



The PHOnetic
For anyone interested in primary health

Turanganui PHO's Fortnightly Newsletter, Issue 28, February 6 2008

Gisborne GPs and Forensic Evidence Nothing Like TV's CSI

PHOnetic Feature and Photo by Clare Webber



GP Siri Nanayakkara and Tom James (far right) with Detective Craig Scott at the Gisborne Police cells. Photo: Clare Webber.

With shows like CSI on most nights of the week, we all think we are experts when it comes to forensic evidence and crime.

It seems being a crime scene investigator is glamorous and a breeze. Whole teams of experts ready to drop everything at a moment's notice to spend a week analysing mould spores to find out whether the sun was shining on the day in question...and as a result implicating Mr X who has a case of dire sunburn!

But seriously, although we are smart enough to take these wacky and far-fetched storylines with a pinch of salt, no-one knows any better than three Turanganui Primary Health Organisation general practitioners what it is really like to be involved in the process of collecting forensic evidence to be used to hopefully prosecute guilty parties.

GPs on call for Police work

Dr Siri Nanayakkara, Dr Johan Peters and Dr Tom James have a wealth of knowledge and experience when it comes to working with the police here in

Gisborne. In fact, Dr Nanayakkara has been in the job for over 30 years, starting in 1975 when he was new to town and "fell into it".

For these three doctors, the police work is above and beyond their normal working week, and it has not been uncommon to be called up to four times over the course of the week-long period they are on call.

Dr Tom James, the newest doctor to work with the police, has been in the job for a year and says while the job can be demanding on top of his regular GP commitments, he is enjoying the new challenge.

"It can be quite a juggling act with up to six callouts in a busy week, but that is just the way it goes. My family is used to me getting up and going out in the middle of the night now."

Much of the work can be divided into two categories; custodial medicine, where the doctors provide health care to people in police custody in the police cells, and forensic examinations, in cases such as sexual assault, rape, violent attacks, sudden death, suicide and even dog bites.

Custodial medicine

The doctors agree the custodial medicine aspect of the job is the least enjoyable, but is very important. "We have never, and hope never will, open the paper and read about a death in custody here in Gisborne," Dr James says.

"It is an important part of our job to ensure prisoners have access to a good quality health service while they are in custody."

Occasionally Dr James has come across his own patients in the cells. Seeing them in another context has helped him understand their situation from a wider perspective and use that knowledge in his role as their GP.

Forensic examination

Equally important is the forensic examination aspect of the doctors' work, particularly where the information collected will be used in a criminal prosecution case. On-the-job experience and knowledge is critical in a field of expertise like forensics, which is constantly changing with developing technology.

"In any forensic examination, our experience determines the quality of evidence collected and therefore the outcome of a prosecution," Dr Peters says, having worked for the police for about six years.

"There are serious implications and consequences of the work we do and the decisions we make. What we do for victims - especially sexual assault victims - is really important. If someone is brave enough to stand up and do something about the assault they have suffered, they deserve to have the process [of forensic evidence collection] done properly, because there is no prosecution without evidence."

"In the end, every woman is someone's daughter."

Not practical to take prisoners to ED

Gisborne Police Detective Senior Sergeant Craig Scott agrees the work the doctors do is valuable to the

Community News

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Alternatively you can request an addition to The PHOnetic's email distribution list.

Working with Maori in the nutrition and activity sector?

Te Hotu Manawa Maori (THMM) is running an extra three Kai Totika me Whakapakari Tinana Training Courses in Tairāwhiti in April, May and June. If you or someone you know would benefit from attending the course please register. [Click here](#) for dates and more information. You can also make contact by phoning (09) 638 5806 or [emailing THMM](#).

Health Workforce Information

District Health Board New Zealand (DHBNZ) brings the Health Workforce Information Programme to Gisborne on Wednesday 27 February, 10.30am-12 noon, Morris Adair Building, Gisborne Hospital. For more information [click here](#). Phone (0... x8554 or [email TDH](#) if you intend to come.

Pain Management Education

will be presented to health professionals by Waikato Pain Nurse Specialist Sue King on Friday 22 February 8am-3.30pm in the Conference Room, Gisborne Hospital. \$35 per person. Registration is essential. [Click here](#) for more information. Phone Candy Atkins on 869 0500 x8034 or [email her](#) to register.

Play Therapy Workshop

Play therapy workshops are being presented to all staff who deal with children. Planet Sunshine, Gisborne Hospital Children's Ward, Monday 18 February and Tuesday 19 February. Presenter is Kidz First Children's Hospital Play Specialist Ana Smith. For more

Police service. "They are independent experts in their own right and, as medical practitioners and doctors, perform a function for us that we can not do ourselves, which makes them invaluable to us.

He says it is not practical to take prisoners to the emergency department at Gisborne Hospital, so the doctors perform the crucial role in fulfilling the health and medical needs of inmates while they are in police custody.

"Their combination of experience, expertise and fresh perspective means the three doctors all have something different to offer, and they do a great job for us."

Being on call 24 hours a day seven days a week can be a taxing responsibility for the doctors, and the unpredictability and inconsistent nature of the job can make a big difference to the workload experienced by each doctor, Detective Scott says.

"Knowing that, we are very grateful for the dedication they have shown over the years."

Experience in the front line

One of Dr Nanayakkara's experiences highlights how important forensic evidence is in prosecuting criminals. He tells the story of a serial rapist who was attacking women over a series of about six weeks in Gisborne in the 1980s.

"Every week I was called to examine another victim from the weekend," he says. "After about six weeks, an identikit was used for the very first time to identify the man through a drawing of his face as described by a victim."

The man was identified and arrested and Dr Nanayakkara went on to present the case in an international forum on forensic evidence.

"I have really enjoyed the work – particularly the court work, when you need to be on your toes all the time," he says.

There have been times of particularly devastating tragedy too.

"One of the worst things I have ever had to do was examine the bodies of five people who died in a single vehicle up the coast last year," Dr Nanayakkara says. "That was very traumatic."

Reality check

Being a police doctor has been a big learning curve for the newest recruit, but Dr James says he wouldn't have it any other way. "It is a part of having a wide range of interests and keeps me fresh and interested in what I do," he says.

"In forensic cases, collecting good evidence is so important, but so tricky. It is a real challenge. And I have had to start watching CSI just to find out how unlike CSI the real world is, so I can explain those differences to a jury."

information [click here](#), or email sue.cranston@tdh.org.nz.

Infection Control Practices Update

Thursday 20 March, 10am-11am, Conference Room, Gisborne Hospital. There will be four Infection Control Practice Sessions in 2008, the first of which is Thursday 20 March. Please mark in your calendar the other sessions: 19 June, 18 September, and 11 December. To register email candy.atkins@tdh.org.nz. For further enquiries ring Infection Control Nurse Sandi Gamon on 869 0500 x 8561.

Tairāwhiti District Health Board Meeting, Tuesday 19 February, 9am, Morris Adair Building, Gisborne Hospital.

Community and Public Health Advisory Committee/Disability Support Advisory Committee Tuesday, 26 February, 9am/11am, Morris Adair Building, Gisborne Hospital.

Hospital Advisory Committee Meeting, Monday 18 February, 12.30pm, Morris Adair Building, Gisborne Hospital.

Visit www.tdh.org.nz for all TDH meeting agendas.

Patrick McHugh TDH's New GP Liaison Officer

By Clare Webber



GP Liaison Patrick McHugh Photo: Clare Webber.

Focussing on how best to meet patient needs is the goal of Tairāwhiti District Health's newly appointed GP Liaison Officer Dr Patrick McHugh.

Dr McHugh steps into the role on February 11 and says he is looking forward to the challenges of the new position.

Dr McHugh is well qualified for the job, having worked for many years in Gisborne both as a GP and as senior doctor at Gisborne Hospital Emergency Department.

"Having worked in both settings I have understandings and insights as to the potentials and pitfalls for each," Dr McHugh said.

"I can understand the frustrations of the GPs with what they perceive to be minor changes that can be made by the DHB to benefit the patient, and that the hospital seems to be a big black box."

"And from the DHB perspective, I can also understand that the hospital and DHB function on a much bigger scale and that these seemingly small changes often require a significant effort to make."

"However DHBs and GPs are ultimately there to meet the needs of the patient as best we can, so we need to keep the patient at the centre of everything we do. We need to look at what is best for the patient, not necessarily what is easiest for the health provider, because the patient is the reason we are in the health sector."

Dr McHugh has a long history in Health in Gisborne, starting out as a House Surgeon at Gisborne Hospital in 1987 and 1988.

He then completed a number of GP locums in Gisborne and Te Puia over a nine month period before starting his own GP practice in Mangapapa where he was the Principal for nine years.

In May 1998 Dr McHugh returned to Gisborne Hospital, this time taking up the position of Emergency Doctor Medical Director, a position he has maintained ever since.

The GP Liaison Officer position will be part time, taking up approximately 2-3 days per week, and Dr McHugh will maintain his commitments in the Emergency Department, but with reduced time spent in the department whilst a new Clinical Director is sought.

GP Liaison Roles Explained

This district's health sector has a number of people working within a GP Liaison role. Explained below are the four The PHONetic knows of.

TDH GP Liaison Dr Patrick McHugh (see article).

GP Liaison Committee A monthly meeting to which all GPs are invited. Generally, each GP practice sends a representative. It started around four years ago to create an interface between the GPs and their clinical counterparts at Gisborne Hospital. It is a useful forum for discussion.

GP Liaison (Pinnacle) GP Marla Williams was appointed to this position late last year but to date has not commenced duties. This position was created as one of five across the Pinnacle network (two in Waikato, one in Gisborne, and one in Taupo. One is being negotiated in New Plymouth). The positions are part of a strategy for Pinnacle to foster good communications between the GP practices and Pinnacle and to give Pinnacle insight into local regional issues.

GP Liaison (TDH Clinical Board) Mangapapa Medical Centre GP Alison

Dr McHugh is also involved in the Methadone Treatment Service at Awhina House, and has an interest in researching complementary therapies. He has helped establish a research trust with the aim of developing an evidence base for the use of such therapies in mainstream medicine.

McFarlane holds this position. The TDH Clinical Board meets to consider policy issues and the GP Liaison, as the only non-hospital representative, offers a GP perspective on these discussions.

Dr McHugh is committed to the new position and willing to complete some GP sessions to better understand the position of GPs in this region.

"Although I have done a few GP locums over the past ten years, I am aware that being out of that field for so long will mean there are changes I am not familiar with, and will need to come up to speed on.

"If that means doing some GP locums or sessions then I am more than happy to do that."

Dr McHugh will spend the first phase in the position meeting with GPs and establishing effective channels of communications.

"I want to find out directly from the GPs where and how they want me to spend my energies."



Invitation to GPs and Nurses

Medtech Advanced Forms, and Cardiovascular Risk Assessment for the HealthRight Programme.

Presentations:

Dr David Maplesden. HealthRight: Development and use of Medtech Advanced Forms for the Mental Health Programme and future use for Chronic Care Management (HealthRight).

A refresher on CVRA based on a presentation from Prof Norman Sharpe, Medical Director of the National Heart Foundation.

Dr Ken McFarlane. An overview of the use of the *best practice* tool for CVRA and management.

Wednesday 13 February, 2008, 7am-8.30am in the Turanga Health Boardroom, 145 Derby Street, Gisborne.

A light breakfast will be provided.

RSVP via email to: Tia.Moeke or via phone (06) 863 2661 .