



BRIGID CONNOR (CENTRE), WITH FRIENDS KIRSTY DAVIES (LEFT) AND TERESA KERR (RIGHT).

DR BRIGID CONNOR IS AN INTERVENTIONAL RADIOLOGIST WITH AUCKLAND DISTRICT HEALTH BOARD AND ASMS' AUCKLAND BRANCH PRESIDENT.

WHAT INSPIRED YOUR CAREER IN MEDICINE?

I was really unsure what I wanted to do but knew I was sick of school, so actually spent a couple of years after school working before finally deciding on medicine. I spent a year working in sales and a year as a chairside dental assistant. I'd been wondering about something 'sciencey' or in a lab, but, after a visit with a haematologist friend of my mother's, decided medicine would be a good leaping off point. To be honest, one of the main selling points was that he was not my mother! Having someone other than her suggest that medical school was the right option for me made a big difference.

I went to see him to check out the lab and he said, "Do medicine first. If you still want to work in a lab after that, you can run it." It made good sense. Now I work in a different kind of 'lab'.

So I went off to Otago and did the full six years in Dunedin. Loved it! Such a great university city, and we were a very tight-knit clinical group.

I had designs on surgery initially, like most of my class, and flirted with the idea of vascular surgery. The turning point was a radiologist who took us for teaching while I was a house surgeon in Tauranga. She was so knowledgeable about everything, and seemed to have this great role of sorting out what was going on in the

mystery patient. I wasn't sure about moving off the ward, so would spend any spare moment I got as a second year hanging out in the department with her, seeing if I thought I could become a denizen of the dark. Once I hit radiology and got a taste of interventional radiology, I felt I'd finally found my niche. Best of both worlds.

I did my house officer years in Tauranga and then moved to Auckland when I got on the radiology training scheme. At the end of my training I planned to head off overseas but I decided to stay on in NZ when my mother was diagnosed with cancer. Thankfully, she came through surgery and chemo like a star, and I then headed off to explore. I locumed my way

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around the UK, starting in the Channel Islands and then basing myself in London, working from as far south as Gibraltar and north to the Western Hebrides. In between jobs I travelled in Europe and Africa.

The call of an interventional fellowship in Auckland, along with family, brought me home and I've stayed here since, with regular trips to other parts of the globe. Those who know me know I need little excuse to travel, it's a passion, but I have two gorgeous nephews who live in Berlin, so that's another reason for regular trips to the other hemisphere.

WHAT DO YOU LOVE ABOUT YOUR JOB?

I know it sounds cliched but I really do like helping people. The need to get informed consent for IR procedures means I get a chance to chat to people about their condition one on one, and sometimes that's the first chance they feel they've had to ask lots of questions. I need to give them some complex information while still making them feel at ease - I'm told my bedside manner's not bad - and being able to do that in language anyone can understand is something I work hard at. Helping to ease someone's symptoms or treat their

cancer is great - and who doesn't love a good pus drainage!

My job is constantly changing with new technology and equipment. I would love to feel like more of an expert but the goal-posts keep shifting. There are relatively few women in IR, and I'd like to be part of the story in terms of promoting the specialty amongst women.

For all of the challenges of working in a cash-strapped system, we are at the front line. It's great to know that you are part of a team that I think does really well when the chips are down.

WHAT ARE SOME OF THE MOST CHALLENGING ASPECTS OF PRACTISING MEDICINE?

We just seem to keep getting busier and busier and are expected to do more with less. I think the drive to save money has resulted in some great improvements and efficiencies, but I'm not sure there's any fat left in the system. Also, while the public are generally very grateful for the health system, I think expectations have changed as we've moved on from our historic paternalistic practise and that brings a new set of challenges.

Patients (rightly) are now much more involved in their health and they no longer just accept that the doctor is always right. Sometimes that can be difficult when they are unwilling to accept the advice they are being given, and want something else despite evidence of no benefit, or perhaps harm. To be fair though, in secondary and tertiary medicine we are much more shielded from this than our colleagues in general practice and the emergency department.

WHY DID YOU DECIDE TO BECOME ACTIVELY INVOLVED WITH ASMS?

I think unions are important, and strongly believe that if you are not prepared to get involved and try to help enable or institute change, then you probably shouldn't complain about your lot. I was involved in the RDA as an RMO, so there was a sense of continuation to be in ASMS as an SMO.

I've met some incredibly committed people, made friends, and learnt a whole lot more about different specialties and DHBs around the country. Still think I've just scratched the surface of how the health system works in this nation of ours!

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