

More to life than medicine

Dr Karen Wayne was awarded a Medal in the General Division (OAM) in the Australia Day Honours ...

THE Australia Day Honours list citation for Dr Karen Wayne states “for service to the community of Victoria through a range of organisations”. There’s no mention of medicine, and that’s just fine by her, because she has been involved with a number of non-medical voluntary pursuits and philanthropy.

Dr Wayne believes that there is more to life than being a good doctor. She and her husband, cardiologist Dr Victor Wayne, have always looked for other ways to give back. Their medical professions are just one outlet for their contribution to society.

Although she fell into medical school by dint of very good marks, Dr Wayne discovered that she and medicine were a perfect match.

“It was the best choice I could have made,” she tells the *MJA*. “It’s been one of my best life decisions really. It worked out brilliantly because it suited my skills and my personality.”

After completing her MB BS at the University of Melbourne in 1977, Dr Wayne worked in the hospital system, and then went into general practice.

“The honest truth is that a 100% fulltime career was never my aim,” she says. “I never imagined that my career was going to be my total life, and general practice seemed to suit my situation.”

After marrying while a medical student, motherhood followed. Her two daughters have also pursued medical careers – one is a GP, and the other is a cardiothoracic surgical trainee.

It was when her daughters came along that Dr Wayne and her husband began engaging in volunteer and philanthropic activities outside their workplaces.

“I could see how important education was for children, what a big difference that made to outcomes in society. That was one of the earliest things that interested me, so I tutored underprivileged children. If you want to improve society, you have to start with the children.”

Within medicine, one of Dr Wayne’s biggest passions is aged care. Apart from treating elderly people in the course of her part-time general

practice and working at a Royal Freemasons aged care facility (ACF), she has volunteered as a Board member on another not-for-profit ACF for over a decade, contributing toward quality management, development, pharmacy and therapeutic management, all ultimately aiming to maximise resident care.

“I’ve been working at the Freemasons’ ACF for over 30 years,” she says. “Aged care is really interesting, worthwhile work, especially now with a growing aged population.

“To me, working in aged care is great. I understand why people don’t do it but more people should do it, but there is so much bureaucracy, paperwork, and red tape, and it can be time-consuming. And it’s badly remunerated.”

For one day a week, Dr Wayne does whatever is required – paperwork, drug charts, writing prescriptions – for the other doctors on the panel, and for herself, in addition to reviewing her own residents, and seeing acutely ill residents.

“It means that at least there is a doctor there every day who is prepared to do all that. It’s so beneficial for the aged care facility, because then they don’t have to chase up doctors.” Most ACFs don’t have medical panels, and that, says Dr Wayne, is one of the problems with Australian aged care.

“A lot of the problems of aged care would be less likely to happen if there was a good medical presence in the facility,” she says. “My feeling is that not all places recognise the value of doctors in aged care and that’s because as nursing homes, they are regarded as residences, rather than medical facilities where doctors should be more involved.

“The thinking of the aged care facility is often that doctors are just add-ons, but actually they are a vital part of quality aged care. Whether that happens because doctors have not asserted themselves enough, or they’ve just been excluded, I’m not sure.”

Dr Wayne loves old people and says finding ways to persuade

students and young doctors to consider geriatrics would be worthwhile.

“There is interesting medicine [to be done] with elderly people. They tend to have multiple problems and that makes it challenging,” she says.

“Everything is a balance between side-effects and positive effects.

“Secondly, [caring for the elderly] is more realistic. It’s not high-powered or stressful because they have more realistic expectations about outcomes. They realise they are old and frail and that there’s a limit to what can be achieved, and are generally grateful for small improvements.

“It involves a lot of listening, empathy, and symptom management. There are rewards in simple measures.

“If you enjoy people, and talking to people, and taking a holistic approach, it’s the field to do.

“I often think that had I been more committed to a career I would have done full-time geriatrics.”

Dr Wayne was considering retirement but a breast cancer diagnosis has forced her hand.

“It’s a bit annoying,” she says.

“General practice is a fantastic, wonderful, but stressful field, and completely undervalued. It’s the rock of medicine. It’s amazing, and you’re privileged to be part of peoples’ lives. “But it’s high stress and much more difficult than being a specialist – and my husband would attest to that – and right now I don’t need that stress in my life.”

So, while Dr Wayne may be taking a well-earned break from her career it’s a certainty that she will continue to help others when and where she can.

Cate Swannell

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Dr Karen Wayne

“You can make a difference in aged care and there needs to be more medical input. Aged care without medical input is suboptimal care”