

Joint winner

I’m an alien, I’m a legal alien; I’m a French doctor in New South Wales!

Migrating is a daunting but fascinating experience

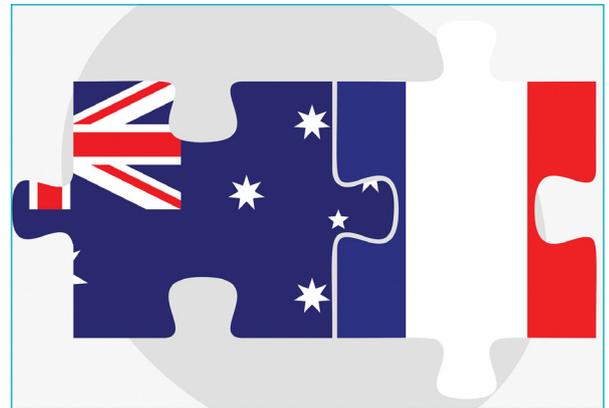
I was far from imagining how my life was about to change when I reluctantly came to Melbourne in 2008 for a medical conference. Who wants to spend 24 hours locked in a plane with his boss, spend 4 days at the far end of the world and come back to his work duty on Monday, with jet lag? At the conference, I met a beautiful Australian woman, and I was “Thunderstruck” (AC/DC was the only thing I knew about Australia at that time). When I am asked why I left the picturesque south of France and came to Australia, I respond that I had the misfortune to fall in love with an Australian lady — and my interlocutors usually wipe the disbelieving expression off their face and replace it with a cheeky grin (oh, you French men!).

Being an obstetrician and gynaecologist, my transplantation has involved a lot more than the acquisition of medical terms. It has been a journey in terra incognita, exploring the intimacy and most personal attitudes of my new fellow citizens.

For instance, the biblical notion that pain in childbearing should be severe — “with painful labour, you will give birth to children” — is a notion that has been opposed by French feminists since 1968 (part of the legacy of events in May 1968 in France). In my former French unit, we were very proud to announce an unusual 70% epidural block rate — 10% less than the national average. I was shaken when I realised that most public Australian units have a 30% rate. The accessibility of anaesthetists is certainly related to workforce and economic considerations beyond the scope of this essay, and I acknowledge that pain has multiple dimensions (individual, cultural, historical). Still, let me tell you that French women would rather go on a “Love strike” than give up on what they consider to be a major social acquisition!

In France, women’s health is addressed by office gynaecologists (a subspecialty that has existed, again, since 1968). Mothers take their teenage daughters to their own gynaecologist, at a relatively young age, and we belong to a familiar landscape in the collective unconscious. Here in Australia, I am always amused when I have a 24-year-old visiting a gynaecologist for the first time and looking with horror at my examination couch.

The culture of good food also presents a point of difference. Women presenting with amenorrhoea due to hypogonadism usually have a particular personality that manifests in a tendency to overexercise and a preference for a diet deficient in lipids. To screen the French patients, I usually asked how often they would use butter, crème fraîche and mayonnaise or eat croissants. Here, if I asked such questions my patients would gently laugh at me and reply that they do not live in the *Good food* magazine. I often explain to my patients undergoing in vitro fertilisation that in case of hyper-response, we will withhold the final trigger



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injection, and the risk of hyperstimulation will collapse as if we opened the door of the oven while baking a soufflé. That is something that every French kid is taught by his mum (“the guests wait for the soufflé not the other way round!”); I am not sure if this analogy is relevant for Australian patients.

I had to change not only my vocabulary, but also my expressions. When I ask a French woman if she suffers from stress urinary incontinence, I ask her if she leaks in winter when she coughs and sneezes. Here, it is irrelevant most of the time, but my patients taught me the “trampoline sign”: they leak when they jump with their children in the backyard. Such a sporty, outdoor way of life! Another example is the “key in the door sign”. I used to ask French women if they had a burst of bladder overactivity when returning home from work and inserting the key in the keyhole. In Australia, my patients often deny this symptom, but after a quick second thought, they reply that they have the “driveway sign” when they park their car in the driveway. Same behavioural patterns, longer distances and size of the continent, I suppose.

Five years have passed since I stepped off the plane. I was a bit apprehensive, I must confess, wondering if I would be able to translate all those years of French practice into a different linguistic and cultural context — all the precious skills that my masters had taught me in the art of medicine, like being able to decipher non-verbal communication, reading almost subconsciously the subtle changes of emotion in the voice of your patients, finding the right words to appease and reassure.

I consider myself lucky: the integration has been a smooth process rather than a bumpy road. Yes, there have been a few awkward moments, and it certainly shakes one’s confidence to become a beginner again; but believe it or not, it has been a wonderful journey — not only to translate, but also to relearn “La Médecine”. ■

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