

Why did you choose to be a Doctor?

I became a doctor to help rural people get the care they need in the same way that those in the city enjoy. There is still an inequity in care between the country and the city. My work in neonatal and paediatric retrieval is a great marriage of my two passions – neonatal and paediatric critical care and serving country people. Having started my career as a nurse, I also wanted to be more liberal with pain relief – pain serves a purpose initially to highlight a problem and then it should be completely taken away from the clinical scenario.

How do you achieve home/ work balance?

I have a great family and they are great support – they believe in helping others as I do, and they support me to be able to do that. Fresh air, exercise, a healthy diet and a few select really good friends also helps.



this issue
Dr Kath Carmo

Surviving Training and closing the gap

Looking back, are there any differences between the 'expectations' of the job and what your 'experiences' of the job are now?

I think it is easier than what I thought it would be – having a passion for the job helps and in Australia although there is lots to do with making it better and supporting clinical teams, we do have it pretty good. I think the politics at my level is a little surprising; that clinical care is affected by the politics of the day is a real surprise. Finding and nurturing relationships and support for politicians who actually care is key.

Why did you get involved with ASMOF and the Union movement?

Doctors and clinicians need to stay awake and be the leaders in the development of clinical services. The rise of the hospital, non-clinician administrator and in some cases clinician administrators that poorly engage with clinicians are poison to the innovation and development of effective hospital systems. Clinicians, the unions, administrators and government need to work hand in hand to get the best outcomes for families and community who, I think, all want their taxes fairly distributed to health care.

What can you see yourself doing in 10 years' time?

In ten years' time I can see myself stepping back clinically and being more involved in the leadership of the health service in NSW/Australia. I think the country needs passionate Australians who have lived and breathed the Australian Health Care system and who know how to communicate well with many stakeholders. I would like to be consistently advocating for better health care services, education and research into improving the start of life.

"If we could apply early interventions to pre-pregnant and pregnant mothers and families we would go a long way to closing the gap, improving the mental health of Australians and preventing obesity."

Do you have one suggestion for JMO's that might help them endure training?

My nanny was a great addition to my family during training. I was fortunate in that my partner earned enough to support the family so that my wage during training largely went to the nanny. She supported me in many ways and maintained a great routine for the family. She was worth every cent so I would definitely recommend the investment. Importantly for a busy trainee my nanny provided a nutritious meal at the end of every day that I only had to eat and not think about food preparation at all – I could just enjoy my kids who were happy, bathed and fed when I got home each evening. Maintaining a healthy lifestyle – fresh air, exercise and diet is really important. Prior to having kids and my nanny, I was probably more in survival mode and eating a lot of takeaway. Don't delay kids because you are training, don't delay life because you are training. Family brings joy that you cannot imagine and we all get through it – for me I was far more organised and healthy post kids than before, and I know many of my colleagues were the same.