

# Time out to do a DIH

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I suppose I have always been a practical chap, being brought up on a farm by a dad who was also a qualified carpenter and diesel mechanic. I spent my first 13 years in general practice in Turangi during the latter stages of the Tongariro Power Project.

Being in a small town a GP has to rely on local St Johns first-aiders, who were mainly project workers. There was a lot of give and take between the doctor and the workers. There was also a lot of A&E type work as the nearest hospitals were over one hour away. I guess that is where my interest in Industrial Health began. In latter years I also became Medical Officer to the local prisons. The particular perspective I gained from prison work was learning the balance between being the patient's advocate and working for the prison authorities. The 'cons' would often try to pull the wool over my medical eyes to try and gain some advantage, and the problem was trying to sort out the truth so that genuine problems could be dealt with while institutional order and discipline were maintained.

On moving to Ashburton in 1990 I missed the A&E excitement of Turangi. In fact Ashburton appeared flat in medicine as well as topography. My wife said I needed flat after the hectic years of one-in-two or one-in-three rosters. Then an opportunity came up for a medical officer at a local freezing works. I applied. It was the first time I ever had to prepare a CV. I got the job and began running clinics two mornings a week in the first aid room on site.

I found that I was involved with acute accidents, which were fairly straightforward, but more and more various chronic overuse syndrome injuries and prevention and rehabili-

tation occupied my time. Conflict between 'cons' and 'screws' had been replaced by conflicts between workers and supervisors, but at least I could speak to the supervisors on the spot or if I didn't understand how a worker had developed pain I could go and watch him at work.

I worked my way through the Health and Safety in Employment Act and the principles of Hazard Identification, Elimination, Isolation and Minimisation. It seemed like legal mumbo jumbo but when I got properly into it it made sense. My main textbooks were the publications put out for OSH by, among others, my old boss in my first house surgeon job, Dick Wrigley of Palmerston North.

After several years of this I decided I needed to go a bit further. I had finally got through the RNZCGP accreditation and thought I should look at something in the industrial health area. Monash University in Melbourne had a good course but it was way beyond my finances. Then I began looking at the Otago DIH course. Yes I could cope with four, thirteen-week semesters, over two years of three teleconferences, one block weekend and weekly course notes reading. I wasn't sure about sitting three-hour exams again.

By this stage I was working at two freezing works and decided I needed to drop one to have the extra time for study. I also found that my favourite pastime, my vegetable garden, got put on a 'harvest anything which comes up by itself' status. The reading took most of my spare time but it wasn't too bad sitting in the conservatory

soaking up sun on a cold winter's day. The course was brilliant. Starting with the basics of a very thorough history, which I had already instinctively found, and going through historical aspects of industrial medicine and on to very practical assignments on local industries.

The block weekends were great where the class got together for more intensive study and interaction. A secondary aspect was the learning of modern email communication and web searches for research. I even learned to do PowerPoint presentations. (I also found how to deal

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with those exams: take a decent cushion so the bum doesn't go numb on those hard chairs.)

How has it helped my work? Firstly the whole discipline of postgraduate study has been worth it in its own right in terms of viewing medical literature and presentations.

Secondly I have gained greater confidence in industrial health work. I have also gained some interesting friends in the industrial health field and greatly enjoyed joining the graduation parade with three other 50 year olds. I have even been able to negotiate a pay increase with the freezing works.

The works nurse tells me that our 'works' has the best rehabilitation figures for the group. I continue to enjoy the 'hands on' aspect of Industrial Medicine and believe my further training has been good for both my worker patients and my employer industry.

*John Guthrie, Ashburton*