

MacKay on money (and other things)



BY FINANCIAL ADVISER CHRIS MACKAY

“You be careful out there! They’re talking gale force winds on the radio.”

“I’ll be fine. I’ve been cycling to the office for 20 years in all sorts of Wellington weather.”

Should have listened to the Perfect Woman (PW) as I pedalled my way to Shine Café for a 7.30 am breakfast catch up with mates Steve and Rudy in late June 2021.

Travelling west down Bunny Street, my gregarious nature was my undoing. PW’s admonishments regarding the force of the wind was forgotten as I waved out to my mate Ricky outside Starbucks.

A gigantic gust twisted my handlebars and nek minnit I crashed shoulder first to lay winded and wounded in the middle of the road. Lady luck ensured there were no buses at the time as Ricky ran out and untangled the bike from my momentarily lifeless body. Some other good Samaritans Murray and Jennifer joined Ricky, asked me if I was able to move my legs, peeled me off the road and sat me down in Starbucks.

Another Saint materialised and sat with me as shock set in. I was sweating and wasn’t looking heck of a well. Saint Debbie rang the ambulance people and I was able to speak directly to Holly the Ambo. Holly asked me if there was any blood – negative – and if there were any bones or ribs sticking out – again negative – so she said they wouldn’t be coming but to get myself to the Emergency Department at Hutt.

Debbie rang the PW and made sure I was OK until she arrived, and, in the process, Debbie missed her bus. What a kind wonderful lady! Fortunately, Kathryn managed to get her to work on time. Thank you Ricky, Murray, Jennifer and Debbie!

Now, I have had a few tumbles off the old velocipede over the years, and in the past, have just picked myself up, dusted myself off and started all over again. So, true to form, I fulfilled my breakfast date with my buddies by wandering punch drunk to Shine and afterwards shuffling slowly back to the office.

When the shoulder and rib pain got so bad and I realised I couldn’t raise my right

arm, I got the guys from Team Physio to give me a sling and to book me in for an appointment the next day.

I’ve written before of my experience at ED when I got a fish bone lodged in my throat and so, based on this there was no way I was going to wait a minimum of six hours to see a doc at the hospital.

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As it turns out Soraya, my excellent physio organised an ultrasound and x-ray which confirmed I hadn't broken my shoulder bone or any ribs, but instead my rotator cuff had been completely munted.

The process is the physio sends details of the patient's condition to an Orthopaedic Surgeon specializing in shoulders, whose office then calls to arrange an appointment and further x-rays if appropriate. Well, that's the theory. Days turned into weeks, and weeks into months. No calls, no chocolates, no flowers. Nothing. My physio and I both chased them up but we were told "We will call you. Be patient." That was the goal. To be their patient. But that wasn't their goal. As the PM would say, it was extremely frustrating. In my case, an MRI was the prudent imaging to request if we could just get to see someone. Try as I could, and even after a personal visit to the specialist centre some months after the accident, the guardian of the orthopedist's appointment diary sent me on my way with my right arm in its sling and my tail between my legs. She said the doctor would be in touch with me when he had triaged me. Could I get an MRI in the meantime? No! the doctor will see you first and then decide whether an MRI is necessary. What about the physio already recommending one? No. I've told you. The doctor will be in touch when he's good and ready!

Blimey! This is when it's effectively private too because if it's an accident, ACC pays for one to have any treatment through a private hospital. Not at a public hospital.

I know what I'll do. I'll get my GP to find me another shoulder Orthopedist and in addition to organise an MRI. Sorry Chris, GPs are not allowed to book an MRI in these circumstances.

What? Seriously? Yes. That's the rules. Crikey. But, I'll ask one of my shoulder specialist mates at Bowen if he can see you.

And eventually I got sent a chitty from Bowen requesting an MRI. Fantastic news and all I had to do was present myself to Pacific Radiology. If you've never had one of these, you're in for a treat. Well, I was, at any rate. I must be a wuss because when they rolled me into the Xray tube thingo about two inches from my face, I had a panic attack and bailed out. In my defence, in bed I still thrash around in panic if the sheets

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wrap me up and I can't move my arms. A claustrophobic reaction possibly developed in utero.

Common sense prevailed when I considered how many months it had taken to get this far. I fashioned my COVID mask to cover my eyes, shut them tightly, said some prayers, got the headphones on with some talk back playing and allowed myself to be shunted back into the tunnel. Half an hour of whirring and buzzing and I was free, only to be thrust back for another 10 minutes because I hadn't kept still enough. Medical cogs then started moving and I got to see the Bowen Orthopedist who explained the MRI had confirmed all my rotator cuff tendons were knackered, and he couldn't reattach them. Which explained why my right arm wouldn't work. There was however another option.

It's called a reverse shoulder reconstruction which means the natural position of the ball and socket is reversed. Some French joker

Dr Paul Grammont came up with this idea in 1985. The procedure was first used in the United States less than 20 years ago, so it's pretty new.

These shoulder guns are so busy, it took 11 months from my accident to get a surgery date. The afternoon before going under the knife at Wakefield, I got an email saying due to staff shortages, all surgery had been cancelled for the following day. So, another two month wait and eventually, 13 months after the accident, I finally had the old shoulder bits chopped out (I kept them and suggested I could give them to the pooch - they're still in the fridge - my son cautioned me "Dad please don't give the dog the cold shoulder"). The discarded bones have been replaced with a new \$15,000 titanium ball and socket set.

Bottom line is I'm feeling pretty good. Beach shot put with Tom Walsh over summer is out of the question, but I can lift my arm over my shoulder now. I can do a Mexican wave, a high five and lift a glass of wine to my lips. My brilliant orthopaedic specialist shoulder surgeon Ilia Elkinson is delighted with how successful the operation has been. I can use a keyboard again with two hands and can write with my right hand. Total bill to ACC - about \$32,000 - \$36,000.

This last year has reminded me despite taking 13 months to fix my shoulder, how lucky I am. But thousands and thousands of Kiwis with medical issues haven't been so fortunate. Waiting lists for non-urgent procedures are horrendous. In fact, thousands of people who were on a waiting list have been bumped and now will probably never get their hip, knee, shoulder, coronary bypass, cataract, or hysterectomy done. COVID is partly to blame with operations being cancelled because of staff being crook. But the government must bear the brunt of the criticism in demanding private hospitals stop the surgery they were doing just in case the beds were required for COVID cases. They weren't.

Health minister Andrew Little needs also to shoulder (excuse the pun) the blame for being short about 4,000 nurses. However, a number of lame duck Immigration Ministers starting with Iain Lees-Galloway, Kris Faafoi and now Michael Wood, have shown themselves to be incompetent.

And what about our doctor shortage? When you have a UK doctor on the Kapiti Coast heading home because of lack of

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certainty around his future in NZ, there is something broken.

Years ago I wrote to the Minister of Health recommending we bond newly qualified doctors. I got a TIF reply. We know best. Of course they do. Haha. A GP from Auckland recently was promoting the same thing. He noted our newly qualified doctors often as not headed overseas just after they qualified, and they never come back.

How stupid are we?

I sat next to Dr Jonathan Coleman at a luncheon in October 2016 when he was National's Minister of Health. I asked what he was doing about our doctor shortage. He very confidently told me we had no problems. And that in fact there was a worldwide doctor surplus with unemployed international medicos chaffing at the bit to get their stethoscopes out and active down here in God's own. Really? Either he was an ignoramus or else he was getting bum advice from the Ministry. Gives you great confidence, eh?

To get into Med school in Dunedin or Auckland, you've got to have marks of around 95 per cent or else get in on some 'Mirror on Society' selection policy. I was discussing the doctor shortage with a senior physician recently who opined that B+ students make the best doctors. Whether they do or not, it's irrelevant. There's always more bright young things wanting to study medicine than places available.

Here's two solutions to a shortage of GPs and Surgeons.

When applying for Medical School (or Nursing), this should be the new conversation – "the people of New Zealand

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will pay all your fees and maybe some weekly allowance, and in return you have to stay and look after your fellow kiwis for at least five +? Years. If you don't agree to this – do some other course. But if you agree, and subsequently change your mind and leave, you owe the New Zealand taxpayer \$1

million plus interest." (Some percentage of that for the nurses).

The second solution is to establish full Medical Schools in Wellington and the Waikato. Auckland Medical School accepts around 256 students each year while Otago offers 300 places. About 500 graduate from both. Let's train another 500 a year. That'll fix GP and specialist shortages.

Rather than spending a few hundred million on the new health organisation, chuck that at new Medical Schools and Nursing Colleges.

Medium term. Problem solved. But it will take a few years.

As a postscript, in the past month or so, Kathryn's knee has decided to play up and neither cortisone nor painkillers are working. There must be more knee guys around than shoulder specialists because private surgery has been booked pretty much instantly. Despite much pain, if she was relying on the public system, she'd be on the waiting list and she'd be out of luck. How are we getting it done so quickly? Have we got medical/ health insurance? Come on – of course we have. I am a financial doctor!

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