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As part of the RMIP myself and three others on the programme were given the opportunity to go on an exchange to some of the analogous rural medical programmes that run in Australia. My classmate Emma Thompson and I headed to Kalgoorlie. This is a large mining town 600km East of Perth known colloquially as the Wild West of Australia.

I was based with 'The Rural Clinical School of Western Australia: Kalgoorlie'.

The rough timetable for my time in Kalgoorlie was as follows:

Week 1: Placement at Bega Garnbirringu Health Service (<http://www.bega.org.au/>). This is an aboriginal health service. The name "Bega Garnbirringu" meaning "sickness gets better".

Week 2: Emergency Medicine and Pediatrics at Kalgoorlie Hospital.

The first week that I was there was **NAIDOC week** in Australia. This is a week that aims to celebrate 'the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. NAIDOC is celebrated not only in Indigenous communities, but by Australians from all walks of life. The week is a great



opportunity to participate in a range of activities and to support your local Aboriginal and Torres Strait Islander community.'

<http://www.naidoc.org.au/about/>

Being based at BEGA clinic provided me with an ideal opportunity to get involved in the community through NAIDOC week. I was able to play in the



mixed netball competition, watch various basketball competitions, attend the community art and services (learning about the range of support that is available within the community) expo, go on a cultural tour with some of the local elders, and attend the end of week concert. Along with this I got to know some of the staff at BEGA well, fitting in like family by the end.

The RCS students were away over the period that I was in Kalgoorlie, and the people that I was staying with were also away for the first week. This meant that I made sure I got out there and got to know others, including staff at BEGA and junior staff at the hospital.



CLINICAL EXPOSURE

I saw a lot of Type 2 Diabetes Mellitus, and the resulting complications (such as Chronic Renal Failure) while I was at BEGA. The aboriginal peoples have some of the worst rates of these diseases in the world. Many people are affected by these conditions. It is an understatement to say that it is a major issue for the community. There are major social determinants of health that the community services expo helped to highlight. One of the services that I spoke with at the community expo was that of the kidney service that runs out of the hospital and BEGA. I was able to sit in on one of the renal clinics where I saw patients that were presenting with quite advanced kidney disease.

One of the major issues that face the health service provision in Kalgoorlie is the large area that it covers. I had patients who I saw in clinic who were from over 900km away. One such patient was a Type One Diabetic who had not had any medication for over 1 week because they had run out. The Royal Flying Doctors Service operates services that help to transport patients to/from Kalgoorlie Hospital from remote areas and to Perth. Unfortunately I did not get a chance to go out with them.



One thing that was highlighted was the insufficient facilities available at Kal hospital to cater for all people who required dialysis. Therefore there were over 15 patients from the Goldfields (greater Kal area) who receive dialysis in Perth, away from all family supports – living there full time. This creates major issues socially and medically, with some patients returning to Kalgoorlie refusing to have treatment in Perth – so therefore going without until they become very unwell from the toxic overload of kidney failure.

Aboriginal people who come to Kal for appointments can stay in the various short stay accommodations available. However these are tribe specific accommodation, this which is quite creates interesting dynamics.



In my second week I spent some time in ED and the rest in Paediatrics. The time spent in Paediatrics was good for me from a learning point of view as they have a good team of doctors who are keen on teaching and good at getting students involved. It would have been very worthwhile to spend some more time here.

In my time outside of class I got involved in NAIDOC week (as explained above) and also saw some of the local sights (these included the Superpit, the local museum, a camel ride, seeing wild emu and abandoned mining towns). I also had spent some time in Perth before I headed to Kalgoorlie – a welcome break from the below zero temperatures of Wairarapa to wearing shorts and a t-shirt.

All in all a great trip and with some good insight into some of the issues that face rural health care in Western Australia and in general.