

# RNZCGP Oration 2006:

## Midlife ideals and lack of balance

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A practising general practitioner, Director of the Immunisation Advisory Centre (IMAC) and a Senior Lecturer in the Division of General Practice and Primary Health Care, University of Auckland, Nikki specialises in immunisation and preventive child health issues. She has a background in the development of Wai Health, the primary health care services arm of Te Whanau o Waipareira Trust, and continues to work as a GP and Clinical Director for Wai Health. She is also an active member and health spokesperson for the Child Poverty Action Group. Nikki's main interests along with immunisation are in child poverty, and preventative child health. Nikki delivered her oration to the RNZCGP annual conference in Auckland on the 11th August, 2006.

Kia Ora Koutou,

Many thanks for the opportunity to share some thoughts with everyone today, on a day of celebration for general practice. It is a privilege to be able to contribute.

What I wish to dwell on today are a few reflections from a mid-life doctor, the pursuit of ideals and the resultant lack of any sort of balance in my life.

My thinking was started with the commonly expressed need that I should consider trying to live a slower, less cluttered, more orderly life. Maybe the slower the heartbeat the longer it will

last. However I have decided for me this is not to be, instead...

*'Life should not be a journey to the grave with the intention of arriving safely in an attractive and well preserved body, but rather to skid sideways, champagne in one hand, strawberries in the other, body thoroughly used up, totally worn out and screaming "woo-hoo what a ride"'*

There are many variations on this quote, and each one of us can insert our own right motivators. I would swap champagne for pinot gris, strawberries for a great Thai curry. As I define myself as officially mid-life, or nearly, depending on my stickability in this world, I think more and more about living life to the full, what drives me, and whether I have the driver's right, or do I have any clue at all. In the words of Oscar Wilde: *'I am not young enough to know everything.'* Or in the even more immortal words of my hero Pooh Bear *'there is an alarming number of things about which I know nothing.'*

The tricky side of mid-life is that having filled my life up with a great deal of things, it is only late at night when the family activities are over and I have given up on the large stack of work I have again failed to complete, that I contemplate the great issues. At which point many very sensible friends have tactfully brought up the 21st century religion of 'balance'. *'Nikki, you need to get your balance right'* – work, life, family: And as I have failed once again to get a well overdue hair cut (which is an issue very dear to my heart when you have as much angst as I do about

straggly hair), or forgotten to pay the insurance bill,

pick up the kids' music book, failed my colleagues by being late with the draft of that research paper, left my husband waiting once again as I am late to escape from Mrs X and her terrible depression and suicidal tendencies, or not written that letter to the editor that so desperately needed to be said – maybe they are right.

However there is some bias here that has not been allowed for, temperament. I do have only this life, and I'm now at the middle of it, or thereabouts. Balance is not going to drive me, not going to enthrall me to work late on a Sunday night and get out of bed bloody early on a Monday morning. The late great philosopher Spike Milligan had it figured when he told the sad life of Mr Le Barr:

Philip Le Barr,  
Was knocked down by a car,  
On the road to Mandalay.  
He was knocked down again  
By a dust cart in Spain  
And again in Zanzibar.  
So,  
He travelled at night  
In the pale moon light  
Away from the traffic growl  
But terrible luck  
He was hit by a duck  
Driven by an owl.

So if I work really hard on my work/life balance now, reduce the risks, minimise the danger, I can still get done in by the duck.

Okay, so it goes back to the drivers. What makes any of us want to

get out of bed on a Monday morning, what makes your heart sing, what makes you feel okay about looking at yourself in the mirror?

Each of us will have our own story on this and mine is a remarkably simple one. From the age of about six I had a very simple desire to make the world a better place. Now in a room of GPs I am sure this is a very common and unremarkable ideal. For me, and I am sure for most of you, the desire has actually not changed at all since childhood. But to make it sound a little grander than a child's dream I have support from the philosopher Arthur Schopenhauer – '*compassion is the basis of all morality*'.

Of course we grow up and the ideals get somewhat battered along the way. It was really tough in early teenage years realising I would never be the next Mother Theresa. The ideal was beaten comfortably to second place by my much more keen interest in the opposite sex. Further through life's journey it was even harder to emulate the austere saints when faced with the joys of enough income to enjoy the finer aspects of life: To the point now I am clearly a very happy latte socialist.

However the ideals remain, and remain the driver. For many the world remains a shitty horrible place and it is easy to get overwhelmed with a sense of helplessness and frustration at the enormity of the problems.

So how do we maintain that first childish dream to want to make the world a slightly better place? Well it is certainly more complicated than originally expected. After working for many years in general practice I am much more aware of the systemic issues that lead to an individual or family's economic, social or emotional poverty. It is so much easier now to understand why my child is more likely to succeed in life than so many

of the children I see in my practice. How can we continue to live out the simple principles of compassion and kindness when the world is a big complicated world?

General practice continues for me to be the heart of my work life. It offers me the chance for daily small amounts of compassion and gives me privileged insights into people's lives. However my vision also needs to be taken broader; general practice instinctively leads into public health, economics, and politics.

More and more I feel driven to articulate the growing socio-economic equity gap in New Zealand, which seems to be at the core of many of our general practice issues. But as the equity gap continues to rise, our society continues to articulate some very concerning attitudes:

Firstly the nonsense philosophy that we are all equal, and have equal potential to follow our dreams. How many of you have seen that stark graph that plots the IQ outcomes of children versus the socioeconomic environment they grow up in. Start very stupid but from a rich background and your IQ grows; start brilliant but from a ratshit background and your IQ dives, so at around the age of seven

the IQs cross over! Yes I know we can all roll out the exception to the point, the occasional person with sheer brilliance and doggedness that can overcome their background, but they are well drowned out by the vast majority of kids who follow the life trajectory.

I am sure there is no one in this room that would believe that if the Kahui twins had survived they would be likely to succeed with high tertiary education, satisfying jobs and stable relationships. Like hell, those kids would have had minimal chance of success. So while we are beating our breasts about the fact they were murdered, do we give any thought to the world they

were actually in, and how many others like them are in socially, educationally and economically impoverished situations, on a hiding to nowhere. We need to do so much more than just figure out how to keep them alive.

New Zealand pays lip service to the importance of children. Most people have some awareness of the vital importance of the very early years on the future outcome for a child educationally, medically, and socially, but this does not translate into real action. One doesn't need to be an altruist to realise it is a sensible investment to get the early years right to reduce the chance of kids growing up to climb in our windows to steal our DVDs and kill our families while driving drunk. But how many of us are genuinely aware how little this country values children. The recently released *Living Standards Report* from the Ministry of Social Development shows that 26% of children are considered to be living in severe or significant hardship compared to 10% of adults in my age group, and only 4% of those over 65 years. While it is great that this country has managed so well to support the elderly, why on earth do we treat our children so badly, in those most vulnerable vital years. The damage cannot be undone later. And how incredibly short-sighted is a country that is actually allowing it to get worse.

Of course many of you here have been on the receiving end of my personal passion for immunisation. Actually I fell into the topic by accident, while trying to find some balance in my life, but instead discovered for myself a great combination of science and public health effectiveness. Immunisation remains one of the greatest success stories of public health. We have dramatically controlled a few very hideous infectious diseases and with the rapid rise of new technology we have the potential for a fair bit more. For a basic doctor, promoting and delivering excellent vaccines against nasty diseases is an effective way of improving the lives of many and we can be proud of that, even as we

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take the brick bats from the anti-science brigade.

Well I am getting older, richer and more comfortable, yet still the childhood dream of being able to make a little bit of difference in this world drives me, and I am sure everyone else in this room. But I am also sure that we get tired, start worrying about balance rather than passion and easily lose our path.

In the end it is usually the little moments that are the drivers, that make getting out of bed worthwhile – the day to day moments in general practice; cutting out unsightly lumps, controlling

lousy asthma, supporting someone to die with dignity and humour, or just listening a great deal to those with trapped sad lives. The broader gains underpinning our general practice are also not to be forgotten. Whenever anyone is having a lousy day snowed under with trivia, just remember that the day in day out vac-

cination delivery going on endlessly in all our practices is saving lives: It will never be as exotic or high status as neurosurgery or heart lung transplants but ultimately it is having more effect. And then finally it is the advocacy of our values that underpins our lives. So let's keep challenging this country to face its rising inequity gap, particularly for the chil-

dren, the most vulnerable and least valued. We must face the necessary political and economic steps that need to be taken to turn the tide back.

Let's enjoy general practice – for all its chal-

lenging bits, what other job gives us such an opportunity to be a part of the real guts and meaning of people's lives, and to offer everyday moments of compassion.

Let's celebrate what drives us and excites our passions, what makes us get out of bed on a rainy Auckland morning.

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In the words of Diane Ackerman *'I don't want to get to the end of my life and find that I lived just the length of it. I want to have lived the width of it as well.'*

To add a bit of academic scientific rigour to this talk I quote the 1982 *New Scientist* definition of life as being *'a whim of several billion cells to be you for a while.'*

Well, this particular collection of several billion cells is hopefully going to chug along for a bit longer yet, if I manage to avoid Spike Milligan's duck. And to add a bit more rigorous analysis to my mid-life balance concerns I can say with a high degree of confidence that accidents caused by ducks driven by owls are not high on the probability scale.

However I am aware that road traffic accidents are high on my risk factor scale, so the advantage of working in an academic institution is that I can take the sensible balanced advice of my epidemiology friend that I should travel at all times with a zebra; as there are no recorded incidents of road traffic accidents with zebras in New Zealand. Sounds like great odds to me!

Thank you.

## Training doctors in general practices: A review of the literature

*'In the international and Australian literature, we found that many GPs consider training medical students and General Practice Registrars to be intrinsically satisfying. They vary in their skills, and most medical schools have made significant investments in training and support activities. Many practices do not have the necessary infrastructure, and investments need to be made if extended placements are to be successful. Many patients are happy to be seen by students and Registrars, but careful thought needs to be given to implementing appropriate models so that students have good learning opportunities, patients are not disadvantaged and general practices can operate efficiently.'*

Larsen K, Perkins D. *Aust J Rural Health*. 2006 Oct;14(5):173-7.

## Atypical Manifestations of Gastroesophageal Reflux Disease

*'Gastroesophageal reflux disease (GERD) may manifest typically with heartburn and regurgitation or atypically as laryngitis, asthma, cough, or noncardiac chest pain. The diagnosis of these atypical manifestations may be difficult for primary care physicians because most patients do not have heartburn or regurgitation. Diagnostic tests have low specificity and it is difficult to establish a cause-and-effect association between GERD and atypical symptoms. Response to aggressive acid suppression is often the most commonly employed initial tool to indicate GERD etiology in a patient with atypical symptoms.'*

Vaezi MF. *Medscape General Medicine*. 2005;7(4):25. <http://www.medscape.com/viewarticle/506303> accessed 9 Nov 2006.