

Kalgoorlie Medical Exchange

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Background

I was one of the lucky four students from this year's Rural Medical Immersion Programme (RMIP) to be selected to go on the annual two week rural medical exchange. Ricki-Lea and I headed off from little ol' Greymouth on the West Coast of New Zealand to the wild west of Kalgoorlie, Western Australia. Kalgoorlie (officially now known as Kalgoorlie-Boulder but to the locals just "Kal") is a predominantly gold mining town approximately 600 km East of Perth, with a population of just over 30,000. Many of the locals argue that about half of the population are "kiwi", although this wasn't quite true, we definitely did meet a few New Zealander's throughout our journey.



Made it to the medical school...or at least the sign!

Week One

We arrived in Perth and after a public transport adventure, some slightly precarious encounters at the train station and a short taxi (rather than walk due to the previous comment) we made it to our accommodation. The backpackers was located in the beautiful seaside suburb of Cottesloe, although its beauty was not evident until the morning as it was dark when we arrived. The next day we explored the Fremantle markets in Perth before heading back to the airport to start our true adventure.

We landed in Kalgoorlie and much to our pleasant surprise we were met by one of the doctors from the Royal Flying Doctor Service (RFDS) and one of the administrators from the Rural Clinical School (RCS). It turns out my last minute email to the RFDS enquiring about spending some time with them worked!

The next morning we were on our way to a small Aboriginal community called Cosmo Newberry with the RFDS. We saw approximately 10 patients that morning and managed to meet nearly all of the (twelve) children who live in the community. They were on school holidays and as there is not a lot to do during the holidays the children loved coming to the clinic to say hello and be "treated" by Nurse Tracey. They even brought over a joey kangaroo that had a broken foot, which Tracey had "splinted" the day previously with a Popsicle stick and crepe bandage. We mostly just observed during the consultations but jumped in whenever there was a chance to do a blood pressure, blood glucose levels or any other basic skills. I noticed there were a lot of antibiotics being given out; the doctor said that considering the hygiene/sanitation, isolation and decreased immune system (a known issue for indigenous populations) it was necessary to be more liberal with antibiotics as patients can rapidly deteriorate from being not too bad to very unwell.

The following two days were also spent with the RFDS taking part in the fortnightly Nullarbor/Tranzline run, which is a fly in, fly out clinic that stops at some of the stations (farmhouses) and roadhouses (motels) along the Nullarbor Plain between Western and Eastern



A Nullarbor airstrip....this one was in pretty good condition!

Australia. We stayed overnight in a place called Eucla, which is more or less on the boarder between Western and South Australia. We usually saw a couple of patients at each stop (refer to the map below for the stops, as indicated by markers B-G). They were either seen in the plane or inside one of the rooms at the local roadhouse – definitely not a typical consultation set up! We got quizzed on our knowledge of osteoporosis T and Z scores, gave vaccines, helped with a pregnancy ultrasound and tested our interpretation skills of hard copy plain x-ray films, which are now a rarity in NZ.

I was in disbelief at the vastness of Western Australia; even from up in the air you could see nothing but plains and old mine sites in any direction. One of the farms we visited was so big that mustering had to be done with the aid of a small fixed wing plane as the 65,000 sheep were spread across the 2.5 million acres!

Thursday was spent on the paediatric and obstetric wards back in Kalgoorlie. This was my first ward round all year (I am yet to do General Medicine) but the Kalgoorlie ward rounds were very similar to the Christchurch Hospital ward rounds that I experienced last year. Although I did learn a little along the way and felt welcomed by the team, I also felt that the ward rounds in Kalgoorlie just reiterated my beliefs that ward rounds are not the most effective means for treating patients or teaching students. From an outside observing it was obvious that many of the patients/parents really had no idea what was going on. This was particularly true for many of the Aboriginal patients (who generally spoke English as a second language) and was just one of the many scenarios which demonstrated some of the reasons for why Aboriginal People in Australia have poorer outcomes than Caucasian Australians. Although a little disheartened by what I had seen I still enjoyed the day and it was interesting to realise just how universal medicine can be....apart from the names of medications!

On Friday we were lucky enough to not only visit but also go inside Kalgoorlie-Boulder's claim to fame; "The Superpit". It is the Australia's largest open-cut gold mine; so large it is said that it can be seen from space. Due to social media policies I can't add any photos of the huge trucks that we got to go in but just imagine a truck about the size of a house with wheels about twice my height!



Aerial view of the Superpit and Kalgoorlie township



Leaving our mark in the Lake Ballard Salt Flats

The weekend gave us some time to explore. We borrowed a 4WD car from the amazing GP-Obstetrician (who last year delivered 200 babies while also running her own GP practice) and set off on our adventure. We teamed up with an Australian medical student who was on her own special rural placement in Kalgoorlie from Sydney and took off North. We visited the famous Lake Ballard, which is a large salt flat that contains over 50 life size statues, explored various ghost towns which were once flourishing with gold and spent the night in a historic bed and breakfast that was once lived in by former USA President Herbert Hoover. After making it back to Kalgoorlie we then set off for our next adventure in Esperance....

Week Two

Despite the warnings about the (kanga-)“roos on the road” we made it safely to Esperance. Esperance is a small town on the Southern Coast of Western Australia with a population (approximately 10,000 people) and hospital about the same size as Greymouth. As we couldn't get into the Emergency Department (ED) in Kalgoorlie and all the other medical students were on holiday it was a good opportunity to get to go to Esperance. Normally Monday's are busy in Esperance ED but I guess too many people knew we were coming so decided to stay at home! Despite the quiet day in ED there was still plenty of learning to be done (as well as a little sight seeing). The Esperance hospital is run by GP's (GP anaesthetists, obstetricians, physicians and surgeons etc.) so when ED is quiet they are expected to help out on the wards too. We had some good teaching on the wards although it was sad meeting some incredible patients who were suffering from conditions such as cancer and recurrent pancreatitis.

Tuesday was a lot busier in ED. Straight away the doctor and nurse practitioner had high expectations from us. We were to assess, examine and come up with a plan for just about every patient. I think by the end of the day I had seen 5 patients with a viral Upper Respiratory Tract Infections (URTI) and although I offered nothing much more than reassurance and some analgesia it was great to be able to be so involved and hands on. I also spent quite a bit of time looking in Mimm's drug manual trying to decipher the generic name from the brand names that are widely used in Australia but unknown in NZ. It made me realise for my future practice just how important it is to use generic names and not brand names.

Wednesday was spent travelling back from Esperance. Thursday morning we were back to the paediatric ward. I then got the opportunity to go on a retrieval flight with the RFDS. We were all set to take a couple of patients from Kalgoorlie to Perth, but then at the last minute we had a phone call that there was a patient with septic shock in Warburton (about 900km North East) who needed urgent medical attention and transfer to a larger hospital, as there was only a limited nursing post in the area. We picked up the patient who, although unwell, was not critical. When we arrived there was also a two year old girl with a fever that needed to go to Kalgoorlie so we all got back in the plane back to Kalgoorlie. While I was away Ricki had a chance to practice airway skills and I joined in with her and a Kiwi doctor for the last part to practice intubating, which was very valuable.



Getting some intubation practice...I'm not sure if the "patient" had much chance of surviving despite any of my new skills

Our trip was now coming to an end. Friday morning I spent doing one last paediatric ward round and saw the girl I had brought in from Warburton. She was looking a lot happier, which was good to see. We then packed our bags, said our goodbyes and spent one final night in Perth at an airport motel before making the journey back to NZ.

The insight I gained into practicing rural medicine and the Australian culture and attitudes was invaluable. Although I don't doubt I learnt quite a bit about the biomedical side of medicine, the parts I will take away the most from this experience is the importance of the social side of medicine. Throughout the entire two weeks I was constantly saddened by the amount of overt racism against the Aboriginal people, particularly that from healthcare professionals. There is no doubt that NZ also

has problems with racism against our Māori population but the scale of racism in Australia is just so enormous. It deeply saddens me how far Australia has to go before things will improve for the Aboriginal population but I sincerely hope things start to change for the better soon. The importance of treating all your patients with respect and empathy is just so important but sadly not always done (no matter what country you are in). At times I was left wondering if there is a change that occurs from medical students to potentially burnt out doctors that means we lose touch with treating the patient as a person or if it is only something we as students and doctors are becoming more aware of today. I do believe some of the treatment that we saw was racially biased and hope that this will stop. I definitely do not want to end on a negative note as I thoroughly enjoyed my time in Western Australia but I do think that when you get a chance to look from an outsider's perspective it can really open your eyes.

On one final note I would like to say a special thanks to the RMIP programme for making this exchange happen. Thank you also to all those who took us under their wing (figuratively and literally) during our stay in Western Australia. Finally to those who wined and dined us, I'm sure Ricki and I will never forget the great times spent learning, chatting and playing croquet!

Oh the places you'll go....A map of our adventures!

Kalgoorlie Exchange

-  Kalgoorlie
-  Rawlinna Station Airport
-  Caiguna Airport
-  Cocklebidy
-  Moonerah Airport
-  Eucla
-  Madura
-  Lake Ballard
-  Hoover House B&B
-  Esperance
-  Warburton



Although some of these places might not look that far apart, they are actually hundreds of kilometres away from each other. Compare Perth to Kalgoorlie which is approximately 600km!