



Blog of the Month

January 2018
Written By Vanessa Jackson

Living Every Moment – my experience of Palliative Medicine in New Zealand

Working abroad – how I did it

Ever since starting work as a doctor, I had always wanted to work abroad. It was just a question of when. I felt that it would be useful to experience healthcare outside the NHS and that this would help me become a more resourceful and adaptable physician.

I decided to wait until completing Core Medical Training and MRCP, so that I would feel sufficiently experienced to make the most of the opportunity. During my CT2 year I sent my CV to hospices throughout New Zealand. I got a reply back from Hospice Southland in Invercargill, at the bottom of the South Island. Within a few weeks I had a Skype interview and soon after that followed a job offer. Deciding to accept the job and withdraw my application for ST3 training was a tough decision, but it ended up being one of the best decisions I ever made.

Palliative Medicine in New Zealand

There are some differences in general between the healthcare systems in New Zealand and the UK, but the hospice system is part funded by government and part funded by charity, as is the case in the UK. Each hospice organisation covers a specific geographical area and the team will help support people in their own home, in care homes or as an inpatient at the hospice. At Hospice Southland we covered a large geographical area which incorporated the region of Southland and the Queenstown area. There are many rural areas in Southland, which posed challenges in terms of supporting patients in their own homes. We worked closely with GPs and local district nurses, and often family members provided a lot of care support for patients.

A typical day at Hospice Southland

The day would start with an interdisciplinary team meeting, where we would discuss overnight calls, high risk community patients, and current inpatients. The hospice cat Meg would often join us for these meetings! As I was the designated community doctor I would often have a morning of home visits with one of the community nurses. I enjoyed being out on the road and travelling to different parts of the region to visit patients in their own homes. Together with the nurse I would devise a management plan which included appropriate medication regimens for symptom management and future planning discussions. We would sometimes have lunch on the road, which was often a good excuse to sample some of the region's best cafes!