FEATURE

THE ISOLATED ANAESTHETIST

"There's a job for you too," said the surgeon in London in 1976 when he recruited my then husband to work with him in distant Australia. And there I was: the only specialist anaesthetist in the area (the nearest being 150 km away) for the best part of the first ten years of working in my regional centre, writes Dr Diana C. S. Khursandi (FRCA, FANZCA).

We arrived there with four small children, both of us with full-time jobs; this included 24/7 call for me in my first permanent specialist position. What a challenge. I had to find ways of coping. Firstly the child care, quickly arranged with a reliable local person. Then the confidence—I had to tell myself that I could only do my best, that the region was lucky to have me and I had to accept that the buck stopped with me. From my experience, I believe that it takes about three years to settle down into specialist practice.

Setting up the intensive care unit was another challenge (I had only had three months of intensive care unit experience from my training in the UK, some years before), but it was satisfying to be able to provide that type of care for my patients when necessary.

Connections in the tertiary referral centre were essential—many times I had to ring for advice. I am hugely grateful to those who helped me out over the telephone, Drs Mary Daly and Val Muir in particular.

Patient transfers to the tertiary referral centres in the capital city were 250 km by ambulance (four hours by road) or by the embryonic air ambulance. Did I heave an enormous sigh of relief when the retrieval service started!

It was also a great relief when mobile phones arrived, as I could be on-call away from landlines without having to let the hospital switchboards know. No more would I have to say, "please send the police or ambulance around if you want me urgently, I'll be in the Town Hall." I remember once driving from home to the maternity hospital, seven minutes away (when I had been called to see a neonate), being chased by the police and waving my stethoscope out of the window. They did

not get the message, but did let me rush into the labour ward! Luckily the baby was fine when I arrived.

Each year I trained a different junior doctor—a principal house officer (PHO)—to a level at which level 4 supervision was possible in the second half of the year. Gratifyingly, nearly all the 20 doctors with whom I worked became anaesthetists, although one had the cheek to pass his surgical primary examination during his anaesthetic year!

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Getting away on a regular basis for R&R was essential. Locums for short and longer times away were extremely difficult to organise and I often spent up to a year doing so. A few friends and colleagues were able to perform this function. I was also grateful to a few non-specialist anaesthetists in town who allowed me a weekend away occasionally. The ASA locum service is a useful resource in these situations.

I joined the ASA and attended as many annual meetings as possible, with the intention of making contacts with colleagues and gaining professional development. I knew only two anaesthetists in Australia before I arrived, both in the state capital city.

Life in our regional city was rewarding in so many ways and patients often showed their gratitude. I managed to see nearly all my private patients preoperatively before the day of surgery, and those I didn't, I spoke to on the telephone. For this to occur I had great cooperation between my receptionist and the surgeons' secretaries. All public patients were also seen preoperatively in a clinic at the hospital. In time, I had anaesthetised someone from most of the families in town, including my colleagues and their family members.

Walking down the street I would frequently greet a patient, a social contact or a member of the staff of the public or private hospital. Privacy can be an issue in a smaller community and I was very mindful of this. In particular I did not give medical advice outside of work. If we talked about patients at home, they were always anonymous.

Personal support mechanisms, in addition to the professional ones, were of extreme importance too. The local community, both medical and non-medical, was very supportive when we arrived and continued to be so—we made many lifelong friends.

Anaesthetists can practice in isolation or in a large city, but it is always better to work in a group with others—not only are there mentoring opportunities between colleagues, but morbidity and mortality meetings are invaluable for benchmarking one's practice. In later years, the specialists and non-specialists in my centre met each week for continuing professional development.

As a result of the challenges I had found, I did some research on how other isolated anaesthetists coped and discovered their various opinions and recruitment strategies. Some regional anaesthetists had formed successful cooperative groups and recruited new specialists with an arrangement which included income splitting and regular time off. In 1992, I co-founded (with Frank Moloney) a group which became the Rural Anaesthesia Special Interest Group, to provide support to anaesthetists in regional and remote areas.

After 20 years of rural anaesthesia practice I moved to a job in a peripheral metropolitan public hospital, nearer to the capital city. It was sad and very hard to say goodbye to the regional centre which had become my home, where my children had grown up and where I had so many supportive friends and colleagues. In another way I was glad to leave because political decisions were to destroy most of what I had set up.

Memories of the stresses and challenges have faded, while those of the good times thankfully linger. The strategies and connections I developed in meeting the challenges of isolated practice have continued to be essential in my professional life, and many years later I still remember the lessons and rewards of working in a regional community.

ASA LOCUM SERVICE

If you are looking for a locum placement or would like locum coverage, please visit http://bit.ly/1bJMYwt. This service is free for members and open to non-members for a fee of $93.