



# Cold comfort

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Those of us who live in the southern states are in no doubt that winter has arrived. There has been a bumper dump of snow for the opening weekend of the ski season, and a cruel wind cuts through us as we watch our children chase other people's children around playing fields. Meanwhile, our colleagues up north are glancing about for a light cardigan in the evenings.

Spare a thought, then, for Dr John Smith as he spends the winter at Mawson Base in Australia's Antarctic Territory. John is a rural GP who had a passing fancy to work in Antarctica and is now doing just that. In an issue devoted to winter sports, it seems appropriate to consider the management of an acute sprain in a subzero environment. John writes the first in our new 'Postcards' series to give us a glimpse of life even further 'down under'.

In commissioning John's postcard through Dr Jeff Ayton at the Australian Antarctic Division, I became aware of 'polar medicine', a term I had not previously encountered. At first it seemed unusual that a field of medicine be defined in geographic terms, but on reflection it makes as much sense as 'tropical medicine': as general practitioners we focus our knowledge and adapt our skills to meet the needs of our patients and their environment, be that Antarctica or the Amazon. We talk of military medicine, prison health and rural medicine, all examples of doctors focussing on specific patient contexts. It seems apposite that general practice, the medical specialty that is the most patient centred, should describe its burgeoning subspecialty areas in terms of the patient rather than an

organ system, disease, or age range. After all, we are holistic practitioners in the true sense of the word. The maturing of general practice as a distinct discipline has reinforced the fact that it is not just a patchwork quilt of cardiology, diabetology and geriatrics, for example. We continue to be disappointed, therefore, when health financing bureaucrats attempt to define and value GPs by our postcodes rather than by the true nature of our practices, and how comprehensively we serve our populations.

Speaking of wandering localities, there are strong arguments for Australian general practice to become a profession of gypsies, or 'GPSIs', as in 'general practitioners with special clinical interests'. This model of discipline specific, specialised general practice has been widely implemented in the UK and is evident in the enhanced primary care approaches being introduced in this country. Its acceptance would appear to depend on whether we can prove that any benefit comes not from creating second class specialists, but in bringing the richness of the GP's approach to the specialty area.

Sports medicine is one area that has resisted becoming the exclusive domain of sports physicians and remains an important part of general practice. While not many mainstream GPs will treat athletes at the elite level, the issues raised by sports physician Dr John Orchard in his article on muscle and tendon injuries will be familiar to any Australian GP who has worked on a winter Saturday afternoon. The biomechanics of football are frightening when one considers the weekend

player who seeks to rapidly accelerate his 100 kg mass and then to decelerate it even faster (usually by colliding with a similarly proportioned opponent). The nature of injuries may vary from code to code, along with the shape of the ball, but the physical and emotional energy invested by our patients in their sport is a constant.

The popularity of netball as a year round sport has prompted a commentary by Dr Susan White, medical officer to Netball Australia, on the recent controversies surrounding pregnant players. We plan to have an update on ankle injuries in netballers in a summer issue of AFP.

Despite the drought that continues to afflict the continent, there is plenty of snow up in the alps. Mr Peter Hogg, sports physiotherapist at the Olympic Winter Institute of Australia and a private practitioner at, rather surprisingly, Noosa on the Queensland coast, has written for AFP on steps the average snow sports enthusiast should take to prepare for the snow season. Orthopaedic surgeon, Mr Tim Schneider, has also written for us on the types of injuries our inadequately prepared patients are likely to bring back down the mountain.

The final word on winter injuries came in an email from Dr Phil Jolly, who sees an astonishing number of damaged snow sports enthusiasts in his Mt Buller centre. According to Phil, if your small children are on the slopes, invest in helmets. And wrist guards for yourself if you are snowboarding. Glüwein, an open fire, and a copy of AFP sounds like a much better idea to me.