought up in a village of around four hundred people and likes the atmosphere of a small community.



It is a very small practice with only three hundred and forty patients on an island seven miles long and two miles wide. My wife, who is a nurse, acts as the dispenser in the practice. Despite its being a small practice, I am kept busy as there are a lot of elderly people, some of whom are quite poorly. I do around fifteen hundred visits a year which is about four to five visits a day. There is this notion that if the doctor turns up and says you are all right then you believe it; very much a kind of lucky charm

idea. It may not be considered up to date medicine but lots of patients believe it. I had this old chap I used to see every other day because I knew from experience that if I went to see him he stayed all right, but if I didn't visit he would get poorly and send for me. In a community like this you have to forsake ideal medical practice to retain faith with your patients and this is particularly true for older patients.

There are times when the surgery is quite quiet. For example this morning nobody came to see me at all, while the next day could be anything between ten and fifteen. It can be a strain being on call all the time but I am not called out very much at night. Finding locums during holiday time is a real problem. You can spend hours on the phone trying to get somebody to come and in the end it is sometimes easier just to stay working than it is to go through all the hassle of getting someone to work as a locum.

I suspect that when I retire I might not be replaced. The island is depopulating and in the last few months alone three families with young children have left. It may be possible to have one doctor for the islands of Stronsay, Sanday and Eday but the doctor would require a boat and have to know how to handle it. In many ways, a doctor on an island like this ensures that a community remains viable. Without a doctor, even more families would leave which would threaten the future of the island. I'm not suggesting that I am absolutely essential but there may be problems in finding a replacement when I retire.

Iris Ritchie, Drummore

I am quite new to single handed practice having been here for less than a year. I previously lived and worked in Northern Ireland where I was born. We moved here for a number of reasons, mainly due to the fact that my husband and I were disillusioned with the political situation in Northern Ireland and we thought that we would like to bring up our children in an environment outwith the divisions which make life so difficult there. I had previously been a trainee in Stranraer some ten years ago, so the area was not totally unknown to me. It has been a huge decision for us to

come here as we have had to leave our home, family and everyone we knew, yet it was an easy decision as we felt it was right for us.

Drummore is at the south west tip of Scotland and there are eight hundred patients in a dispensing practice. The patients have been very welcoming and probably enjoy having a regular GP again as my predecessor had been off ill for some time and the practice had been covered by a succession of locums. I run a mixture of open surgeries and appointments which mean that the patients have the best of both worlds. They can be seen in the mornings for acute problems while specific complaints or follow ups can be dealt with in the afternoons. Being single handed means that you really get to know your patients and the continuity of care provided is very satisfying, not only for me but for the patients as well. I feel much more in touch with patients than previously when I was in a busy group practice in an urban area.

I am not completely isolated here in that I share night call-duties with the GPs in Stranraer, which means that I can actually get time off. The other GPs in the area are also very friendly and I can always contact them for advice. With young children there is not much time for a social life outwith family activities but I have already made some good friends here. Having children is a way of meeting people through playgroups and young women's groups and this keeps me in contact with the life of the community.

Being single handed here is not as stressful as it might be, as I have good arrangements for time off and night calls. It is the doctors in more remote areas who are stuck by the phone twenty-four hours a day who must find

it extremely stressful. It is practices like that that will be increasingly difficult to sustain as young doctors are no longer willing to make these sacrifices. If doctors were assured of regular time off, then many more might actually opt to be single handed where you are free to make your own decisions and have a true sense of ownership of your practice.

Rosie Briscoe and Mark Aquilina, Island of Yell, Shetland

I was born in Yorkshire and my husband, who is also a doctor, is from Surrey. After we qualified we worked for a couple of years in Australia, then worked in Shetland before going to Namibia with the Voluntary Services Overseas organisation. We decided that the Shetland Isles was a good place to settle and bring up a family and that is how we ended up here. The previous doctor set up a good practice and was a trainer and we plan to continue with the tradition of being a training practice. I am not single handed in the strictest sense of the word because my husband and I job-share which means that we can handle the responsibility of eleven hundred patients together. There are also

around eighty patients on the Island of Fetlar and surgeries are held there every two weeks. There is also an associate who works in the practice and the Associate Practitioner Scheme has really revolutionised the life of rural GPs who had previously been on call for months at a time. We divide up the days which, with two children aged four and two years, means that we have time to spend with them.

One of the advantages of our job sharing arrangement is that patients have the choice of a male or female doctor. I do not know if I would like to be truly single handed and all

on my own. The number of night calls is not onerous but you always have to be available. One thing we like about working in a remote place is that you have more clinical challenges and have to do your own casualty work, and have to manage certain patients who, in city practices, would be passed on to specialists. There is no airstrip on the island so emergencies have to be evacuated by ferry, and you have to be sure that you are calling out the ferry for a good reason.

Having patients as friends has not been as much of a problem as I thought it might be, and we insist that friends or work colleagues who require medical advice make proper appointments and are not handled in a casual way during social encounters. You have to enjoy being part of a rural community and not feel too threatened by it; you can't be too obsessed about your own personal privacy; you just have to become part of the community and get on with it.

The only thing I really miss are trees, because any attempts to grow trees in this wild landscape have been thwarted by the high winds which blow them down. Other than that this is a pleasant place to live and we enjoy canoeing and kayaking in the summer and although the winters can be long and dark, with the associate scheme, we can now take the odd week off when we have a blitz on restaurants, theatres and the cinemas on the mainland.

I cannot see any alternative for providing medical care on islands like this because it is quite a long way to the main centre in Lerwick. I agree with those who suggest that medical students should have more experience of remote practices which would influence their future career options and ensure that what has been built up here over many years, can be maintained and developed.

Jean Knowles, Port Ellen, Isle of Islay

I had not planned to work in a single handed practice on an island. It was probably just chance in that it was a time when jobs were not particularly easy to get and I applied for this post in 1988 and was appointed. There are thirteen hundred patients in the practice which means that I am fully occupied. I enjoy the freedom of being in charge and responsible for all my own actions. You

cannot depend on anyone else when you are on your own and it means that you have to be self reliant. The range of clinical problems is similar to any other practice ranging from the usual childhood ailments to major crises like heart attacks and strokes. I have a fairly clear mental picture of what is happening in the practice at any one time, and I follow things through and do not lose track of patients, as tends to happen in larger group practices.

You get to know people on a completely different level from the way city doctors know their patients. I think this is what makes single handed practice unique in that you are closer to your patients' lives and can practice family medicine in a way that is just not possible in an urban setting. There is enormous trust between patient and doctor and people will sometimes tell you the most amazing stories about their lives. Knowledge of the community also alerts you to when people are not coping when they claim that they have no problems and everything is all right.

You have to accept that to survive here people are going to know about your social life. Your receptionist has to be your patient and your friend, and your friends who live locally have to be your patients, so everybody accepts the situation. There is no point in worrying about that or shutting yourself off. The fact that you are on call most of the time and have to drive a lot puts some constraints on what you can and cannot do but you just have to get on with it.

I do get frustrated by the hours that I have to work and there are times when I wonder how long I can keep it up. However, these

thoughts do not last very long as it becomes a way of life with its own set patterns and routines. I try to get involved as much as I can with community affairs and have served on the local festival committee for ten years which is a pleasant way of making a contribution to the life of the island.

While there may be pressures to reduce the number of single handed practices, islands like this will always require a doctor. There is more than enough to do and the range of medical care keeps you on your toes. With time, there may be an argument for having two doctors in this practice, but having invested my own money in the practice premises, I am here until I retire.

Jack Barker, Gravir, Isle of Lewis

I was in the Royal Air Force for twenty years, first as an ear, nose and throat surgeon and then in general medical duties. My last but one posting was as a senior medical officer at Kinloss in Morayshire and I was active in general practice with around three thousand families as well as twenty-five hundred RAF personnel to look after. When working in Scotland I had done locums

in the Western Isles for quite a long time and I knew some of the doctors in Stornoway. I decided to leave the RAF and within a month was appointed to this practice; that was seventeen years ago and I have never really regretted the move.

It is a very small practice with around four hundred patients which means that it is an inducement practice whereby I receive an allowance to make it financially viable to work here. I also share an associate with one of the doctors on the other side of the island. This gives me the opportunity to

share problems and also provides much needed time off which was not the case in the past. My wife acts as the practice manager and there are two part-time receptionists who have taken a variety of qualifications to keep themselves up to date. There is also a district nurse and physiotherapist, occupational therapist and community psychiatric nurse who have responsibilities for a variety of practices including my own. When I think of it, the population here is very well provided for in terms of medical services.

The practice population is getting older all the time with eighty patients, which is about twenty percent of the practice, over the age of eighty years. However, there has been a shift recently with younger people coming back to the islands. Fish farming has been quite successful and the roads are now much better than they used to be. When I came here it used to take about an hour and a half to get to Stornoway which was the nearest town. That journey can now be made in forty minutes.

We used to live in the house to which the surgery was attached but eventually built our own home on a promontory overlooking the sea loch. I now have two thirds of an acre of very exposed land where I am trying to create a garden. My other hobby is fly-fishing for trout and salmon and this is an ideal area for indulging in interests like fishing.

I suspect they will try and amalgamate this practice with a neighbouring practice when I retire, although attempts to do this will be bitterly resented. People here cherish their independence, and they also value services such as the local doctor and local school; they see these services as the cement which holds the community together. Medical services cannot be seen in isolation from the infrastructure required to maintain a sense of community and people who choose to live in isolated areas deserve to have readily accessible medical care.

David Nichols, Borve, Isle of Lewis

I was originally in a group practice in East Kilbride, south west of Glasgow, before coming here four years ago. My main reason for moving to Lewis was that my wife's family were all from the island and

having travelled here frequently on holiday, we decided to come and live and work here.

As single handed practices go, this is quite large with fourteen hundred and fifty patients. The practice is spread along a strip of coastline about twenty-six miles long from Ness in the north to Carloway on the west side of the island. I also do clinics three times a week in small villages along the route which gives patients a choice of venue. During the last four years I have instituted a number of reforms with a well organised team including a practice manager, receptionist, practice nurse and dispenser. I also have the support of a female GP who does two sessions a week. A dietician, a chiropodist and a speech therapist also do regular sessions here, so the patients are provided with a comprehensive primary care service. It is also a dispensing practice but because of the distances involved for patients picking up prescriptions, the Post Office helps distribute prescriptions throughout the island. This adds to the goodwill that exists where people help each other out.

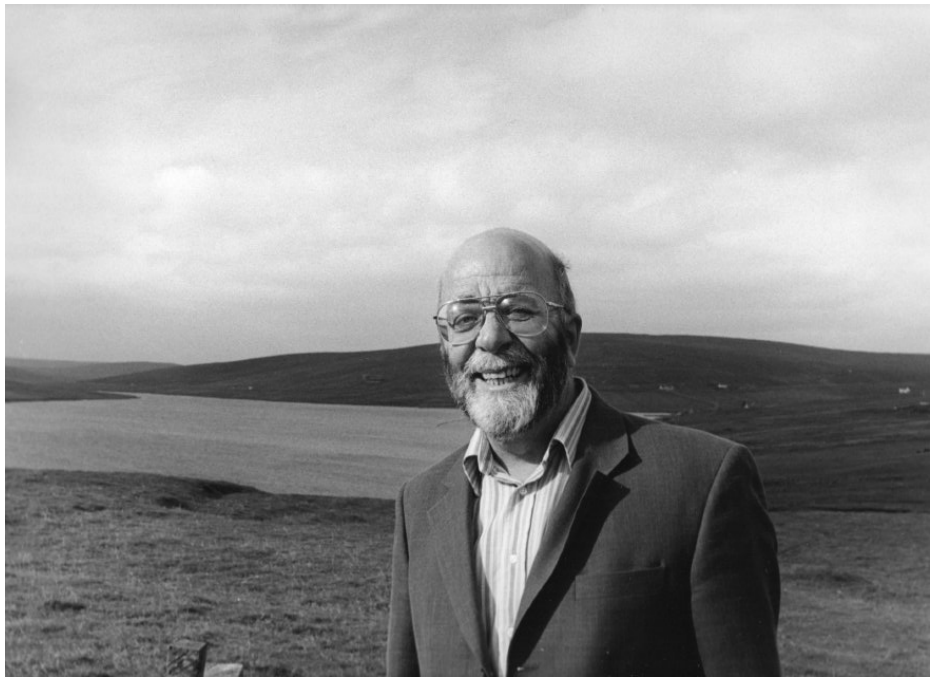
The main advantage of being single handed is that you do not have to justify your decisions to other partners and can create a team along the lines on which you wish to practice. You also get to know your patients extremely well and they enjoy having one doctor to relate to. The difficulties arise with the amount of time spent on call; it is not that you are called out very often, it is just being tied down a lot of the time. Mobile phones are a bit erratic here but we are looking forward to the system being upgraded in the near future. The coastguards are also very helpful in relaying emergency messages to the doctors on the island and have, on occasion, provided

helicopter transfers to lift people off exposed areas where access is difficult.

Living in the community means that you get to know people socially as well as professionally. On the whole, people here tend to respect your time off and do not bother you with medical matters when you are out socially. I still play football, am a member of a social club and enjoy the odd drink in the local pub.

With a practice of this size, I do not see any alternative to providing medical services as at present, because of the long distances between practices, it would be difficult to organise a centralised system from a main centre such as Stornoway. There may be some parts of the Highlands and Islands which are not quite so isolated and where practices could be amalgamated but I can not see that happening here. If anything, we need more medical assistance rather than less.

Mike McDonnell, Island of Yell, Shetland



I came to Yell in 1973 to take over the single handed practice of Yell and Fetlar, which is about a hundred square miles with a population of twelve hundred people. In my work, there has been enormous satisfaction in knowing my patients well. I do not subscribe to the theory that familiarity breeds contempt and that you lose your objectivity if you are mixing with patients socially. In many ways you are better

placed to pick things up, see the early warning signals and notice that someone is behaving out of character.

When you practice and live within the same community it confers on you a degree of accountability that you wouldn't otherwise have, and when you get tuned in to what local concerns are you can play a part in not just developing medical services but looking at wider issues within the community. This has been one of the most egalitarian communities I have ever come across, which has given me freedom to develop in all sorts of ways which has benefited me as a person as well as a doctor.

The drawback of single handed practice is that you are completely on your own and it is difficult to keep up to date when you are practising in professional isolation. I got around this by becoming a recognised trainer which means that I had responsibility for the training of young doctors. As a trainer for eighteen years it has been a great source of satisfaction that eight of my former trainees have opted for single handed practice in the Highlands and Islands of Scotland. Those in ivory towers in the mainland need to relax some of their more rigid regulations to allow the growth of single handed training practices, because it is such an obvious way of solving the problem of future recruitment.

After twenty-five years in my current post I was faced with the prospect of giving up being a trainer as you are not allowed to be one after the age of sixty. I thought it would be a great pity if, after years of building up the practice to be a training practice, it would lose this status if I carried on working full-time. Two younger GPs who had worked in the practice expressed an interest in returning to Shetland, and I thought it was a good time to stand down. It means that the practice can probably continue to be a training practice, thus contributing to the recruitment to remote areas of Scotland. I have taken a post as a part-time associate GP which frees me up to get more involved in community development projects in which I have dabbled over the years.

Unlike some of the 'doom and gloom merchants', I think there is a bright future for rural practice. The ability of single handed doctors to have an associate has brought relief from the burden of constantly being on call. It also provides a degree of

choice for patients and if our medico-political colleagues can ensure that training opportunities are maintained, then practices like the one I have worked in can continue to attract bright and committed doctors.

David MacFarlane, Bixter, Shetland

I come from Glasgow originally and trained in Dundee, and the circumstances which brought me here were largely due to informal contacts. A friend of mine had worked here and knew one of the GPs who invited me to be a trainee, and I spent a year on Yell which is one of the offshore islands. About eighteen months later I had the opportunity to come and work as a relief practitioner and ended up being appointed to a post in Bixter, where I have been for the last fifteen years.

The practice has now got eleven hundred patients which has risen from around nine hundred when I started. Single handed practice suits my personality in that I like to mould and shape the practice the way I like it to be and do not have to consult lots of partners before getting decisions taken.

With a practice of this size it is more efficient to have an appointments system but I also have three branch surgeries at various villages which means that I do not have too many home visits, as patients with non-urgent problems wait until I am doing one of my surgeries in their village. I know my patients very well now and they seldom call me out at night, and are frequently happy to accept telephone advice as they know they can get an appointment first thing the next morning. There is a local hospital eighteen miles away where there are two consultant

surgeons and two consultant physicians all of whom provide a very good service. I am the honorary medical adviser to the lifeboat service which involves me looking after the crew and attending to casualties.

Most of my social life centres around visiting friends and having friends for a meal. There are lots of indoor activities during winter and in the summer, rowing and sailing are quite popular. Outwith the practice I have become involved in medical politics and am the secretary of the local medical committee which results in my representing the Shetland GPs at national committees in Edinburgh. Getting away from the island to go to meetings in Edinburgh keeps me in touch with the outside world but I am always happy to come back.

I think there are potential problems with recruitment to single handed practice in the future. One of the deficiencies in training young doctors is that they get little if any exposure to the kind of practice I work in and may not know what they are missing. I think it is very important that students and trainee practitioners should have the opportunity to spend some time in an isolated rural practice like this. I grew up in an urban environment and always thought that I would end up working in a city but circumstances were such that I was exposed to a practice in Shetland. I am very thankful for that, with no regrets whatsoever and would not trade places with anyone.

Alan Belbin, Durness

I came here because I wanted to be a single handed doctor but I probably would have preferred to be in a less remote area, but if you are going to be single handed then you have to accept where the jobs exist.

Durness, which is close to Cape Wrath in the north west of Scotland, is really very isolated and the practice covers an area of around eight hundred square miles. It is a rugged and at times desolate area, but the grandeur of the mountains and the scenic coastline provide a variety of dramatic scenery.

There are only three hundred and forty patients in the practice and I am on call most of the time. I have an arrangement for covering weekends with a practice which is twenty-five miles from here, but when I have stayed at home for the weekend patients tend to find me anyhow. By and large patients are not at all demanding and probably realise that there is only one doctor here and will only call you out for genuine emergencies. I only have a half-time receptionist as we do not have an appointment system and no practice nurse so I am a jack of all trades. There are times when it can be quite busy during the summer months when there is an influx of visitors, but on the whole I can pace myself quite well in terms of workload. The nearest hospital is in Wick, eighty miles from here but it is sometimes just as quick to go to Inverness which is a hundred miles to the south. There are not many social facilities so any social activities have to be elsewhere when you are not on call.

I do not know what the future of a single handed practice in this area will be but a lot will depend on what is acceptable for the people here. It will be difficult to organise a service with doctors being based many miles away as any patient with a semi-serious problem would have to be shipped out by ambulance which, at the end of the day, may be no more cost effective than having a doctor in the village. The only difficulty is in recruiting doctors to areas like this. Those who are finishing their general practice training and have been used to working in co-operatives for night work raise their eyebrows when they find out that in Durness you are on call twenty-four hours a day for twenty-five days every month. Unfortunately, they often see all the disadvantages rather than the advantages, and I think there is a lot to be said for encouraging medical students during their training to have some experience of rural practice.

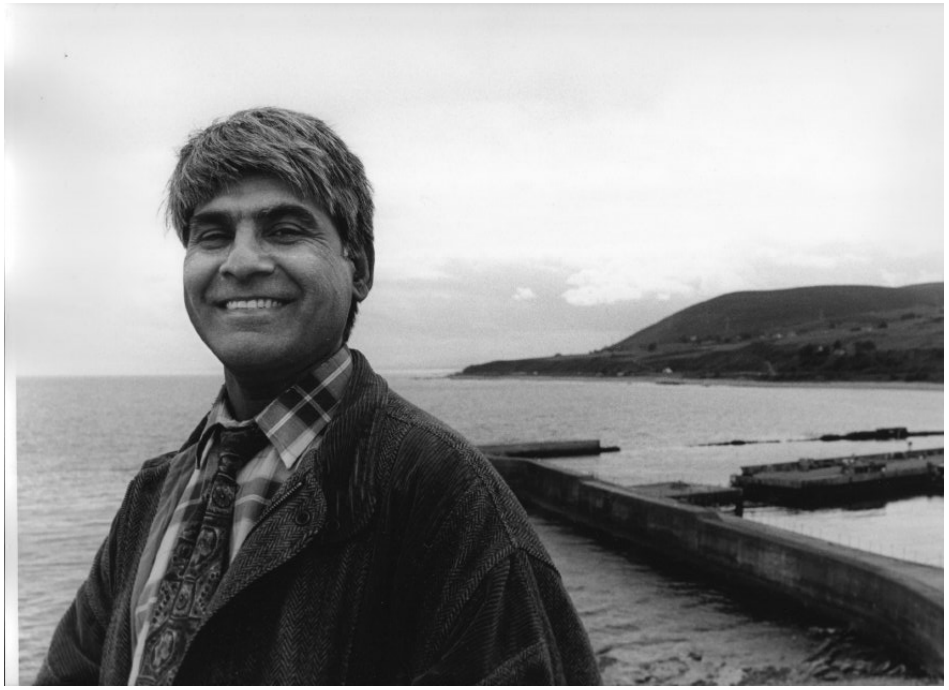
Young doctors might accept a situation where there were two doctors here but that

would require considerable inducement allowances to make it worthwhile financially. I have to confess to being a bit gloomy about the future prospects because there appears to be no real planning, with every vacancy just being considered in isolation from the broader issues.

Davendra Singh, Helmsdale

I was born in India where I qualified in medicine and subsequently did my general practice training in Aberdeen. I have always loved Scotland and came here on many occasions before coming to work here twenty-seven years ago.

Helmsdale is a fishing village and I have a practice of around a thousand patients who are scattered over a fairly wide area, twenty-seven miles in one direction on a single track road and fifteen miles in the other direction. There are times when travelling is difficult in the winter but I no longer do many home visits. Over a period of time, being single handed can be a considerable drain on your personal and family life. I have an associate who covers



me for about a third of the time but when I am here it is twenty-four hours per day on call. It is a life full of diversity where you have to make decisions yourself and cannot depend on specialist help on your doorstep. I quite like emergency situations which keep you on your toes and give you great satisfaction when there is a good outcome.

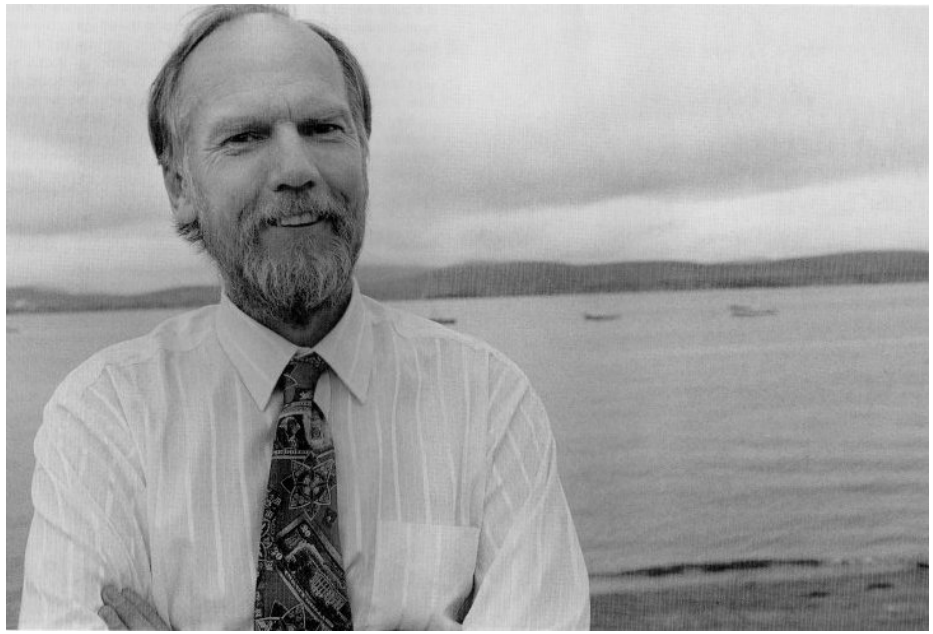
After all these years I am not convinced that single handed practice is a good way of life. Although I have adapted to it, my family would be much happier if there was another doctor in the village to share the load. My life revolves around the practice and that can put a lot of strain on the family. The alternative is to have another doctor and work shifts of say twelve hours rather than twenty-four hours at a time. It would be better, not only for the doctors, but for the community as they would always have someone who is fresh and alert and not tired after a busy night followed by a full day's work. I suppose the problem is really one of funding and I do not think the government is going to invest in medical services in rural areas. However, I doubt very much if our political masters really appreciate the services provided by those of us in remote and rural areas.

Freedom to have a social life here is somewhat restricted. It is difficult to be seen to be enjoying life because you are known to everyone, and the subject of medicine usually comes up in conversation when all you want to do is switch off and talk about something else. I like hill walking, reading and playing badminton and there is no doubt that there are pleasant areas here to go walking and get away from it all.

I have my doubts about whether single handed practices will survive because there are few financial benefits and young doctors nowadays will not accept being on call twenty-four hours a day, seven days a week. For me, it has been a way of life which I have accepted as my contribution to society.

Charlie Hendry, Cromarty

I was born in Arbroath and moved to Edinburgh when I was five years old. When I was a child, my mother was landlady to two medical students and I think that was one of the original stimulations to be a doctor. We didn't have a car when I was a child and I always noticed that doctors had cars. That may have been another stimulus. I went to school in Edinburgh but my father died when I was sixteen so when I went to university I stayed at home. After graduating I did my junior hospital training in Stracathro Hospital in Angus; then did my general practice training in Dundee before practising there for five years.



I found that I had different views from my partner and I had the urge to be on my own and applied for jobs in Oman and the Seychelles but they did not want me. My father-in-law spotted an advertisement for the job in Cromarty and I ended up here where I have been for twenty-six years. I have a thousand and thirty patients and have had an associate for the last seven to eight years which has allowed me to get time off which I did not have before. I dabble a bit in medical politics which gives me the chance to try and improve how the Health Service is run.

For me, single handed practice allows the opportunity to know my patients really well. I regard them as friends and this does not happen in larger practices. I like to keep a smile on my face and there was an occasion recently when a man died of cancer of the bowel and his daughter remarked that when I was writing the death certificate, it was the only time that she had seen me looking serious.

Although there are disadvantages in being tied to the phone, I think this is an excellent way of practising medicine, but I am not sure if the next generation of doctors wants to work in single handed practice. I can understand that, because you cannot equate being single handed with having lots of time off. It is going to be difficult to get someone to buy the practice premises from me because it was quite an investment and this definitely ties you down.

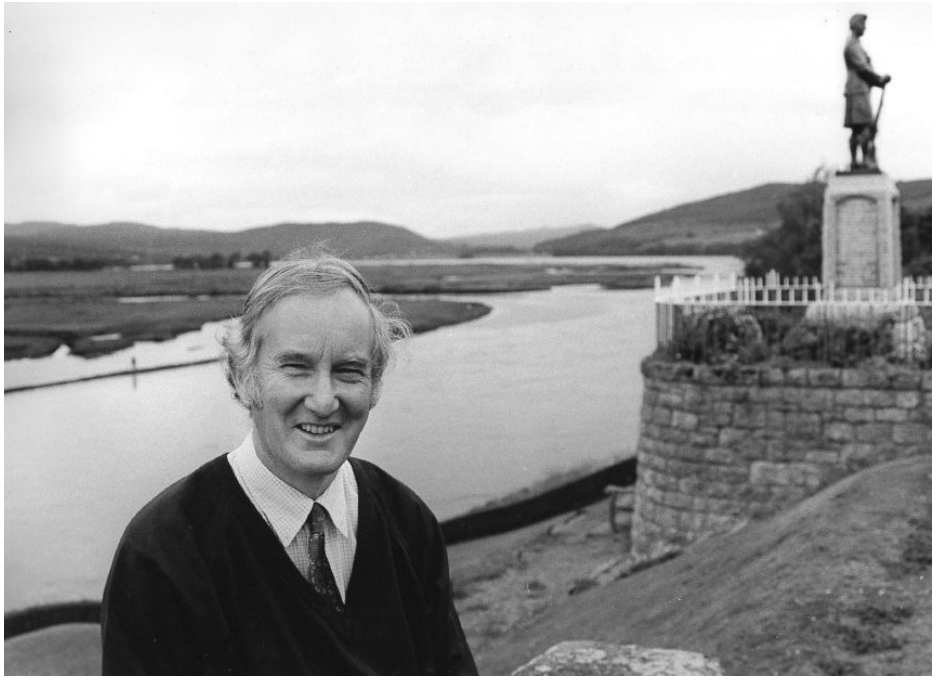
I can foresee a day when the medical services could be centralised in Inverness with paramedics and nurse practitioners providing the care in areas like this. I am

not sure if nurses will be able to tease out the unorganised illness that patients present with in general practice, but with everything nowadays being about cost effectiveness, then there will be increasing pressure to question whether single handed doctors are value for money.

Godfrey Crabb, Bonar Bridge

I was formally in practice in Alness about twenty miles from Lairg which was a big practice for this area, but after about eighteen months I decided it was just not for me. I was originally in practice with one other doctor but when he retired I remained as the single handed practitioner for about eight hundred patients, a large proportion of whom are elderly and scattered over a wide area.

My premises could be thought of as a bit antiquated as they are in a library building which was created by the Carnegie Foundation. It may be a bit cramped but we manage to do a variety of things including casualty work and special clinics. There are limited psychiatric services in the region so I have developed skills in hypnotherapy on which I spend a lot of time. Although it is remote, I have all the modern equipment like a defibrillator, nebulisers, microscopes and computers with quite a lot of equipment having been provided by fundraising by the local community. When I first came here it was more leisurely with time to have a cup of tea and a chat when doing home visits. That has all changed with more and more of our work focused on the surgery where we carry out follow-up investigations for the hospital and all the extra things that GPs are now expected to do. I enjoy the



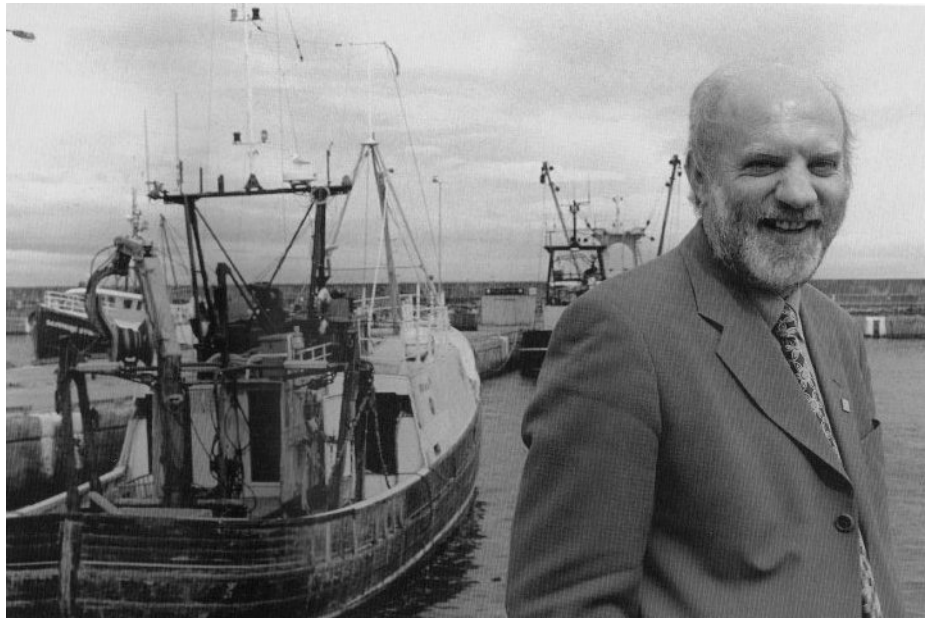
independence and do not really fit in with the trend towards guidelines and all these new ideas which are foisted on us by administrators who have little or no idea about what it is to be a doctor in an area like this.

As I get older, I find the on-call demands increasingly difficult. Having an associate which we share with two other practices does bring some relief and means that I now have someone to cover weekends and holidays. My guess is that in this area which is only fifty miles from Inverness there will be pressures to create larger groups to cover the area I am in. However, this practice has an identity in the community and I would like to think that someone could continue to develop what I have built up here. The ability to meet people's needs quite quickly in an emergency was brought home to me recently when a bus with thirty-five people on board had been in an accident. By the time I got there, there were two helicopters, five ambulances, the Fire Brigade, and district nurses, all within half an hour of the accident happening. This could not have happened years ago, but with modern communication and transport systems, the emergency services can react very quickly. It would not be so easy in the more remote areas with single track roads and hemmed in by the mountains where a doctor on site will always be required.

For me, I have enjoyed the locality and with skiing in the winter, wind surfing in the summer, hill walking and camping, it has all been stimulating. It has been a marvellous place to bring up five children who had ponies when they were young - not something that would have been so easy in the city. If the bureaucrats would leave us to be doctors to people when they were ill, and reduced all the extras, including administration, which they expect of doctors nowadays, then this is a life which can still appeal to someone who likes being independent and has a sense of adventure.

Jim Tuckerman, Buckie

I am a graduate of Aberdeen University and set out originally for a career in surgery. I was unable to obtain the necessary qualifications and, with a wife and child, I decided to do a trainee year as a general practitioner which I thoroughly enjoyed and decided that was the career for me.



I ended up in Buckie which is a fishing town in the north east of Scotland and which has its own community hospital and maternity unit. When I started here all the partners had personal lists which meant that we looked after our own patients which was very satisfying for me. When my colleagues decided to end the personal list system I found this difficult to cope with as I did not know some of the patients, with the result that I was not so close to them as I had been in the past. There was a further change in the philosophy of the practice when the group decided not to relocate to new premises at the community hospital and at that point I decided to branch out on my own. It was quite a risk really as I did not know if the patients who were affiliated to me would choose to join my practice or remain within the group practice. As it turned out most of them were very loyal and the change was a successful one for me.

I have a list of around eighteen hundred patients and managing the practice totally has suited my personality. My practice is now based within the community hospital site which means that x-ray and physiotherapy clinics are readily available and I can look after selective patients in the hospital. My wife, who is a qualified nurse, has also joined me as the practice nurse, which means that it is a family business. I was fortunate in that my former partners agreed to continue sharing night-call and with the advent of a local co-operative to cover out-of-hours work I am not faced with the stresses and strains of doctors in more remote communities.

The medical centre is very much a multi-disciplinary unit with a variety of support staff including district nurses, health visitors and midwives who are all based here. With

the growth of information technology and communication networks between doctors I see no reason why single handed practice could not be regenerated. After all, most GPs really like being in control of their own destinies and partnerships are often formed for financial as opposed to professional reasons.

What I have created here has been very much a personal vision which has allowed me to create services along the lines that I wish to see. Over the next ten years I will probably have to think of having a part-time partner as there is a limit to the work you can do as you grow older. For me, single handed practice has been extremely rewarding and I have been able to see my own ideas move from concept to fulfilment.

Shirley Haunschmidt, Island of Westray, Orkney

I was brought up in Essex and went to medical school in London and did my general practice training in Dartford, Kent. After that I worked for three years in a large group practice in Yorkshire which was not really my cup of tea. After about a year I

left and worked part-time in a small practice which I really enjoyed. By this time I was married and had two young children and my husband was also working and we did not see as much of each other as we would have liked. He was not really enjoying his job and when we saw an advertisement for a job in the Orkney Islands we decided that I should apply as we had been to Scotland a lot on holiday and had happy memories of our times there.

We have had two more children since then and it has really been a marvellous place to bring them up. It is very safe: they can walk home from school, the school is excellent, they have a lot of freedom and can wander on their bikes, and I do not have to worry about their safety.

I have six hundred and fifty patients on an island which is only twelve miles long by five miles wide. However, I also serve the island of Papa Westray which I visit once a week by boat. Despite being on an island, the back-up services are very good and with a daily ferry service to Kirkwall we are not really too cut off. There are no long waiting lists and I have good contact with specialists who recognise the nature of the job I do which gives me a good sense of security.

The patients really appreciate the service and there have been times when I have felt guilty about how undemanding they can be. I remember when I was pregnant and was working right up to two weeks before the baby was born, and people would come in in the morning quite sick and say they could not possibly have called me out because I was pregnant.

At present we have every intention of staying here. Things may change when the children leave primary school to go to the secondary school in Kirkwall but that is for the future. I do not know if I could go back to the routine of a group practice where you have to work set hours with appointments and where patients are much more demanding.

I do not think there is any alternative to having a doctor on the island, and if it was only to be a nursing service then there would have to be shifts of nurses which at the end of the day could be just as expensive as having one doctor. Westray may be safe from any plans to amalgamate any services as it is one of the bigger islands in the Orkneys with a reasonably sized population to keep someone like me fully occupied most of the time.

Norman Gourlay, Muasdale

I came to Scotland looking for a single handed post in a rural area because I really didn't want to have partners any more; I quite wanted to do my own thing. One came up here at Muasdale which was roughly what

I was looking for: a single handed practice, I could run my own show, what I earned was what I'd done and I didn't have to discuss with other people how I wanted to develop or change the practice. Being independent was part of it. Some of it was wanting to do old fashioned medicine: having my own patients, the patients knowing me, forming a relationship with the patients. That latter bit hasn't worked out perfectly because we can't easily do seven days a week and it's this difference between continuous care and continuity of care where continuously you can't be available to your patients, although here we are more often than not.

I've been here eight years now and we had a new surgery built recently which has changed our way of practice. We've also taken on GP training which is unusual for such a small practice and that is something that keeps you alive. We are a dispensing practice; we wouldn't be able to make average earnings if we didn't dispense, and our patients would be horrified if they had to pick up a prescription from here and then go to get it honoured in a chemist shop. I think that the essence of general practice is that you should go to a place and stop, and build up a knowledge of your patients and their families, but the downside of rural practice is that you're very much in a goldfish bowl all the time, in that everybody in this area is my patient and I'm everybody's doctor. The people don't have a choice of doctor and I don't have a choice of patients.

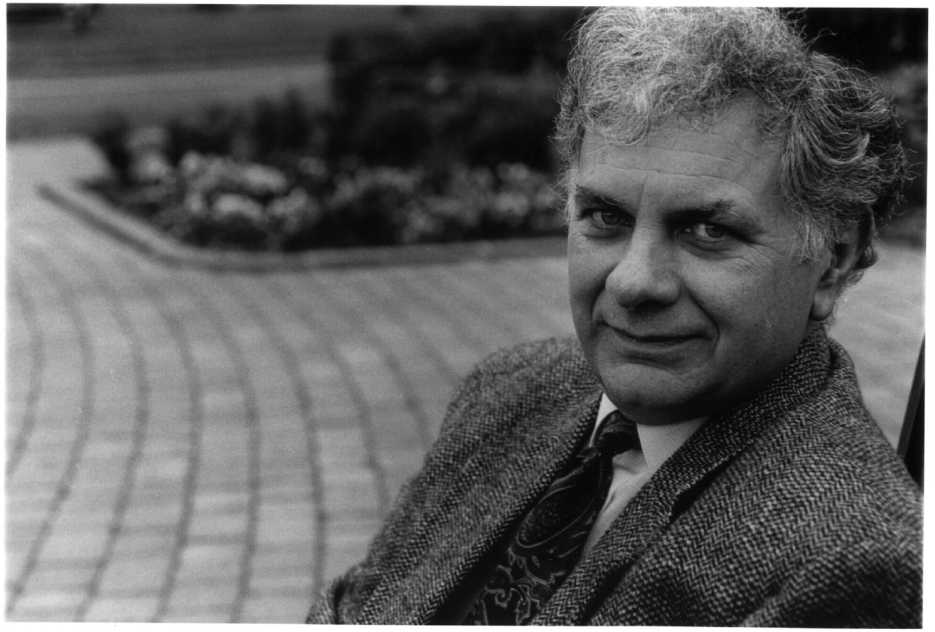
Although in balance I prefer country life, it's slightly strange for a city boy like me. I still have my flat in Glasgow and we go there to look for pavements and shops and the university and other things that keep your mind ticking over. I'm also doing a theology honours degree in Glasgow University, to do with medical ethics primarily. I have a degree in philosophy of medical ethics

already and I could see myself eventually moving over once I've got enough of a pension built up.

I feel that there have been far too many reorganisations in the health service and it's difficult to know whether they are going to help or not. I often feel that the politicians who get involved in primary care without being certain of what they are doing are driven by quick fixes, and let's re-write the whole thing in our own image, and we end up with a lot of paperwork. An awful lot of our time is taken up with running a business. In a sense I don't mind that. I'm quite happy to run a small business - that's part of my personality - but it's certainly not what we're trained for.

John Crombie-Smith, Lauder

My father was a general practitioner in the village of Lauder where I now work. When he was getting up to retirement age I made the suggestion that perhaps it would be nice for us to work together. That worked fairly well for two to three years until he got to seventy-odd and was obliged to retire. At that point I had the idea of merging this single handed practice with the one in Stow.



As time went on I felt that I was losing control, that other people were making decisions and that I had no part in them. Consequently I decided that I would in fact like to have a go at operating the practice on my own. There was a co-operative being started for night and weekend work; this meant that I at least had some cover for nights or weekends off. The practice at the moment is only about eleven hundred patients, but the population is still growing. I find that living in the community however, the co-op being at least twenty minutes away by car, I'd feel guilty about leaving my

patients untended and as most of them know where I live and my home phone number, many nights and weekends I find that I see more of my own patients than the co-op does, but at least they know that if I am not there then there is a back-up service that will provide for them.

I seem to get the idea that more and more people look upon general practice as a job and not as a vocation. I think the whole concept of general practice is one of service, so it is a bit like being a monk in the middle ages, but the concept, in my mind, is that you are part of a community and the idea is to provide a service to that community, to be there for the people when they are in trouble. It may be an old fashioned idea but I still think that's the essence of medicine as a whole. I suppose I am getting cynical in my old age - I can foresee the Health Board cutting the number of GPs in the Borders from about seventy to about twelve with the other services being provided by nursing staff, paramedics and pharmacists purely for cost effectiveness.

I do quite a bit of horse trial support work. I am a member of the Medical Equestrian Association and I go and stand around at horse trials while other idiots run around on horses and fall off and I pick up the broken bones. I am not a keen gardener; I get somebody else to do that for me. On Saturday afternoon and Sunday I probably sit and put my feet up more often than not, read a magazine, catch up on the news or watch Star Trek.

Bosco Fernandez, Edzell

I qualified in Madras in 1960 and came to Britain in 1972. I was lucky when the senior of this practice retired and I became a single handed practitioner, because I have a very independent nature. I find that in single handed practice I can practice medicine to its fullest by myself. Group practices are all right in cities and other places where populations float and doctors do not come to know their patients very well, but in rural areas people need care in a different sort of way, much more individual care. You come to know your patients well, and we have a mutual trust; they trust me and I trust them, and it makes me give them my all, both in medicine and in empathy in a relationship

which is more of a friend than a doctor. There is a lot of satisfaction, because, at the end of the day, you treat that family from their births to their deaths. I find it very satisfying, and a wee word of thanks always makes it wonderful. You find that the patients appreciate this, particularly in the rural areas; they don't come to you for any trivial thing but only when it is really needed.

I hope this will continue to be a single handed practice because people here need a doctor. Being a scattered population, people would be put to a lot of hardship, particularly the children, if they had to travel ten to fifteen miles to go to a practice or to hospitals which are thirty to forty miles away. I think single handed practices should be left alone and continue to be funded and maintained. If they close, the only reason I think would be for the sake of saving some money, but what price is human life? That's the way I would like it.

Edzell is a beautiful village which usually wins the Scotland in Bloom competition every year. It has a population of about nine hundred and my practice number is about sixteen hundred, so the rest of the families are scattered around the district with a radius of about ten miles and two glens, Glen Lechler and Glen Esk, both beautiful glens.

My main hobby is gardening, and we actually started, where I live, with a bad patch full of weeds and nothing else and we built it up. My wife particularly loves gardening and I help her a lot with it. We have an open day in Edzell for gardens and we have opened our garden to the public. Edzell Castle is maintained by Mr Davidson, the chief

gardener, and I was lucky sometimes to have him come along and help me out with my garden.

Jackie Howell, Island of Unst, Shetland

Unst is the northernmost practice in Shetland. I have been in single handed practice here for just over two years. Before that I had been an associate between two of the Shetland practices, and as my husband was away, had to commute between two islands with a small child and a granny. That was a good introduction to the community, as having a child and a granny are good ways to introduce yourself to a lot of people. I think the situation here is probably unique in that my husband Chris is the part-time associate and he works for me ten days a month. Between us we are on call twenty-four hours a day, seven days a week. There are just under eight hundred people registered in the practice, and the sort of things I see in the practice are fairly standard really, everything from major crises, heart attacks etc., down to the usual childhood ailments. We have some rare endocrine problems around the island: someone with Cushing's Syndrome and someone who has had a pituitary tumour and has all the problems associated with that.

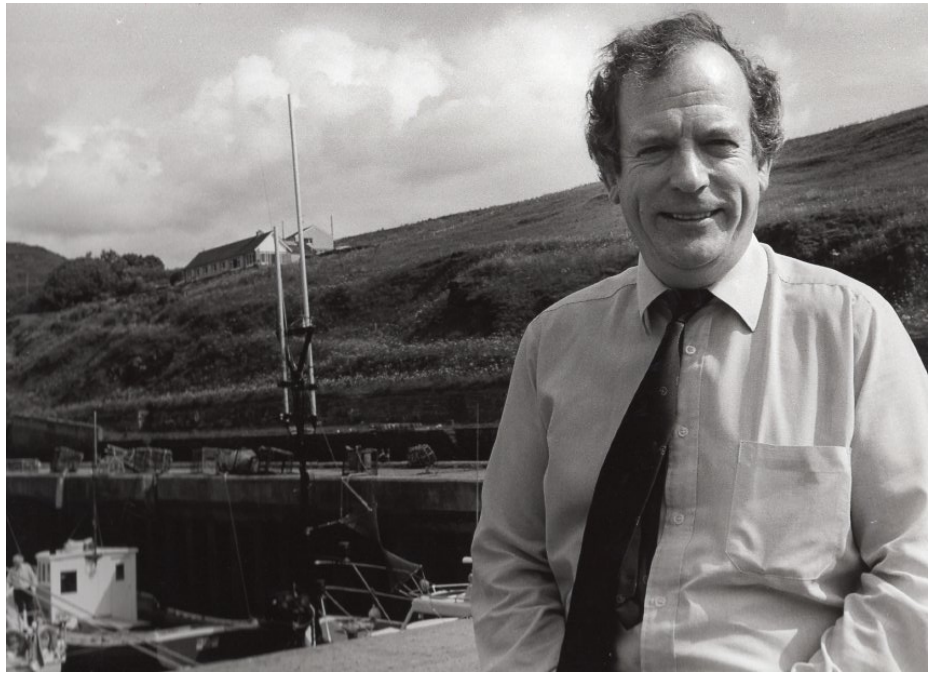
I enjoy single handed practice but there are disadvantages. The main one is just never being able to go off the island. We're very much part of the community and enjoy that. The children go to the local toddler group and the local school, we all shop at the same shop, swim in the same pool, and go to the same evening classes, dances and weddings; but there are problems involved in having close friends who are also one's

patients. Fortunately they're very healthy - I don't see them very often in the surgery.

The part of the island that is accessible by road is about twelve miles by two miles. It is a ten minute ferry ride from the next island, and a two hour journey by road and two ferries to the nearest town, hospital, bank and supermarket, so it is fairly remote. I'm used to the isolation now, although sometimes in bed at night when there is a storm, I worry about the fact that really, under these circumstances, there is practically no way off the island. So if somebody did get very ill, it would be a major problem, which I find quite frightening because it is my responsibility.

I think the future of single handed practice in Scotland is probably rather uncertain. In a situation like an island practice, I really don't see, and I have thought about this a lot, how they can get round the problem of people needing access to medical services on the island. However, I'm sure that people can argue that it's very expensive per head of population. I think people in rural areas expect to have access to a doctor, and would be fairly angry if that was removed. The nature of practice has already changed and I think will go on changing, but I can't see it not existing in twenty, thirty, or even forty years time. I hope.

Peter Joiner, Lybster



I am a single handed isolated rural practitioner in Lybster, Caithness. I was born and educated in London but my Scottish roots are in Wigtown. I have a practice of approximately a thousand patients , six hundred of them in the village and the other four hundred spread over

seven hundred square miles. I have an associate doctor and that has made life incredibly better in terms of time off. I can actually spend time with my family now and it makes it possible to attend courses and get away for selected training. However I am still available Twenty-four hours a day, seven days a week for the ambulance service. They do not dial 999 in rural areas for accidents - they dial the local GP's number and I have an ambulance radio in my car which communicates directly with Inverness.

There is a cottage hospital in Wick, but for all other medical emergencies it is at least a hundred miles by road.In the case of neurosurgery or burns, the nearest centre is two hundred miles away. I have the responsibility of using helicopter transport, both civilian and military

We are rarely involved with the coastguard service but I have dealt with particular cliff injuries or cliff suicides.Fortunately I have not been required to lower myself down a cliff yet. I have certainly been required to be airlifted with casualties down to Raigmore. The last one I took was a chap who was trapped in his lorry for two hours upside down. I was wearing protective boots, trousers and a yellow jacket. Having taken the patient to the casualty department, the helicopter took off leaving me in Inverness with no money and all this yellow gear on, although the bus fare was offered! In the end I was taken home by a succession of police cars who took me to the end of their patch onto the next one.

So, the advantages of single handed practice; marvellous job, absolutely fantastic. I think the Scottish Office has seen in the past that part of the reward of working in rural areas is the beautiful scenery . It doesn't talk about the professional isolation, the lack of adequate training, the lack of keeping up to date. The advantage, from a practitioner's point of view, is genuine family medicine which is probably unique to rural areas now. Cot deaths and patients killed by road accidents, and the deaths of young people and even of the older population, all cause very personal grief to an isolated rural practitioner. It is a privilege to share terminal care with somebody and to share their bereavement process .

I think there should be better support for guys like me; we should not be valued at 82.5% of average net remuneration. Perhaps it is up to isolated practitioners themselves to write down what they do, because the Scottish Office can't possibly appreciate the diversity of our workload.We all tend to be a bit eccentric - you have to be mad to work here seven days a week, let's face it - and I think that eccentric middle aged doctors should continue to be recruited. I also think ex-service doctors make particularly good rural practitioners. I very much fear that our political friends could see rural general practice being replaced by a nursing service. In my opinion that would be a hugely retrograde step and people would pay for that with their lives.

Robert Martin, Southend

When I applied for the job in Southend, I was the youngest by about twenty years - I was twenty-nine - and I've been here for three years now. I'm actually from this area; my family have lived in Campbeltown and Southend for many generations.

I feel that single handed practice is incredibly important in areas like this. This

is an inducement practice, and with only five hundred patients we tend to give a much more personal service, and I of course do all my own on-call. I spend a long time on call, and in fact that is probably the only down side that I could see to this practice. It would help if we could get mobile phones working here - they don't cover the area very well. At the moment we are lucky that we have an associate GP who works half his time in Southend and the other half in Carradale.

The patients themselves appreciate the personal service; they don't have to make an appointment, they just come along and are seen in turn. We do one surgery a day, Monday to Saturday, but patients can always phone to be seen outside these hours. I appreciate the one-to-one contact I have with my patients, and they like the fact that they see the same doctor who knows them well, plus of course, I'm a dispensing doctor so they don't even have to go to the chemist to get their medication.

We carry out a full range of all the clinics; we've no option here, there's no big hospital. The nearest is in Oban which, from this surgery, is a hundred miles away. We have to do everything including casualty, resuscitation and minor surgery; everything that could be done under a local anaesthetic basically. My wife Lorna does all the paperwork, as it is in fact a business as well, and unfortunately there is a lot of paperwork generated. Being a small practice doesn't make the paperwork any less.

We're concerned that they'll move us in with other people, but there is no way that we could be part of another practice. I initially tried cross covering with Campbeltown but with the distance involved it was just ridiculous. I see myself living here until I retire and beyond - I hope that we'll be able to provide a service for many years to come. I think everybody should have equal access to all the services and if people have to travel to Glasgow to get them, then I encourage my patients to do that, but people are afraid. There are some farmers in this area who don't go into Campbeltown; the most they do is come to the village store, so you have a fight on your hands.

Roy Palmer, Ecclefechan

I was originally in a group practice beside Bristol, but after a dispute I thought that single handed practice would be the answer for me. I wanted to be my own boss and do things my own way and in my own time. Ecclefechan is nicely situated ten miles north of the border with England, not far from the motorway, in soft rolling countryside, and with two hospitals within twenty miles. When I arrived the practice had become run down and disorganised with no proper premises, and we had to create a new purpose-built surgery.

I like the country rather than large towns where you can get to know your patients better and be part of a community. This practice is a dispensing practice and we have a health visitor and a district nurse with a clinical psychologist who comes once a week. My wife has been my practice manager for the last fifteen years and she is always there to organise me, acts as one of the dispensers and ensures that I don't forget things. Without her I would never be able to do this job. Over the years, I've built extensions to the surgery which provide rooms for the nurses and the treatment room for dressings and minor surgical procedures. There is also a health promotion room which has exercise equipment for rehabilitation and keep fit programmes.

I get involved quite a lot in the community and have helped in fundraising, which has resulted in a new park with a pavilion, football pitch, picnic area, putting green and nature trail. Last year the village received a prize in the Scotland in Bloom competition - we're all very proud of that. I'm also very keen on racing and am medical officer at Carlisle Race Course. I'm keen on supporting the local trainers and I really enjoy the whole racing scene.

As far as the future of single handed practice is concerned, I think it's very important to retain this aspect of medical practice. The development of the Associate Practitioner Scheme has certainly helped doctors in remote parts of the country. In this area we have formed a co-operative, which means that my night work is now shared with a larger number of doctors which means I have much more time off. In the past, I shared a rota with a local

practice which meant that I was on call one night in three and every third weekend.

One of my sons is a medical student and I'd be thrilled if he succeeded me in the practice and allowed me to wind down a bit. However, that is for the future. For the present, I thoroughly enjoy the variety of work and have been more than fulfilled as a single handed doctor.