

Lifeworks

Single-handed in Scotland

We look to Scotland for all our ideas of civilization — Voltaire

What kind of physician is most easily recruited and retained in underserved areas? If criminal personality can be profiled, can we similarly develop profiles for this rare and much-sought-after breed of practitioner? Should we seek out medical mavericks? Isolated introverts? Recent work by London, Ont., photographer Rosie Donovan suggests quite the opposite. Donovan, who tracked down, interviewed and photographed 68 solo practitioners last year in remote areas of northern Scotland, found that her subjects did share common characteristics. But they did not tend to be loners. Indeed, they were often extensively committed to and involved in their

communities. “They had a generosity of spirit, a love of the landscape, a love of their community, a genuine love of traditional family medicine,” Donovan says. Take, for example, Kevin Woodbridge of North Ronaldsay in the Orkney Islands. In addition to practising medicine, Woodbridge is the community’s fire chief, directs a bird observatory, serves on the local council and manages a 36-acre sheep farm. Donovan photographed him repairing sheep-croft fences.

“We understand a good deal of what financial inducements it takes for a community to attract a physician, but we know very little about the kind of person who would want to be a doctor in a remote area,” says Jim McSherry, Scotland-born professor of family medicine at the University of Western

Ontario. He describes the 47 portraits as a “remarkable essay in photobiography” that reveals a great deal about the “human factor” of rural practice: “There are individuals here who love nature, who enjoy recreational activities not available in cities, who have an antipathy to cities and who for one personal reason or another prefer to seek life and professional fulfillment off the beaten track. Some appear to be square pegs that have at last found a round hole that fits.” The exhibition was proposed by John Bain, professor of general practice at the University of Dundee, who met Donovan when she was exhibiting photographs of Scottish-born Canadians there in 1996. As Bain observes, “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.”

Travelling almost 20 000 kilometres in a Land Rover supplied by the automaker, and finagling complimentary trips to remote islands on the Caledonian MacBrayne and P & O ferry services, Donovan photographed each physician using existing light and black-and-white film. All of the images were taken outdoors, against scenery that often complimented the craggy appearance of her subjects.

In many cases, both the doctors and their patients were colourful characters. Shirley Haunschmidt, from the Isle of Westray in the Orkneys, told Donovan about one of her patients, who was interviewed on Scottish national television after he and his wife of 73 years were proclaimed the longest-married couple in Scotland. The 94-year-old man spoke with high regard of his “nice” doctor, who allowed him to 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 ... for my defence union to ring.”



Rosie Donovan

“It is a very small practice, with around 400 patients, which means that it is an inducement practice whereby I receive an allowance to make it financially viable to work here ... 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.” — **Dr. Jack Barker, Gravir, Isle of Lewis**

Ian McNicol of Appin reported interesting experiences during the 1980s when he provided care for “new age travellers,” who often delivered their babies in their caravans and horse boxes. McNicol told Donovan about the memorable birth of a child to Mel and her partner, One-Armed Pete: “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.” As Pete lay oblivious, the delivery proceeded without further incident, with a chorus of more than 20 travellers chanting “Here we go! Here we go!” Post-delivery, Pete recovered consciousness and rolled out a barrel of home brew produced specifically for the occasion.

Donovan’s *Single Handed* photographs were shown at the “galleries @ the galleria” in London, Ont., in January. In April they will be shown at a Royal College of General Practitioners’ meeting in Perthshire, Scotland.

David Helwig
London, Ont.



Resie Donovan

“This is a very small practice on an island four miles by two miles. When I first came here there were 120 patients. There are only 80 now ... We have a 36-acre croft with North Ronaldsay sheep, which are a unique breed. I’m also the director of the bird observatory ... chief fireman on the island and one of the five coast guards. I’m active on the community council and involved in social activities, which keeps me in touch with what people are thinking.” — **Dr. Kevin Woodbridge, Island of North Ronaldsay, Orkney**

Room for a view

The housecall

No greater love than this ... He was ninety-four. She is eighty-eight. They had been together for more than seventy years.

Standing in the doorway of the bedroom, I was hesitant to enter, afraid to intrude. An ancient man lay uncovered and motionless on a large double bed. An old woman patiently changed his diaper and cleaned his incontinence from an ugly sacral ulcer. She spoke quiet, comforting words that seemed to come easily for the sake of her frail lover and confidant of so many years.

Is he still alive? I wondered. Can he hear or feel these gentle ministrings? I knew that her soft touch had done

more to keep him alive than all of my medicines.

I entered quietly and asked after him. “It’s not been a good day,” was all she could reply. She seemed tired, resigned, sad in an accepting sort of way. I wonder if there is a special weariness that accompanies caring for a dying lover.

I moved around the bed to face him and took his hand, squeezing it lightly in greeting. He opened his eyes and raised them toward me. There was a brief smile of recognition, but no words followed before his eyes closed again. The time for words had passed.

My examination revealed only the

obvious: a rapid, irregular pulse, short laboured breaths, and a blood pressure too low. I was seeing a man at the natural end of his life, but I felt more a sense of awe, wonder and privilege than of sadness. It seems easy to wax philosophic when there is nothing left to do.

How facile were my gentle pat on the arm and the words: “Rest now.” The final rest would come soon enough. I made a silent prayer for the dying and wondered if this was not the most useful thing that I could do. The limitations of my medicine had never seemed as obvious or as necessary as now. I felt relieved that I could not and perhaps should not do anything more.

I asked if I might speak to her. We sat quietly at the kitchen table and talked about a do-not-resuscitate order.



Art Explosion