

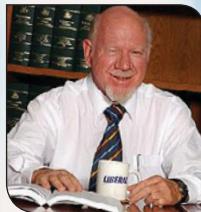
# MJA Careers

THE MEDICAL JOURNAL OF AUSTRALIA

## Election attracts doctors to contest



Richard Di Natale



Mal Washer



Fred Lips

**THEY** may come from divergent sides of politics but Mal Washer, re-elected long-serving Liberal member in West Australia, and Richard Di Natale, one of the Greens' new success stories, have at least two things in common — a commitment to improving health policies and a medical degree. They are just two of a contingent of doctors who contested the recent federal election, many of whom are also concerned about the environment.

Former general practitioner Dr Washer won the relatively safe Liberal seat of Moore to continue serving the electorate he has represented since 1998. Dr Washer has worked hard to raise awareness and improve the treatment of chronic disease and mental health and, he states on his website [www.malwasher.com](http://www.malwasher.com), he was behind the Coalition's election commitment to increase mental health funding. Dr Washer is also passionate about innovation, the environment and sustainability, and is a strong believer in the need for action on reducing carbon emissions.

Dr Di Natale easily secured a seat in the house of review to become the first Victorian Greens Senator-elect, after an unsuccessful attempt in the 2007 federal election. Dr Di Natale is a public health specialist who has spent several years working in Indigenous health in the Northern Territory and on HIV prevention in India.

Other Greens candidates included: Dr George Crisp, co-founder of the GreenPractice initiative, who stood for election in Bronwyn Bishop's electorate of Curtin; Dr Andrew Jeremjenko, an occupational and environmental medicine specialist who contested the relatively safe Labor seat of Lilley held by Wayne Swan; and Dr Geoff Couser, staff emergency specialist, lecturer and textbook author, in the seat

of Denison held safely by the Australian Labor Party's Duncan Kerr.

Doctors representing other parties included leading heart specialist and former president of the Art Gallery Society of NSW, Professor Michael Feneley, for the Liberals in Peter Garrett's seat of Kingsford Smith. Although the seat was held by the ALP as predicted, Professor Feneley had stated he wanted to provide a good alternative for people disappointed with the performance of the Minister for Environment Protection, Heritage and the Arts. For Labor, mid-north coast GP Frederick Lips contested the seat of Lyne, which has come into focus because of the success of the Member of Lyne since the 2008 by-election, independent Rob Oakeshott. Other parties fielding candidates from medicine included Family First, the Democratic Party of Australia, the Christian Democratic Party and Senator Online, which is dedicated to giving Australians a direct voice in Parliament.



Michael Feneley



Keturah Hoffman



George Crisp

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# Healthcare in disaster zones

## Lessons learned from the Boxing Day tsunami



The tsunami of 26 December 2004 destroyed the nearby city of Banda Aceh leaving only a few structures standing. Photo courtesy of Yuichi Nishimura, Hokkaido University

**INTERNATIONAL** disaster nursing is a new Australian publication — in conjunction with the World Association of Disaster and Emergency Medicine (WADEM) — looking at the work done by multidisciplinary teams in disaster regions. This comprehensive resource covers the diversity of issues that may be encountered, with experts, many of them Australian, contributing information on various topics. With the world coming to grips with an unprecedented catastrophe in Pakistan, there are no doubt aspects of this emergency that have commonalities with other recent disasters. Below are excerpts from a chapter by Elaine Daily, a former WADEM chair, on the Asian tsunami, looking at the challenges as well as lessons learned.

ON 26 DECEMBER 2004, one of the largest earthquakes in recent history occurred in the Indian Ocean off the west coast of northern Sumatra. The changes in the earth as a result of this large quake displaced vast volumes of water and generated the worst tsunami ever recorded. In some areas, almost all above-ground infrastructure was sucked into the ocean by the tsunami leaving enormous amounts of debris along the shoreline. The events resulted in a total of 224,983 deaths, 422,750 injured, and an estimated 1.2 million displaced persons.

### CHALLENGES

The scope and magnitude of the combined events created challenges beyond the level usually encountered.

- ▶ Despite the fact that a surplus of relief supplies was sent to affected areas, a shortage of trucks to transport relief supplies, a widespread shortage of gasoline, and a lack of storage facilities resulted in the non-distribution of needed supplies.
- ▶ Many of the relief supplies, including medical supplies, were inappropriate to the events, climate, and/or culture; approximately two-thirds of the drugs provided were beyond their expiration date; labels were in foreign languages; and many were inappropriate for the circumstances. In addition, many of the relief teams came with supplies that did not include appropriate antibiotics to treat wounds and wound infections, the most commonly encountered medical needs.
- ▶ The collapse of local government, such as occurred in Aceh Province, resulted in a total lack of coordination mechanisms.
- ▶ Many affected areas were no longer accessible by road, and there was a shortage of helicopters to transport relief supplies to them.
- ▶ Many of the injured and dead victims were tourists from other countries, which posed logistical problems in terms of identification, communication, and transportation. Many of the foreign injured victims were transferred to their respective countries for care; this was managed and provided by their native country. Local citizens voiced complaints that the government gave more importance to rescue and relief efforts of tourists.
- ▶ The surviving children faced numerous risks. Many were orphaned and taken in by relatives or family friends; orphan siblings were sometimes separated; many faced the risk of being befriended by criminal gangs who would sell them to sex traffickers. In Sri Lanka, children faced the additional threat of landmines being dislodged by the tidal waves.
- ▶ The scope of the combined events resulted in mass numbers of fatalities that the affected countries were unprepared to handle. Most forensic identification was made using dental and fingerprint information. However, forensic capacity was insufficient, refrigeration was not available soon enough; dry ice and temporary, shallow, mass burials were techniques used to store large numbers of corpses.
- ▶ Victim identification was extremely challenging as proper storage of so many bodies for viewing and identification purposes was impossible. Photographs, video recordings, fingerprints, and basic personal information were relied upon for identification. However, within 24–48 hours after the event, decomposition began to distort the victims' features, making visual identification difficult.
- ▶ Temporary mass burials of victims occurred in most of the affected areas as a practical means of maintaining dead bodies in underground natural storage sites that were cooler than the ambient temperature; and
- ▶ The ongoing civil unrest in parts of Indonesia and Sri Lanka posed security concerns that restricted some relief in these areas. Prior to the earthquake and tsunami, humanitarian organisations had not been allowed into Banda Aceh, and safety issues remained a consideration after these events.

C3



Northern  
Territory  
Government

DEPARTMENT OF HEALTH AND FAMILIES



# Health Careers & Opportunities in the Northern Territory

**If you want your career to go places then join Health and Families in the Northern Territory.** The challenges and opportunities in health and community care in the Territory are like no other in Australia, from remote Aboriginal health to tropical health and Australia's National Critical Care and Trauma Response Centre. Continued investments in Aboriginal health, remote health, acute care, child protection and community services offer many opportunities for health professionals who want to be part of making a difference.

## ACUTE CARE SERVICES

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Department of Health and Families

Division of Maternal and Child Health – Royal Darwin Hospital

Contract of up to 5 years

Royal Darwin Hospital is seeking a full time Paediatrician preferably with an interest in neonates from January 2011.

The Northern Territory has a wonderful lifestyle with varied natural attractions including Kakadu and Litchfield National Parks. Royal Darwin Hospital is the main teaching hospital in the Northern Territory with approximately 300 beds. It provides a broad range of services in all specialty areas to the Darwin urban population as well as serving as a referral centre to the whole Top End of the Northern Territory. Royal Darwin Hospital

is affiliated with the Flinders University Northern Territory Clinical School and Menzies School of Health Research.

The Department of Paediatrics has one of the most varied and interesting general Paediatric practices in Australia and the majority of our work is with Indigenous children and their families. The Department of Paediatrics is responsible for three wards: General Paediatric ward, Isolation ward, and Special Care Nursery.

The Paediatrician would participate in the ward service roster, outpatients at the hospital and remote community clinics. The Paediatric department has an active teaching program in which the Paediatrician would be involved.

Paediatricians should have Fellowship of the Royal Australasian College of Physicians (Paediatrics) or equivalent and be eligible for general and specialist medical registration with the Medical Board of Australia. Salary and conditions are as per the relevant Medical Officers (Northern Territory Public Sector) Workplace Agreement.

For further information please contact Dr Paul Bauert on (08) 8922 8888 or email [paul.bauert@nt.gov.au](mailto:paul.bauert@nt.gov.au) or Dr Carolyn MacLennan on (08) 8922 8888 or email [carolyn.maclennan@nt.gov.au](mailto:carolyn.maclennan@nt.gov.au)

**Closing date: 15 October 2010**

## APPLICATION INFORMATION

A detailed job description for the vacancy may be obtained from Sally Bates, Specialist Recruitment, [sally.bates@nt.gov.au](mailto:sally.bates@nt.gov.au)

Applications, including a Curriculum Vitae and details of two contemporary referees should be forwarded to: Sally Bates, Specialist Recruitment, Royal Darwin Hospital, PO Box 41326, Casuarina NT 0811 or email [sally.bates@nt.gov.au](mailto:sally.bates@nt.gov.au)

Information on Royal Darwin Hospital and the Department of Health and Families can be obtained from the websites [www.royaldarwinhospital.nt.gov.au](http://www.royaldarwinhospital.nt.gov.au) and [www.nt.gov.au/health](http://www.nt.gov.au/health)

Information on the Northern Territory and its great lifestyle is available at [www.theterritory.com.au](http://www.theterritory.com.au)

**Please note:** The preferred or recommended applicants will be required to undergo a criminal history check. A criminal history will not exclude an applicant from this position unless it is a relevant criminal history.

Department of Health and Families is a Smoke Free Workplace

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[nt.gov.au/health](http://nt.gov.au/health)

continued from page C3

## LESSONS LEARNED

- ▶ All countries and communities need to develop a preparedness plan for managing mass fatalities following disasters. This plan should detail: (1) recovery of the bodies; (2) transfer and storage of cadavers; (3) identification; and (4) final disposal of remains. Photographs, fingerprints, and dental comparisons are far easier and cheaper to use than are DNA analyses for victim identification.
- ▶ As has been noted previously, the presence of large numbers of dead bodies within communities did not result in the spread of any diseases.
- ▶ Guidelines are needed regarding how to treat the dead while respecting the rights of the survivors. Emphasis must be placed on respect and dignity.
- ▶ The surgical burden of injuries occurred in only the first few days after the events. However, medical and, in particular, primary

care needs were the prominent medical issues thereafter.

- ▶ Needs assessment information obtained by members of any one organisation must be shared among all organisations to avoid duplication in activities and resources. The initial distribution of essential supplies must be done according to the results of a thorough needs assessment.
- ▶ Input from and involvement of survivors in both relief and recovery interventions are essential. The presence of too many relief organisations may have a detrimental effect on the relief effort.
- ▶ National authority is needed to coordinate/direct national and international assistance within a country.
- ▶ All relief personnel, including the military, must be trained in cultural issues and sensitivities.
- ▶ Civil-military coordination and cooperation are essential to many relief efforts, and policies must

be established before an event.

- ▶ Mental health services must be involved in disaster planning and preparedness and must become active in both relief and recovery responses.

International disaster nursing is available at specialist bookstores and directly from Cambridge University Press.

*To obtain a 20% discount off the recommended retail price of \$99 when purchasing online from [www.cambridge.edu.au](http://www.cambridge.edu.au), enter the discount code WADEM10.*

Next issue we speak to Médecins Sans Frontières, who are on the lookout for more doctors.



Photo courtesy of Theo Lighthelm.

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### Contact us @ MJA Careers

We welcome your ideas for stories, feedback, information on upcoming training courses and conferences.

Editor: Vivienne Reiner • [vreiner@ampco.com.au](mailto:vreiner@ampco.com.au)



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## Q&amp;A



**MJA Careers profiles interesting and important jobs and the people who do them**

**Dr Meagan Brennan** moved into the specific interest area of breast medicine more than a decade ago and has been working hard to help raise the profile of this important specialty. She juggles teaching and clinical positions with working towards a PhD, and even manages to find the time to walk the new puppy. With busy weekends focused on her family, life is hectic but never dull.

**Name** Meagan Brennan

**Job title** Breast physician, private practice  
Staff Specialist breast physician, Westmead Hospital  
Clinical Senior Lecturer, Northern and Western Clinical Schools, University of Sydney

**Time in position** 11 years

**What aspect of this job appealed to you most strongly when you applied or were appointed?**

I was working in general practice and wanted to work in a special interest area. A large proportion of my practice was women's health so when the opportunity came up to train as a breast physician at the (then) Sydney Square Breast Clinic I applied for the position. The opportunity to learn new skills, including interventionist skills (breast biopsy), which I enjoy, was also attractive; and this work can lend itself very well to a part-time (as opposed to a full-time) load.

**Career highlights? Any lowlights/disappointments you'd like to share?**

I feel very passionate about my work. The most rewarding part is supporting women through the stress of undergoing diagnostic breast tests and treatment for breast cancer.

Highlights include becoming involved in academic and research work and seeing this field of clinical practice gain recognition. Another highlight has been the success in gaining staff specialist recognition for breast physicians in teaching hospitals and developing a credentialing pathway for this.

Among the very few disappointments, I find it frustrating that the profile of breast physicians is not increasing more quickly — I often have to explain to patients and to other doctors exactly what my role as a breast physician involves and what training I have had.

**What have been the biggest surprises in your working life?**

It's an exciting time to be involved in breast cancer diagnosis and treatment as there are constant advances in technology and treatment. There is also an increasing focus on the holistic approach to cancer care and breast physicians, with their GP background, are uniquely placed to be part of this.

And, I'm also surprised how much I enjoy teaching — helping patients understand their illness better is very rewarding, as is teaching students and junior doctors.

**What do you hope to be doing — or have achieved — in five years' time?**

My main goal is to finish the PhD — in survivorship care after breast cancer — that I have been working on for the past 2 years. I hope to continue both clinical and academic work and to be able to balance these better than I am at the moment. I also hope to establish positions at my centre for GPs who want to train as breast physicians.

**What interests do you have outside medicine?**

My life outside medicine is focused on my husband and our four young children, aged 5 to 12. Life is very hectic but never dull! As well as helping kids with homework and watching their sport, I try to make time to go walking with our new puppy most days.

**Any career tips or suggestions for young doctors interested in this field?**

I would encourage interested GPs to train and work as a breast physician. Although there is a current lack of formal training positions, anyone who is interested in taking up this work should speak to a breast physician or contact the Australasian Society of Breast Physicians.

I would also encourage GPs to become involved in research and teaching. As well as being very rewarding, it helps GPs gain more recognition for their important contribution.

**If I could change one thing in the world of medicine or research it would be ...**

I would like to improve access to breast diagnostic and treatment services for women in outer suburban and rural areas, and from lower socioeconomic, migrant and Indigenous groups.

I can see the great service that women get in the parts of Sydney where I practise and I am aware that we as clinicians and our patients are very lucky — many clinicians are struggling to provide basic services and women are struggling to access them in other parts of Australia.

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<b>GP LOCUM</b> <b>WA ED</b> (ref: KK258) Various dates Oct-Dec \$2000-\$2300 per day Call <b>Sara</b> 02 8353 9045	<b>MEDICAL RMO 3</b> <b>QLD</b> (JM260710 – 2) ASAP – 1st November \$NEG per hour worked Call <b>Carole</b> 02 8353 9017	<b>ANAESTHETIST</b> <b>NSW</b> (ref: 20080) 7 Jan – ongoing \$2500 p/day + travel & accom Call <b>Claudine</b> 02 8353 9020	<b>PSYCH – GENERAL ADULT</b> <b>WA</b> (ref: 21911) ASAP until late November \$2000 per day + benefits Call <b>Rebecca</b> 02 8353 9042
<b>GP LOCUM</b> <b>QLD Mining</b> (ref: 21535) 4 Oct – 12 Nov \$150 per hour, no on call! Call <b>Sarah</b> 02 8353 9046	<b>ED HMO</b> <b>VIC</b> (CS260710-2) ASAP – 31st Dec 2010 \$130 per hour Call <b>Carole</b> 02 8353 9017	<b>GEN MED PHYSICIAN</b> <b>QLD</b> (ref: 21992) 25 Oct – 31 Dec \$2000 p/day + travel & accom Call <b>Claudine</b> 02 8353 9020	<b>PSYCH – GENERAL ADULT</b> <b>WA</b> (ref: 21910) 22nd Nov – 14th Jan 2011 \$1800 per day + benefits Call <b>Rebecca</b> 02 8353 9042
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Mid North Coast NSW	From	1/10/2010	To	Ongoing	\$2,000	p/d
Country NSW	From	3/10/2010	To	Ongoing	\$2,000	p/d
Rural NSW	From	5/10/2010	To	10/10/2010	\$1,800	p/d
Tasmania	From	26/11/2010	To	Ongoing	\$2,000	p/d

**PAEDIATRIC VMO**

Country NSW	From	21/12/2010	To	28/12/2010	\$2,000	p/d
South Australia	From	25/10/2010	To	14/02/2011	\$2,000	p/d
Northern NSW	From	28/09/2010	To	1/10/2010	\$2,000	p/d

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ACT	From	4/10/2010	To	Ongoing	\$120	p/h
Sydney Region	From	ASAP	To	Ongoing	\$105	p/h

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South Western NSW	From	September	To	Ongoing	\$250	p/h
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Central Coast NSW	From	October	To	Ongoing	\$250	p/h

**GENERAL MEDICINE VMO**

Country NSW	From	10/01/2011	To	17/01/2011	\$2,000	p/d
Coastal QLD	From	20/11/2010	To	10/12/2010	\$2,000	p/d
North Coast NSW	From	28/12/2010	To	3/01/2011	\$2,000	p/d
Tasmania	From	15/12/2010	To	31/12/2010	\$2,000	p/d

**PSYCHIATRY VMO**

Coastal QLD	From	ASAP	To	10/01/2011	\$2,000	p/d
Far North QLD	From	ASAP	To	Permanent	Billings	p/d

**GENERAL SURGERY VMO**

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Coastal QLD	From	1/12/2010	To	Ongoing	\$1,980	p/d
Country NSW	From	24/12/2010	To	24/01/2011	\$2,000	p/d

**GP**

Country NSW	From	ASAP	To	Ongoing	\$1,500	p/d
North West NSW	From	ASAP	To	1 week/month	\$1,600	p/d
Tasmania	From	Various	To	Ongoing	% of Billings	



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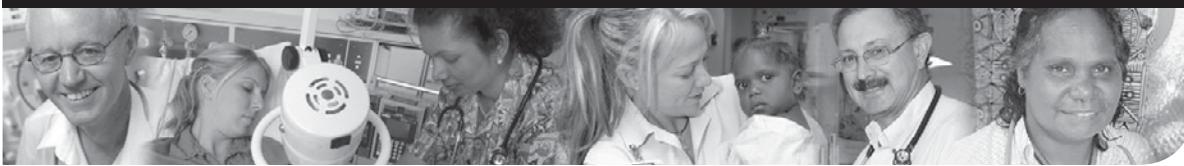
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DEPARTMENT OF HEALTH AND FAMILIES



# Health Careers & Opportunities in the Northern Territory

**If you want your career to go places then join Health and Families in the Northern Territory.** The challenges and opportunities in health and community care in the Territory are like no other in Australia, from remote Aboriginal health to tropical health and Australia's National Critical Care and Trauma Response Centre. Continued investments in Aboriginal health, remote health, acute care, child protection and community services offer many opportunities for health professionals who want to be part of making a difference.

## ACUTE CARE SERVICES

Alice Springs Hospital (ASH) is the major acute hospital for Central Australia that services the Red Centre of Australia. ASH is a 189 bed teaching hospital affiliated with Flinders University in South Australia, University of New South Wales, Sydney University, The University of Queensland and Charles Darwin University in Darwin. ASH is accredited with the Australian Council on Healthcare Standards and has links to external research organisations such as Menzies School of Health Research and the Centre for Remote Health.

All Hospitals in the Northern Territory form part of the Acute Care Services Network, which seeks to integrate services across the Territory. Eye services are focussed in Alice Springs and in Darwin with each centre servicing the surrounding region.

### CONSULTANT OPHTHALMOLOGIST

Senior Specialist Clinician Level 23

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This includes private practice allowance, professional training allowance, relocation assistance, superannuation, 6 weeks recreation leave, annual leave bonus, salary sacrifice benefits\*, overtime and on call payments\*, surgeon's market allowance\*

*\*Conditions apply, please contact the Manager Medical and Clinical Services Administration for further information on (08) 8951 7989.*

Division of Surgical and Critical Care – Alice Springs Hospital Contract of up to 2 - 3 years

We are seeking an enthusiastic Ophthalmologist to join the existing Specialist in developing a sustainable regional service to better address the expanding workload. The post suits a general ophthalmologist but subspecialty expertise would be welcome. A regular schedule of visiting subspecialty consultants cover,

paediatric, retinal and anterior segment. Surgery is challenging and rewarding with some acute work. Regular remote community visits and bimonthly visits to Tennant Creek permit better coverage of the service area.

This position will help manage the patient load previously seen by the part-time Visiting Medical Officer (VMO) and share the on-call duties. The department is well equipped and is accredited for registrar training as part of the South Australian training program. The Fred Hollows Foundation supports a senior registrar Fellow position for 2 months each year.

The Eye department is also a partner with the Centre for Remote Health and Flinders Eye Department in NHMRC funded ophthalmology outcomes research.

Applicants should be Fellows of the Royal Australian and New Zealand College of Ophthalmologists and be eligible for general and specialist medical registration with the Medical Board of Australia.

**Quote vacancy number: 200542**

For further information please contact Dr Tim Henderson, Head of Eye Department on (08) 8951 7777 or email: tim.henderson@nt.gov.au or Dr Peter Lynch, Director of Medical and Clinical Services on (08) 8951 7998 or email: peter.lynch@nt.gov.au

An interest in working in the field of Indigenous Health is highly desirable.

Salary and conditions are as per the relevant Medical Officers (Northern Territory Public Sector) Workplace Agreement.

Information on Alice Springs Hospital and the Department of Health and Families can be obtained from the websites [www.health.nt.gov.au/Hospitals/Alice\\_Springs\\_Hospital](http://www.health.nt.gov.au/Hospitals/Alice_Springs_Hospital) and [www.health.nt.gov.au](http://www.health.nt.gov.au)

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**Note:** The preferred or recommended applicant will be required to undergo a criminal history check. A criminal history will not exclude an applicant from this position unless it is a relevant criminal history.

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## ACUTE CARE SERVICES

Alice Springs Hospital (ASH) is the major acute hospital for Central Australia that services the Red Centre of Australia. ASH is a 189 bed teaching hospital affiliated with Flinders University in South Australia, University of New South Wales, Sydney University, The University of Queensland and Charles Darwin University in Darwin. ASH is accredited with the Australian Council on Healthcare Standards and has links to external research organisations such as Menzies School of Health Research and the Centre for Remote Health.

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**Quote vacancy number: 200543**

For further information please contact: Dr Peter Lynch, Director of Medical and Clinical Services on (08) 8951 7998 or email: peter.lynch@nt.gov.au

An interest in working in the field of Indigenous Health is highly desirable.

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Information on Alice Springs Hospital and the Department of Health and Families can be obtained from the websites [www.health.nt.gov.au/Hospitals/Alice\\_Springs\\_Hospital](http://www.health.nt.gov.au/Hospitals/Alice_Springs_Hospital) and [www.health.nt.gov.au](http://www.health.nt.gov.au)

**Vacancies Closing date: 15 October 2010**

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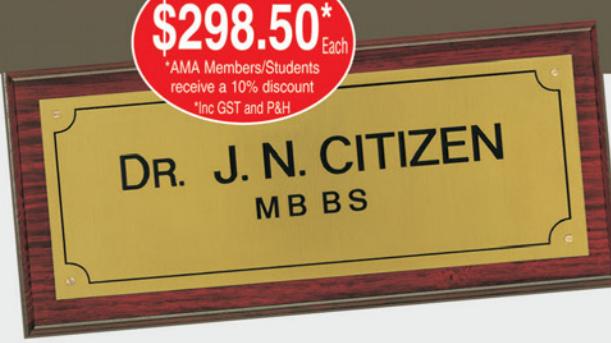
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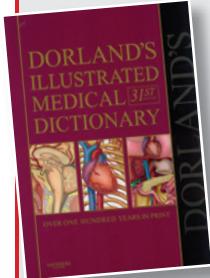
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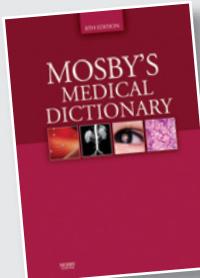
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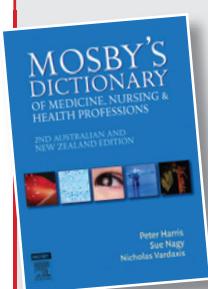
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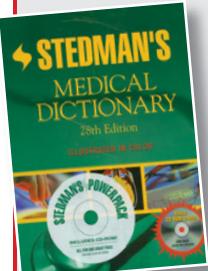
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