Contemporary Themes

A mantle of safety: the 50th year of the Royal Flying Doctor Service

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British Medical Journal, 1978, 2, 407-409

On 17 May 1928 the first official flying doctor mission took off from Cloncurry in the Queensland outback. The pilot was Arthur Affleck from Qantas, the doctor was Kenyon St Vincent Welsh, and the de Havilland biplane was named *Victory*. They were to service an area larger than Great Britain. Nevertheless, earlier flights had been made from Cloncurry by Dr George Simpson, who used the phrase "a mantle of safety" to describe the service.

On the 50th birthday of the Royal Flying Doctor Service we reflect on its development, achievements, and plans for the future.

John Flynn

Many remarkable men helped in creating a service that might well be regarded as one of the most outstanding achievements of this century in the delivery of health care. The driving force was not a medical man, committee, or association, but a minister of the church, John Flynn. Today when we reflect on Flynn's words and the events in his life, it becomes apparent that his thoughts were influenced by the expanse of this inhospitable continent, and by his conviction that Christianity contained a simple practical message: to help one's fellows.

John Flynn was born in Victoria in 1880 of Scottish and Irish descent. While at school he decided to enter the ministry, but could not afford university, so he obtained an appointment to the Home Mission of the Presbyterian Church, which entailed Christian work in isolated communities. He became obsessed with the problems of the outback, and as a missionary he conveyed not only the word of God but also information and medical and mechanical advice. His initial response to isolation was to produce *The Bushman's Companion*, a manual of practical advice ranging from first aid to making a will, and *The Inlander*, a magazine for those in the outback.

In the early years of this century the ill and severely injured were carried over rugged terrain for days or even weeks to obtain medical attention. Flynn became increasingly aware of the need for medical care and he realised that family life in the outback could not become viable without adequate care for children and pregnant women. His initial response was to found medical "hostels" run by deaconess-nurses. In 1912 he travelled far and wide to assess the needs of the outback and presented an imaginative report to the Presbyterian Church. As a result he was appointed organiser of the "Australian Inland Mission"; this would care for the everyday as well as the spiritual needs of those living in isolation.

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The evolution of the service

The idea of a flying doctor service probably emanated from John Clifford Peel, who discussed the concept with Flynn. He was a medical student at Melbourne University who joined the Australian Flying Corps and was killed in action in Europe in 1918. When Flynn took up and developed the idea his proposals must have seemed a pipe-dream to his incredulous listeners and readers. He suggested not only an air service to every remote settlement but also a means of communication to call for help that would have to reach out over hundreds of miles. The first was untested, the last not invented. Yet within 10 years the service began.

Radio communication in 1918 was primitive and its range was only 30 miles. Flynn and his colleagues developed a small, strong, portable apparatus that could be used by a family in the bush. This development illustrated Flynn's real powers; he harnessed and inspired every person who could be useful to the project, including Alf Traeger, who invented the suitable pedal generator and radio receiver, which is still manufactured in Adelaide for export to African countries. Flynn's qualities were uniquely suited to his self-imposed task; he exuded enthusiasm and had an ability to convey it to others; he had the verbal and literary ability to transmit ideas, and in all his proposals he carried the Church, BMA, press, and colleagues with him, using them to further the cause as the need arose. He manoeuvred like an adroit politician, always for his cause and never for personal gain. A newspaper asked: "Was there ever such an agitator as Mr Flynn? He never wearied, and never ceased from taking up and interesting others in his schemes. He would buttonhole a man—anyone who would listen—and would lay his plans before him with an earnestness as if he expected that one person to finance the entire undertaking. It is the same in Council. He brings forth a proposal. It is scrutinised, criticised, probably opposed. He makes no show of argumentative defence. He is careful of the foibles of this man and that. He apparently yields, or walks around the objections and back to the objective, and in the end gets his way." What of the finance for these endeavours? It was generated by Flynn from every possible source, even during economic depression. Here lay a true strength of the service: it was built and maintained by the committed with their effort and money.

The Royal Flying Doctor Service today

ADMINISTRATION

The service is administered by the federal council of the Royal Flying Doctor Service, which consists of two representatives from each of the sections—namely, Queensland, New South Wales, Victoria, South Australia and Northern Territory, Eastern Goldfields, Western Australia, and Tasmania. Each section has a "state council," comprising about 25 voluntary members who meet regularly to plan and direct the section's activities. The members are business men, accountants, clergymen, doctors, lawyers, dentists, and lay people. There is no official government representation on the section or federal councils, although close liaison is maintained with the Australian Department of Health and state health departments. A small office staff of up to five people are paid employees of each section and the federal council employs a full-time secretary and one assistant. Pilots, medical officers, radio operators, and typists are

FIG 1—The thirteen bases of the Royal Flying Doctor Service of Australia and the area that they cover. Australian State boundaries are shown as broken lines. The uninterrupted lines show the flight routes to the outstations of each base. A scale map of the British Isles is superimposed.

employed at each base station, though in two bases at least, the pilots are supplied by subcontractors.

FINANCE

For the financial year 1976-7, the service cost nearly \$A4 million; one-third of this was provided by the federal government and one-third by the state governments. Each year one-third has to be raised by the sections from bequests, donations, and fund-raising activities. Although the level of federal and state government funding depends on submissions from the Royal Flying Doctor Service, the government has no direct financial control.

THE SERVICE

The Royal Flying Doctor Service's "mantle of safety" covers 2 million of the 3 million square miles of Australia (fig 1) with a population estimated at 250 000. During 1976-7, the service's planes flew a total of 2 484 229 miles, 6569 patients were evacuated, and 88 231 consultations were held. The Royal Flying Doctor Service is now the largest private aircraft owner in Australia, owning 24 aeroplanes of various types. The type of aircraft cannot be standardised as each section has differing climatic and geographical features to contend with. Aircraft (fig 2) are fitted to carry three stretchers or six sitting patients and a medical officer. There is medical oxygen, portable suction, and a large array of equipment for resuscitation and emergency treatment. Anyone in the outback who has a transceiver can be in contact with a medical officer 90 seconds after sounding an alarm system, 24 hours a day, seven days a week. A medical officer can arrive at any place in Australia within three hours of a call, which is perhaps a better service than many urban dwellers enjoy.

With the advent of Medibank, the government health insurance scheme, a few years ago, the people of the outback thought that they should be entitled to the same standard of health care as urban dwellers. The service agreed that it should cater for these expectations and thus Flynn's original concept of an emergency health service was expanded. The service introduced regular clinic flights to all

areas, whereby a doctor would fly on set schedules and conduct general-practitioner clinics at set times. Specialist services are provided to the clinic areas, surgeons, physicians, obstetricians and gynaecologists, psychiatrists, social workers, dentists, chiropodists, opticians, etc being taken to the patient. Specialists donate their time free of charge.

The service's vast radio network now fulfils Flynn's original wish to alleviate isolation. The network is used by the state education departments to educate outback children to year-10 standard through the "School of the Air." The Country Women's Association holds regular meetings over the network. The outback women on isolated stations may chat to their neighbours 100 miles away on a special "chatter frequency" at certain hours of the day. Telegrams are also transmitted over the network from the base stations on behalf of Australia Post. The service receives a fee for each telegram.

The future of the service

The service has an administrative structure that can respond quickly to the changing needs of the outback population and examine critically the medical services it provides. On 1 July 1978 transmissions by medical officers from

the base at Alice Springs began in three different Aboriginal dialects. Previously all transmissions were in English, and sick Aboriginals hesitated to use the radio because of the language barrier. Advances in medical, radio, and aviation technology are considered by the federal council subcommittees, and if feasible and applicable, are adapted for use by the Royal Flying Doctor Service. Electrocardiograms are already transmitted by telephone from many centres to hospitals in capital cities, and satellite communication systems are being considered.

Personal reflections on the Service

The development of the Royal Flying Doctor Service was a major achievement in the delivery of health care and much can be learned from its evolution and functions. Strangely, the newcomer hears little about it in the media or even in the medical school. During the 50th anniversary week ABC

FIG 2—Piper Navajo Chieftain of the Royal Flying Doctor Service, South Australian and Northern Territory section.

television devoted 12 minutes to the topic, and the national newspaper had only a column of sensational nature on competition for patients between the Royal Flying Doctor Service and the St John Ambulance Brigade in Western Australia. In a country where comment on medical topics is frequent and sensational, particularly in the press, Australia's real medical achievements are forgotten or taken for granted. In the case of the Royal Flying Doctor Service perhaps there are other reasons for this neglect. Flynn maintained that the people of urban Australia had an obligation to the people of the outback. Today Australia consists even more of two nations, an urbanised majority and a shrinking rural community. The vastness of the country divides the two in needs as well as space. Similarly, within the profession, practice is largely urban and hospital based; rural practice exists in another world.

We can learn much from this success story. As a profession we now realise that delivering our skills to those who most need them is as important as making further advances in medical knowledge. Fifty years ago the ideas and leadership came mainly from the Reverend John Flynn and not from the

medical profession. Today could an advance like this be made by an entrepreneur in ideas and good will? We doubt it. The provision of health care is determined by politicians, bureaucracies, and the balancing of budgets. The Royal Flying Doctor Service remains an autonomous, largely self-financing, and self-administered organisation. It represents some of the ideas and skills that are stifled by national health services and government controls.

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(Accepted 5 June 1978)

MATERIA NON MEDICA

Holy galvanism

This year the five members of the Contour Club took up their loads, dropped their cares, and strode out from Herbrandston, Pembroke-shire, for a whole kilometre (a 2-cm square on the new-fangled, metricated 1:50 000 Ordnance Survey sheet 157) before being halted by a three-hour wait for the tide to fall below the stepping stones of Sandy Haven.

During the subsequent 70-odd miles, pollution (tactile, visual, and aural) was often the theme of our discourse. On every other pebble of every beach and cove there was a black splodge of glutinous, unrefined hydrocarbon. The refinery skyline of Milford Haven was visible for much of the way. Day after day our quiet was invaded by training jets from Brawdy airfield, at least until 5 pm (only twice a month at nights, said the resigned residents), and musak accompanied our evening meals. Yet these could not harm the pleasures of the Pembrokeshire coastal path. Wild flowers in profusion, named and unnamed, pink, yellow, and blue, covered the ancient rocks of Carn Llidi. To a "towny" stonechats and fulmars were a delight, though we never saw the choughs. Seals basked in the sun-drenched sea—too cold for us. Another pleasure, admittedly away from the path, was the recurring evidence of the spirit of man—St David's Cathedral concealed from the Vikings in its hollow, Graham Sutherland's paintings in the Norman castle at Picton. The legend that William tried to remove a finger from the body of Caradoc (buried in St David's) as a relic for Malmesbury but "by a species of holy galvanism, the saint suddenly withdrew his hand" kept us going all the way to Fishguard.

Five has proved to be the right number for a walking party. The pairs keep changing and whoever is fifth can enjoy his solitude. But long stretches of the coastal path are single file, which makes talking less easy, and I began to feel like a programmed laboratory rat. So, as the path pursued its obsessional course around the edge of every headland, I often branched off inland a bit, usually uphill for a better view, a shorter if rougher route which tended to bring me in front. Alas, at the very last, my disapproving companions, by taking the Tresinwen road from Strumble Head, out-ratted me and reappeared far ahead. Cunning or holy galvanism?—W F WHIMSTER (pathologist, London).

Judo et al

Because I had little interest in or aptitude for the more conventional sports when I was a medical student in the late '50s I joined the local judo society. The word judo means the way of gentleness, and the principle of the sport is to overcome by using the other person's strength—to be like the willow instead of the oak. It originated from the older jujutsu or jujitsu, which was used by the Samurai of Japan,

who included other vicious elements designed to kill or maim their opponents. These more dangerous elements are now restricted to the self-defence part of judo and require some basic skills before they can be mastered. Judo first started in England at the Budokai club in London in 1918.

Numerous martial arts developed throughout the Far East, such as aikido, which is the art of using arm-locks, much favoured by the American police; kendo, which is the ability to fight with a stick; and kung-fu, which is widely known to wrestling fans. Karate is another well-known martial art and in my day to mention it was as terrible as mentioning sex. Even now books on both these subjects appear together in porn shops—perhaps because both these topics tend to figure in male fantasies.

The term karate means empty hands, and its study takes us back into antiquity. It is thought to have originated in Okinawa, the main island of the Ryukyu chain, where Buddhist monks were forced to learn this formidable art because their religious beliefs forbade the use of weapons. It is said they could penetrate armour with a blow of the hand. All these arts, however, have a philosophy of relaxation, gentleness, and restraint. Their aim is to give the student confidence in himself so that he can, if necessary, defend himself when in trouble.

In judo the ki-ya shout is an interesting adjunct. It is used to paralyse one's opponent with fright momentarily while girding up all available energy for the attack. This was the only part at which I excelled. I remember one evening the then world judo champion, Matsuchita, visited our club. He watched me in practice and interrupted in halting English: "You are not pulling him over a wall; you are the winter sea and he is merely a log in the way."

Unfortunately my judo career was brought to a sudden end by marriage and house jobs. All I wanted to do in my spare time was sleep, and the judo mat was not the place. My only remaining contacts now with all this are a series of words engraved on my mind like kesa-gatame (scarf-hold), shime-waza (strangle), and tai-otoshi and ouchigari (body-drop and inner reaping throw respectively), which were my favourite combination throws, and a trichophytum which I picked up from the mats and which, because of my allergy to griseofulvin, lives in harmony with me on my toenails.—R E GOODMAN (general practitioner, Northenden, Manchester).

What drug would you prescribe to suppress hot flushes for a woman of 55, whose last menstrual period was six years ago but who suffers from acne rosacea?

It is by no means certain that either of the two drugs used to control (not necessarily suppress) hot flushes—namely, oestrogens and clonidine—will cause deterioration of acne rosacea. Accessible reports have not been helpful on this point. The only possible course of action would seem to be a carefully monitored trial, the drug being withdrawn at the first sign of a worsening skin condition. This too may be amenable to treatment on the advice of a dermatologist.