

Kia Ora!! (Maori meaning: "if you come in peace, welcome - if an adversary, we will eat you!")

It was 2004-2005 that we spent 13 mos in New Zealand (Rotorua, Picton, Westport, Lumpsten, Cromwell) and we loved every minute of it. We would seriously immigrated to this beautiful country, were it not for children anchoring us to the NW and the hope that someday, maybe, one of them might manage to produce a grandchild. HE is on the way!!!! Prob 23 April. Anne-Marie and Chris. He looks like Grand-pa if you look carefully. I am still a solo practitioner with three part-time Nurse Practitioners I can not just pick up and abandon the practice for an extended time – unless.....A "locums" (rent-a-doc) for ME. Lynda Stafford DO, is someone I had actually recruited for the practice. She chose elsewhere. Did not work out. (that will teach her). Between practices, thinking of returning to Texas, and living in our community she was available for Dec, Jan, Feb – PERFECT timing for us to locums in NZ. It just happens, by total co-incidence, that she will work our WA winter (predicted to be one of the worst) while we work the NZ summer! And it is.

Landed, Thursday, 2 Dec in Auckland (Capital City, about 1.5 million people, on North of 3 islands). It was HOT. But here you walk 15 min between the international and the domestic terminals (your bags are driven, but you still have your carry-ons). We were rewarded, however, with several Pohutukawa [po-hoo-ta-car-wa] – the so called "New Zealand Christmas tree as it blooms red at that time.



For \$300.00 change fee we had given ourselves, after our initial travel marathon (3.5 h to SEA and wait, 3 h fly to LA, 4 h wait, 13 h fly) a six hour lay-over in Auckland so we could (as we were told we needed to) run out by taxi to the home of some housewife so she could visually inspect my original med school diploma and say "yup, looks real to me." There are only 4 places in the country to do this. Everywhere else, they just go on-line and verify directly with the school, state, board, etc. Quaint. AFTER the change, we convinced them this was not necessary for the 2nd time around – and

they agreed. We could not get our 2 hour airport sojourn back, but did manage to get a flight to Queenstown at 4 hours.

Landing in Queenstown is always fun. You pass between two mountains and know that there are mountains or lake on every side of a fairly short runway. Kiwi pilots are good. You just do a u-turn, once landed, and taxi back down the same runway you landed on. HOT. Haven't had rain for about 3 weeks.

We stayed over at a lovely B and B (Milestone) with beautiful gardens, home-made muffins at breakfast, and friendly hosts who sincerely invited us back anytime, just for a cup of tea, or to sit in their garden.



The practice had forgotten to leave me the car they had rented (a piece of junk) and we had to wait at the Airport (we are getting good at this) while the B and B host came and got us. Wenche successfully negotiated with the local rent-a-dent like place in Wanaka for a much nicer car (that can actually go up hills) for an extra \$8.00 per day (x by 0.80 to covert to US).

Next day we drove over the Crown Range to Wanaka. NZ was still beautiful. And the ratio has not changed. It is now 4 million people for the WHOLE country and 40 million sheep. About right.

Our first two months will be in Wanaka. A lakeside resort town near better known Queenstown. The Wanaka Medical Center with 4 full time doctors and intermittent augmentation by locums like me is the dominant player in town. They have the “Prime” contract - which means they handle all emergencies. The other group is more into alternative stuff, though I do notice that even our orthodox practice has “Chelation Tx” among the charges available on the service record. Have not asked about that yet. And just like me, they rent space to an acupuncturist to which they refer. I will work mostly Su-M-Tu-Wed. And I agreed to take call Christmas day.



Had a bit of orientation to the practice that Friday afternoon, to begin work the following Monday.

Medicine in NZ has not changed since we last experienced it. The doctors (the most costly and most scarce resource of any practice) are still inefficiently deployed, casually dressed, and indifferently treated by their own staff. They have ONE room each with their desk, an exam table, sink and some supplies. They (we) call our own patients from the “waiting area” (at HFM – NOBODY dare refer to our similar room with such a negative moniker – it is a “reception area”). We do our own vitals (temp, BP, weight – each room has a consumer grade scale, etc) which means they are often not. We seek out our own supplies (culture tubes, disposable ear speculums – that they wash and reuse--paper for our printers, etc.). We dip our own urine. No microscope. They have an EMR thus we do our own coding (as we may well at HFM also in the future). If I send a patient to get a urine specimen, I sit there unable to do anything. There is no other room. I Can’t bring another patient in. If they have a “shy bladder” you just get behind. But, all the doctors, staff, and management types are very nice, good Kiwi people.

They have quite a few nurses. But, while there are only two (I believe) real Nurse Practitioners in New Zealand these are mostly “Practice Nurses” – they can not prescribe, but they do all the wound care, can suture, splint, cast, and some shoot X-rays. They do virtually all of the “well” exams. A doctor rarely sees a well child or woman after their first visit. So, they have things to do and are trained professionals. What they are NOT there to do is help (hand-maiden) the doctor. They WILL help me, because there is lots I do not know about the office. But, I must go and find one. And no staff stop what they are doing (i.e. a phone call) to acknowledge the doctor. Keeping the doctor MOVING is just not a high priority. Having taken a throat (or other) culture and printed out the lab slip (with all the information) WE are fully expected to label the little round tube with the patients name, birth date, NZ health #, source of specimen, time of day collected. The nurse or tech that does collect these to ship out does not complete them. The reference lab, in turn, may call and complain, or as they have already done to me once, simply discard the specimen. I got back 3 Immigration physical forms to put in the little grey boxes at the top (that I missed entirely) the patients name, literally, about 20 times each. Never occurred to anyone that staff could do that, THEN give to me to add my initials.

Most of the patients are remarkably fit, and most have ONE, occasionally a 2nd minor, and very, very rarely 3 problems. It may also be that they are sending me the easier stuff, mostly the overflow. Even those with serious medical diseases seem content to discuss only ONE problem at a time. I am seeing 19 patients a day (and I am still slow, getting used to their systems) with enough down time to check my email and the like. With this particular patient clientele (and that is key), with a good MA and 3 rooms (even 2) we could easily do 25 in a full day.

The fact is, of course, I could get used to being inefficiently utilized. I think the doctors are happy not to be at 100% all the time. It is a luxury to do simple things not requiring our level of training. There is certainly less stress when not moving from medical decision to medical decision to medical decision and

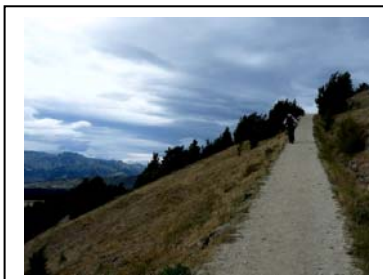
ONLY that role, room after room after room. Also, one presumes less money. More importantly, however, there is less patient care per doctor in a country in which they are in short supply. They worry about how to retain foreign (most of them 2nd world) graduates in NZ. If they all worked 30% more efficiently, they would not need me. Glad they do.

Saturday, our first full day in town we took off and drove over the mountain pass to the beach at Hast. Took several short hikes off the road at various spots. Lovely drive.



Those are giant tree ferns with Wenche standing amongst them. The change from one side of the mountain range (plains and hay harvest, to mountain lakes, to tropical primeval forest to sandy beach took only FOUR hours!!!

Sunday, the 2nd day in town Wenche drug me up Mount Iron. All up, then all down. The sign said 1.5 hour round trip. Took me 2.25 (but then we did stop for photos, etc.). This landmark is sort of a marker of ones fitness in Wanaka. Many do it daily. Yesterday, I had a 75 year old Kiwi woman in. I was mostly facetious when I asked her "and your time on Mt. Iron?" -- Very mater-of-factly, as if nothing special, "50 minutes up and back." AAAGGGGHH. To add insult she adds, "and I ride my bike from home and back." Had an immigrating British girl in for her very comprehensive PE. SHE does it in 29 min up and down. But then she is a runner of about 25 years old. The view from on top is Wanaka City with Lake Wanaka (2nd largest in NZ behind it).



We have also walked a bit on the lake shore. That is done best holding a cup of incredibly good New Zealand ice cream fresh augured

(literally a giant screw like thing) with various fruits.

Last weekend (that is Thurs, Fri, Sat – my day's off), we went to Dunedin. We took the Southern of 3 routes going and the Northern on return (they all are 3.5 – 4 hours). Just incredible scenery every mile. Lupines were out along mile after mile of highway. Craggy mountains and deep blue lakes competed for our attention. Nearer to home on our return fields of golden tussock grass shared the scene.

Dunedin is the 2nd largest town in NZ. It has one of two Medical Schools in NZ and is our major referral center. It also has the Otago peninsula. This is where the NZ fur seal, the Royal Albatross, and the Yellow-eyed penguin conspire with tour operators to extract dollars from nature loving tourists (i.e. us). We returned to the Penguin Place (little advertised, HIGHLY recommended) our first evening. Here they have banded each yellow-eyed penguin to keep track of them and carefully monitor their comings and goings on 3 beaches. 1 beach is open to tourists that support the entirety of the private preservation efforts. They have cut trenches among the nesting sites (the birds can choose to nest where they please, but they like the nice little A-frames purpose built for them) and covered them with blinds, so we can walk upright between sites viewing the birds undisturbed from a very close distance. No where else can you get this close. And they had BABIES (ahhhhh).



The next day we spent the morning at the Botanical Gardens. Very nice. But, what can I say, a bunch of plants with proper names on little tags. From 12:45 to 10 pm we were on a multi part grand tour by Elm Wild-life Tours. This began with the Monarch boat that goes out around the peninsula on which the Albatross colony sits. It is the best way to see these birds with their up to 9 foot wing span, soar about the cliff face. These birds spend about 2 years at sea – never making land-fall, sleeping on the water, then return to court partners and nest. They are, for the most part, serially monogamous. Their divorce rate of a still available partner is about 6%. That is not bad. Not sure how, exactly, a very large bird manages to offend their mate, but I guess it happens. “Grandma” had her last chick at about 50 yrs of age (and had been tagged and monitored for those years). She had 4 husbands. One went to sea and did not return. One she “divorced.” The third one did not return, and she re-married the one she had divorced. That male chick has now returned to make his own family. When the youngsters get the courage to leap off the cliff, they do not return – they go straight out to sea. BUT, our day the waters were VERY, VERY choppy. Hard to keep ones footing, let alone focus a long lens. Shag (we call them cormorants) are only visible from the boat, so I guess that was worth it (as you CAN see the albatross fly from land viewing without spending money on the boat, not as well, but good enough – should have remembered that). From the boat, we went to the land colony for a walk up the hill to their glassed-in viewing area. Could see 4 or 5 big birds sitting on their nests. They are the size of 12 year old people. A researcher was out among them giving some size comparison. An unexpected highlight was on the way back a few of us (with permission) running up a path not intended for us to view the black backed gulls and their babies. CUTE.



Then it was off by small van for about 2 hours of bird sighting along the bays and inlets seeing royal spoonbills and a few pied stilts, one with 3 babies (OK, so only one of them would pose with Momma).



We ended up high on bluffs, overlooking the sea having crossed two private sheep farms. From there we hiked to a beach where the penguins are left totally alone – other than those that, again, choose to accept the gift of man made shelter.



Our arrival was timed for dusk as that is when most of the yellow-eyed are returning from a hard day fishing at sea. Some have waiting babies. Some were going out again for more. From several vantage points we watched their comings and goings. What is amazing is that these birds choose to nest WAY up off the beach in the brush. The two red circles denote where one penguin is coming down from yet higher up, and where 2 teenagers are hanging out with one older guy (“boy’s I tell you, if she smells like rotten fish, stay away from her”).



The smallest penguin, the “fairy” or “blue” penguin was already in and nesting in boxes provided them. They had no objection to us peaking in the ends to see them, but they were not disposed to come out and say “Hi.” We had seen them all over the place on Kangaroo Island, Australia in 2004.

The penguins here had full right of way. While walking down to the beach, we met a penguin using “our” trail to come UP the hill. We switched to an alternative trail. We then ran into a paired couple using that trail. They were recognized by the injured wing of the male, and our guide told us they had lost their chicks the last season and did not seem so sure about nesting again this season. They seemed very much taken with each other, however, and were in the same spot on our return, about 90 minutes later.



Also a couple seals on this beach. After climbing BACK up the hills to the van we could go down again to another beach (Wenche did, I did not – I knew that which goes down, must, also come up again) and

see a bunch more seals, some with babies. The next day, we drove to a beach on our own, walked a nice level 100 yards and saw all the seals anyone could want.

We stayed at City Sanctuary B and B. Nice lady, Jenny. But website was not strictly honest – yes we had our own private bathroom, but it was down the hall. Breakfast was all breads, cheese, jam. No eggs, no protein. Good but not lasting.



We revisited “God’s Marbles” the Moeraki boulders. Formed on the seabed as calcium carbonate and other accretions around a central nidus, these were then buried in mud. The land mass shifted, thrusting the former ocean floor up. The new ocean tidal face then washed at the old floor exposing these round boulders that line a small section of beach, north of Dunedin. Fascinating.



I was to work Sunday. After 4 days in the office, I was put “on call,” alone, with NO nurse, to man with only a receptionist two walk-in clinics at 9:00 am and 5:00 pm and meet any ambulance with whatever they brought in (must evaluate and stabilize before the 1 hour drive to a 12 bed “hospital” or the 3 hour in a rush drive to Dunedin (chopper evac if necessary). In the day, they “often” have real paramedics on the ambulance. At night, only volunteers with basic training. I had about 30 min of introduction to the crash bags (that one the doctor takes home and keeps in the car, in case you are called out to some car wreck or in home disaster at Sheep Butt

Corner or someplace (I do have a GPS unit in the car, thankfully). I had done ONE EKG myself, to make sure I could. With luck I could use their old style defibrillator. I knew where adrenaline was, but not much else. I could see the headline in Auckland. “Kiwi dies at hands of Yank doctor who could not find the tools he needed.”

Fortunately, saw only 3 or 4 minor things in the AM. In PM clinic one minor matter, and two chronic Demerol (called Pithidene over here – all the drugs have different names just to confuse the Yanks. The first of these routine injections I managed to make dramatic - only for myself.

The narcotic comes in little glass vials that one breaks the neck off of and draws up in a syringe. In my office, of course, I don’t touch needles, syringes, or vials (or do my own EKG, draw my own blood, make my own phone calls, or FIND anything). I have, of course, snapped vials open in the past. I do know how. This one would not snap. No matter how much pressure I applied it would not snap. I double gloved, I wrapped it in its own glove, I really, really put on the pressure. At any moment I expected it to simply shatter. Nothing. Having given up and about to go find a file to score the neck with (the old fashioned way), without thinking or trying or paying attention I gently flexed it again and it popped off. I had not noticed that unlike our vials that snap in any



direction there was a blue dot on these – and they only worked in that direction. Duh. I also did not immediately notice the blood on the counter, or flowing from my thumb. At that very moment, of course, the senior partner of the group, my “back up” (“if needed call me on this phone or this phone, I will not be more than 1 hour away on my bike”) came in to check on things. I was not about to let him see my blood. Grabbed a paper towel, cleaned up quickly, kept pressure on my thumb and went about my business until he was gone. Then I looked ten minutes to find a simple band-aide. Gave the patient his shot of Pithidine and Maxilon (Reglan). I could have use Stemityl (Compazine) . One learns to appreciate generic drug names – usually. Generic Tylenol, acetaminophen, is called generically, paracetamol over here, brand name Pamal.

Fortunately (for the patients) there were not other challenges while “on call.” Took a few phone calls like at home. Please pray that all Sunday’s go that easy on me.

Wenche got herself a brand new bike today. She had to buy it. Then in 50 days they will buy it back for about 40% what she paid. A whole lot cheaper than renting. And it is somewhat nicer than the two old ones I got last week for \$50.00 (equal to \$40 US) each.

She has walked twice with the Walking group, and is getting around and DRIVING (on the left side) much of the time, just like home. She has found the 3 grocery stores, the library, 3 bike shops, and we have had one nice meal out at Sapphire Restaurant. Mostly we eat at our little (not cute) apt (the bottom half of a home). Its most important attribute is a heat pump. It does have two bedrooms. We tried one double bed the first night. It’s mattress is so old and weak, there is like this giant sucking black hole in the center, that soon had sucked us both in, drawing us down in bed, with our legs sticking out over the edge. Miserable night. I must have slept, however, as I did not notice Wenche sneak out (would I ever leave the side of my spouse?) and go to the other bedroom with the only decent mattress.

One of the doctors dropped off a Christmas tree. With no stand, I stuck it in a bucket, and tied the top of it to an empty shag lamp hook in the ceiling to stabilize it. Works just fine. Trying to get Wenche to cut out paper decorations in the old Norwegian style. We will see.

Tomorrow I will work just ½ day (an extra shift) then we will drive the 30- 45 min to Cromwell, where we worked about 6 weeks in 2005. Nice to see familiar area.

UPDATE 16 December. What a disappointment Cromwell has become. The cute little town with boutique shopping has about doubled its commercial center with mostly junky stores. And unlike the Fall of 2004-2005 with grape clusters hanging on crimson leafed vines. We had the HOT 30°C (86° F) high desert. We did go out for a nice late lunch at Carrick Winery, in nearby Bannockburn.

There is a bit of white space left, thus will toss in today’s meal, and some penguin anatomy

