

When disaster strikes, GPs are frontline

Dr Penny Burns believes GPs and other primary care health care workers need to be actively involved on the ground when trouble comes calling ...

DR Penny Burns had her first brush with disaster in 2000, while visiting her parents in Los Alamos, New Mexico, famed as the home of the atomic bomb.

Fortunately, this particular disaster wasn't man-made or dropping from the sky, but it was a wildfire that forced the evacuation of the town, including her parents. Over 11 000 residents were evacuated and 400 homes were lost.

"I experienced their disaster on a personal level when staying with them through those fires," Dr Burns tells the *MJA*.

"I noticed that the local GPs were missing, and I felt disappointed that when their community was in trouble the GPs were invisible. They weren't given a role, or did they not want a role?"

Disaster medicine is now Dr Burns' major focus, while also working as a GP on Sydney's Northern Beaches. She is the co-author of a perspective in this issue of the *MJA*, which discusses primary care in disaster management — connecting GPs with disaster response networks.

But things could have been very different. The daughter of a geophysicist and a linear accelerator programmer, after all, could have ended up almost anywhere on the science spectrum.

"I was never going to be a doctor," she admits. "I come from a family of farmers, teachers, geologists — geology was definitely a very strong possibility. I really liked being practical and doing outdoors stuff. I thought maybe I'd fly a plane or be a forest ranger and stride through the forests."

Dr Burns applied for medicine "by accident".

"I hadn't meant to apply really — a friend had filled out a green form and I had done the same. I just was with a group of people who had bunches of forms, and I

just filled out the same forms as them. And one of them happened to be medicine at the University of Newcastle.

"I found myself sitting up there at an interview and having a great time chatting with these people."

She was accepted into what was the first cohort of medical students to go through Newcastle, but opted to defer for a year when her parents decided to move to the US permanently.

"And it was honestly one of the best decisions I've made. It was the best course ever," she says.

Study at Newcastle brought her into contact with a trio of legends: Professor Beverly Raphael, who at the time was Foundation Professor of Psychiatry at the university; Professor David Maddison, a psychiatrist with a holistic community-aware preventive focus to medicine that was groundbreaking at the time; and Professor Stephen Leeder, "who ensured we were planted in the community and tasked to understand the local perspective on local need and assist".

Unbeknownst to Dr Burns, while she was a student at the University of Newcastle, Professor Raphael was pioneering the field of disaster medicine, researching how to best help communities in the wake of events like 1974's Cyclone Tracey, the 1977 Granville train disaster and the 1989 Newcastle earthquake.

Meanwhile Dr Burns spent 3 years in paediatrics at Sydney Children's Hospital, including a stint as a registrar in Papua New Guinea where she met her husband, a geologist. Two more long stays in Papua New Guinea were bisected by a switch to general practice in Sydney and Cairns, including time with the Royal Flying Doctor Service.

Settled back in Sydney, with a growing family, Dr Burns found

herself becoming restless with general practice. A Master of Public Health and Tropical Medicine through James Cook University followed, which included work in disaster medicine and refugee health.

"That's when I decided to reconnect with Professor Raphael," she says.

"That was the fork in my road. She saw my indecision about how to vary my current career and said, 'come and work with me'. She was running the Disaster Response and Resilience Research Group at the Western Sydney University Parramatta campus and I started working with her team in a small heritage cottage on the Parramatta River next to the old morgue."

It was her first serious foray into research — "I had always wanted to just get out there and treat people".

"I soon saw that I could contribute more if I thought more about the bigger picture and combined this with research. I then started to really enjoy the balance of working with individual patients on some days but working on a population level changes on other days. And working with a team that was passionate and had the influence to make those changes."

And then the NSW Blue Mountains fires happened in mid-October 2013.

"The fires started burning in the mountains during the annual RACGP Conference which was in Darwin that year," she says.

"I was the last speaker of the final plenary of a conference with a very engaged audience. We were speaking on disasters as GPs in the audience were trying to ensure their families and homes were safe.

"Immediately after the talk there was a discussion on what we could



Penny Burns

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do as GPs to help. The RACGP and individual GPs started planning a response which continued through the airport lounge and back to Sydney.

“Other disaster responders had also been considering how to get the GPs involved and as I arrived in Sydney, I received a call from the Health Emergency Operations Centre [EOC] to come in and join them. I arrived to be invited in to provide a communication link for the GP groups supporting the GPs on the ground.

“It was a huge learning curve but one that was built on again when we had a GP involved in the EOC during the Lindt Café siege [14 and 15 December, 2014] to provide input from a GP perspective.”

Dr Burns has since combined clinical practice with teaching disaster medicine at Western Sydney University, a PhD (in progress) at the Australian National University, re-establishing a two-page

section on disaster medicine in Professor John Murtagh’s seminal *General practice* textbook, and giving input into a World Health Organization document on primary care in disasters.

She will be a contributor next month when the World Association for Disaster and Emergency Medicine (WADEM) Congress rolls into town (7–10 May), featuring its first ever section on primary care. Dr Burns is former Chair of the Oceania division of WADEM.

“As disaster focus is finally moving to the local level, it is becoming more and more obvious to other responders that GPs are now key players,” Dr Burns says.

“But we are still sorting out how we do that. It’s bringing lots of opportunities to contribute globally to this involvement and to defining it.”

What would she tell a roomful of medical students about working in disaster

medicine, even “just” as a local GP in times of need?

“To actually be able to say I was there for my community, I responded, I helped, I feel proud to be a health professional in this community — I think it’s magic,” she says.

“I don’t think you can work in a community as a GP and sit there when a disaster occurs while your patients and your community are having their health assaulted, and not be able to get involved.

“We know from WHO, and studies on the Aceh and Japanese tsunamis, that the bulk of the effects that occur in a community when a disaster hits is at general practice level.

“GPs need to be involved.” ■

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