
International Perspectives

General Practice Research in New Zealand

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A healthy curiosity coupled with a well developed skepticism concerning traditional attitudes towards the causation and management of disease processes must be regarded as the key to good general practice research. Often important is a willingness to look objectively at what one is doing and to put time and energy into something which will seldom bring any financial advantage.

New Zealand general practice has its share of doctors with the necessary qualities to be good researchers, but all too often their opportunities are limited by their existing workload and the fact that the system of payments as described in an earlier article¹ provides no financial incentives to engage in such labors.

Few general practitioners in this country have had training in research methodology, and many projects are hampered by the absence of any formal system of patient registration, so that a patient may, if he wishes, visit several general practitioners on one day, or change his physician with each new episode of illness. Furthermore, most general practitioners do not keep an Age/Sex Register.

In spite of this, some very valuable surveys

have been undertaken and it is clear that funding organizations, such as the New Zealand Medical Research Foundation, are looking favorably toward any proposals for community oriented research.

In addition, both the medical schools now have a Division of General Practice which should assist in the provision of technical know-how as well as acting as a catalyst in generating research projects.

There is no doubt that general practice represents a "field that is white unto harvest" as far as research is concerned. Even straightforward morbidity studies have tended to be limited in scale despite the fact that these islands represent a defined population of something in excess of 3 million persons and should be ideal for epidemiological research. Thus we have no accurate information on the incidence of many relatively common conditions, such as peptic ulcer, impetigo, or herpes zoster. Once this information is available, it may be possible to initiate international comparisons which may assist in the understanding of their etiology.

In the past there have been a number of local

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surveys looking at the content of general practice. The Karamea Survey² was one such. A morbidity study by Meredith,³ a survey of 42 practices by Lough,⁴ and a pilot study for a larger survey which never eventuated, entitled, "General Practice: A Trial Balance," by Gallagher,⁵ are examples. Currently Dr. Ian Scott of the Department of Community Health, School of Medicine, Auckland, is working on a major study of this nature which depends for its success on the cooperation of a large number of general practitioners recording in some detail, information regarding the diagnosis, investigation, and management of every sixth patient presenting to them over a defined period of time. Eventually it is hoped to extend this study as a national ongoing survey, and a unique feature of the project is the computer-based data handling facility which automatically codes diagnosis, reason for visit, and prescription data. This survey is modeled on the National Ambulatory Medical Care Survey conducted by the US National Center for Health Statistics.

On a much smaller scale there have been a number of studies examining the nature of morbidity in out-of-hours calls,⁶ deputizing services,⁷ accident and emergency services,^{8,9} and accident compensation.¹⁰

Epidemiological studies of particular diseases have received some attention, but most is known about the incidence of those conditions for which there is a statutory requirement to notify the authorities. However, some physicians have personally studied certain diseases and one general practitioner, Dr. John Seddon, was among the first to describe the now well-recognized Cocksackie infection of hand-foot-and-mouth disease.¹¹

Drs. Philip and Tennent¹² have produced important work on leptospirosis which is common in their district, while Dr. Gallagher in association with specialist colleagues has made some useful observations on urinary tract infections.¹³

From time to time general practitioners have been involved in the evaluation of new treatments often at the request of pharmaceutical companies. In such instances, the research methodology is often in the hands of the company and the general practitioner just assists in the provision of data.¹⁴⁻¹⁶

Many general practitioners have interested themselves in the field of practice organization, but few have undertaken a scientific evaluation of

what they are doing. A forward looking group practice in Tauranga purchased a computer a few years ago and developed a program capable of assisting physicians all over the country with their billing and accounting procedures. This has been developed to facilitate patient recall for inoculations and follow-up, and ultimately will probably involve a useful system of medical record keeping. Already many physicians have moved to a problem oriented system.

Studies of consumer attitudes to health care and consumer needs have been relatively few thus far. In 1975 Dixon et al¹⁷ completed a six-part series of articles, "Attitudes of the Public to Medical Care." Associate Professor R. West of the Auckland School of Medicine has just completed a major survey of a new, mostly low income housing area in South Auckland, in an attempt to identify deficiencies in the present health services and possible remedies. This author is involved in a study of patient attitudes to general practitioners in the greater Auckland area based on a similar study by Ann Cartwright in the United Kingdom.¹⁸ Concurrently, a study of general practitioner attitudes to their work, also based on the Cartwright study, is being undertaken with a postal questionnaire to all general practitioners throughout the country.

New Zealand has a Medical Education Trust which has as one of its objectives the encouragement of research into medical education. The Trust was responsible for funding a postal inquiry among all physicians into what they perceived as their personal educational needs and their favored methods of keeping up to date.¹⁹ Subsequently, every general practitioner was sent a multiple-choice questionnaire on general medical knowledge²⁰ in an attempt to obtain objective evidence concerning deficiencies in knowledge.

It should be mentioned that general practitioners are not the only ones who have involved themselves in research into primary medical care. The Department of Health has a Management Services and Research Unit which often works in this area and regularly publishes monographs outlining the results of its studies. An example of one such project is, "Maternal and Infant Care in Wellington: A Health Care Consumer Study."²¹ The recently formed Accident Compensation Commission has also commenced the study of some aspects of accidental injury.²²

As far as general practitioner research is concerned, the greatest need in the future would appear to be expert assistance in research methodology and in the presentation of protocols to funding bodies.

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