The Blue-and-White Beechcraft C200 plane carrying the flying doctor rolls to a stop, sending a cloud of red dust billowing along the airstrip at Wilcannia in western New South Wales. As the dust settles, the waiting patients watch the door, hoping the doctor who steps out is not only trained in just about everything, but someone they know and trust. That used to be one of the few constants in bush life. Not now. “In the city, if you don’t like the first doctor you go to, you just go to another,” says local councillor Garry Astill. “Out here we need a doctor who takes an ongoing interest. Someone who’ll stay around.”

These days, such doctors are scarce in the Australian bush. In SNW, the Royal Flying Doctor Service has only one permanent full-time doctor left after three resigned in the past six months citing clashes with management. Since 1985, 39 doctors have come and gone from the base in western mining town of Broken Hill. But the flying doctors are not the only ones left short. According to the Institute of Health and Welfare, there are 93 general practitioners for every 100,000 people living in rural and remote areas of Australia, compared with 148 per 100,000 in capital cities. Reasons for the doctor drought vary, but the desperation is consistent. In Dalwallinu (Pop. 700), 250km northeast of Perth, the local council built a new surgery and home and advertised a guaranteed annual income of more than $200,000 to get a GP to town. The new buildings have stood empty for more than a year. Says shire clerk Bill Atkinson, “It’s a great deal, but we just can’t convince them to come.”

Four out of five Australians live along the coast. Caring for the rest, scattered over 96% of the continent in that vast brown space known as the Outback, has never been easy. Early this century, missionaries opened hospitals in small and remote towns, but they were little use to people isolated on cattle stations or Aboriginal settlements. Then in 1928, Rev. John Flynn, a Presbyterian minister, leased a small De-Havilland D50 aircraft for five shillings a mile from the company that would later become Qantas, set up a base with a pedal-operated radio at Cloncurry in western Queensland, and established the world’s first aerial medical service. Almost 70 years on, the Royal Flying Doctor Service tends to more than 140,000 patients across 80% of the country. But getting doctors to go to the Outback and stay is harder than ever. “When you are a flying doctor, you are suddenly presented with something like a car accident and three horrifically injured people in the middle of the night and there’s no one you can call on to help,” says Dr. Jon McKeon, who left the Broken Hill base earlier this year to work in Alice Springs. “There’s always that pressure of being alone.”

Then, there are the hours. Dr. David Pate, who works at the Derby hospital, the RFDS’S most remote outpost on the salt marches of the far-west Kimberly region, has had one day off in the past six weeks. “I came here five years ago because I like to fish,” he says. “But I haven’t been fishing for two months now, and I’m wondering why I’m here at all.” What attracts people like Pate to the bush life – peace and quiet, the closeness of a small community – drives others away. “It’s socially isolated and professionally isolated and that’s very hard for a doctor’s spouse or family,” says Dr. Stephen Langford, director of the RFDS’S western operations, who has worked in the Outback for 13 years. Meanwhile, the city doctor’s life has a new appeal. “The ethos of medicine has don’t want to work 100-hour weeks any more,” says Dr. John Lubin, a Brisbane trainee pathologist registrar, “You might make more money in the country, but the hours are so much longer. A lot of city-educated doctors find that a bit daunting.”

Australia has 3,000 more doctors than it needs, according to the Federal Government, which is trying to reduce the “surplus” by cutting medical school intakes and limiting the numbers of immigrant doctors permitted to practice here. “Maybe there are too many doctors in Sydney and Melbourne, but not out here (in remote Western Australia),” says Langford. Starved of local recruits, Outback health services are forced to look overseas for medical staff, whom they can only bring in on temporary visas. The rugged, adventurous image of the Australian bush is a beg selling point in Britain. “What’s really surprising when you get here is just how truly remote it is,” says Dr. Joanne Taylor, A British doctor working at the RFDS base at Port Headland on the far west coast of the continent. “It takes more than an hour to fly to many of these tiny settlements. You can fly from London to Paris in that time.”

Locums are filling most of the gaps, but that’s only a band-aid solution. This year’s Federal budget allocated $15.1 million in grants to encourage GPs to retrain and go bush. Until the impact of that funding starts to filter through, the search continues. In Western Australia, the RFDS only last week recruited five doctors for Outback positions advertised throughout Australian and overseas since April. Hopefully, when they step down from the plane onto the red earth, these doctors will stay.