

The Baker Heart Institute
Royal Alfred Hospital
Melbourne, Australia

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Having originally hailed from Australia, but done most of my scientific and medical training in the US, I was curious to see how health care was delivered in Australia compared to the US (Australia has a socialized medicine system). Because I also have a strong interest in research, I also included a research project during the visit.

Australia is of course a very easy country to travel to. The language is the same, currency units are the same, and the people are very friendly. I stayed with family in the suburbs of Melbourne, and caught the excellent public transportation system to work everyday. The system is comprised of trains, trams, and buses and is intricate enough that you can get anywhere in Melbourne without a car. The Baker Heart Institute is now located in a brand new state-of-the-art building which was beautiful to work in. On arrival, I was registered and given photo ID and taken on a waling tour of the facilities. I split my time between the human research lab which utilized techniques such as cardiac catheterization, jugular and brachial artery cannulation for complicated baroreflex measurements and hormonal spill-over measurements in patients with diseases such as panic disorder, metabolic syndrome and depression in order to gain insight into the neurohumoral aspects of these diseases. The clinical time was spent in the cath lab where we performed coronary angiography and interventional stenting on a daily basis and in outpatient clinics where I independently saw patients and presented to a cardiologist preceptor. Overall the trip provided fascinating insight to an excellent healthcare system that was based on the premise of: 1) primary care doctors are first line out in the community- they are located in the communities based out of homes that are converted into clinics so patients don't have to travel into the city and park in a large garage and take elevators etc just to see a doctor. 2) local specialists based in a similar setting to the primary care docs are in the community for consultations such as pathology and radiology. 3) tertiary care centers or center of excellence where the big and complicated stuff ends up. Under this system, patients occasionally have to wait a few months to get in to see a specialist for elective problems such as non-urgent orthopedics, or non-urgent cardiology, but it's all free once you get in and they even manage post surgery issues such as having physical therapy and occupational therapy come to your home for rehab. All urgent issues are taken care of on an emergency basis.

Melbourne was a great city to be in (voted most livable city in the world repeatedly for the last 10 years). My girlfriend (who joined me on the trip while on break from OSU vet school) set up a rental car and we went on road trips on the weekends along the world famous Great Ocean Road to see whales spawning, we saw the fairy penguins come in from their day fishing in Bass Straight to their nests at Philip Island, went to subtropical rainforests and did some hiking and many other wonderful weekend activities. Downtown Melbourne is no longer a quaint little city but more cosmopolitan center with high fashion and trendy bars and restaurants akin to Chicago (but a lot nicer). Overall, if you are looking for an international elective that doesn't include a dramatically different culture, or high risk of tropical disease and safety issues, consider Australia. The best time of year is December through March if you like it hot, or June through September if you like milder weather.