

# LIFE after Dr Death

**It can be difficult enough for overseas-trained doctors to adjust to life in rural Australia, but some have found it even harder in the wake of the Bundaberg crisis. But reports of discrimination and bullying have been matched by tales of acceptance and belonging, and proof that patience and effort on both sides form a strong community.**

STORY MELISSA SWEET • MAIN PHOTO WARREN CLARKE

**W**hen the scandal at Queensland's Bundaberg Hospital erupted into national headlines last year, it brought a backlash for many overseas-trained doctors. Some came under increased scrutiny from patients and colleagues, and others felt the stirrings of racial discrimination.

It must have been particularly uncomfortable for any doctor at risk of being confused with the errant surgeon Dr Jayant Patel? Not at all, says Dr Ebrahim Patel – not even though his surgery at Biggenden is less than an hour's drive west of Bundaberg and he was rung by a journalist who assumed he was “Dr Death”.

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## Settling in and attracting

**S**ince moving to Wagga Wagga five years ago, Dr Ayman Shenouda and his wife, Dr Sammi Azab, have been busy, building and creating. They have not only set up a state-of-art medical practice, but have also helped establish a new church.

As a result, the Riverina city is gaining a reputation as a centre for Coptic Christians, with one unexpected side effect being an influx of doctors.

When Dr Shenouda and his wife arrived in the area, two other doctors' families shared their faith. Now there are about 25 Coptic Christian doctors, and the area's medico shortage has been reversed.

“We are one of the first churches outside the



Dr Ayman Shenouda (left), with Father Moussa El Antony, helped establish a church for Coptic Christians in Wagga Wagga: "It wasn't intentionally done to get doctors into the area, but it's had that effect," he says.

## a new workforce

metropolitan areas," says Dr Shenouda, 42, a deacon. "It wasn't intentionally done to get doctors into the area, but it's had that effect.

However, Dr Shenouda does not want to be perceived as part of a separatist group and makes a conscious effort to mix with the broader community. He is also active in the local division.

Last year he and his wife opened a purpose-built practice, with consulting rooms for doctors, a podiatrist, dietitian, three nurses and 18 support staff.

It has been designed to provide a relaxing, light-filled atmosphere, with every consulting room overlooking a courtyard with a fountain.

The practice runs patient education nights,

includes a comprehensive diabetic program, and is part of the national primary care collaboration. Dr Shenouda also helped to establish a successful after-hours service that involves all local GPs sharing an on-call roster.

Dr Shenouda and his wife also run a clinic at the small nearby town of The Rock: "Financially, it's not good to go out there twice a week – we go once each – but we feel it's part of our service to the community."

He adds: "We feel proud of what we're doing."

Dr Shenouda can relate to colleagues who have difficulties adjusting to a new country as he had his own share of struggles when he arrived from Egypt about 15 years ago. He is

now involved in mentoring and supporting other overseas-trained doctors.

More funding and support is needed to help them gain the necessary skills, he says. "Instead of criticising them, we have to support them and try to help them out," he says.

Dr Azab, 39, says it is also important that newcomers adjust to their new situation. "You don't have to expect everything will go your own way, you have to learn you are in a new community. You can't ask the community to give everything, you have to do your share."

After growing up in Cairo, Dr Azab loves the clean, easy lifestyle on offer in "beautiful" Wagga Wagga. "I wouldn't want to move for a million dollars," she says.





Joking about being the "other Dr Patel": Dr Ebrahim Patel, his wife Fathima and son Sahal, 10.

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Throughout the height of the scandal he was able to joke about being "the other Dr Patel", confident in his relationship with the town that has been his home since 2003.

Dr Patel, 48, who trained in Pakistan and was born in South Africa of Indian and Pakistani origin, feels warmly accepted by the locals. This is at least partly because he and his family have made a determined effort to make friends with "the Aussies", Dr Patel says. Even small gestures such as introducing themselves to their neighbours have made a difference.

"It's a very simple thing, but it's not done often," he says. "Newcomers need to go out there and introduce themselves. It's a two-way relationship; if you want to be accepted you've got to accept other people."

"That's where I'm going to be a little critical of some of the people that come from different parts of the world. One can maintain little colonies of their countries and cultures within Australia and to me that is not positive behaviour."

Dr Patel knows some colleagues have felt the backlash against overseas-trained doctors, but is aware of only one patient who did not want to see him because of his background. He adds: "That didn't worry me at all as everyone has their choice."

However, he is concerned that some overseas-trained doctors still do not receive sufficient support, although the sit-

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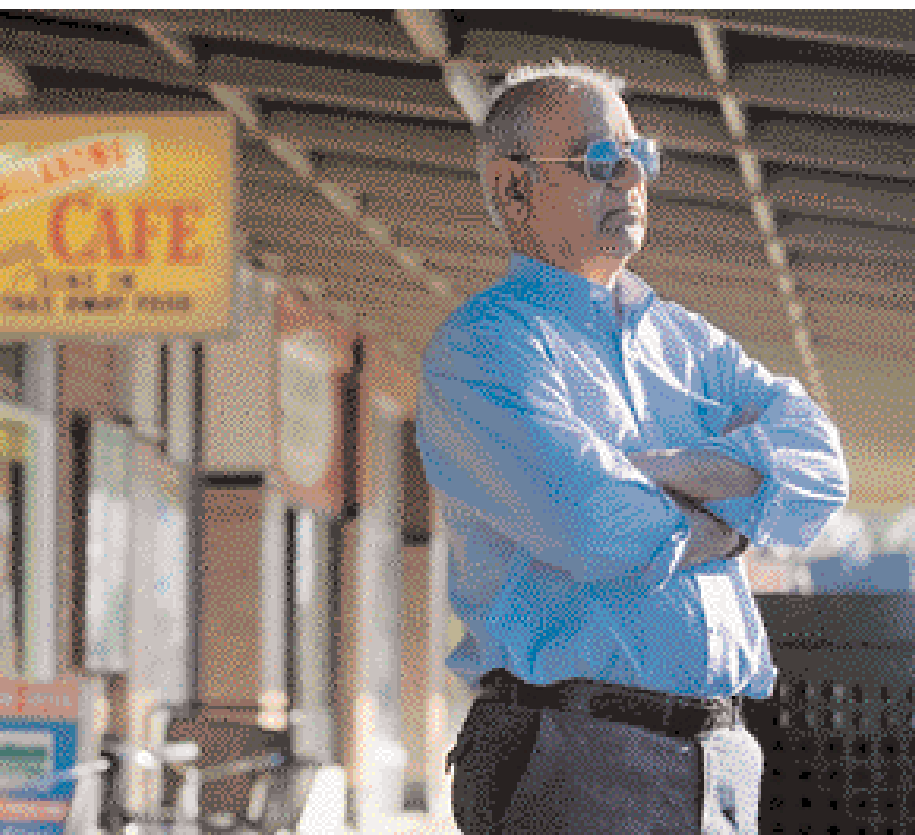
It takes time to adapt, says Dr Jan Reddy, who came to Australia from India in 1974.



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## From both sides now

In 1974, a young man arrived in a small country town in the NSW Riverina, somewhat uncertain of his future after leaving his home in India just two years previously.

Many years later, Dr Jan Reddy found himself wiping away a quiet tear, overwhelmed by emotion at a dinner celebrating his 25th anniversary as the town's doctor. About one-fifth of the population of Culcairn turned out for the event.

"We've never had anything quite like that before," says the receptionist at Dr Reddy's surgery. Knowing Dr Reddy was to be interviewed for this story, she rang to provide some background details, including his OAM.

"He's a modest man and I'm sure he would never tell you how good he is," she said.

Indeed, Dr Reddy's conversation focuses on how the friendly and appreciative locals kept him in Culcairn, even through difficult times when the health bureaucracy almost drove him mad, downgrading the local hospital and eroding his skills.

Dr Reddy, 62, has some strong advice to other overseas-trained doctors: be patient; give your new community the time and opportunity to get to know you; and become involved in local activities.

"Go to the BBQ or the football game or the fund raising," he says. "Try to learn and get involved in the Australian way of life. Give some time for adapting. It might take six months to one year but once both sides get adapted – the doctor and the family and the community – it will be so easygoing after that."

Warren Clarke

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**"I think there's an element of plain, good old-fashioned intolerance of outsiders."**

**Dr Ross Maxwell**

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uation has improved since he arrived in Australia in 1999 and "had to find my own way".

He believes all new arrivals should have supervision for at least six months. "They are good doctors, but they are definitely venturing in deep waters and especially when running solo practices. They don't have the support and the navigation systems. It is unfair to them and it is unfair to the patient."

**A**t a recent rural doctors' conference in Queensland, many stories were told of medicos suffering in the wake of Dr Death. RDAA president Dr Ross Maxwell was familiar with some of the cases described and believes that, in at least one instance, the doctor had been the victim of vexatious complaints.

While it is not unusual for new doctors to take some time to win acceptance in a country town, especially if stepping into large shoes, Dr Maxwell believes at least some of the criticism meted out to overseas-trained doctors reflects prejudice.

"I can't help but be ashamed," he says. "I think there's an element of plain, good old-fashioned intolerance of outsiders. I suspect it's discrimination. There's an incredibly high level of complaints about overseas-trained doctors and they're made often, not necessarily by patients, but by ... nursing staff, allied health staff or other doctors. A comment has been made that almost no overseas-trained doctor doesn't get this sort of complaint."

"We're probably not very good at understanding the difficulties these guys are facing. We're very quick to judge them against the standards of whatever we think should happen."

Dr Maxwell adds that overseas-trained doctors sometimes do not have the professional clout to stand up to managers or colleagues, especially where bullying is endemic. "They can be the bottom of the food chain," he says. "There have been plenty of stories of managers, who are not usually clinical people, threatening them with losing their visa if they don't comply."

Opinions vary, however, about the extent of discrimination. In Victoria, the Rural Workforce Agency says it has not detected any fall out from Bundaberg.

But Dr Death has left a noticeable mark in WA. A large consultation process with rural doctors, by the WA Centre for Remote and Rural Medicine, has identified discrimination as an issue.

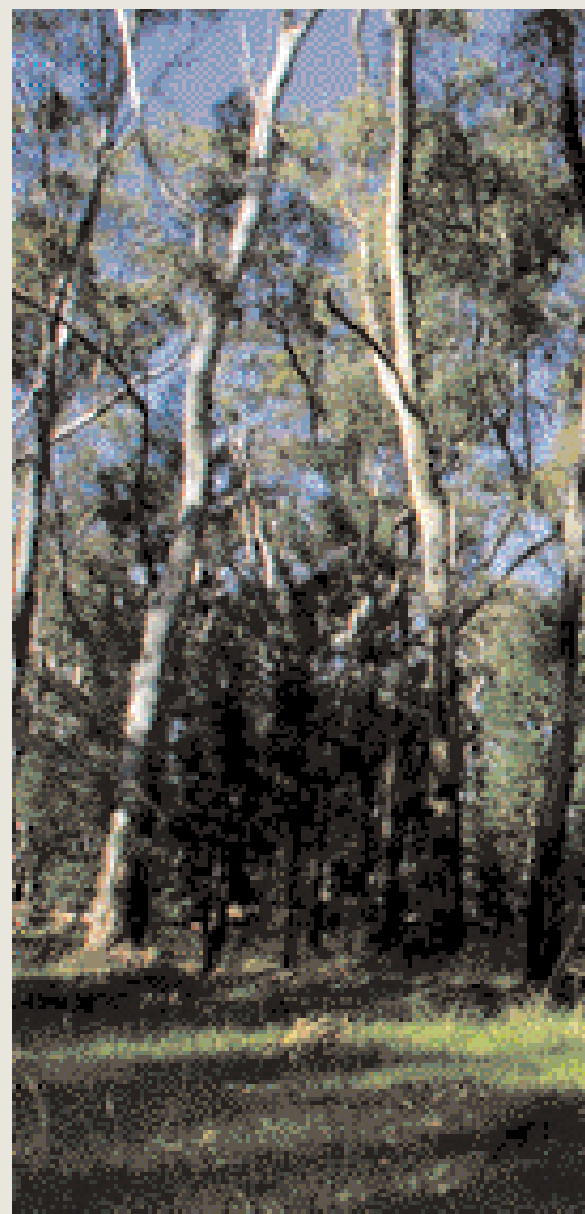
"It has been influenced by the Patel case," says the Centre's director, Dr Felicity Jefferies. "Some feel very much like they are not trusted in the community and that their clinical judgment is questioned, sometimes it's with the patient and sometimes it's with other doctors."

Professor Rob Stable, chair of the Australian Rural and Remote Workforce Agencies Group and a former director-general of Queensland Health, says it is unfortunate that the Bundaberg problems have made life more difficult for some doctors and also deterred others from moving to Australia.

However, he does not believe discrimination is pervasive, or as common as in many other countries, and cautions against attributing all problems to discrimination. Some may be due to simple clash of personalities.

"I'm aware of a case that happened some time ago where the doctor left town because his wife had a falling out with the wife of the mayor of the town," he says. "It's very complex and the only way forward is for everyone involved ... to be very focused on outcomes and that is to have well-trained

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## Shepparton: a multicultural

**M**uch of the world's recent history is reflected in the fertile region around Shepparton in northern Victoria. The migrants and refugees who settled there over the past century have been displaced by conflicts in Europe, Africa and Asia.

The Middle East has yielded one of the latest waves of new arrivals, and it is estimated that more than 3000 Iraqi people now live in the region, including a growing number of doctors.

Dr Sami Abed, 36, who arrived in Australia in 1997, moved to Cobram three years ago to be closer to his brother, also a doctor, and other Iraqi friends.

The move has not only expanded his social network but made it easier for his family to maintain their cultural and religious practices.



Andrew Maccoll

Finding their feet: (left) Dr Sami Abed has bought a house in Cobram and is doing a masters degree in paediatrics while Dr Shukrya Nasrah (below) says the people of Shepparton have been very supportive.

## magnet

Nearby Shepparton has three mosques, and halal butchers and restaurants.

"I'm staying here for sure," Dr Abed says. "I've bought my own house in Cobram. I'm now doing a masters degree in paediatrics through Sydney Uni. I'm quite happy."

Dr Abed says about 10% of Cobram's population and his patients are Iraqi, and that having access to doctors from different backgrounds helps patients in a multicultural community. "One of the doctors in Cobram speaks very good Italian and is from Lebanese background. Most of the Italian people go to him because they can speak Italian with him."

In Shepparton, Dr Shukrya Nasrah, 41, who went to the same medical school in Basra as Dr Abed, knows many of her patients from the days before she fled Iraq in 1996, and says it is not unusual for them to

arrive at her house at all hours of the day and night.

She says the local division has been "fantastic" in helping her negotiate a new medical system and culture. "And people in the community are very supportive," she adds.

Her husband is now going through the Australian Medical Council process, and she knows of other Iraqi doctors who plan to move to the area because of the social support for their families.

The manager of the Ethnic Communities' Council of Shepparton and District, Mr Chris Hazelman, says the Iraqi community differs from previous arrivals because they tend to be educated professionals with the means to buy businesses and homes.

"They've got themselves settled a bit quicker than some of the other groups," he says.

It has not been all smooth sailing, however. The



Andrew Maccoll

Iraqis have faced some resistance from previous generations of migrants, and after the September 11 attack on the US, Mr Hazelman set up interfaith groups and community meetings to avert any potential backlash against the Muslim community.

"When there's an incident overseas, we've seen the Iraqi women get very nervous," he says. "They might disappear from the streets from time to time because they clearly stand out. They tend to withdraw. They recognise that they're living here very much as a minority group."



## The keys to a warm welcome

Just before Christmas last year, Dr Arcadie Moscaliov received a puzzling phone call from a stranger. He thought someone must be pulling his leg.

But Dr Moscaliov, a GP who had recently arrived in Gnowangerup in the south-west of WA, decided to take up the invitation anyway. When he and his wife Galina were next in nearby Albany, they dropped into the local Holden dealership, as they'd been asked.

They were stunned when the dealer handed over the keys to Mrs Moscaliov's new car, making good his promise to give her a vehicle. Mrs Moscaliov was so flummoxed she couldn't speak.

The gesture was greatly appreciated by the Moscaliov family, citizens of the eastern European country of Moldova, who moved to Australia after more than a decade in Africa.

Dr Moscaliov, 51, says the gift not only made his family feel welcome, but helped his wife and son explore their new community and become settled. "I'm so grateful to this man," he says. "I said, 'Everyone will know how generous you were'."

The dealer declined to be interviewed for this article, passing on a message through a staff member that he didn't want any publicity. "It was just something he wanted to do," the staffer said.



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doctors well placed and well supported in communities."

Dr Ken Mackey, a GP at Lockhart in the NSW Riverina, believes patients' legitimate right to choose their doctor is sometimes wrongly labelled as discrimination. "There are some instances where people are exercising their choice and the terminology is not precise in calling it discrimination. The same people may not want to see me or may not want to see a female doctor."

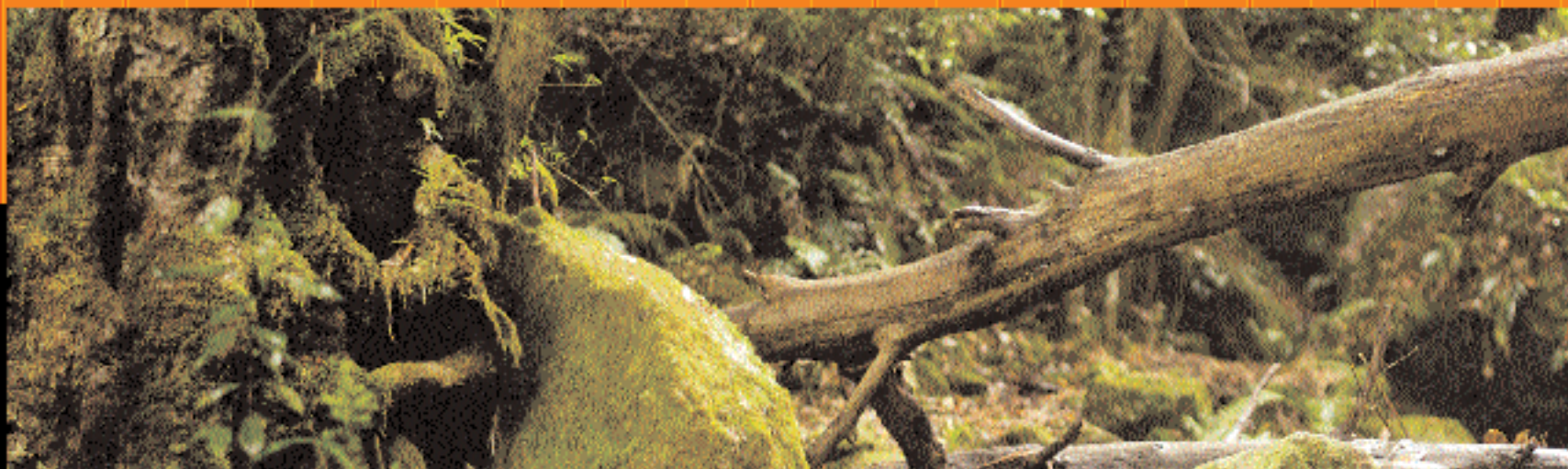
He says it is natural that people of any culture, whether indigenous or of any other origin, will be more comfortable seeing a doctor of a similar background. But he says individuals in rural communities can sometimes treat outsiders cruelly, and it is important community leaders understand the issues and help overseas-trained doctors to gain acceptance.

Mrs Anne Chater, the Queensland president of the Rural Medical Family Network, is sympathetic about the stresses on overseas-trained doctors but believes some criticisms reflect legitimate concerns about English skills or lack of familiarity with Australian practice management.

She adds that sometimes overseas-trained doctors have felt hard done by because they have been disappointed by the realities of their new working and living conditions.

Mrs Chater cautions against making generalisations about rural communities and their attitudes to newcomers. "Every town has its unique personality," she says. "As one visiting Canadian rural doctor said, once you've been to one small rural town, you've been to one small rural town."

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Dr John Gillett turned to employing overseas doctors in his practice at Miles in south-western Queensland after he became frustrated by Australian graduates who never stayed long.

It was a "brilliant" move, he says, full of praise for the two Pakistani doctors who arrived from South Africa more than five years ago. One has only recently moved on, and the other, Dr Rao Hameed, plans to remain in Miles at least another year. Dr Gillett now worries that the hurdles to employing overseas doctors have been raised too high following the Patel case.

Despite occasional redneck comments – such as the patient who complained about "terrorist doctors" – Dr Gillett believes most of the initial resistance was no different to that he had once faced. "When I came to this town as a young doctor, I still had people coming to me after eight or nine years, saying they will try the 'new' doctor," he says.

"I've got a few people who held off coming to these guys and they're now saying they're fantastic doctors. Over 80-90% of the patients who come to see us speak very highly and are very happy with them."

However, cultural isolation has been an issue. With no local mosque, the doctors and their families made the four-hour drive to prayers in Brisbane every second weekend.

For Dr Hameed, 42, preparation was the key to his successful adjustment. Before leaving South Africa, he hit





Russell Priestly

the Internet to familiarise himself with Australia's health system and culture, and also took English lessons. "When we came from South Africa, we knew what to expect, maybe that's why we were very happy," he says.

Dr Hameed laughs that he even studied Australian slang so he knew what patients meant when they said 'I'm crook', or 'I've a problem with the little fellow'. "If you don't know the culture, you can't treat patients properly," he says. "If you don't know the language of your patients, then you can't be a good doctor – so I worked hard on these things." ●

Dr John Gillett, with Dr Rao Hameed, and patient Mary Geldard, says it was a brilliant move to employ overseas doctors in his practice in Miles, Queensland.





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