For Dr Bhaumik Shah, oncology is not the “dark art” that many believe, but a specialty in which he can make a real difference through treating people with curable cancer and easing the final days of people with terminal disease.

“Junior doctors or medical students wrongly feel that oncology is depressing — that patients don’t have any hope and that they all die”, says Dr Shah, a medical oncologist who splits his time between Ballarat Base Hospital and Peter MacCallum Cancer Centre in Melbourne.

“With early detection and improved treatment, we are able to cure more and more people”, he says. “It’s also a success when we help a person at the end of their life to pass away peacefully. How a person dies lives in the memory of those surviving.”

Dr Shah, who started working as an oncology consultant early this year, was drawn to the specialty because of the close connection with patients.

“When we talk at length, and I tell them the facts and explore their fears, that can be very relieving, not only for the patient but for the whole family”, he says.

Dr Shah says another attractive aspect of medical oncology is rapid progress in the field. He is using a dozen medications that didn’t exist when he started medical school in 1997. “It feels like we are working in a field that is on the cutting edge with new things coming all the time, because there is a lot of research going on”, he says.
Dr Pretoria Bilinski is a medical oncologist and palliative care physician at Greenslopes Private Hospital in Brisbane.

She says oncology offers her the opportunity and privilege to help people with incurable disease to have more time and better control of their symptoms.

“A lot of colleagues think it is depressing”, she says. “But I get a lot of satisfaction from helping people at one of the worst times of their lives.”

The challenges
Dr Shah believes the biggest challenge for oncologists is to maintain their emotional and physical health.

“When you provide empathy and care to people all the time, there is a risk that you can get burnt out, and that emotional exhaustion can affect your personal life”, he says. “It’s very important that we look after ourselves, by sharing what we feel during our work life with our colleagues and our family.”

Dr Bilinski says her work can be distressing, especially if she is treating a patient who is in a similar life situation to her, such as a young mother with children.

While she doesn’t have any formal opportunities to debrief, she finds it helps to talk to colleagues at conferences and networking functions.

Dr Shah says another challenge of oncology is its multidisciplinary nature. “Patients see so many different people that sometimes it is unclear who is leading the team”, he says.

“It’s important we communicate with all the people providing care, and coordinate the patient’s care so there is no duplication and there are no gaps through which patients can fall.”

Dr Bilinski says oncology trainees who have young children face additional barriers.

She says the training program needs to be more flexible to encourage more women to be part of it. “While the program is improving, most women who want to job share have to find the person to share with, and it would help if the training program connected people.”

Marge Overs

The training program
Basic physician trainees can choose medical oncology as a career path during the last year of basic training. Trainees who elect to do medical oncology spend two years in core training in medical oncology and one year in elective training in a discipline that directly relates to medical oncology.

(Source: Medical Oncology Group of Australia. For more information, go to http://www.moga.org.au)

Dr Nick Zdenkowski is a final-year medical oncology advanced trainee at the Calvary Mater Newcastle, NSW

Why did you specialise in medical oncology?
I realised how much medical oncology had to offer both as a career and to the increasing number of cancer patients. I could see that the knowledge base in oncology was increasing faster than in other specialties, and I wanted to be part of that. It was an opportunity to be involved in basic and translational research, and to contribute to improving cancer treatment and services.

What do you enjoy most about the training program?
I applied for an advanced trainee job at the Mater in Newcastle because it has a large academic oncology unit in a town with a great lifestyle. There is an active clinical trials unit, and the diagnostic and treatment services are on par with most capital city oncology units.

The constantly changing landscape of investigations and treatments keeps your mind engaged and instils hope. It is rewarding to communicate with patients about complex scenarios, particularly demystifying the cancer journey for them. When you share the highs and lows, you develop a close clinical relationship with patients and their families. The variation in patient presentations is endless and is not limited to a single organ system.

What are the main obstacles/challenges?
It can be difficult, if not impossible, to keep up with the evolving understanding of oncology, and there is a tendency to subspecialise to maintain currency. It is important to use strategies to avoid burnout. In the current health economic climate, it can be difficult to aim for excellence in any specialty, but in this era of high-cost drugs, it is a particular challenge in oncology.

What advice do you have for young doctors interested in medical oncology?
Medical oncology is an engaging and stimulating specialty, with a variety of career options, in research, private and public work, and academic and clinical roles. Patients on the oncology ward tend to have complications of treatment or of advanced cancer but these patients are in the minority. Most patients are ambulant and relatively well. It is not all doom and gloom — often you can be the bearer of good news, or at least able to share a joke with your patients.

What do you plan to do when you finish your advanced training?
Next year I will be the clinical research fellow with the Australia and New Zealand Breast Cancer Trials Group in Newcastle. Beyond that, I intend to work in an academic centre and remain involved with clinical research and teaching while maintaining a clinical focus.
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Art of connection

Professor Bogda Koczwara traces her fulfilling career as a medical oncologist

Professor Bogda Koczwara is Professor of Medical Oncology at Flinders University, Adelaide, and Head of the Department of Medical Oncology at the Flinders Centre for Innovation in Cancer at Flinders Medical Centre. She is also President of the Clinical Oncological Society of Australia.

I became interested in oncology almost by accident. I was working at Flinders Medical Centre as a basic trainee in internal medicine and was asked to do a rotation in oncology to replace another doctor. I liked oncology because I could do much more for patients than I had expected and the experience got me thinking about what makes a fulfilling and meaningful life. My patients were facing that question and I also re-examined my own values. I left my rotation not just skilled but enriched. At that time, Flinders didn’t have an accredited training position in oncology so I did a year of haematology and then three years advanced training at Roswell Park Cancer Institute, in Buffalo, New York. Roswell Park is one of the oldest designated cancer centres in the world. It was amazing to be able to learn the hands-on craft and to see the history around me.

I have always loved Flinders Medical Centre. It is progressive and open-minded. When I came back to Australia from the United States in 1997, I knew I wanted to work at Flinders. It didn’t have a department of medical oncology, so I had to develop one myself. At first, I had a part-time job, which grew into full-time. We recruited more oncologists and developed a clinical trials unit. I am proud of how far we’ve come. It’s been a team effort. The hospital has gone from not even having a department of medical oncology to just having opened Flinders Centre for Innovation in Cancer. We have a busy trainee program, which attracts good-quality trainees. We’re doing a lot of new things in cancer but most importantly we provide a comprehensive cancer service. Creating and growing the department has been a meaningful and exciting part of my career.

I am also proud of my work to establish the Australia and Asia Pacific Clinical Oncology Research Development Workshop (ACORD). The idea for ACORD came after I attended a course for junior researchers in cancer in Colorado, US, in 1998. Cancer visionary Dr Daniel Von Hoff developed the annual course, which continues to this day. It’s where junior cancer researchers work day and night to develop good research ideas. It’s exhausting and inspiring. I came back from that course and felt we needed to have that in Australia. With the help of many people around Australia and the world, I convened the first workshop in 2004. It runs every two years, with participants from all over Australia, New Zealand and Asia. It is inspiring when you see a trainee from Australia sitting next to a doctor from Bangladesh who explains the cancer challenges in their country.

My current main area of interest is survivorship. We are victims of our own success in oncology. More people are surviving cancer, and want to stay cancer-free and live a healthy life. As oncologists, we need to deal with the long-term effects of cancer treatment in survivors — such as heart disease, osteoporosis and premature menopause — and that really stretches our boundaries. I’m hoping we can start to collaborate more on survivorship research around Australia. We will host the first survivorship conference in Australia in February 2013.

Survivorship issues reflect the evolution of oncology. In the 22 years since I graduated from medical school, I have seen an evolution in cancer care — in science, practice and patient outcomes. If this can happen in my career, imagine what will happen 20 years down the track.

I’ve been lucky to find many mentors from many walks of life. Dr Trevor Malden, an oncologist at Flinders, has been a great mentor and friend. He has this wonderful balance of being meticulous and careful and being really connected with patients. The CEO of Cancer Council Australia, Professor Ian Olver, has also been a great support and guide, and was an enormous support in establishing ACORD.

Oncology is an exciting area, because you can really make difference. That difference is based on science, but also on the art of human connection. I take my work personally. I can feel physically ill when I worry about a patient with a suspected recurrence. I need to manage the number of patients I have so that I can maintain personal contact without being overburdened.

One of the hidden gifts of oncology is that you learn about the fragility of life. Oncologists learn to value their life because they know that life can change in an instant.

“Oncologists learn to value their life because they know that life can change in an instant.”

Interview by Marge Overs
Road less travelled

Command performance

Dr Ana-Louise Martin believes acting skills can help doctors to communicate with their patients

The only theatre in which most doctors perform is the operating theatre, but Dr Ana-Louise Martin believes many doctors could also learn some useful skills from another type of theatre.

Dr Martin is director of Medical Drama, a Sydney-based company that runs workshops for doctors based on acting techniques to enhance communication skills.

Dr Martin, a final-year psychiatry registrar at Austin Hospital in Melbourne, got the idea for Medical Drama in 2008 when she was helping with the clinical exams for the Royal Australian and New Zealand College of Psychiatrists.

“I knew there was a low pass rate and I was curious as to why”, she says. “When I saw what was required I realised that there was a need to help candidates with their communication skills.”

Dr Martin, who had long been an enthusiast of the performing arts, recognised that many of the fundamentals of acting — such as communicating a message with an audience — also applied to medical practice.

The first workshop in June 2008 mostly attracted psychiatry registrars. Since then, registrars and consultants from various specialties, particularly psychiatry, surgery and paediatrics, have attended the courses.

The workshops are facilitated by professional actors, notably Medical Drama’s creative director Peter Eyers, who is head of acting at The McDonald College in Sydney. Dr Martin has worked as an actor for over a decade.

Dr Martin writes the clinical scenarios used in the workshops to ensure that all content is relevant for doctors.

The workshops aim to help doctors build confidence, recognise and manage common sources of performance anxiety and develop improvisational skills.

Doctors often have to think on their feet, such as when we’re communicating bad news

Dr Martin says people sometimes wonder why improvisational skills are relevant to doctors. “Doctors often have to think on their feet, such as when we’re communicating bad news, or when family members are distressed, and these are not scripted conversations”, she says. “It’s important to have some skills on hand so we can quickly adapt to the needs of our patients.”

The workshops also include a camera session, where doctors can watch themselves perform on camera, before and after receiving direction on enhancing the way they communicate.

“Most people find that exercise really useful. They learn a lot about themselves, but in a supportive environment.”

Dr Martin says there is a lot of pressure on doctors to communicate effectively with patients, colleagues and supervisors but they receive little training in this area.

“Once you’ve been out of medical school for just a few years, you’re expected to present to big audiences in front of your colleagues and supervisors”, she says. “Most people are quite terrified by that.”

“I get tired of hearing comments about how poorly doctors communicate. It’s unfair because doctors aren’t taught to communicate. Communication skills need to be a part of training — not just during medical school, but in postgraduate years and as part of specialty training.”

As well as the workshops, Dr Martin runs individual sessions for doctors wanting to improve their presentation and communication skills — something she hopes to do more of once she’s completed her psychiatry training.

Dr Martin says the psychiatry training program has been one of the most difficult things she has done, but she appreciates that the specialty allows her to branch out into different areas.

“Understanding people’s psychological profiles has applications in so many areas”, she says.

Before studying medicine at Otago University, New Zealand, Dr Martin completed a Bachelor of Arts degree in languages. She had always leaned more towards the arts than the sciences, but decided to apply for medicine because she wanted to work in a healing profession.

Dr Martin says her broad background, which also includes developing training programs for the retail industry, has been beneficial as a psychiatrist where she needs to communicate with, and relate to, people from diverse backgrounds.

“I started training in 1990 and at the time it was quite innovative having someone from an arts background. It does make for a more broad-minded sort of person”, she says.

“I suppose it’s not surprising I ended up in psychiatry and Medical Drama — it’s a natural progression for me really.”

Sophie McNamara

Medical Drama courses are held at The McDonald College in Sydney. For more information, go to www.medicaldrama.com.au.
Money and practice

Shy of retiring

Most doctors work way too hard for far too long, but advisers say there is a better way

Retirement is considered a right of passage for most professionals, but so many things seem to stand between older doctors and a life of leisure.

At the top of the list are loyalty to patients, practice ownership obligations, low super balances and workforce shortages.

“We’ve worked with doctors who are in their early 80s and they are still working full-time”, says Mr Shane Morgan, a partner with Cutcher and Neale chartered accountants in Newcastle, NSW.

Yet most doctors long to put their feet up and enjoy the fruits of their labour. Instead some work at full throttle until they burn out.

Semi-retirement may be a better strategy. Doctors who wind back their work hours slowly will ultimately earn more money, pay less tax, help more patients, and have more time to enjoy their lives.

Some changes to your business structure and finances may be involved, so the sooner you start plotting a course toward semi-retirement, the better off you’ll be.

Financial advisers answer some of the frequently asked questions about semi-retirement:

When should you start?
Financial adviser and solicitor Mr Terry McMaster, of McMasters Accounting, Legal and Financial Planning in Victoria, suggests doctors start to cut back their work hours at around age 55.

At this age, he says, the kids have usually moved out and doctors have acquired a reasonable level of assets. They may also start to become more aware of their own mortality around this time and find they tire more easily when working long shifts, according to Mr McMaster.

He advises his clients to reduce their work intensity by around 20% from about the age of 55 and continue to do so incrementally over the next two decades.

There is no reason a doctor in good health cannot work right through to age 75, earning a high income in a tax-efficient way, Mr McMaster says.

He believes many doctors identify so closely with their work personas that “The tax rate of your super fund earnings drops to 0% once you start a transition-to-retirement pension”

Can you afford it?
When weighing up whether to opt for full or semi-retirement, there are some solid financial reasons to go for the latter.

For starters it means you can keep adding to your superannuation and other investments, receive tax concessions and reduce the number of years you need to be fully self-funded.

Mr James Gerrard, a financial adviser at PSK Financial Services in Sydney, says semi-retired doctors can also access transition-to-retirement pensions once they reach preservation age (between 55 and 60 years depending on year of birth).

Using this strategy, doctors can gain access to their superannuation lump sum while they’re still working, potentially drawing a tax-free income staying in the workforce in a reduced capacity can be better for their mental and physical health.

“If doctors have built up a reasonable amount of wealth, they can afford to work 4 days a week and attend to their bucket list, whatever it might be.”

The tax rate of your super fund earnings drops to 0% once you start a transition-to-retirement pension

James Gerrard

Winding down your work hours is not only about finding a better balance between work and life, it’s also about having an active and creative retirement.

Some people take the opportunity to carve out a new niche that offers more freedom and a sense of purpose.

Financial adviser and solicitor Mr Terry McMaster says one of his South Australian clients works as a locum for rural doctors. He receives all the billings during his stint and the rural doctor gets some time off.

Doctors in specialties that require physical strength or fine motor skills are among those who may need to change tack, Mr McMaster says.

“They may need to think more laterally about how to morph their practice into something that allows them to work part-time.”

He knows an ophthalmologist who only does consults and handballs the procedures to younger doctors.

Dr Geoffrey Boyce, a 65-year-old neurologist in Lismore in northern New South Wales, is looking at a different health delivery model to help him wind back his hours over the next few years.

He already conducts some video consultations from his offices and believes that if he can see 10 patients via telehealth each week, he won’t have to use up his super.

Shifting the balance

Staying in the workforce in a reduced capacity can be better for their mental and physical health.
My view is that after age 60 ... just about everybody should be using this transition-to-retirement strategy

Shane Morgan

The alternative strategy is to wind down your practice and enter into a relationship with a nearby practice, such as offering to pay a management fee of say 20% of earnings for the use of rooms and infrastructure. “It’s like a goodwill payment and it provides extra profit for that practice”, he says.

Mr McMaster says group practices can accommodate semi-retiring owners in a similar way by allowing them to change their cost agreements. For instance, a doctor could sell out of the practice but stay on and pay a management fee.

Mr Morgan says older doctors who own their own commercial premises within a self-managed super fund could opt to rent their building, as this income is tax-free once they are in pension phase.

Amanda Bryan
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