Rural practice has its limitations, but to emphasise them runs the risk of doing less than justice to the many benefits of being a doctor in an isolated Victorian town. I am a solo practitioner in Sea Lake, a town of 700 people, situated midway between Bendigo and Mildura in Victoria, and, as the locals express it, almost equidistant from Melbourne and Adelaide (Figure 1, 2). The local view is not quite that this is the centre of the earth, but one might be forgiven for thinking that, as in medieval Europe, all roads were said to lead to Rome, so here all roads lead to Sea Lake. The hyperbole is not entirely humorous. There is an intense parochial pride that sets itself in opposition to the view, attributed to unspecified city types, that civilisation ends one hour north of Melbourne, and that rural Australia is peopled by the unlettered, whose sporting and bumpkin diversions are remote from the urbane sophistication of the metropolitan areas.

With all due deference to local patriotism, Sea Lake, like many small rural towns, is struggling, beset as it is with the twin problems of declining population and declining services. Employment opportunities are few and the young tend not to remain in the locality, with the result that we have an increasingly geriatric population. The two largest employers in the area are the school and the hospital, and were one or both of these to close it is not likely the town could survive in its present form.

Apart from the problems posed by the limitations of the town, there are the problems of running a medical practice in an isolated area. The closest neighbouring practice is over 60 km away, and the two base hospitals, Bendigo and Mildura, are almost two and a half hours away. Swan Hill, which has two consultant surgeons and other visiting specialists, is just under 1 hour away. This means that Sea Lake is the first port of call for patients living over a large area, and the doctor’s responsibility extends not simply to the surgery but also to the hospital and casualty, and events in either area can affect the promptness with which patients are seen in the surgery. Consequently, it is not unusual for patients to wait up to an hour to be seen on busy days, and the lengthy waiting times are stressful for everyone, including the doctor.

The isolation is of course a problem in other ways as well. One does not have a colleague with whom one can...
discuss a difficult patient, nor does one have someone with whom one can share an on-call roster. The on-call period is infinite while one is in town, and is only rendered tolerable by the patients’ reluctance to disturb the serenity of the doctor’s sleep by making unnecessary calls during the night.

So much for the problems of rural practice! What are the advantages? Surprisingly, they are many, but first and foremost I must mention the people. The patients are the salt of the earth. The vast majority are farmers or in businesses dependent on farming, and they are stolid and phlegmatic, honest and hardworking, rarely demanding and always gracious. Rudeness and aggression are virtually unheard of, illicit drug use almost unknown. One rarely has problems with doctor shoppers, drug users, the recalcitrant, the insulting, and the manipulative, and only then with those who for one reason or another have moved into the area and will soon exhaust their welcome. Country people are proverbially welcoming to newcomers, but there is an unwritten and implied stipulation that they must adhere to certain standards of behaviour: failure to do so results in ostracism, the welcome is speedily and often unceremoniously withdrawn, and the offender’s name is virtually blotted from the ‘Book of Life’. Such ferals - for so they are designated by the popular etiquette - may linger in the community for 1-2 years, but they eventually gather their impedimenta and migrate elsewhere.

What other benefits can we point to for rural practice? Well, the town is safe, with a low crime rate, a supportive and caring community and a nurturing environment for children and the elderly. The elderly in particular are well catered for. There is an active senior citizens group to which most of that age group belong; and they may be seen disporting themselves at carpet bowls, bingo, sundry card games and organised bus trips to neighbouring places of interest. The hospital runs a popular and well attended adult day activity and support service which complements other services. Not in Sea Lake will you find a plenitude of old curmudgesons, made peevish and irascible with loneliness and ingravescent ills. Nor will you find tedious and lengthy traffic jams (a cynic might add you would be lucky to find traffic) causing delay and fissuring of the nerves.

Another benefit of rural practice is the presence of supportive colleagues who appreciate that - ultimately - we are all in the same boat. Consequently, it is not difficult to get someone to cover by telephone while one is away, and it is always a consoling reflection that should some catastrophe occur, one’s colleagues can be called on to rush to the rescue. There is a conviction that we are colleagues, not competitors, and that favours given are likely at some point to be returned. This encourages a certain ‘esprit de corps’ that may of course exist in urban settings also, but which I feel is probably more saliently a feature of the country.

The above raises the question: Can rural practice survive, and is it an attractive option for doctors as they contemplate a choice of careers? Everyone is different, and all must, to a greater or lesser degree, follow the promptings of their own breasts, but my experience tends toward the positive. If you like the country, and wish to work with nice people, get job satisfaction and be appreciated, then perhaps rural medicine is for you. Think about it!

Figure 1. Sea Lake

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