

charge of running the “control tower” at the Macquarie St headquarters, might be forgiven for thinking it more of a “logistical nightmare”.

But some nifty software, skilled operators and an array of computers mean that’s not the case.

An appointment book, which five years ago was a hand-written tome twice the size of a cricket scorebook, has been superseded by three double-screen displays with 28 columns of bookings.

The appointments electronic or phoned in are ever flowing, changing and growing.

“You are talking 90 surgeons and 20 operating theatres in five hospitals, running 12 hours a day, five days a week and sometimes on Saturdays,” Stanick said.

“There is pressure and occasional tension but it works well.

“The collaboration means all the experience, knowledge and load are shared. Solutions and advances are applied across the board.”

The hours, rather than being indeterminate, are managed and reduced.

A doctor called out overnight gets the next morning off. “No one ever works tired,” Stanick said.

Better time management has created space not just for holidays and recreation but also for expanded professional and charitable involvements.

Practice veteran Andrew Mulcahy serves on the Tasmanian Medical Council and the Australian Society of Anaesthetists, and several members regularly work in Third World countries.

More than half the team are keen bike riders, and longtime practitioner Rob Paton, whose chronic-pain-management clinic is part of the Macquarie St complex, is a current world champion veteran road cyclist.

In an ever more demanding medical world, ironically, the anonymous “pilots” of the operating theatre are even finding time to get to know their patients.

The brief chat before receiving “something to help you relax” has become for many a pre-op appointment to make sure they are “fit to fly”.

People now receiving full in-the-rooms consultations with their anaesthetist include those with special medical needs or having major surgery and even pregnant women who believe they may require anaesthesia in labour.

“Patients like to meet their anaesthetist beforehand,” Martyn said.

“It helps them through what is often a stressful time.

“This is really our hallmark and not



MIKE MARTYN: “Ours is a very science and technology-based specialty but it requires dealing with individual patient variations that make it an art as well.”

common practice in the rest of Australia.

“Advancing patient age with associated health problems and the increasing complexity of procedures are being matched by advances in education, standards, equipment and drugs that make anaesthesia safer and with fewer side effects than ever before.” Mere decades ago, it was a very different story, as Tom Thomson reminded guests at the group’s 50th anniversary celebration this month.

Back in the 1960s, he carried his equipment from hospital to hospital in the boot of his car.

“The only thing the hospital supplied were steel needles that frequently were blunt,” he said.

A plaster contraption he had made for Sir Douglas Parker became known as the Thomson Rest and made the famous Hobart surgeon’s spinal operations a little less bloody “after I managed to persuade him to use it”.

In theatres that reeked of ether, occurred many an incident both interesting and humorous that modern practitioners would find difficult to believe, he said.

“If I had ever imagined that my one-man practice would grow to 25, I would have thought it an illusion brought on by over-exposure to anaesthetic agents.”

## Flying visitors ease the pain

**T**ASMANIAN anaesthetists are dispensing pain relief and goodwill in needy countries through Asia and the Pacific.

Members of the Hobart Anaesthetic Group are regular visitors to Laos, Nepal and Bangladesh and the islands, where specialist medical services are not readily available.

Mike Martyn is organising his eighth trip as part of an Interplast Team going to Fiji in October, having previously visited the Solomon Islands, Samoa, Kiribati, Vanuatu, Bangladesh and Papua New Guinea.

Andrew Ottoway is

doing his third trip to Laos to continue teaching there, and Leah Freestone has been to Nepal three times on a similar program.

“The work is demanding and often in small hospitals with minimal facilities,” Martyn said.

“However it provides services that otherwise would not be available such as the correction of cleft lip and palate.

“Much of what we take for granted in our society is simply not available in many of these countries.

“Such work would be difficult to do from a basis of normal anaesthetic private practice in Australia,” Martyn said.