



**WITH
JUDY
BENT**

AUCKLAND ANAESTHETIST DR JUDY BENT HAS RETIRED AFTER A LONG CAREER IN MEDICINE AND ACTIVE INVOLVEMENT IN THE ASMS AT BOTH THE BRANCH AND NATIONAL LEVEL. SHE WAS FIRST ELECTED TO THE ASMS NATIONAL EXECUTIVE IN 1997, AND HAS ALWAYS BEEN VERY INVOLVED IN ASMS DECISION-MAKING. SHE HAS ALSO BEEN A MEMBER OF THE ASMS NEGOTIATING TEAMS.

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WHAT INSPIRED YOUR MEDICAL CAREER?

Though medicine and anaesthesia have served me well as a career, medicine was actually my third choice.

I sought advice during my final year at school and the top recommendation was maths or computation, but at that time all jobs in maths other than teaching or lecturing were specified male-only (including government actuarial jobs), and I didn't want to teach. Anything to do with computers had the reputation of being staffed by only nerds with no social skills, so that was discouraged.

Next came engineering, but at that time there were no women in engineering school, and I knew I wasn't suited to be the first. From what was left I picked medicine, it having the added advantage of being at Otago.

HOW DID YOUR CAREER UNFOLD?

I did 15 months as a House Surgeon (Waikato) then some GP locums in the Waikato area, followed by a stint in New South Wales before heading overseas to London.

My loose plans were to stay in UK for about a year while doing the Diploma in Anaesthesia, then to return to GP practice in New Zealand, with perhaps the provision of GAs in the rooms (a practice not uncommon and quite acceptable then). I enjoyed anaesthesia and recognised its opportunities for travel and part-time practice, so went the FFA route through the various grades in London teaching hospitals. I also enjoyed living in London, with Europe on its doorstep.

In the end, I remained away for 9 years (including a year in Montreal) before returning to New Zealand for family reasons in 1985.

My training and experience had been heavily biased towards cardiac and paediatric anaesthesia. With family in Auckland, it was a no-brainer to take a job at Greenlane Hospital. That was a great place to be working, not only for

the clinical experience, but also for its collegial and friendly atmosphere, and a benevolent and supportive management.

I jumped ship from cardio-thoracic before its move to the Grafton site, to remain at Greenlane doing short stay anaesthesia, as well as being the Clinical Director of the unit, until my retirement earlier this year.

WHAT HAVE BEEN SOME OF THE HIGHLIGHTS AND CHALLENGES OVER THE YEARS?

It's hard to identify specific career highlights. The clinical work has always been enjoyable and rewarding, and the rapid expansion of knowledge in the field, along with the dramatic technical innovations that have occurred, have meant it has always also been interesting. If anything, the highlights have been peripheral to my salaried position, with opportunities to use my skills when travelling and in roles outside classic anaesthesia practice.

Along the way, I have also enjoyed my various additional roles in supporting colleagues and in helping shape the future for the DHB and for patient care.

One of the greatest challenges that seems most significant, at least in hindsight, was coping with the difficulties of working while sleep-deprived after a busy night or 3-day weekends, as many of us did during training and our 'early' days as an SMO. On top of this I did a 2-year MBA course (1998-2000) while still working full-time, though my colleagues did allow me to do less than my full share of night/weekend call during that period.

Fortunately, rosters for trainees are better now, and many SMOs get recovery time after onerous call, though I am aware that this is not universal. Latterly there have been the added frustrations, for most ADHB employees at least, of the changed management style and the environment within the DHB.

My career in medicine has served me well and set me up for a comfortable

retirement, and I have no regrets about the choices I made. However, there are so many more opportunities for young people now, especially for women, that I wouldn't have chosen medicine if I was a school-leaver today, and that's what I tell young people who ask me.

HOW DID YOUR INVOLVEMENT WITH ASMS COME ABOUT?

I joined ASMS when it was established, then attended the first (and all subsequent) annual conference(s), and joined the Auckland Central Branch committee sometime in the first year. I was keen to understand and help shape the future for specialists in DHBs, plus assist colleagues, and this seemed an effective route.

One way and another my involvement increased, and I joined the National Exec in 1997. I really enjoyed my time on the exec, not only for the contributions I hope I made, but for also meeting colleagues from around the country, and understanding the issues that are particular to some DHBs, and those that are common to all.

HOW ARE YOU FINDING THE TRANSITION TO RETIREMENT?

The transition to retirement, after 43 years in medicine and 40 in anaesthesia, has been very easy. While on paper I have worked full-time-plus till retirement, in fact I had accrued a lot of leave and I used this up a day or two most weeks over the past few years, as well as the longer periods for travel, so effectively I worked part-time.

I'm still catching up on deferred tasks, and doing more of what I did on days off, and am enjoying life. The biggest downside is seeing less of colleagues who became friends, and whose company I enjoy. I will need to work on maintaining contact with them once I am back from my next trip.

I will continue to travel, and now I have the advantage of not needing to work around departmental requirements or conference schedules.

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