

## **Emergency Medicine Down Under**

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New Zealand is a unique and wonderful place to practice medicine. New Zealand's Healthcare system is regarded as one of the best in the world, and it provides its citizens with a wide-range of free and government-subsidized healthcare including free 24-hour accident and emergency services. New Zealand has an organization called the ACC that stands for the Accident Compensation Commission. This organization will pay for all medical bills incurred if you are injured and it will even pay for disability wages, up to 85% of your salary before injury. In addition, the ACC covers all injuries that occur in a medical setting, including those due to medical errors. Once a patient accepts ACC, they lose their ability to sue a physician or medical organization. Thus personal lawsuits against physicians are exceedingly rare in New Zealand. However, a physician can be investigated, fined, and lose their license if they are providing substandard care but they do not have the malpractice crisis that we face in the U.S. This influences their practice style and kiwi physicians are less likely to practice defensive medicine and are more likely to provide economical care. Nearly every citizen in New Zealand has a general practitioner and government-subsidized insurance. There is usually a minimal co-pay to see your primary care physician but interestingly a visit to the emergency department is free. Thus Emergency Department's in New Zealand face some of the same issues that we face in the sense that a big chunk of what we see could be taken care of by general practitioners. Since pretty much everyone has a general practitioner, the emergency physician is more likely to send a given patient home given the amount of close follow up available.

I chose to spend my International Selective in Christchurch, New Zealand. Christchurch is the largest city in the South Island of New Zealand with a population of over 300,000 people. Christchurch Hospital has the busiest Emergency Department in the region with an annual patient volume of 65,000. The Emergency Department is a high-volume, high-acuity setting with approximately 48% admission rate. In addition, Christchurch Hospital is largest tertiary teaching and research hospital in the South Island. There is ample opportunity for teaching and interaction with medical students.

Basically my rotation involved working shifts along with other residents. Christchurch offers the only Emergency Medicine training program on the South Island and currently there are 18 EM residents. In addition, I also worked with residents who are training in other specialties as well as medical students. Christchurch's ED is divided into the resuscitation area, telemetry zone, fast-track, emergency observation area (for admitted patients), and 1 trauma bed. Most of the shifts I worked were well staffed and I was free to help out where they needed me. I spent most of my time with the sickest patients in the resuscitation area. One of the major differences in Emergency Medicine is the duration of their training. Out of high school they spend 6 years in medical school, 3 years as a general house officer, and a minimum of 5 years of Emergency Medicine training but most take 6 to 7 years to complete their EM training. The EM residents were amazed that I had nearly completed my EM training at such a young age. Once you complete your EM training you are called a "consultant," a term that is the equivalent of an attending physician. The term consultant seems to fit well. Most of the consultants spend a fair amount of the shift in their office while the residents see patients and make decisions on their own often without any involvement of the consultant. The consultant is there if you have a question or need some help but they do not staff every patient. I spent a fair amount of my time assisting other residents with decisions and procedures and they were happy to have someone who is nearly a consultant working alongside them. In addition, I learned how their practices differ from ours in the U.S. For instance, every patient with a hip fracture gets a femoral nerve block after the physical exam is completed. Also they use inhaled nitrous oxide for painful procedures and sometimes just for pain control. The paramedics have nitrous with them and often administer iNO in the field. Nitrous oxide has an excellent safety profile, quick onset and offset, and it allows the patient to titrate the amount of nitrous they receive by their respiratory effort. Overall, my New Zealand selective was an excellent experience and I would recommend it to anyone. I was also able to group my 2 week vacation with my selective month and my family visited and we traveled throughout the South Island. Together we went canyoning, hiking, mountain biking, and swimming with dolphins.

We also spent a few days in Australia and explored Sydney and went scuba diving in the Great Barrier Reef.

