

Blog:13.10.2024

Is it spring? The birds and trees seem to think so, and the frogs have set up their loud tuneless chorus all night [and sometimes day long]. Even while I was away the weather was cool, lots of rain, high cloud and wind, but that didn't matter as I read all day, ate when I felt hungry which wasn't often, and slept good decent sleeps. So now, well rested and back at work since Thursday 4th. It's good to crash, and let the adrenalin run out, and hit zero to recover and replenish and I needed it. I will do it again towards the end of March next year.

It's also good to have Dr Ranche Johnson back on board. She worked while I was away and now reverts to just doing her Fridays again. While she is no longer the Clinical Director of our PHO, Te Hauora Aotearoa [the least top heavy PHO which has few employees and delivers back to the patients more than any of the others], the other days the week she is now at Auckland Medical School teaching medical students communication skills and general practice. Once Dr Dominic Smith finishes his University Paper on nutrition in a couple more weeks, he will be back working Fridays. I will regain my day to attend to business matters [hey ho, the bank manager, accountant, lawyer and others] and no longer be seeing patients on Fridays. 7:45am to after 6pm with often very short breaks at the most for lunch, five days a week: it was really a bit much, especially as I need to check in results and urgent matters through the weekend, as well as keeping up to date with journal reading. Blessed with energy as I am, even I couldn't sustain this forever.

I'm very grateful to the team we have got, who have made this difficult time of 1.5 docs short manageable: without the incredible work of Meriana, and her team of receptionists and nurses it would not have been possible, and I for one would not have coped. And thank you to all our patients whose thoughtfulness and consideration helped also. It was, and still is very difficult time for our health sector. I am seeing burnout to an extent I have never seen in over 40 years of being a doctor as clinicians wrestle with the moral injury of not being able to deliver the care we are trained to deliver, and want to deliver, to the patients who need it. We do know at the end of January we are joined by a lovely young woman doctor and we look forward to it.

We have been seeing a lot of patients who have a prolonged cough after a viral infection. Given we can do viral identification swabs unlike most GPs, it is good to get a swab within the first 2-4 days of illness. It also helps us pick up the whooping cough [Pertussis]- often called the 100 day cough- as treatment with one of the lesser used antibiotics cuts back its ability to spread and it can be fatal especially in babies. Swabs can be arranged directly with the nurse, who often does them in the carpark to avoid having patients coughing heaps of virus particles around the waiting room.

In Australia GPs can do a test at their surgeries that identifies not just covid, but influenza and RSV [ Respiratory Syncytial virus] as well as they also have access to treatments for these in the over 65 year old age group and people with some medical conditions like severe asthma, or immune problems. There is a trial using these RATs going on in Dunedin and Invercargill that I tried to get us included in unsuccessfully! If we can source these tests by the end of summer we are hoping to have them available for the patients who want them at a cost hopefully of around \$20 added to the consultation fee and coverable by medical insurance.

Arexvy is a jab available for RSV, but like those rapid antigen tests and treatment medicines it is not funded here yet: maybe next winter we might get it. In over 65yr olds the jab is about 80% effective at preventing the illness but even that advantage is important for older patients with breathing issues. How often it needs repeating isn't established by trials yet, either is how successful at avoiding serious complications and modifying it into a milder illness it is in the 20% of vaccinated people who do get RSV still. I've looked at some of the trials looking at these issues and realise it will take a few years of use to be able to accurately answer these questions. What researchers first focused on was safety and we do know it's a very safe vaccine with few and minor side effects- a sore arm being by far the most common.

We have been seeing a lot of RSV this spring. The 'flu season' with its Influenza A's [ H1 and an H3 which were predicted and covered in the flujab] seems to have gone, probably because there are no longer enough victims around. However, in these days of lots of airline travel, and crowded queues at airports, there is always the possibility for new and sudden viral epidemics, and South Auckland with its large numbers of people working at the airport is in the first line. Early viral swab testing helps us identify and reduce these outbreaks as our experience with covid showed.

Not that long now to Christmas, family get together's and hopefully sun and settled weather.

- Jacqueline and the team at Tiakina Te Ora.