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Livin' la Vida Locum: A Globetrotter's Journey

Narrator:
You're Listening to *Spotlight On Locum Tenens* on ReachMD in partnership with Locumstory-dot-com.

Dr. Johnson:
There's no such thing as a typical day in the life of a doctor. However, most physicians become accustomed to the office, hospital or healthcare facility where they practice day in and day out, usually somewhere close to home, relatively speaking. But, what if you could have a career that's far from ordinary while still doing what you love, practicing medicine?

Welcome to Your Career in Healthcare on ReachMD. I'm Dr. Shira Johnson, and joining me to share his story as an international OB/GYN is Dr. William LeMaire, author of *Cross Cultural Doctoring On and Off the Beaten Path*.

Dr. LeMaire, welcome to the program.

Dr. LeMaire:
Thank you, Dr. Johnson. It's an honor and a pleasure for me to be invited to be participating in this interview.

Dr. Johnson:
We're honored to have you, sir. Can you tell us a little bit about your background and how you got started in locum tenens? You know, in the medicine world, we're real used to people in emergency rooms doing locums, and more and more, and on ReachMD, we're interviewing internists, people from all different specialties, such as yourself, that are doing locums. So, can you tell us a little bit about how you got started in it?

Dr. LeMaire:
Yes, my story is a little bit different from what you will hear most of the time from doctors who start doing locums work. Many stories I've heard from other doctors who start doing locums work is that they are not happy with their career; they feel they're not being fulfilled and they are not doing what they really like to do. Others are burned out and really want to do something different. But I was a faculty member in obstetrics and gynecology at the University of Miami and trying to juggle the 3 proverbial hats that a faculty member is supposed to wear—clinical work, research and teaching—and I was relatively successful with all 3 of them, and I was very happy. I was never thinking of doing any volunteer work or any locums work, and I wasn't going to change my career—until something really sad happened, and that is that one of my colleagues and also my best friend suddenly died at age 49 from a complication of open heart surgery. Of course, that was very traumatic for his wife and his family, and also for me, but he was my best friend, and he and his wife and me and my wife were best friends, and we had often mused about our future. We had made some plans, very vague at that time, of course, because it was far away, about our retirement and all that stuff, and when he died, that suddenly fell by the wayside. So, while it was traumatic for us as well, it also was the beginning for me and my wife to plan a career change even though we were—I was very happy in what I was doing. So in many ways his death was a new beginning for me and my wife, and that's how we started thinking about doing locums work.

Dr. Johnson:
That's an incredible story, and it was also giving a new path to life for the many babies that you delivered in your work that took you out of Miami and around the world. Where have your locum tenens assignments taken you throughout the years?

Dr. LeMaire:
Yes, I mean, that started off when we decided that I was going to quit my job at the University of Miami, and we decided at age 55 I was going to resign from my position and start doing something else. So we started thinking of what to do, and among many ideas that we

had, one came up as to go ahead and try to work through mission hospitals and go work in underdeveloped countries and mission hospitals. And I started exploring that, and pretty soon I found out that mission hospitals would provide you with travel and housing but no or very little salary, and at 55 I wasn't independently wealthy. I needed a job that was paying, even though I knew that I was going to be paid less than I was accustomed to, so that didn't go too well. So I started looking at other things, and luck be it, I came across an advertisement from a small hospital in Okinawa, Japan, that was looking for an academic senior position in obstetrics and gynecology for 6 months to a year. I applied and I took the job, and we went to Japan. Our plan was to work 6 months and play 6 months. It didn't quite work out that way, but almost. So the first 6 months was in Japan, and then we played and traveled. By playing, I mean traveling and doing other things, visiting our family in Belgium where I originated. And then I found another advertisement for a position in Karachi, Pakistan at the Aga Khan University, and I applied for that and took that. That was for 2 years. And then we played some more and found another advertisement for a position in the Indian Health Service in Sitka, Alaska, and I interviewed there, and I liked it and took it for 2 years, and we liked it so much that we ended up staying 7 years. And even though I liked it there in Sitka, we still wanted to do some other things, so I resigned from there and then found a job through a locum tenens company in Australia. I worked there 6 months. I worked twice 6 months in Tasmania, twice 6 months in New Zealand, and several times for a shorter period of time, 3 or 4 months, in Anchorage, Alaska. And that's sort of the summary of what we have done. In the meantime, I did a bunch of volunteering work for a short period of time. I say volunteering because all these jobs that I just mentioned were paying jobs. I did volunteering and short periods of time in Saint Lucia in the Caribbean, probably 6 or 7 times for 3 or 4 weeks or 6 weeks, and then also 4 months in volunteering in Chiapas, Mexico in a hospital. So that's the places we have been.

Dr. Johnson:
Now, were all these jobs—were you always working as OB/GYN, or because of the location, did you have to do some primary care functions to serve these people as well?

Dr. LeMaire:
No, it was all OB/GYN except in the voluntary… When I volunteered in the Caribbean and in Mexico, I did some general surgery and helped out in other cases when there was an accident or something like that, so I did that as well.

Dr. Johnson:
And did the locums organization or whatever organizations you worked with, did they also make it easy for you to have licensure in that company and make that transition?

Dr. LeMaire:
Yes, and it was easy at the beginning. In Japan, we didn't have any problem at all. In Pakistan, I had to apply for a license—I mean an authorization to work as a physician. It took a long time to get, but actually, I received it a couple days before I left, but they allowed me to work anyway. In Australia and Tasmania, it was relatively simple, and I was helped by the organization, the company that got the jobs for me. They streamlined the application, so, yes, it was relatively simple. It has become more difficult in Australia and Tasmania and New Zealand, I understand, more recently. When I applied and went, it was really pretty simple.

Dr. Johnson:
When you went to a new country for the first time, say Japan or Tasmania, what were some of the challenges you faced? Because we're so used to American medicine, we're kind of trained without a lot of flexibility, and obviously, you had to have flexibility to continually go into these new situations. Can you tell us a story or 2 of some of the challenges you faced from just being in another country?

Dr. LeMaire:
Yes, well, maybe that's not a challenge, but one of the things I learned when I started doing OB/GYN in countries like Australia and New Zealand and Tasmania is I learned to work with midwives. United States, when I was doing my work here, I almost never worked with midwives. I think that's slowly changing here, but in Australia and New Zealand, and other countries where I haven't been like England and Scotland and Ireland, that midwives do almost all the normal deliveries, and I was exposed to that in the beginning. It was foreign to me, but I learned how to appreciate just working with midwives. It was just really very rewarding. And the whole system there is so different from the United States. In the United States, if the OB/GYN, the doctor doing the delivery, doesn't make it to the delivery in time, the women will get pretty upset and angry and occasionally may even sue. The doctor has to be there, right? So, in Australia and New Zealand and those countries I mentioned, the climate is entirely different. The midwives would call me when there was a problem, so if I show up in the delivery suite or in the labor room for a patient in labor, patient gets very anxious. They say to the midwives, they say, "What's wrong? Anything wrong? Why is the doctor here?" This is an entirely different system. And I had the same experience in Alaska where I worked a lot with family docs who were licensed to do OB. And they love to do it. They were very good at it. They knew their limits. They would call me when there was a problem. And the same culture sort of existed; they wanted their family doc to do the delivery and really didn't want me to be around.

Dr. Johnson:
That's fascinating. What about when you flipped over into volunteer mode? And then you had to address more healthcare issues than the OB/GYN aspect; is that correct?

Dr. LeMaire:
Well, working in different countries, the American system is certainly not ideal and has many problems, and some people may even think it's broke. We can discuss that if you want to, but many people will agree with that. In these other countries that I visited, like Australia and New Zealand and even Pakistan, the system is very different from our system, and in many ways better, but it has their problems as well, and I can elaborate on some of the problems if you want to. But what fascinates me and is intriguing to me: Why can't we get the best of our system, the best of other systems, put it all together and come up with a close to ideal system? The other thing is that, especially when I was working in underdeveloped countries, Before I even started doing locums, I worked for 2 years in the Belgian Congo in Africa in a very primitive situation, and then later on in Mexico and in the Caribbean and not very well developed areas. I noticed that there are many technical advances over the years since I graduated from medical school, and enormous advances, and, of course, all very good, but what I have noticed is that much of that improvement and these advances have not trickled down to the poor areas and in developing countries, and there's still very many unfulfilled needs in these countries, and that's another fascinating but also very relatively sad aspect of our medical system.

Dr. Johnson:
How easy was it for you and your family to adapt to these different cultures and ways of life? Can you tell us some stories about the social interaction?

Dr. LeMaire:
Yes, in Sitka, Alaska and in Anchorage, Alaska, we were always very much welcomed and we became part of the community, and we have an incredible network of friends from all those different areas that we have kept over the years, and we keep contact with many of those. So, yes, we were very welcomed, and we enjoyed it. And part of that, I think, is also due to the fact that we not just worked there but also tried to integrate ourselves in the community. For instance, my wife would, while I was working, would take volunteer jobs. In Pakistan, she became the swim coaching in one of the schools. In Mexico, she would sort of take charge of some of the not-so-sick kids who were in the hospital for malnutrition and so on and were in the hospital for a long time and take them for outings, teach them reading and counting and played with them. So, yes, we felt very welcome—to the point that in some of the areas where we went, when time was up and we had to leave after 6 months or whatever time it was, they often had a farewell party for us, and in some of the places I felt that the party was not for me but for my wife because she was participating in the community. So I think that's an important thing. I think if you do this kind of work, I think your partner, whether it be your wife or husband, I think has to be able to like what you are doing as well and jump in.

Dr. Johnson:
For those just joining us, you're listening to Your Career in Healthcare on ReachMD. I'm Dr. Shira Johnson. Today I'm speaking with Dr. William LeMaire, an OB/GYN whose career took him on a journey around the world.

I know you've had dozens of unusual and challenging situations as you did this work over many years. Could you share with us 1 or 2 stories about some of the challenges you faced?

Dr. LeMaire:
Let me give you a couple extreme examples from Africa. I think it's important that you, if you do this, that you learn to make due with whatever is available. Coming from America, from the United States, you're used to having everything available. You can have all the blood tests you want, and you can have all the instrumentation you need, but in some of these countries, you don't have that, and I'll give you an example. In the Congo—this is now many years ago, but this may still occur if people go to Africa or Asia—the hospital where I was was a small hospital in the middle of the jungle, and I was the only doctor there, and we had no electricity, really. For instance, when you had a premature newborn, there was no way of sending the baby to another facility. Transport was not available. We had to make due. We didn't have any incubators, so what we did is we took a large fish tank and found another smaller fish tank in which we put the baby and put the smaller fish tank in the larger one and poured warm water in between while there was an attendant sitting there with a thermometer and measured the temperature, and if the temperature fell too much, she went down outside where on the open wood fire there was water boiling, and she put some more warm water in between so we were able to keep our premature babies warm. That's one example. The other example was again an extreme example, but in the Congo we didn't have any blood transfusions. We didn't have a blood bank, and nobody would want to donate blood there. That's their culture. So, when we had surgery on an emergency basis with hemoperitoneum, with a belly full of blood, for instance, in ectopic pregnancy and the patient needed to be transfused and we couldn't do it, what we did was we had—on the surgical pack we had a sterilized soup ladle, large soup

ladle, and we'd just scoop out the blood with all the clots and everything and put it over a piece of gauze stretched out over a basin, and at the bottom of the basin was some citrate to keep the liquid blood that filtered through the gauze—that the gauze kept the clots out—the citrate in the bottom would prevent further clotting, and then we used big syringes to infuse the blood back into the patient's IV. That was a very primitive blood saver. So you have to be adept, be able to do with whatever is available and not be demanding and say, "I need this," "I need that." Make due with whatever you can. That's one of the philosophies I have learned over the years. And it's not just with these major things like electricity and blood transfusion but with other smaller things as well. If you don't have something, try to find out how you can make due with something else that's available.

Dr. Johnson:
Yes, and I guess it's changing your level of expectation, that you don't have to have certain things. Whether it's medicine or in life, you can work around it and not to be disappointed or frustrated. Look at the situations you just described to us. I mean, many young practitioners have never heard of such things before. You have had an incredible life and some incredible experiences that we can't cover them all on this show. I hope that people will read your book. What would you say to residents or practitioners today who are maybe stuck in their ways or not thinking outside the box? You've had such an incredible life and such an incredible experience. What would you say to them?

Dr. LeMaire:
Well, what I would say is that decision that we make to change from a classical career to starting doing intermittent locums work was a tough decision, but looking back we have never regretted it. We have never looked back and over our shoulders. It was an incredible, enriching experience, and I would encourage people who have even the slightest thought of doing something like this to follow their dreams and move on and just go ahead and do it. And if I had given it… If I were given the chance, I would do it all over again.

Dr. Johnson:
That's a great remark for us to think about as we come to the end of today's program. I want to thank my guest, Dr. William LeMaire, for joining me to discuss his experiences as an international locum tenens physician and sharing his insights into practicing medicine around the world. Dr. LeMaire, it was great having you on the program.

Dr. LeMaire:
It was certainly wonderful to be with you.

Dr. Johnson:
I'm Dr. Shira Johnson. To access this and other episodes in this series, visit ReachMD.com/YourCareerinHealthcare where you can Be Part of the Knowledge. Thank you, as always, for listening.

Narrator:
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