



CLINICAL HEAD, PAEDIATRIC PATHOLOGIST, ANATOMICAL PATHOLOGY, LABPLUS, AUCKLAND HOSPITAL, PRESIDENT AUCKLAND BRANCH OF ASMS

Five minutes with Jeannette McFarlane

What inspired you to become a doctor?

I decided to become a doctor when I was five or six years old. I was inspired by our family doctor in Derbyshire in the UK, who was always kind and gentle. He would speak to me as a person in my own right and I remember being impressed by how he looked after my family whenever we saw him.

I knew even at a young age that my skill and interest was in laboratory medicine. After reading my father's collection of true crime books, I decided at secondary school to become a forensic pathologist. I pursued that, doing my medical school elective in forensic pathology at Guy's Hospital, London, and eventually becoming a consultant forensic pathologist in Glasgow in 1991.

Then, in my early 40s, I was increasingly missing hospital medicine so I retrained as a paediatric pathologist. Following that, my husband was looking at job opportunities in Auckland. I wrote to the then Head of Department at LabPlus and discovered that the paediatric pathologist post at Starship was vacant. We were invited to visit, and decided to move to New Zealand. I've never regretted retraining or moving here. Retraining was difficult at times and very stressful, but I've gained so much from the change of direction, both personally and professionally.

What do you love about your job?

I enjoy working with other doctors and drawing on their expertise, and feeling that I am doing something very worthwhile for patients.

In paediatric pathology, you feel really involved and get to know the patients very well, even though you don't meet them.

I also enjoy the unpredictability of the work – you never

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know what's going to appear on your desk. At least once a week I see something I've never seen before or I come across a new problem. In many ways it reminds me of the parts of forensic pathology I enjoyed most, particularly scene of crime examination. It's about solving puzzles, digging through things, the complete unpredictability of the exploration and discovery.

I've always considered it a privilege to practise medicine. It's the patients I remember, the faces I can still see in my mind's eye even today, many years after leaving clinical practice. There are some cases where you're not able to help, where a

child dies and you can't cure them, but there are so many cases where you do get good results and it's so worthwhile. Some people find paediatric pathology very difficult but I've always taken the view that I'm doing the best I can for a family and a patient. The good definitely outweighs the bad.

What is the most challenging aspect of practising medicine?

The unpredictable nature of the work, while good, can also be challenging. Pathology and the laboratory-based disciplines can sometimes be overlooked in service planning so it's important to make sure we are on the hospital's radar.

The financial constraints we face can also

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be challenging. I'm a very strong supporter of the public health system and want to see New Zealanders value the good work being done by so many staff in our hospitals, which I feel is much more important than many of the bad news stories.

Why did you decide to become a branch officer for the ASMS?

When I was working in Glasgow I got involved in the rough end of an employment dispute with my employer. It was very divisive within the department. I had enormous support from the British Medical Association (BMA), and it saved my career and my health. Once the case was over (which we won), I was asked to appear in the BMA's advertising leaflets about the value of representation.

When we were considering moving to New Zealand, I looked very closely at the DHB MECA here and compared it with the British employment agreement, went through it all in fine detail. Then when I arrived here, I discovered that people weren't claiming their entitlements, and I started helping colleagues in the department. People started coming to me for assistance and I began attending Joint Consultation Committee (JCC) meetings with ASMS and DHB management, and eventually I put my hand up for the role of Branch President.





Jeannette McFarlane at a crime scene.

My motivation with getting involved in union work is to help and support my colleagues. I know how valuable it is to have support, and I feel obliged to repay the favour.

What have you learnt from this experience so far?

It's a very difficult time at the moment for the profession. Resources are in short supply in the health sector and we are dealing with a lot of financial constraints. These have placed a lot of stress on all groups of staff and in some areas have been detrimental to working relationships within clinical teams. It's easy to focus on the negative, with all of the current emphasis on money and health targets but I think it's very important to remember the value of the work we do, and how it helps people.