



# WITH ALASTAIR MACDONALD

ALASTAIR MACDONALD WITH HIS GRANDCHILDREN JACK (FRONT) AND CHRISTIAN

## RETIRED RENAL PHYSICIAN AT CAPITAL & COAST DHB AND FORMER ASMS NATIONAL EXECUTIVE MEMBER.

### WHAT INSPIRED YOUR CAREER IN MEDICINE?

Funnily enough, I think it was the esteem that the local GP had. They had a certain standing. I lived in a comfortable part of town in York, these were all guys in tweed suits and our GP was just a nice, avuncular person. Having said that, my family also has a very strong medical and nursing background. My father was a psychologist and my mother and sister were nursing Sisters, my aunt was a Matron, and my uncle was Major General WC Paton who was in command of India's medical service before the partition in India. He was a surgeon, and a pretty impressive person.

Really I wanted to do history or archaeology or languages, that sort of thing, and that was politely acknowledged by my family and then we moved on... I wasn't someone who said: I must do medicine. I kind of drifted into it, and to be honest it was more about having a really good time at Edinburgh University. If you wanted to know where the parties were, I was the man. After all, this was the 1960s.

After training at Edinburgh University, I went to the United States. Initially I wanted to be a psychiatrist but after some time in New York I realised that all the people with real psychiatric problems were being hammered with large doses of tranquilisers and everyone else with mostly imagined problems were off seeing expensive psychoanalysts. I changed my mind!

I worked at a Kings County Hospital in Brooklyn, New York, for two years. I was 24 when I went there and it was the hardest work I've ever done. Every day I was dealing with drug overdoses, alcohol and violence. I was shot at and even attacked with an axe. One time I was trying to give someone with the DTs an injection and I went to get an orderly, but the orderly was busy shooting up, so I had to wrestle with the patient on my own to get him onto an x-ray machine. I had to do all of my own lab work. It would take me about five hours to do an admission and I was on call every other day for two years. I worked an average 100 hours a week. It was a big shock after the cruise life I'd had in Edinburgh.

You didn't get any sympathy from your seniors, either. The attitude was: well, we've done it so you can. It was inhumane, really. I guess the good thing I got from it was resilience. I was the shyest person

out at the start but I learned that I was actually pretty strong.

I was going to stay in the States and in fact I was offered a really good job in San Francisco but decided it wasn't worth it, because the price of citizenship at that time would have meant being drafted to Vietnam, and I didn't want that. So I went to Canada for a couple of years and did research work, studied transplantation in rats, then studied the genetics of fruit flies. I then gave up medicine altogether. Eventually my father, who was a very parsimonious Scotsman, said: look, I didn't spend all this money on your medical education to have you collecting fruit flies. So I came back to London and sat the exam for membership of the College of Physicians, and somehow passed.

After that I went to a party, met New Zealander and future wife Jan and followed her out to New Zealand. I ran out of money after a few weeks so I organised a couple of references and brought the letters into Wellington Hospital to see if I could get a job. The next day I was on duty!

I worked as a renal registrar for about four years, then went to Nelson to work as a GP for a year and then as a physician for another four years. After that I went to Iraq with an Irish private company that was contracted to a hospital by the Ministry of Health in Baghdad. It was fantastic. We did two transplants a week, and there were just two of us. It was like: oh it's Tuesday, we must be doing a transplant. It was so efficient. I learnt Arabic so I could write my prescriptions and carry on a conversation. People would come on a 20-hour bus ride just to have a 15-minute consultation with me, and they'd say it was no problem. I was there for four years, including the Iran-Iraq war. I was on holiday the day Saddam Hussein invaded Kuwait, and I decided not to return!

So I came back to New Zealand and worked as the Director of Family Planning in Wellington for a while before returning to Wellington Hospital to work as a renal physician. I've stayed there ever since and have finally managed to settle down!

About 10 years ago I started looking at clinical ethics, and five years ago managed to set up a clinical ethics group. I'm absolutely passionate about this. Everybody thinks it's a very lofty abstract pursuit, but it's much more than that. I'm retired now and my focus is on getting the

Clinical Ethics Network New Zealand up and running.

### WHAT DO YOU LOVE ABOUT MEDICINE?

It's about helping people and being trusted. As doctors we are the bridge between science and humanity. We are able to interpret things so that people understand it. It's about being patient and dealing with a lot of different approaches to life, asking the right questions and taking your time.

The challenging aspects of practising medicine can be reduced to a couple of things. I've been absolutely shocked by the pervasive influence of bullying, for instance. It's just unacceptable. I've seen it on ward rounds or in other areas and I haven't hesitated to say: 'actually this is a public space and you are giving me a bad name as a doctor so can you stop this, please'. I'm very proud of the profession so this behaviour appals me. I know of two cases where people killed themselves in which I think bullying was involved. I was the RMO liaison officer for about 10 years at one point and RMOs would come to see me and burst into tears, and we'd just work through it. I've always believed in the pastoral approach.

The other thing that concerns me is to do with stewardship of our public health services. We need to avoid waste and use all of our resources wisely. It's our responsibility to take care of what we have so that there's enough to go around now and in the future

### WHAT HAVE YOU GAINED FROM YOUR ASMS INVOLVEMENT?

I was on the National Executive of the ASMS for six years. I didn't have the strategic knowledge that a lot of people had but I was passionate. I saw myself as a representative, rather than a leader, and it was about putting forward the concerns of local ASMS members.

ASMS has done so much good work. In the late 1980s and 90s, for example, ASMS managed to preserve the central concept of professionalism. Professionalism is our *raison d'être*. This is the basis of our individual and collective legitimacy. We're a union, but it's much more than just pay and conditions. It's also about ensuring the survival and more importantly the sustainability of our public health service. No matter who we are, we will all need to be cared for at some time in the future!