

A memorable 'home' visit

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The call came during a busy afternoon clinic. The kind of call all GPs have had many, many times. We all know those calls. The kind of calls that derail a smooth-running clinic.

'Would you mind doing a home visit this afternoon?'

My first thoughts are always, 'How am I now going to fit this in, with my current patient load?'

Then, 'Who needs a home visit? Why, and where?'

But this call was different.

'One of the princesses has requested a visit. Would you mind going out?'

It had, up until then, been a typical day in the clinic where I had been working for the past year. Being a GP in the Family and Community Medicine department of a large military hospital in Saudi Arabia meant consulting with the local population, the military personnel and their families, and the local Bedouins. The work was typical of my work as an urban GP in Australia: that is, managing chronic diseases, organising repeat prescriptions, dealing with undifferentiated problems and confirming pregnancies, as well as providing lots of antenatal care.

But just a few hours later I found myself sitting, waiting, in a reception hall of one of the royal palaces. 'So, what am I doing here?' I asked myself. I know this is a question every doctor asks themselves many times in their career.

I had been asked to visit one of the many Saudi princesses in her 'home'. The call had gone out to me and, although I thought I had a choice, it had seemed inappropriate to say no. However, this could only happen if one of my female interpreters would also agree to go with me. This meant a quick check to see who was free and willing to go, and of course, who had permission from their husband to go with me.

Fortunately, one of my more experienced Saudi interpreters agreed to come. It was going to be her first opportunity to visit a royal palace and she was very excited. I, on the other hand, was quite nervous when, an hour later, we were collected by a driver and an official, and off we went.

And went we did. But where we went, I don't actually know, as we seemed to drive around and around in the busy city. Sometime later, we suddenly pulled up at some large gates and

were ushered inside a compound. It seems we were expected. We were then deposited at the entrance to the palace and led into the reception hall where we were told to wait.

And wait we did, which gave me time to sit and think. What am I doing here? Who am I seeing? And why me?

I thought that a Saudi princess would surely have access to the best physicians and medical care in the country. I looked down at my collection of 'tools' in my roughly thrown together doctor's bag. I had hurriedly packed the few items I had available to me: a thermometer, a stethoscope, a sphygmomanometer and an auroscope, which doubled as my torch. That was it. Nothing more and certainly no sophisticated equipment. So, what exactly was I going to offer her?

The longer we waited, the more anxious I became. Exactly who was I seeing and why was a home visit requested? I hadn't been given any further information.

Waiting gave me time to think.

I had been working in Saudi Arabia for about a year. It was the early 2000s and western trained doctors were highly regarded in the kingdom. 'And so we should be', I thought. Our training and experience were excellent. I thought about my own general practice training, my time in the hospital and then my time out in the community. Australian doctors especially were highly regarded. We were considered knowledgeable, caring and considerate.

I was a young GP back then, and at that stage of my career had already worked in several urban general practices. However, even after that short time, I was ready for a change. I longed to experience something different. 'Surely general practice has more to offer', I thought.

At the time, I had considered applying to work in Canada, but it appeared too complicated. Working in the UK was the default location. So many of my peers had worked there during their training and it was considered 'the place to go'.

But I had craved something different, something more exotic ... so, the Middle East it was. But once again, it had to be interesting, something more challenging. So, Saudi Arabia it was.

Which was how I found myself working there amongst my colleagues, dealing with patients' concerns, so very different yet in many ways very similar to my previous patients in Australia. The differences were striking. Here the society was segregated, yet I was still able to see male patients and the locals were, it seemed, eager to see me. As an Australian doctor, word got around: we were known to be thorough and respectful and to treat everyone equally. We were also known to do our very best for our patients whether they were military personnel or poor Bedouins. I was proud to be an Australian doctor. I had never felt this while working in Australia. There, I had taken my training and experience for granted.

My thoughts brought me back to the present situation.

As a doctor we often reflect on the patients we have seen in our surgery or our clinics but as I sat there waiting, I thought about all the weird and wonderful locations we GPs are asked to see patients. In homes, naturally, but then there are the garden sheds and garages, footpaths, backyards, paddocks, etc. – and now in 2022, in cars and in car parks at our clinics.

A Saudi royal palace was still unusual, I thought back then. I suspected there wouldn't be many Australian doctors who would have found themselves in this situation, sitting and waiting to be called to visit a patient who happened to be royalty.

I began to feel anxious. I had no idea where we actually were. Where, in this city of over four million people, thousands of members of the royal family and countless palaces, were we? I recalled that I had told my husband that I was going off to do a home visit, as if it were a routine activity I did during the day. But now, as I sat waiting, I realised that I had no way of communicating with him, no way of letting him know where I was and even what time I would be home. This was in the days before we all had mobile phones which could be used to show our exact location at any time.

My anxiety continued to grow. Who was this patient? What was her problem? What would I be able to offer her?

Finally, after about an hour of waiting, we were called upstairs and, following an official, were led into a bedroom. In the darkened room the two female minders moved out of our way. These women would stay with the princess twenty-four hours a day. This was their life. Here they even slept on the floor beside her.

In the middle of the room lay an elderly woman in her bed. As I approached her, I automatically went into what I call 'doctor' mode. I held her hand, and through my interpreter, I asked her how she was feeling. 'Alhamdulillah' she replied, which roughly translates as 'Thank God'; that is, thanking God for her health and for her strength.

With still no idea as to why I was called to see her, I then asked her if I could examine her. With her permission, I then proceeded to do the usual standard examination I had done many times before and have done many times since. The usual examination we all do.

I checked her pulse, while holding her hand. I checked her temperature and her blood pressure, listened to her heart and her lungs. I palpated her abdomen and felt for any enlarged lymph nodes. I looked in her ears and throat. All looked completely normal. I told her that 'everything was fine'. She nodded and thanked me; we wished each other well and then my interpreter and I were led out.

After this, everything happened very quickly. Downstairs a car was called, and moments later we were ushered in and driven off. I was dropped off promptly at my apartment and my interpreter was also delivered directly to her home. And that was that. One moment I

had been holding the hand of a Saudi princess and the next moment, I was home having my dinner. I found myself wondering who she was and what her life had been like.

In the days that followed, no one asked me for my report on her, there were no notes made, no comments to make. I had no medical file to write in. Nowhere to document her 'history' or her apparently 'normal' examination. I began to think that I may have imagined the entire experience. Perhaps an episode of daydreaming during a busy afternoon clinic filled with the usual complaints from patients? But my interpreter had been there. She knew. She had seen me speak to the princess, had seen me touch her.

It was the only time, in the three years that I was there, that I was asked to do a home visit. At that time and now, even many years later, I still don't know why I was asked to visit her.

Although I thought that a Saudi princess would have access to the best doctors in the country, I imagined that sometimes these doctors would have a hard time being open and honest with their wealthy patients about a dire situation. I had been told that many members of the royal family would regularly travel outside the kingdom, to seek the very best in medical care in another country.

Was there some prestige in having called in a western trained doctor, I wondered. Was she showing her importance by requesting me (not personally, of course) and having me cancel and reschedule all my other patients that afternoon? Or, did she just want someone outside of her world to come and actually see her, for someone to touch her, to hold her hand and to reassure that she was OK? After all, isn't that what so many of our patients need? Even a Saudi princess?

Back in Australia, many years later, I have since gone out on many home visits, but none have been as memorable as this one. Even now, when I hear the request for a home visit, I smile, and still think of it. A princess in her royal palace. A princess in her 'home'.