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Living near your practice can be a double-edged sword

IT'S PROBABLY MORE OF AN ISSUE FOR RURAL DOCTORS. IF YOU LIVE IN A CITY, your exposure out of hours to your own patients is probably significantly less. Your chance of bumping into a patient in the supermarket queue is still there, but the bigger the city, the smaller the chance. However, in a rural area, it is almost inevitable.

When I first became a GP partner, back in the prehistoric days before the advent of mobile phones or out-of-hours GP co-operatives, it was typically a condition of being appointed to the job that you had to live within the practice boundaries.

On-call duties over nights and weekends were carried out by the partners, sometimes shared with a neighbouring practice, and if you were going to live with the likelihood of being called from your bed at three in the morning, it was obviously important to live near your patients.

So, typical of my generation of rural GPs, I lived a two-minute drive from my surgery, and right in the middle of the 160 square miles that we covered out of hours.

This was 160 square miles without a single set of traffic lights, and rural enough to mean that the main cause of slow traffic on the roads would usually be a dawdling tractor.

Living in the middle of the patch also had a number of unexpected consequences.

Go for a Friday night treat of fish and chips and someone would inevitably say 'eating healthily I see, doctor'. A quiet incognito pint in the pub was out of the question.

'Trust me, there is nowhere to store a notebook in a Superman outfit to record a request for a home visit'

The most bizarre experiences tended to occur during social events. I will never forget the time I was taking part in a local charity fundraising fancy dress event dressed as Superman (yes – go on, let your mind boggle).

As I was buying our table a round of drinks, someone came up to me to ask if I would visit her granny the next week. Trust me, there is nowhere to store a notebook in a Superman outfit to record a request for a home visit.

My dilemma was compounded by the fact that I had absolutely no idea who the questioner was, let alone who her granny was.

Then there was the simply dreadful time that I complimented a patient on the colourful shirt he was wearing, uttering the words: 'I've got one just like it'. As the words came out I recalled that I had given that shirt to a charity shop only that week. My patient's shirt wasn't just like my shirt. It was my shirt. I don't know which of us felt more embarrassed.

Being part of the community can certainly be a double-edged sword, but there is also no doubt that it is a privilege.

Though not necessarily at three in the morning.

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