

Interview of Dr Leo Buchanen

Dr Leo Buchanen is a Paediatrician based at Hutt Hospital

1. **Where did you grow up?**

Initially near the mouth of the Hutt river and then later in Karori.

2. **Where are you from?**

My whakapapa lines go back to Taranaki with my tipuna moving to Whanganui-a-Tara in the second Taraki migration of the 1830's. The European side of my mother's family hit Wellington in the first migrant slump of the 1840's so that I feel able to claim manawhenua status in Wellington from both sides.

3. **Where did you go to school?**

A convent school in Petone and then a long association with Marist Brother's Schools – first in Thorndon and then later as a boarder at Sacred Heart College in Auckland.

4. **Where influenced you to go into Medical training?**

I became fascinated by the idea of how the brain worked by middle childhood and decided then that I wanted to be a psychiatrist!

5. **Did being Māori influence your decision to do medicine, or your subsequent career pathway?**

Being Māori did not influence my decision to do medicine although I was conscious of having received some financial assistance from both the Otaki and Taranaki Māori Trust Boards during my secondary school years. My subsequent career pathway though did become influenced by being Māori. Ironically I did not realise the appropriateness of me being the first paediatrician in Taranaki because of some confusion over the whakapapa lines of the Wallace whanau but my interest and commitment to taha Māori really took off when I moved to the Wairapapa in the early 1980's as both a medical superintendent and paediatrician. I found myself embroiled in a number of fairly public controversies that eventually led to me having to resign. Kahungunu gave me lots of support.

As part of all this some board members had become concerned that I was too Polynesian in my attitudes. The subsequent position I secured as a community paediatrician to the Waikato Area Health Board had attractiveness to me in opening the possibility of taking paediatric services out to communities with very significant Maori populations. Hence my Waikato years included regular visits to Taunoranill, Tokoroa and Huntly.

6. **What is your job at the moment?**

Currently my paediatric work is based exclusively at Hutt Hospital. I came back here to my turangawaewae in 1992.

7. **Why have you gone into the particular area that you did?**

I headed towards paediatricians as a bias on graduation from Otago. It was partly a "default decision" for the following reasons:

- The idea of undergoing personal psychoanalysis as part of the deal to be a psychiatrist in the Freudian grip of my graduation time frightened me – would I be sane at the end?
- My clumsiness and lack of practical skills suggested that surgery could be hazardous.

- The idea of being a rural GP had some appeal but again the practical skills issue kind of scare me.
- Adult medicine had some interest but when I first walked into a geriatric ward as a houseman in Timaru I just turned tail and fled. I was not sure the people there were really alive or was this a horror movie?
- I knew nothing about Paediatrics as we had received minimal undergraduates input and it therefore had the appeal of freshness and life!

8. What particular skills do you use most in your work as a Paediatrician?

History taking is by far the most important skill for a paediatrician. For this to succeed aroha and interest towards the child and whanau are essential. Secondly examining young children is an art learnt best by observation. Paediatrics sits very comfortably with my firm view that medicine is primarily an art that draws on science from time to time.

9. Can you describe a typical day?

Weekdays always start about 6.30am. Most mornings I walk to mass at a beautiful parish church of St Mary of the Angels. This is an attempt to put things right with God and to draw on the spiritual resources of Catholicism for the day ahead. Most mornings I am home with freedom to pursue whatever. I like to think and be stimulated and spend most of the time at a study desk looking out over Te Aro and towards Mount Victoria. Some of my time will be reading around the difficult clinical challenges I am working with. Otherwise I feed my interests in history, philosophy and theology. If there are meetings coming up I will read background reports (last week I had a fascinating time reading the verbatim minutes of the last three meetings of the Paraninihi ki Waitotora Trust before driving through to the New Plymouth AGM) or contact key players for updates. Then there are phone calls to cousins and family to keep in the loop or emails to process.

By lunchtime I will be at Hutt Hospital and often won't get away until about 8.30pm. Usually the Children's Ward will be visited early to catch up with those kids who are under my care. The staff atmosphere is generally great at Hutt Hospital with good quality residents and registrars and excellent nurses.

There's no shortage either of Polynesian faces amongst the frequent flyers to the ward or the general clientele. After the inpatient ward reviews the focus – as for most paediatricians these days - is on outpatient work. There will be letters to sign and reports to consider before entering into the face to face stuff. My work at Outpatients is about 70% concerned with developmental delays or queries; varied and often challenging behavioural problems (including quite a bit of ADD stuff in its various manifestations) and epilepsy. I run a Paediatric Neurology Clinic and also have particular responsibility for children and adolescents with diabetes. I find most of this pretty stimulating but at times a bit draining. Other hospital activities for me focus on promoting breastfeeding as a major issue by giving talks; answering midwife queries; and helping women and babies with the more frustrating challenges to prolonging breastfeeding.

On getting home I tend to often have a touch of red wine with the meal; check out the rugby gossip (I'm addicted to rugby especially club rugby where one can offer

referees unsolicited advice); and then take in a dose of the Empire in the shape of BBC World before lapsing into a semi-coma.

10. Are there any particular heroes or mentors that have affected your career or what you have chosen to do?

An Englishman James Spence who at Newcastle-on-Tyne in the 1940's and 1950's really promoted the very Māori idea of the child always being seen within the family context and who gave a brilliant series of lectures on "The Purpose of the Family".

Closer to the current century I met and have been influenced by an American Herb Ratner who was a prominent medical philosopher and public health physician. He was very much into the mould of medicine as an art and was concerned about sticking with the norms of nature.

11. Are there any particular things people should do to prepare for working as a Paediatrician?

Have a sense of fun and being a bit whimsical or even mildly eccentric could help. More importantly perhaps having a profound respect for human life and a preparedness to encourage people to have kids. After all I often say to children that their main job is to bring up their parents. Having at least three to four children of your own will help with humility, wisdom and focus.

12. How was being Māori influence your experiences during your medical training, or subsequently in your job?

I don't think being Māori had much impact on my medical training until I worked in 5th and 6th year at Wanganui Hospital where I sometimes was embarrassed and angered by remarks over the circumstances of Māori patients especially in the tuberculosis ward that existed then. Being Māori though did subsequently impact my career pathway.

13. What is your favourite book?

This question is a bit like asking me who is my favourite All Black but two books that I dip into or refer back to with pleasure and interest are:

- The Faith of the Early Fathers – commentaries from the 2nd to the 7th centuries on the evolving understanding of Christianity.
- Histories: Power and Loss: Uses of the Past: A New Zealand commentary. Edited by Sharp and McHugh in 2001. This has very useful offerings on all the current controversies and clarifications over the Treaty of Waitangi.

14. Is there anything else you would like to talk about?

Yes. As I head towards more mature years as a paediatrician I am increasingly biased towards seeing genetics as more defining for a child than environment. I am therefore always wary about attributing a child's difficulties to his/her environmental circumstances. Having said that two committed parents – as a generalisation – are going to give our tamariki a better start especially when they maintain good diplomatic relationships with their whanau.

Ko Taranaki te maunga
Ko Te Atiawa me Taranaki nga iwi