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WHAT INSPIRED YOUR CAREER IN MEDICINE?

I don't recall anyone in particular inspiring me to take up medicine while I was growing up in Germany, and I don't come from a family with a medical background. What I do remember, though, is that I always wanted to be a doctor, right from when I was a small child. It really appealed to my desire to do something worthwhile. Surprisingly, when I finally got into medical school, for the first time ever I doubted my decision. I think I was quite taken aback by the difference from being a kid at school to finding myself in a hugely competitive medical school, along with 400 other students. The main focus then was passing exams, the patient didn't seem to feature a lot, at least in the first couple of years of medical school. It was scary, but also had its fantastic moments.

I came to New Zealand in 1992 as a medical student and spent eight months at Grey Hospital on the West Coast doing my trainee internship. I fell in love with New Zealand and with the outdoors but at the time I couldn't see myself living in Greymouth or in fact moving away from Europe. So I went back to Germany to finish my training and then onto England to work as a house officer.

It was in 1996 that my partner at the time and I decided to move to New Zealand, rather than return to Germany. As a German medical graduate I had to study for the required USMLE and NZREX exams. Whilst preparing for these exams I set about looking for work and found myself a part-time job as a physiotherapy assistant and a teacher's aide in Auckland's Mt Roskill Primary School - special education class for disabled children. I really enjoyed the experience and learnt a lot, including communication through New Zealand sign language at a basic level. In 1997 I enrolled for a post-graduate diploma in teaching: health science and biology for secondary schools. I graduated at the end of that year just after giving birth to our first child. By 1998 I had finished all of my medical exams and had to choose between a career in teaching or re-entering the medical workforce. I enjoyed them both so it wasn't an easy decision but in the end I chose medicine. In 1998 I started my specialist training in microbiology in the virology department at Auckland Hospital. I moved to Christchurch to work at Canterbury's laboratories in January 2000, and that's

where I've been ever since. It's a good place to live - I like the outdoors, tramping, running and biking. Christchurch as a city, despite its post-earthquake damages, has the pre-requisites for achieving a healthy work-life balance.

A year ago I started an MBA at Canterbury University. I have so far particularly enjoyed the leadership papers as they assist me to look more critically at how we operate in the healthcare service.

WHAT DO YOU LOVE ABOUT YOUR JOB?

I'm quite an idealistic person. I think it has always been a big driving force for me wanting to improve the status quo and change environments for the better. Working in medicine fits very well with that, and it's been a highly motivational and inspirational journey.

I love the fact that medicine offers much variety. Microbiology is particularly intriguing because it can be very unpredictable. Novel infectious pathogens, like SARS or MERS, emerge and antimicrobial resistance is spreading worldwide. The impact of these microbiological changes on human health and health economy is phenomenal. I find it inspiring to work on issues like these, trying to make a difference.

WHAT IS THE MOST CHALLENGING ASPECT OF PRACTISING MEDICINE?

Probably the politics of health is the hardest part. The structure of laboratory services in New Zealand has developed in interesting ways over the last 10 years. The current trend is towards having the majority of the laboratory work across New Zealand sitting with private providers. This trend is not necessarily unique, other parts of the world operate under this model. It is not, however, necessarily supported by all pathologists or clinicians.

Closer to home, there are always issues to do with working in a laboratory and not having direct patient contact. I do miss the interactions with patients and their families. As microbiologists we get involved in patient care and the patient experience in a more indirect fashion. In Canterbury the localisation of the laboratory outside the main hospital has at times negatively impacted on the immediacy when dealing with my clinical colleagues. However, it has also created

a shift in the way I operate in that I readily try and take up invitations from the hospital side to discuss clinical cases and develop those collegial relationships.

WHY DID YOU DECIDE TO BECOME A BRANCH OFFICER FOR THE ASMS?

I became involved when Seton Henderson joined the ASMS National Executive, after having been a Canterbury branch officer for some time. I was talking to him in a corridor and he said: "Do you want to be a branch officer? It'll be fun, you'll like it." I asked if I could think about it, and the next thing I knew I had been nominated. Now I'm into my second term as branch president and haven't looked back.

And he was right - it is fun! Improving things is at the heart of any movement, including unions, and I'm very passionate about it. You want people to be treated fairly and reasonably. Being involved with the ASMS has enabled me to meet and form relationships with people I wouldn't ordinarily have much to do with. I've also been able to look at the broader context for health and have developed a genuine interest in health care strategy.

WHAT HAVE YOU LEARNT FROM THIS EXPERIENCE SO FAR?

There are a lot of emerging issues that need to be looked at, and I think ASMS is doing a very good job of picking up on these. I have a German exchange student staying with me at the moment, her father is a GP in Germany and it's been very interesting to hear about the current German health care system and its challenges. Interestingly, over there as much as here, we are seeing a new generation of doctors coming through. Younger doctors appear to have different expectations about what work should be and what constitutes a good work-life balance. Generation XYZ - whatever - do not want to work 80 hours a week. They want to balance work with their other commitments, their families or children or study. They don't define themselves through their work quite as much as the baby boomer generation, and they don't want to work more than 50 or 60 hours a week. In some parts of Germany they're apparently struggling to recruit enough doctors, because these societal changes and shifts in expectations mean that more people are needed. It'll be interesting to see what these trends mean in New Zealand, with its smaller population.