

# President's blog

July-August 2019

## Unintended consequences and why I'm no superwoman

*"For every reaction there is an equal and opposite reaction." Isaac Newton*

*"...because as we know, there are **known knowns**; there are things we know we know. We also know there are **known unknowns**; that is to say we know there are some things we do not know." Donald Rumsfeld*

Since taking on the role as President of the Society, I am frequently asked how things are going. To say they're going well is currently true (potentially tempting fate) although I often respond that as well as permanently awaiting the next external storm (nurse anaesthesia/sedation, changes to MECA reimbursement allowances, anaesthesia assistant issues etc.), I anxiously await the self-imposed unintended consequence. That is, the unintentional offence that lurks around every social media corner, or the accidental slight when hitherto unknown political protocol is inadvertently ignored. There are many mines and pitfalls. I have learnt one rule the hard way – don't go on social media after a glass or two of red wine. Much like shopping while under the influence, you run the risk of waking up in the morning with more than a headache.

There are unintended consequences no matter how much we wish there weren't. One possible unintended consequence of the rise in gender equality and improvements in diversity representation is that young Pakeha men MAY not find their desired future careers as easy to come by as many previous white Anglo-Saxon males did. I am 100% in favour of gender equity and increased diversity, however we should also be brave enough to acknowledge some of the unintended consequences that such change might bring. We need to allow people the space to explore what these changes mean for them, how it impacts them and how we may need to consider mitigating these effects.

Such contemplation may occur ahead of change, which can help make these known unknowns (thanks Rumsfeld) or known possible consequences have less negative impact. More often they're the unknown unknowns, which only make themselves known as the change occurs and the real-life outcomes of that change become evident; think Brexit. Everywhere we look there are unintended consequences – some bad, some good, some small, and some not so insignificant. I guess the best thing about change is that it is eternal, and we can make changes that lead to improvement and make things better.

A recent area of unintended consequence within our training system has been the introduction of more prescribed time allocation for training. Although not the intention, the application of these time constraints – the logging of each clinical day, sick days, annual leave, study leave, conference leave, days off for industrial action etc. can serve to add to the stress of training if the boundaries are looming. This is new, it is a development of the change made in 2013 to the curriculum (deeply embedded with evidence based medical education theory, which is great), and it impacts our trainee colleagues. Those who started

with this 2013 curriculum are only just coming out the other end, so anyone with direct experience of this change are fairly early on in their careers. With the recent industrial action, I have been told this has been a significant stressor for some trainees, and for a few, may have influenced their decision to partake in industrial action or not. Introductory training is a particularly tight part of the curriculum, and a time when trainees are least sure about their place in the anaesthesia world – making decisions that weigh up training requirements and industrial relations at this time is undoubtedly difficult.

For those of us with more clinical experience, we know that unintended consequences in our hospital work abound as well, of course. Decisions made about prioritisation of certain treatments means less in the pie for other patients. The act of outsourcing ASA 1 and 2 joint replacements, paediatric grommets or ACC cases to private removes training opportunities and increases the complexity of those patients who remain in the public sector. Twenty-five per cent of paediatric surgery is performed in private hospitals in New Zealand, however I don't know of many regions where trainees are a regular part of private (except perhaps oral health in the Hawke's Bay).

So, onto superwomen, or superheroes in general. Even compliments can have unintended consequences. For me, one of the most difficult compliments I deal with is the "I don't know how you do it, you're a supermum/superwoman." Generally, it is in the context of discussing the family or full-time work in relation to NZSA governance duties. It is always meant well. However, I have trouble owning the label for many reasons. One of those is that superheroes never fail. They are relentlessly successful at saving us from villains. They don't make mistakes, get sick, forget things or not succeed. A second reason is that it 'others' me. I am not inherently different to anyone else; I possess no special powers. There is no reason that you could not do what I do (apart from perhaps bear the children). It is all about priorities, support and what you want to do.

I recently mentioned this at a Board meeting I attended and I asked the men in the room how many of them had ever been called superdad/superman with respect to their ability to hold down a full-time job, parent and be involved in Society or College or hospital management work. Not one. The third reason I can't be a superhero is that we can't all be superheroes! Yet there we were, most of us sitting at the board table managing our roles (sometimes only just) in all those domains and we are all just doing our best. The fourth reason is that it takes the credit away from where it really belongs and that is with the people at home. They are the ones that support me to go to work, to Wellington, to Kuala Lumpur and other overseas destinations, and make sure there is a home to come back to when the job is done.