



Letter from the West Island

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It is now five months since I arrived in Kalgoorlie to take up the position of Head of the Rural Clinical School in the University of Western Australia. Unlike the New Zealand Ministry of Health, the Commonwealth Government is extremely anxious about the possibility that medical services might disappear from rural and remote areas and has invested heavily in various initiatives which are designed to ensure that patients in these areas get services equivalent to those delivered in cities. The latest of these is the funding of Rural Clinical Schools in each of the 11 Medical Schools.

In Western Australia the School is based in Kalgoorlie, 600 km east of Perth and we will have centres in Kalgoorlie, Esperance (400km south of Kal), Geraldton (400km north of Perth) Port Hedland (1300km north of Perth) and Broome (450km further north). These vast distances are difficult to imagine but the state is vast, with 2.5 million square kilometres – enough to fit New Zealand, Japan, Texas and the British Isles with some room to spare. At each of the sites we will have a Medical Coordinator, administrative help, teaching space and student accommodation and we will utilise the hospitals and practices to provide students with clinical experience.

Our remit is that by 2004, 25% of the students will spend more than 50% of their clinical course in a rural and remote setting. The logic is that clinical education in the country leads to the choice of the bush

as a future career. So convinced are the Aussies that this is the way to go that they are funding this School with \$A26 million over the first five years. We are also responsible for GP training and will have up to 30 registrars per year in the various locations.

So what are my impressions so far of Australian general practice? The first is that procedural medicine is alive and well in all the sites. Without GP obstetricians there would be no babies born in the bush. We do not have independent midwives and there is no plan to have them. Anaesthetics are still largely delivered by GPs, and in all sites GPs have admitting privileges to the hospitals and look after their own patients. In Geraldton and Esperance

there are no junior doctors at all in the hospitals and emergency departments are serviced by rotas of local GPs. As a result of all these extra duties, general practice seems much more busy and much more highly paid over here. The larger hospitals have specialists but the divide between generalists and specialists is

not as pronounced as in New Zealand, although the specialists also seem to be paid a lot more.

The second impression is that indigenous health over here seems much more highly developed than in New Zealand. This is a bit of a paradox because politically, Aborigines and Torres Strait Islanders

seem very much less well off than Maori people are in New Zealand. Aboriginal Health Services run by

the people and employing doctors, nurses and health workers are well established in all the major centres and provide a superb model of primary health care including preventive and curative programmes.

Finally, it seems that in spite of the better conditions and funding, doctors are still finding it difficult to find a comfortable role in modern society. There is considerable angst about liability issues and the need to pay large sums of money annually for medical defence. Most doctors mention New Zealand as a nirvana where suing does not occur and where the ACC provides no fault compensation. Those who want to emigrate usually change their minds when they hear of average incomes not much larger than their subs for insurance.

The point, however, is that whatever our working conditions, we modern physicians are always moaning about something. Give us a few drinks and we always start complaining about the recent propensity of patients, politicians and press to hurt us all terribly. We are terribly sensitive souls, it seems, and somehow, to survive, we need to find a way of protecting ourselves against surprise and outrage when we encounter these difficulties. Maybe it's all a game, but if we are to survive we need to learn to grow a few more layers of skin.

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