

Anaesthesia in developing countries

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Why We Need to Rethink Working Overseas (and why I still continue to go...)

In this presentation I will share my personal experiences in different work environments in low and middle income countries over the last decade and the lessons I have learned along the way.

While my first overseas placements as a final year medical student in Uganda and Tanzania opened my eyes and taught me many things, it was, in retrospect, disorganised, chaotic, and harmful to the patients, their families, and myself. It forced me to rethink the well-intended work being done around the developing world, whether it was actually doing any good, and how it could (AND SHOULD) be done better.

With a lot of reflection, some formal learning and training, and some absolutely amazing mentors and coaches, my practice has evolved and has included teaching and training, short term medical missions with Australian organisations, and slightly longer work with MSF. I have had the opportunity to work in countries across Australia, Africa, South East Asia, the Middle East, the Pacific, and Central and South America.

Within the context of my experience, I want to discuss how overseas work can keep the interests of the recipients as the top priority; creating a mutually beneficial partnership where the focus is on the locals rather than on our experience as western visitors.