

**This is going to hurt**

**Author: Adam Kay, Picador, 2018**  
**ISBN: 1509858636**

This book is hilarious. It is pungent. It is heart-breaking. It is the story of Adam Kay as we follow him bright eyed and bushy tailed just out of medical school through the ranks of junior doctor (and as he points out, many so called junior doctors are not that junior!) through to...no, not specialist...but (spoiler alert!) to why he left the profession.

The best thing about this book is that it is broken down into bite size pieces. Really bite size pieces so it is easy to read while on shift, just before bed or anytime you want to just read a few funny stories as an amusing interlude. And it's so easy to read. Unlike many medical memoirs, it is free of medical jargon, or at least there is a full lay-persons explanation provided for the uninitiated.

The other great thing about this book is how relatable it is. Scarily so. Even though as a medical scientist, we may not be working on labour ward ourselves, but we are still involved whether we like it or not. Lab work is a bit like watching from the wings as we process the platelet count for an epidural, the haemoglobin for a patient with post-partum haemorrhage or take stage front and centre for a massive transfusion, we are still involved.

One can understand Adam's occasional annoyance with patients' ignorance of their own normal bodily functions, his understandable disgust at some retrieved objects that mysteriously suffered Eiffel Syndrome (read the book!) and his wonder at some of humanities more bizarre accidents and in some cases, especially brain-dead behaviour (penis degloving anyone?).

Especially easy to understand is his frustration at the hospital administration, management and system that sets staff up to fail. The painfully slow computer systems, the never-ending confetti of paperwork, the gruelling shifts and lack of support. Sound familiar anyone?



And the final straw that broke the camel's back for Adam. The last story is not so funny. Not so funny at all. It is heart wrenching. It is raw. It is real. And so very, very relatable. As I too am leaving the health sector for a bit, it may be long term, it may be short term, I find inspiration that not only has Adam written this book, but that he has settled happily into Life Without Medicine. I only hope that I can do the same.

*Reviewed by: Elaine Booker, BMLSc, Invercargill*

**A nurse on the edge of the desert**

**Author: Andrew Cameron, Massey University Press, 2017**  
**ISBN: 9780994140791**

Nurse on the edge of the desert is a really good read, especially if you have ever wondered what nursing is about. Andrew Cameron is a real down home Otago boy, and from his writing style, you immediately feel like you know him. He's very relatable and an easy-going narrator of his own life. He grew up in "old school" New Zealand, land of innovation, hard work and number eight wire. One day his Mum decided they needed a holiday. So, she packed the three younger kids into the car and dropped them off at the beach with a tent and some food and drove away. For a week.

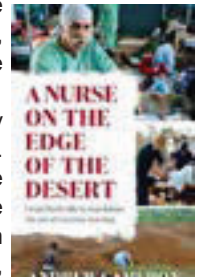
By the time he was in his late teens, he had had twelve jobs, could weld, drive any class of vehicle, fence, milk cows and assemble cars. So what attracted him to nursing? The promise of working with lovely young ladies of course! Although that is not what he told the formidable matron of Lower Hutt Hospital,

where he starts work. Learning at the bedside, as you did in those days, he is something of a novelty, being the only male nurse in his uptake. He pioneers the way for other male nurses and describes many of his trials and tribulations along the way, especially the rule that male nurses could not train in obstetrics and gynaecology. Despite many of the obstetrics doctors being male, the labour ward was considered "pro feminis, a feminis" or by for women by women. Knowing full well that this is not a subject that can be glossed over or learnt from a textbook, it takes him a very long time to achieve his certificate in Midwifery.

There is a definite underlying dry sense of humour in this book, and I nearly choked on my porridge when I read his account of some of the bullying old battle axes he encounters on labour ward; "I once asked my open minded mother why so many of the middle aged women with whom I worked were so difficult to work with, and so mean and nasty to the patients. "Well Andrew", Mum replied, without a moment's pause, "they've probably never experienced the sexual pleasure in their lives that they ought to have, so they take their frustrations out on other people." Yes, she said some quite odd things to me on occasion, my mother."

Indeed, sometimes you wonder why he stuck with the job! Able to turn his hand to anything and any aspect of nursing, we follow Andrew on his adventures around both New Zealand and Australia and then around the world to various war-torn countries on missions for the Red Cross. The take home message for me is how fortunate we are that people like Andrew, are willing to dedicate their lives, at the expense of their own, to better the outcomes of humanity.

It takes a very special person to mentally cope with the suffering that Andrew has seen. It takes a river of compassion to hold the hand of the school bully so he does not die alone, and a very strong stomach to watch someone's leg dissolve into a bucket. Indeed, we need more people like Andrew in this world.



*Reviewed by: Elaine Booker, BMLSc, Invercargill*

So what does *Nurse on the edge of the desert* and *This is going to hurt* have in common? One is the story of a Kiwaussie nurse, and one is the tale of a UK doctor. The underlying themes in both books are the brutally long hours and anti-social shifts the medical profession inflicts on its staff. In some of Andrew's jobs he has been literally on call around the clock. His "break" was an unpaid "vacation" to work for three weeks in another hospital. In the case of Adam, we watch his relationship with H gradually break down, as he is never home. He virtually lives at the hospital, or on the commute. There is a high personal price to pay in medicine, with broken relationships and children growing up in a solo parent household. The hours are at odds with the rest of humanity.

The other underlying theme is the lack of support within the medical field. Look at these two paragraphs, different books, same theme; "I had to cut a body down from a tree on more than one occasion, and these episodes always left me shaking and sad. I suppose I should have been offered counselling at such times, but our administrators never seemed to realise how deeply affected it was possible to be. Perhaps we didn't realise how deeply affected we were." *Andrew Cameron*.

"Except, I wasn't *really* dealing with it, I was just getting on with it. I went six months without laughing, every smile was just an impression of one – I felt bereaved. I should have had counselling – in fact, my hospital should have arranged it. But there's a mutual code of silence that keeps help from those who need it most." *Adam Kay*

And finally, what comes through in both books is that the management systems in both countries (in fact all three!) is

constantly pitted against actually helping the patients and prevents medical staff from being able to provide the best care possible for patients. Everything from pitifully slow computers to unnecessary levels of bureaucracy, chronic understaffing, and a distinct lack of resources hinder these caring and hardworking professionals at every step.

While I cannot change anything with a mere book review, I can at least get readers thinking about “how can we do this better?”

How can we better support the staff who care for the patients? The nurse of today is the patient of tomorrow. There clearly needs to be a global shift in the way healthcare is managed. Because we need people like Andrew and Adam, and everyone, medical staff included, are entitled to have normal, healthy human relationships, which are clearly unable to be maintained in the current model.

**Elaine Booker, MScMLS, Invercargill**

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