

# Red Dirt to Remember

To mention everything we did would need a novel as we managed to pack so many things into just 12 days in Kalgoorlie. Although primarily based in Kal we explored many different stops in Western Australia, although hardly putting a dent in the massive state.

Day 1 we visited Cosmo-Newbury with the Royal Flying Doctors Service, a clinic in a primarily Aboriginal town. A doctor only travels there once every 2 weeks so people were waiting in the carpark as we drove in from the airstrip – no appointment system used, the town self-triages itself. This day was my favourite day of the trip. Interacting with the energetic children was incredible and you could see this town was really centred around their health clinic. It was both interesting and sad to see how poor some of the Aboriginal peoples' health was. We learnt how age expectancy was low and the fact we saw a patient in their 70's was a rare occurrence. The children were so familiar with the clinic that when I asked them if they wanted to help me they swiftly started putting on the BP cuff, pulse oximeter and helping with BSL's like experts. This day was also interesting as many antibiotic prescriptions were given out that potentially wouldn't have in NZ. The reasoning was that the Aboriginal population have less mature immune systems and so pick up many bacteria very easily. Resistance data of the antibiotics hasn't been collected so I hope that they continue to work for them in the future.



Day 2 was another exciting adventure flying around Western Australia along the Nullarbor, stopping at many small airstrips, although these were on some of the largest farming stations in the world. I learnt that an aeroplane can be turned into a doctor's office. In saying this as we rely on technology so often when this becomes unavailable it can be very inconvenient, especially with a service where doctors are always rotating and so don't know every patients history. We saw similar struggles of NZ farming in WA including workers being unable to leave their properties easily. The fact we could do an antenatal ultrasound on the living room couch was amazing and very convenient as the patient was a rousey. This very expensive piece of equipment will hopefully become more affordable in the future allowing this service to be provided for a larger number of people.



Day 3 was back in town and I was lucky enough to see a birth! Everything seemed similar procedure wise to my limited experience back home however we learnt about GP-Obstetricians. Patients loved the fact that their usual doctor was able to see them before, during and after birth for the baby's care and it created strong doctor-patient relationships. Just the doctor's presence in the room saw patients relax, including this patients tachycardia decreasing. Although this makes the doctor a very busy lady she is extremely dedicated and I think the town hold her in very high regard, especially with her 4 children at home and running a medical centre.

This particular baby was dusky and grunting after birth and so I was able to observe/slightly help with the start of a neonatal resuscitation. After some CPAP the baby increased its saturations and on visiting a few

days later was looking a lot pinker and feeding well. Going through the resuscitation in a non-simulation environment was really useful and the paediatric registrar provided a lot of learning.

The following week we were based in the Emergency Department in Esperance and the ED here was run by a nurse Practitioner and rotating GP's. I felt this was the place where I got the most practical experience of the trip, learning how to straighten and plaster broken fingers. Although we didn't see any patients under the influence of methamphetamine, it appeared to be a big problem in the state, if not the whole country. They call it Ice and all the doctors we had contact with had a story about Ice patients they'd come across. I know that there are definitely users in NZ but it is scary to hear and think what could happen if NZ continues to lose control of the use of this prohibited drug.

Kalgoorlie is a mining town much like Greymouth, you can see how changes in the local economy affects people's health and also what services can be provided. With the closure of many mines this means a lot of people are travelling for work regularly and are away from their supports. Violence, addiction, declining mental health and unhealthy home lives are starting to show.



The only other medical student in Kalgoorlie during our visit was on a rural placement from Sydney as part of the John Flynn programme. Other students go all over Australia and it was really cool to see how important rural health obviously is to the Australian Medical Schools. Usually in Kalgoorlie there are 10 students but since it was their holidays and 2 were at our house in Greymouth, we didn't get to meet them. Ten seemed like a large number as there's only the 3 of us back home but one thing Western Australia isn't missing is space, so we hear there's still plenty for all of them to do.

Finally I think the biggest thing I will take from the trip is the difference in culture. Although we in NZ battle with disparities in Maori and Pacific health, we are working to improve this and trying to allow our indigenous culture to feel more comfortable in the

health system. This hardly seemed the case in Australia. I did not see any signs in an Aboriginal language, no Aboriginal doctors and the people seem to be either subjected to discrimination or completely disregarded by a lot of the population. Ofcourse this doesn't include everyone but more than preferable. The horrific stories from the not so distant past, of how these people were treated like animals were extremely difficult to hear. Obesity and addiction are commonly seen and this is having a large impact on the health of the Aboriginal population. Ward rounds where patients cannot understand the doctor due to language barriers seemed to be normalised, so much that health care workers don't even try to explain the situation to the patient.

To conclude my report, I found Kalgoorlie an amazing exchange and had to pinch myself each day as to how I'd made it there! The RFDS was an experience I thoroughly enjoyed and it was great to see a service that really is the backbone of rural Australia. Without the RFDS all those people would not receive care for many more hours, losing time that is usually critical in emergency situations. The disparities in culture really tug my heart strings and I hope education and awareness is on the horizon for the whole country but especially in healthcare. Thank-you so much!

