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# Report of the 2008 Australia New Zealand Travelling Fellow

by *Fiemu Nwariaku, MD, FACS*

“I think I have decided to do academic surgery,” said the bright-eyed and determined medical student at the Auckland City Hospital in New Zealand. I was spending time with medical students and surgical trainees in the department of surgery at the University of Auckland. As the Australia New Zealand Travelling Fellow of the American College of Surgeons, I was invited by John Windsor, MD, FACS, to meet with students and trainees who were involved in research in the department of surgery at the University of Auckland.

A group of approximately 15 young trainees and their mentors and collaborators sat around a table and shared ideas about their research projects and the reasons they chose to engage in biomedical research. Strikingly, many of the reasons were almost identical to what I have heard from students, residents, and physician-scientists in the U.S. The driving force for some of these people ranged from raw scientific curiosity and the joy of discovery, to a desire to contribute more to medical science beyond direct patient care. Despite a relatively smaller research budget in New Zealand as a whole and within their medical schools, there still remains a strong desire by many to passionately pursue careers in-



Dr. Nwariaku (left) and Professor Windsor in front of the Advanced Clinical Skills Centre at the University of Auckland.

volving both laboratory and biomedical research—something I found particularly encouraging, given the difficulty that many physician-scientists in the U.S have obtaining research funding.

Although I had spent more than two weeks in Hong Kong at the annual meeting of the

Royal Australasian College of Surgeons (RACS) and visited the endocrine surgical unit at the Royal North Shore Hospital in Sydney, Australia, I was invigorated by this group of young people in Auckland, so eager to contribute to medicine. The faculty of medical and health sciences at the Uni-

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versity of Auckland is at the forefront of surgical education and patient care in New Zealand. Established in 1883, it is one of the eminent institutions in Auckland.

The department of surgery is headed by Professor Windsor, a pleasant, energetic, motivated and unassuming individual. Professor Windsor was instrumental in developing a surgical skills center that we visited (see photo, page 51). This center is important in training and skills acquisition for medical students, fellows, and faculty.

Professor Windsor is also a Fellow of the American College of Surgeons and active in the International Hepatobiliary and Pancreatic Association. He arranged for me to spend some time in the operating room with Wayne Jones, MD, a breast and endocrine surgeon at the Auckland City Hospital. I watched Dr. Jones perform a mastectomy with immediate reconstruction. Our discussion revealed the fact that the similarities far exceeded any differences in surgical practice. He related his experience with operating room turnover, administration, and surgical education.

### ***Landscape of New Zealand***

With an estimated population of approximately 4 million people, New Zealand is a relatively sparsely populated country. Auckland is home to almost one-quarter of the country's population—no surprise, given its numerous harbors and oceanfront views. Not surprisingly, the cost of living in Auckland is higher than the



The Auckland Museum

less-populated parts of New Zealand. Culturally, New Zealand is perhaps one of the most integrated cities that I have visited. A visit to the Auckland Museum was most educational, revealing New Zealand's rich history of integration and mutual respect among its diverse people.

It was particularly warming to learn that the early European settlers of New Zealand partnered with the indigenous Maori population. The city is replete with evidence of a robust, well-preserved Maori culture and language. Many city landmarks and streets have two signs—one in English and one in Maori. This custom is particularly visible and well preserved at the wonderful Auckland Museum, where I

had the opportunity to spend a few hours (see photo, this page).

### ***Hong Kong/RACS and YFF meetings***

My family and I started the Travelling Fellowship after a 14-hour flight from Los Angeles, CA, to Hong Kong. Although we were delighted to revisit the bustling city of Hong Kong, I spent the weekend attending the Younger Fellows' Forum (YFF) as a guest of Richard Page, MD (see photo, page 53). The YFF is similar to the Committee on Young Surgeons and the Resident and Associate Society of the American College of Surgeons. They meet before the RACS meeting to discuss issues of interest to RACS fellows who are within

10 years of obtaining their fellowship.

During the two-day meeting, I was impressed by the extent of the discussion, which spanned the gamut from surgical training to protecting young surgeons in new practices in remote locations. Again, the similarities to the U.S. system were striking. Though much less regulated than U.S. surgeons, Australasian surgeons share similar difficulties with patient referrals, maintaining quality of care, and dealing with patient safety.

During a brief discussion with the RACS president, Prof. Andrew Sutherland, MBBS, FRCS, FRACS, it was clear that rural surgery and acute care surgery were frontline issues for the RACS and we shared thoughts on how to best provide surgical care to patients in remote locations while preserving the role of specialist surgeons. Given the size of the Australian land mass and the relatively low population density (6.4 people/square mile, compared with 32 people per square mile in North America), the Australian surgeons have significant challenges providing comprehensive specialty surgical care to rural residents. In fact, Australia is the second least populated country in world (second to Mongolia). This population distribution makes it difficult to provide all aspects of specialist care to many people in remote locations. One option in use is having some specialists, such as ophthalmologists, travel to remote locations once or twice a week to provide service.



Dr. Nwariaku (left) and Dr. Page

Another Fellow of the American College of Surgeons, Scott LeMaire, MD, FACS, from Baylor College of Medicine in Houston, TX, was also attending the meeting as a representative of the Association for Academic Surgery (AAS). Dr. LeMaire gave a nice overview of the AAS and many younger fellows at the YFF expressed their surprise at the similarities between the two organizations. There was certainly a strong desire to collaborate with the AAS on matters of surgical education and career development of young surgeons. There are ongoing discussions about potential joint educational events between both organizations.

My wonderful host at the combined meeting of the Hong Kong Surgical Society and the RACS in Hong Kong was Chung-Yau Lo, MBBS, FRACS, FACS, who graciously invited my family to lunch with his family on the Sunday before the RACS meeting (see photo, page 54). Although my wife and I had visited Hong Kong before, we continue to be pleasantly surprised by the delightful activity they refer to there as lunch. Several hours spent in a well-appointed dim sum restaurant rendered us moribund for the rest of the day. Compared to our usual rushed meals, Hong Kong residents, like many Europeans, take ample time to enjoy their meals.



Luncheon with the families of Dr. Nwariaku and Dr. Lo

collaboration is a rare but valuable aspect of our professional interactions.

### **Sydney**

As a guest of Stan Sidhu, MD, at the Royal North Shore Hospital, I visited the Biomedical Research Complex and found many laboratories busily occupied by Australians, New Zealanders, Europeans, and Asians engaged in the familiar “dance” of biological research: western blots, microarrays, tissue databases, and so forth. Their commitment to translational research was laudable. With a desire to better identify malignant pheochromocytomas early after surgery, one group was performing microarray studies on human pheochromocytoma tumors.

These observations were good to see and further strengthened my commitment to advancing medical knowledge through science. In fact, we developed a collaboration that I hope will some day lead to exciting discoveries.

During our stay in Sydney, my family and I were guests in the lovely home of the Sidhu family and were schooled in the rules of rugby by their very active children. This was a wonderful social experience for us as we learned the marked similarity between life in Australia and in the U.S.

While in Sydney, the Australian Prime Minister announced an increase in the funding to public hospitals with the goal of reducing wait times for patients who needed specialist care. This echoed my experience in Hong Kong and further indicated to me the philosophical differences that we have

Later that evening, we attended a very elaborate opening ceremony that featured dignitaries from government and academia in Hong Kong and Australia. It was clear from the speeches that the government was very supportive of surgical care in Hong Kong, and perceived the relationship between physicians and government as a collaborative one designed to result in the best health for the population. This system struck me as different from the U.S., and we could certainly learn a lot from that relationship.

I had been asked to participate in the scientific sessions at the meeting. Starting with a panel session on thyroid nodules, which I co-presented with Barney Harrison, MBBS, MS, FRCS, from Sheffield, England, I learned that our management of small thyroid nodules did not differ significantly. Dr. Harri-

son and I shared differences in practice between the England, the U.S., and Asia. The rest of the scientific sessions were very educational for me.

I later spent time as a guest of the Australia/New Zealand (ANZ) Chapter of the American College of Surgeons. I cannot overemphasize my gratitude to the members of the ANZ Chapter for their hospitality. Ross Blair, MB, ChB, FACS, FRACS; Ian Civil, MB, ChB, FACS, FRACS; Stephen Deane, MBBS, FACS, FRACS, FRCS; and John Buckingham, MBBS, FACS, FRACS, went out of their way to ensure that I was comfortable and did not want for anything. I really felt at home with this group of outstanding individuals and now understand why the ANZ Travelling Fellowship is so popularly pursued. Such genuine international professional

toward the provision of health care in Australasia and Asia compared with the U.S.

Sydney was every bit the city I had imagined: a sprawling metropolis inhabited by people from all over the world. A visit to the Rocks, an old part of the city, showed artists and artisans showcasing local crafts, including glass blowing and weaving.

I had the opportunity to spend the day with the endocrine surgery unit at the Royal North Shore Hospital. The University of Sydney endocrine surgical unit is perhaps the largest endocrine surgical unit in Australia and has been in existence for more than 50 years. This unit has achieved worldwide recognition for its contributions to endocrine diseases first under the leadership of Thomas Reeve, AC, CBE, FACS(Hon), FRACS, and currently Leigh Delbridge, MBBS, FACS, FRACS.

Professor Reeve joined the unit in 1957 and started a database that now has documentation of every aspect of more than 18,000 thyroid, parathyroid, and adrenal procedures performed in the unit. This database has been integral to the writing of more than 130 articles on the topics of thyroid, parathyroid, or adrenal

surgery. Such publications have been integral to significant changes in endocrine surgical practice worldwide, including the use of total thyroidectomy for multinodular goiter. I was a guest of the head of the unit, Professor Delbridge, and his associates, Dr. Sidhu and Mark Sywak, MD.

I had the opportunity to participate in a thyroidectomy for Grave's disease with Dr. Sidhu. The time in the operating room was unbelievably relaxing and familiar. The evening was marked by grand rounds at the Royal North Shore Hospital, during which I presented my experience with minimally invasive adrenal surgery in Dallas, TX.

At Dr. Sywak's request, I spent a few minutes comparing health care systems in the U.S. and Australia and was heartened by the exciting discussion by other physicians who shared their own ideas about health care across the world. Interestingly, access to health care is universal in Australia. The cost is borne by the government and private insurance. Patients are seen by general practitioners who then refer them to surgical specialists. While such a system has its

drawbacks, many advantages exist within it. For example, everyone has access to health care and no one can become bankrupt from unanticipated illness.

Finally, we spent the rest of the evening attending a delightful dinner at the home of Professor Delbridge and his family. Drs. Sywak and Sidhu and their spouses were present and we had a nice evening discussing health care, culture, travel, and food.

### **Conclusion**

Overall, the ANZ Travelling Fellowship of the American College of Surgeons is truly an outstanding opportunity to share professional and social experiences with surgeons and physicians from other parts of the world. I may never have had the opportunity to exchange ideas with a group such as this in a similar setting. It is really a jewel of an opportunity for which I am very grateful.

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