



Flying by the seat of my pants!

A vast land reels below (Figure 1a, b) – the Gibb River road, Windjana Gorge, Leopold Ranges, Mt Ord, Adcock Range, Glenroy homestead and further to the south, the Sir John Gorge’s great ‘S’ bend. Now the Hahn River is meeting the Little Fitzroy River on its way to the mighty flowing Fitzroy River. I am in a chartered plane on my way to Yulmbu aboriginal community at Tablelands station (Figure 2), 450 km east of Derby in Western Australia. It is August.

The grey green mosaic, contrasted with the brighter green of the boabs and grouted with the rust red of the pindan, distracts me from my task – to wonder why the Royal Flying Doctor Service (RFDS) has such difficulty recruiting Australian graduates (Figure 3).

It is 30 years since I graduated, yet I am revelling in an adventure designed for the smart, young, up to the minute doctors with whom I rubbed shoulders in my metamorphosis from general practitioner to flying doctor during 2000 and 2001.

One day I could not face work (I never went back ... my colleagues said it was ‘burn out’). I granted myself a holiday, but on that very day, the RFDS Western Operations flyer fell from *Current Therapeutics* on to the kitchen table. I arrived 20 months later, having first returned to the humiliating experience of ‘second year resident in O&G’ at age 50 years, and the not quite so demeaning A&E registrar at 51 years! I arrived at Jandakot after locums in the Northern Territory at Nhulunbuy and Bathurst Island and went through my orientation and practise flights before coming to the Kimberley.

I have been here for 15 months. For me - a rather staid, suburban GP – the move, the small town society, the work, my inadequate experience, and the politics that bedevil medical services twice colluded to tempt me to give up, but I have learned that to persevere is the essence of adventure. For a GP graduate with ICU, paed, A&E, and anaesthetics this work must be the best job in Australia – in the world there is nothing that

matches it, not even in the USA or Africa. John Flynn’s vision was unique.

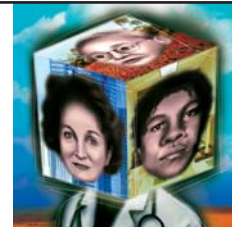
With a house and car provided, relocation, water and power expenses paid, a salary exceeding any other offered at a given level, plus the opportunity to salary package, saving becomes simple. I asked my registrar daughter: ‘Why don’t you and your peers apply?’ Her response was: ‘Lifestyle, the ‘ladder’, friends, marriage, babies and schools’.

Lifestyle? The slick clothes, the inner city excitement, the pubs, clubs, theatre and Australian Rules football. These delights are traded for the pindan coloured underwear and easy going shorts and t-shirts, local bands Kross Kultcha and the Pigram Brothers, the pubs – the Spini and the Boab – the frog races, Sun Pictures under the stars and flight paths, and football played brilliantly by lithe men without their shoes on!

The Ladder? Defied and revealed for what it symbolises: the dogma of the money oriented society controlling its vulnerable with fear of being denied a rung. Friends and schools exist in remote regions and marriages and babies thrive! The magical phone and email, and even the letter written on real paper coming in the post bind me to my old friends. New friendships entertain and warm, while challenging and questioning habitual notions and prejudices.

During the ‘dry’, every weekend offers hilarity: the rodeo, races and two-up, the mud footy and the Mardi Gras, frog races and the croc-fest. I used to drive to Broome for the day to smell the sea and swim in it, stingers or not, a 4 hour return trip! But not so often now that I have bought a 4WD and discovered the desert and the Fitzroy River, the gorges and rock art, waterholes and fishing.

And the ‘wet’ is a mighty time when nature displays herself at her most power-



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Figure 1a, b. The Kimberley



Figure 2. Flying to Yulmbu aboriginal community



Figure 3. The Royal Flying Doctor Service



Figure 4. Preparing to attend 'clinic'

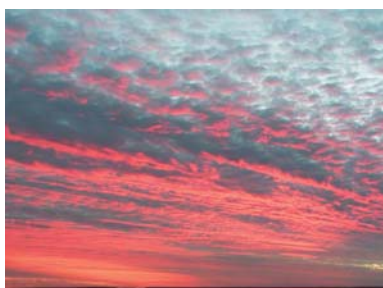


Figure 5. Sunset over King Sound

ful. At about 25 000 feet, we dodge the clouds that rise above us to an altitude of 52 000 feet (more or less). The lightning dances on the horizon, a Calabanish herald of the thunder to come. And when the rumbling rises to a crescendo that is irresistible it explodes just above the trees – it seems. There is no escaping its grandiosity until it recedes over King Sound. Then we wait with the thrill of its magnetism for its return.

To think I might never have had these experiences and to think I am being paid for them stops me in my tracks - who am I? Who was I? How did I come here? It is the work.

Today I am flying to a remote aboriginal clinic (Figure 4), tomorrow I begin 4 days off because I was first on call from last

Friday at 7.00 am to the following Monday at 7.00 am when I was second on call for the day. Yesterday I worked in the Derby Aboriginal Service clinic. Being first on call ('Dr 1') for 72 hours seems daunting and it can be truly exhausting if a return flight is diverted to Balgo or Kununurra and the patient referred to Perth.

A 'flight' begins so: The operations coordinator at Jandakot rings and requests

an assessment. A doctor, nurse, aboriginal health worker (or anyone else) has called the centre from anywhere. They want to evacuate a sick or injured person - name, age, weight, diagnosis, symptoms and signs, observations, treatment and referral. The doctor decides whether a flight is required, whether it is a priority one, two or three, and whether the flight will be 'doctor accompanied' or 'nurse only' – flight nurses fly alone 60-70% of the time. The coordinator plans the flight times and meets with the ambulance, community 4WD, helicopter or plane. The plane will take off within the hour, within 4 hours, or when convenient.

Maybe we have picked up a woman in premature labour from Halls Creek and are on our way to Derby where there is an obstetrician and paediatrician. She is stable with her salbutamol infusion going. The aircraft's satellite phone rings: Fitzroy Crossing - there has been a fight. Someone has a fractured arm and stab wounds to the abdomen. After discussion with the nurse, we decide to divert and find there is another patient with chest injuries needing evacuation to Perth. The nurse will go on to Derby with the pregnant woman and the man with the injuries, while the doctor will remain in Fitzroy Crossing preparing the victim with the possible haemo-pneumothorax for flight. Probably the night crew will be called to pick them up and take them down to Perth, 5-6 hours away, refuelling at Mt Newman or Meekatharra. If the patient is not intubated, a 'meet' may be arranged with the Meekatharra crew, the patient being transferred to their plane. Thus, the Derby crew may get home by morning!

The great compensations are the setting and rising sun and moon, the night sky and silence at Meekatharra, and sunsets over King Sound (Figure 5).

A doctor is able to request a sleep and is encouraged to do so if the hours of work have been too onerous. Then another base will cover; sometimes this means the Port Hedland crew will fly out of the Pilbara, further north than usual, or the Derby crew might take a Kalgoorlie job. When the Kimberley resources are really stretched, the NT Aeromedical Service will assist from Darwin, Katherine or Alice Springs.

If I write my story, I shall call it, 'Flying by the seat of my pants!'. This unique lifetime experience in medicine offers all the rewards of general practice, the delights of working with aboriginal children, the heartache and challenge of preventive medicine in the outback, lessons in tropical medicine, the thrill of flying and the knife edge practice of emergency medicine. Can anyone explain why city lifestyle is better?