Where Shall John Go?

North-western Australia

COLIN L HUGHES

British Medical Journal, 1977, 2, 1530-1531

I never really wanted to do any surgery. I couldn't bear the thought of more hospital medicine, so I applied for a position with the North-west Medical Department. One night after I had been there only two weeks I had a phone call from the cool and collected duty sister at our 20-bed hospital, "Could you please come at once—a lady has lost her arm in a car accident." Well, she almost had. I completed the amputation—that a car and tree had nearly managed—and left her only four inches of humeral head. After emergency resuscitation, the flying sister was called to arrange evacuation to the nearest major hospital and resident surgeon some 300 miles away. Eight hours later we had a phone call to say that a definitive repair had gone well and the patient was doing fine.

The town I was in was Kununurra, 1500 miles north-east of Perth, Western Australia. Kununurra was built as a construction town for the mighty Ord River dam—completed 12 years ago, and now the largest man-made water area in Australia. The climate is subtropical, with a wet and a dry season. During the dry season, which lasts from April to November, the skies are constantly blue with temperatures in the low 30s (C). The standard dress is shorts and open-necked shirts for the men, and thin cotton frocks for the ladies. The wet season is damper and hotter, but the hospital and all the houses are air-conditioned or air-cooled.

The work

Two resident doctors are responsible for the health of 1500 townspeople, and those who live on cattle stations, in about a 200-mile radius. They are ably supported by a well-trained community and hospital nursing staff. The day begins with a ward round of inpatients at 7 o'clock and then general practice clinics after breakfast. Most of the work load is completed before the main heat of the day, and one doctor remains on duty for emergency and hospital calls for the rest of the 24 hours. All patients are first screened by the resident on-duty sister, who can cope with all minor casualty illnesses and accidents. It surprised me, as a "city doctor," that the patients readily accepted this system of screening for minor illness. In the city, patients would demand the attention of a doctor merely because he was available—no matter how trivial their complaint. The sisters had had no special training for this role of a "junior hospital officer," apart from working closely with the doctor.

What they did have was common sense, a knowledge of their own limitations, and, most importantly, a means of instant referral to the doctor for advice. I am sure this system could be introduced into the NHS with great benefit to the patient and to the local doctor; but that is another issue. Wyndham and Kununurra share a community welfare medical officer who is responsible for public health, school medicals, and health screening. His work is largely in preventive medicine, and any problems he finds are referred to the local doctors for management.

One day a week it is the Kununurra doctors' turn to join the flying sister and call on the surrounding cattle stations on a monthly rota. We would visit, in a Baron Beechcraft aeroplane, three or more stations a day and cover over 400 miles. I remember conducting an antenatal clinic in the shade of an aeroplane wing at a remote mining camp on the Mitchell plateau. Most stations, however, have their sick room and, while sister is screening the aboriginal workers and families for hookworm, nutrition, leprosy, and trachoma, the doctor examines and arranges treatment for any patients with confirmed disease and deals with any new problems. Antenatal patients are managed on the stations up to 36 weeks' gestation, provided they are symptom free, after which time they are transferred to the local regional hospital. Any difficult cases, or patients with a bad obstetric history, are transferred to the major unit at Port Hedland, where there is a permanent obstetrician and gynaecologist. Some days we would see up to 60 patients. The life of a flying doctor is not all glamour, although it has its compensations.

The area

The scenery in the Kimberley ranges is magnificent, and flying is certainly the best way to see the rugged red mountains, deep gorges, and winding rivers. It is no idle boast to say that the scenery is as good as any in Australia. The other popular way is to explore the surrounding country by a four-wheel-drive vehicle, and local families drive off for weekends with only a compass to guide them over the rough bush. This country is untamed, vast, and imaginative—not desert, as most people imagine, but rich grazing land supporting a large cattle industry. Fences exist only on the borders of properties—often 50 miles apart. Kangaroos, possums, and reptiles of all shapes and sizes abound and the prolific bird life includes parrots, cockatoos, and large water birds, such as jabaroos and broilgas, nest on the plains.

Fishing is the major pastime of the locals and I have never tasted anything as nice as a 30-pound barramundi barbecued over an open fire. With so much water nearby, boating, water skiing, and sailing are increasingly popular. Naturally, with such a climate, these sports and swimming can be enjoyed all the year. Irrigation supports a golf course, and an oval where team sports can be played, including football and cricket. Tennis and basketball are other popular games. Modern schools are provided for students up to their middle teens, after which they have to

Department of General Practice, University of Manchester, Manchester M13 0FW

COLIN L. HUGHES, MB, DOBS, lecturer

board in one of the larger cities to complete their secondary education.

Living and working

The facilities provided by the medical department for the doctor and his family are first class. Housing is modern, cooled, and equipped with all the comforts which make housekeeping not only tolerable but pleasant too. There is a nominal deduction from your salary for rent. Two cars are provided free for use by the doctors: one a four-wheel drive, and the other a fast sedan for travel to Wyndham. Wyndham, 60 miles away, has a fully equipped surgical hospital, where the visiting surgeons from Perth can carry out everything from pinning a broken hip to removing a cataract. The North-west resident surgeon visits once a week and the local doctors may, if they wish, either help or give the anaesthetics. Any problems which cannot be coped with at Wyndham are referred either to Geraldton, some 600 miles north of Perth, where there are resident consultants in most major specialties, or to Perth itself.

One of my patients, for example, came into hospital at 32 weeks' gestation in an incoordinate labour, but with an incompetent cervix already dilated to 5 cm. Expecting imminent delivery, I prepared to take the baby down to Perth should it survive the birth. Twelve hours later she was having only half-hourly contractions and the cervix was unchanged. So, with fear and trepidation, remembering the words of the neonatologist in Perth—"We would prefer to have the patient arrive in the unit intrauterine rather than in an humidicrib"—the flying sister and myself, plus labouring mother and delivery pack, sat through a nine-hour flight to Perth with only an intravenous drip and aerosol salbutamol to prevent labour progressing. The gamble paid off. Twenty-four hours later she delivered a live 940-g boy, who immediately had the benefit of the excellent up-to-date neonatal unit at King Edward Hospital.

On arrival back in Kununurra there was a car to meet me at the airport, as the other doctor was waiting to give an anaesthetic to another patient while I removed a stubborn retained placenta after a normal delivery a few hours earlier. It is a wonderful feeling to be able to be a real doctor in these days of referral medicine.

Research

Opportunities for research are good. There is a well defined

population and, as their medical officer, you have access to all their medical notes for adequate follow-up. You can use the modern laboratory in Wyndham, or blood specimens can be sent to Perth on the evening plane and results obtained by telex the evening after. I believe that this is a better service than most practitioners achieve in the city. Epidemiological research is particularly attractive in such a community: interests might include tracking down Kimberley fever, an unusual recurrent fever thought to be due to an arbovirus; or the problem of the incredibly high rate of positive serology for VDRL in the Black population, and whether it is due to syphilis, a tropical sore, or as yet undiscovered treponema, and how to manage it. Different practice management, patient morbidity studies, medical audit, and therapeutic trials are all possibilities for research.

Salary and registration

The medical department offers only salaried positions, which thankfully spares one the Medibank muddle. The current salary rates are: Level 1 \$A 20 195; Level 2 \$A 21 387; Level 3 \$A 23 047; Level 4 \$A 24 769. The starting salary within this scale is determined by the doctor's experience and attainments. An allowance of \$A 1500 per annum is payable to those doctors who have a higher degree at college fellowship level.

The government offers an area tax allowance and, after 12 months' service, the department provides return air fares for the doctor's family to any Australian State's capital city. Removal costs from within Australia to the North-west will also be met. A temporary resident's visa for up to two years is easily obtained from Australia House.

Registration must be by personal application to the Medical Board of Western Australia. A doctor must start practising within six months of obtaining registration; if not, he is automatically debarred from practising for a further five years. British and Irish qualifications will be recognised, but graduates from foreign universities may have to undergo further study or preregistration before being accepted.

The North-west is freedom. It is a feeling of being a twentieth-century pioneer. Good luck with your exploring.

Useful addresses

Dr W D Roberts, Director General of Medical Services, Box C 134 GPO Perth 6001, Western Australia.
Medical Board of Western Australia, 44 Ventnor Avenue, West Perth, 6005.

ONE HUNDRED YEARS AGO A letter from an outpatient of the London Hospital, recording his experience of *several months' attendance*, and published in an East London paper, is suggestive. In the first place, he does not like the ordeal of waiting his turn to see the physician, and justly remarks on the loss of time thus entrained on the bread-winner of a family. Then there is the discipline of the porters in attendance keeping order, who offend him by frequently repeating "Stand back, you men, and keep quiet," an injunction probably much needed in a large assemblage. In the consulting-room, he complains bitterly of being obliged to see the physician's assistant, instead of the physician himself, at his often repeated visits; and also of the rapid despatch of "old cases," each being seen rapidly as follows. "How are you?" "About the same, sir." "Repeat medicine."—"Does the medicine do you good?" "I think it does a little."—"Repeat medicine." He also complains of difficulties at the dispensary in getting his medicine. He concludes, however, by expressing his appreciation of the benefits derived from the hospital; and had his attendance been less frequent and of shorter duration, perhaps he would have appreciated it more. From the general character of large outpatient departments, it can be readily understood what difficulties and trials a patient has to meet with; and these do not so much indicate a fault in any special outpatient department as in the general

plan followed in most. How can the difficulties complained of be obviated? The keeping order in waiting-rooms is, of course, essential, and patience must be exercised in this matter on all hands. The evils appear principally to arise from attempting to accomplish too much. If only such an amount of work were undertaken as can be efficiently performed by the physician and his assistants, such complaints would not recur. If long attendances were disallowed, or even really discouraged, the number of "old cases," now necessarily handed over to assistants, would be diminished, and the pressure in each department lessened. In private practice, physicians do not find such cases as chronic bronchitis, phthisis, women at the climacteric period, etc, frequently returning through long-continued periods; and surely there is no reason, philanthropic or otherwise, why an outpatient, receiving gratuitous advice, should remain under *continuous treatment* longer than middle-class patients who pay for such benefits. The practical indication seems to be to avoid long-continued attendances. It would seem to be part of a medical officer's duty to direct the patient when to revisit him, and when to cease so doing; and it seems probable that the more energetic exercise of this prerogative would remove many of the complaints referred to. (*British Medical Journal*, 1877.)