

Joint winner

## Dream job Down Under

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As a child, long before I thought of becoming a doctor, I was sitting at home on the couch in Sweden watching the TV series “The Flying Doctors” along with my siblings. We thought it was super exciting — adventures in the wild with aircraft, illnesses and accidents. I didn’t think much more about the TV series until it was time to go to Australia and become a flying doctor for real!

But how did I get here? A few years ago my husband Erik and I talked about what should be our next step in life. I had just passed my exams to be a consultant in infectious diseases and had at that time already changed my career pathway to emergency medicine and anaesthetics. Erik worked at the Swedish Trade Council in Oslo and our four children, aged between 2 and 7 years, went to school and kindergarten.

We wanted to try new things and experience other cultures. We also wanted the children to see some other parts of the world and become bilingual, preferably with English as the second language. Because of the children, we thought it best to leave the trouble spots alone. With these requirements, the list of countries became fairly short. I started to Google for jobs in Australia and, almost immediately, stumbled across an advertisement for the Royal Flying Doctor Service (RFDS), which sounded absolutely wonderful — a combination of acute care and general medicine.

I applied and got the job!

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So off to Australia we went. The transition began immediately. When we left Sweden it was in the middle of winter and on departure day it was – 23°C. A couple of days later, we landed in Perth in the middle of summer, which meant 43°C — a difference of 66°C, which must be some kind of record.

After a few weeks of introduction at the RFDS Western Operations, Perth, we went to our new hometown, Port Hedland. It is a major port that mainly exports iron ore to China, Japan and Korea. In tonnage terms, it is Australia’s largest export port and the boats that berth there are gigantic. The city, however, is not big. Port Hedland is described by the *Lonely planet* guide as “a collection of low, ugly houses covered with a thin layer of red dust”.

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The work as a doctor on the RFDS base in Port Hedland is often strenuous but extremely varied. Very often I work outside my comfort zone, which is scary but also stimulating.

I am currently one of four doctors who share a schedule that includes on-call duties 24 hours a day and visits to three different communities every week.

A large part of the job is telemedicine. On an ordinary day on call, I get between five and 15 calls — often regarding infections, but also on more complicated conditions like snakebite, skin rashes and fever of unknown origin. Sometimes it’s incredibly difficult to understand what the concern really is, and I’ll happily admit that I initially had difficulties both understanding and explaining in English. It is one thing to do this in a hospital setting and quite another over the phone. Add to these difficulties a little dialect and a good dose of incomprehensible Aussie slang!

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Apart from flying to clinics, we also do retrievals and patient transport. The distances are, of course, enormous, with more than 1500 kilometres between Port Hedland and Perth, where all Western Australian specialist treatment is. All farms, communities and mine sites are spread out on the vast area in between.

For perspective, WA is half the size of Europe, with a population of only just over 2 million people.

To cover this area, the RFDS in WA has a number of Pilatus PC-12 aircraft. Each has room for two patients on stretchers and one sitting. Each crew consists of a pilot, a doctor and a nurse. Stable patients can be flown without a doctor, who can instead devote that time to the telephone. As a doctor, you are on about 70% of flights which, on average, means one per shift; none at all on some days, and multiple flights on others.

*“One day, I am an emergency doctor thrombolysing cardiac patients and the next, I am examining and vaccinating babies. It is impossible to call it boring”*

The disease spectrum is extensive; everything from sepsis and myocardial infarction to acute trauma and childbirth. Additionally, per capita there are more traffic accidents in the Pilbara than at home in Sweden. (The proportion of people driving while intoxicated also appears to be much higher here.)

Twice, I have landed on roads to take care of traffic accidents. In one case it was a very serious accident involving six people in the middle of nowhere. Being able to get there relatively quickly with an ICU-equipped aircraft meant the difference between life and death for the worst injured patients. Landing on roads is otherwise both unusual and, of course, illegal. To make it possible I can, as a doctor, declare it a “mercy flight”; a matter of life or death.

Most runways we use for evacuations are gravel paths or red sand. Our planes can land in an area of less than 400 metres, and can take off in 600 metres but, ideally, they need 900 metres. Some runways have electric lighting but many have old kerosene lights. Many of

my most memorable moments have been retrievals at or just after dusk, landing on runways that are lit by kerosene fires. It is so beautiful, it makes you shiver!

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The clinics are another part of my work that makes it really worthwhile. We either fly out in an “ordinary” chartered propeller plane or drive out in a four-wheel-drive Toyota. Working in remote primary health care among Aboriginal people is a chapter in itself and more than I can talk about here but, again, very rewarding.

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In sum, I can only say that I love my job. There is no doubt that to work as an RFDS doctor is hard and tiring. The schedule is 60 hours per week and I often work 30 hours beyond that if no one else is available. The responsibility is huge — you are alone with critical patients for hours.

But in these communities it is usually me or no doctor at all. The job is incredibly diverse. One day, I am an emergency doctor thrombolysing cardiac patients and the next, I am examining and vaccinating babies. It is impossible to call it boring.

Personally, I enjoy living in Port Hedland, a small town “community” where everyone knows everyone. My children, in addition to learning a new language, have been exposed to other ways of thinking and have had opportunities to experience things that even most native Australians haven’t had. We also take beautiful mini-vacations in places such as the Ningaloo Reef and Broome. It has been a great experience and it continues to be! ■

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