

# Sarah Goddard's Journey from Tennant Creek and Back Again



**D**r Sarah Goddard is a proud Kaytetye woman of the Barkly Region of the Northern Territory and the second female Aboriginal Fellow of the Australian College of Rural and Remote Medicine. She is also the first Aboriginal Rural Generalist at Tennant Creek General Practice and its hospital. ACEM now has an opportunity to welcome Sarah and gain an insight into what life is like working as an emergency doctor in a town where you grew up and ask the question, “why emergency medicine?”.

One glance at where Tennant Creek sits on a map of Australia, and it's easy to see why Sarah felt compelled to train in emergency medicine. It makes logistical sense when you consider that Tennant Creek is 500 kilometres to the nearest

city, Alice Springs, and the fifth largest town in the Northern Territory. The hospital services a population of nearly four thousand people and that number doesn't include, backpackers, tourists and the grey nomads who travel along the Stuart Highway on a regular basis.

When Sarah is asked, “why emergency medicine?” she puts it in practical terms and states frankly, ‘Well it just makes sense’. Then after a small pause she adds, ‘And I love it. I love the work I do in emergency. I was always most comfortable in an ED. I knew I was going to be the one here to team lead and I obviously needed to study. I thrive in emergencies’.

Sarah divides her time between general practice, the wards, the emergency department and with her family. Now

also taking on the role of aunty, helping to bring up her niece and nephew, Tracker and Iraya. It seems like a lot to take on, but it's clear Sarah wouldn't have it any other way.

Sarah says that she knew that she was going to be a doctor at a very young age and there is the evidence to back it up, 'There are photos of me at three years old with a stethoscope around my neck'. Sarah's attributes her late mother Denise Goddard, for the determination required to persevere and to achieve a career in medicine.

'My mum was a copper for over 20 years.' Sarah lets out a big sigh, 'She was a very strong-willed woman, who has had a lot of medical challenges and against all odds would just keep going. So, I guess I have her to thank for the stubbornness and determination. She was told back before I was born that she would never have kids, well there's me and my brother to answer to that, we're talking about that kind of determination. My grandmother was a health worker and I have mum to thank for exposing me to the health profession, as she had kidney disease since I was a kid'. After a moment Sarah continues, 'In 1988 she was first diagnosed, so I was two, I've grown up in the hospital seeing professors and her renal physicians who I idolised'.

Sarah's mother Denise served in the Northern Territory Police Force for more than 20 years, despite serious health problems that began in her twenties triggered by a rare auto immune disease that resulted in kidney failure.

'Growing up in Tennant, seeing the rural lifestyle, disadvantage, Indigenous health firsthand it was set from an early age what kind of doctor I would be.'

'So, once I decided to go to uni there was no directional change, I wasn't going to go anywhere else. I knew I was going to be a doctor and the doctor I was going to be, was a generalist in Tennant Creek.'

It's not an easy road, but nothing was going to deter Sarah as she states, 'I just kept going, I was that determined that's what I was going to do. If I got a roadblock, well, I would just change my course and go around it, go to the next one. I had lots of setbacks, in getting through med school let alone family complications, failing three times, it would be enough for anyone to say, no maybe I shouldn't be doing this, but I just kept going'.

Sarah shares all this without a hint of complaint or resignation however when pressed she can acknowledge that the tough times had an impact on her. 'Don't get me wrong it hits you in the guts and crashes your world down, when you get that exam result that says, you've been unsuccessful. That's how Dad got me through boarding school, I'd be cracking it and wanting to quit and come home and he'd be saying, "try one more week darl and see how you go", and

then the next week was fantastic, and I'd be loving life and I wanted to stay at school. So, after a failure or a setback you give yourself time to get through that little bit and then pick yourself up and march along again.'

Even when Sarah was forced to come home to be with her mother, she still managed to work through the grit to make it all happen. 'Things changed – family happened, my mum got (seriously) sick and I pulled out and came home. Then I decided – no I was still going to be a doctor, so I went to Newcastle University and did an Indigenous enabling program. I worked hard and got into medicine.'

Predominantly, encouragement was something Sarah received from her home. She laughs when she mentions the conversations, she had with her career advisor telling them she wanted to be a doctor, 'They thought it was hysterical, obviously I wasn't the A grade academic along the way, I would much prefer to be outdoors, playing sport but I did like to sit in the biology lab. Just, don't tell me no and don't tell me I can't do something because I will get around it'.

Without the support of her now husband, and her father, Sarah doesn't think she would have got through medical school. 'I've got a pretty good family. Mum and Dad let us

kids be who we wanted to be. And they supported us along the way. No matter how outright impossible the dream was, they still supported us. I'm the first one on my mum's side to go to university. That's the Indigenous side, so I didn't have an academic to follow. My dad's sister had been to uni, but both my parents hadn't been. My dad did everything possible to keep us afloat when mum was sick and when I got older, they both worked together to get me to boarding school in year eight. I then left Tennant Creek again to complete medical school.'

It was 2008 when Sarah got to University in Newcastle. She made sure she came back for birthdays,

sometimes rodeos, venturing home most weekends. This would entail travel from Newcastle to Sydney to Alice Springs and then drive to Tennant Creek – then she would do it all again on the way back. It's clear this is what kept Sarah grounded, but she makes it clear that it's more than being a homebody, it's embedded in more meaning and is sometimes difficult to describe its true meaning. 'It's coming home to recharge, coming home to family and being back to be where you want to be. No matter how far away you go or what you do, home is always home where you make it, and no one can stop that pull to bring you back. I can't explain it, and I can't put it into words, I know that I'm me and I'm happiest when I'm home and with my family.'

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After a long pause Sarah adds, 'It's also my cultural side as well you know. We're all born to the land. This is where all my mob are and for them to see me have one little impact as a doctor in my home community makes it all worthwhile'.

'I've got plenty of friends and colleagues who are very passionate and love Indigenous health and rural medicine. But all the patients in the waiting room line up for me, it's got nothing to do with skill base and I can't explain that either.'

Sarah is straight forward when addressing questions on how she managed the change and contrast from Tennant Creek to study in Newcastle, 'I was just a little Black girl going to the big smoke and it was confronting'. On the other hand Sarah explains that her dad did take them to the east coast for Christmas, this was when her mother Denise was sick and they spent time in Sydney and she adds, 'So it wasn't a complete little Black kid out of the creek and into the big wide world'. When asked about her first day at Newcastle University she remembers driving up, parking the car and thinking, 'What am I doing here?' Sarah waits a moment before continuing.

'I'm in a four wheel drive that's got red dirt all over it and I'm parking next to BMW's and Audis at university where I'm thinking I really shouldn't be here and I've got NT number

plates on the car and I'm jumping out in a pair of wranglers and a t-shirt. I walked into the Indigenous Health Unit and all these other kids there were looking as scared as I was. Little did I know that my best friend would be someone who was the complete opposite of me. She grew up in Newcastle and she was a goth, that was confronting except we're still the best of mates. We laugh about it all the time, the fact that I get out in my cowboy attire, and she gets out in black clothing with black lipstick and dog collar on.'

Sarah explains there were lots of opportunities to study Indigenous health and med school did give people the opportunity to work in remote areas, but as Sarah explains, 'Not all Indigenous health is the same. There are different groups and languages, chronic health issues that affect different people. University does give a foundation but it's something that you need to build in, when you do the practical work in those places'.

Part of the reason that Sarah loves working in Tennant Creek is as she says, 'It's a place where you see real-life medicine, that some would only see in textbooks. I am seeing patients with acute medical problems in the emergency department, but also spending time in general practice. Tennant Creek is what rural and remote medicine is all about'.

In the hospital Sarah is the only Indigenous doctor and she adds, 'I'm also the crazy one that lives here permanently. I'm working with doctors that I've seen when I was growing up (caring for her mother) and they keep coming back here to service the community. They're all passionate about remote medicine, Indigenous Health, and emergency'.

It doesn't stop there, Sarah says, 'There are now other trainee's coming on board. People come up here from Melbourne, New South Wales and Queensland, and want to be here and experience the situations they're put in. They want to do their training here and now we're at a point where we're turning people away. We've built an empire. We have so many people applying. They want the practical hands-on experience that you get in emergency in a small hometown.'

I ask Sarah what she thinks the interest for students might be? 'Med students that come here, it blows their mind. They have no idea until they get here how different it is. We get a lot of people that were originally going to do their internship in Canberra or Melbourne and then they find themselves applying to the Northern Territory. They're coming back to do their training in the Northern Territory and putting their hands up to do their intern terms in Tennant Creek. They get to experience, not just medicine, they get to go out with the Aboriginal Liaison Officer, social workers, hang out with the practice nurse, but they also get to do their acute medicine, they get clinical skills.'

'This year is our first year, since I've been here, that we're getting registrars and I think it's about place and the community. They get the welcome with open arms experience when they walk through the door. Here it's everything. It's surgical, it's paediatrics, it's anti-natal, it's end of life care. It's all areas of medicine. You have to manage it because high speciality areas are 500ks away.'

I ask about being the only Indigenous doctor and how the other staff respond and this is when Sarah laughs through her answer saying 'One of my closest friends calls me the oracle and that everything she doesn't know medical wise or Tennant Creek wise, she knows where to get it from. We get new junior doctors coming through and I get the response oh so you're Sarah Goddard'.

'I don't think we practice medicine differently. I just have a bit more to add being a community member or childhood friend. I have the addition of being the checkout chick who served them as a teenager or someone who they competed against in a Rodeo, I'm the one who has run water on the footy field, I'm someone who they ride horses with or go fishing with. I have the community engagement side.'

I ask Sarah what a day in ED looks like? 'Well, first I have to get the kids off to school. Then into the ED to find out what's happened the night before.' I ask Sarah what happens if it's someone she knows? And she replies, 'It happens every

know me, they've known me a long time so I can get away with stuff like that'. After a moment Sarah adds, 'Also shutting the gate, even then there's still a demand, sometimes they call me the Sarah App. Dad will get a message with a photo of a stubbed toe from one of the relatives and he'll ask me to take a look at it. Then I go fishing'.

Sarah has the support of other services such as telehealth and the Aboriginal Medical Service. 'They did a great job and luckily the community was also quick to act with COVID. They received their first case in December, up until then immunisation was lacking, but now they have a vaccination rate of 80%. They went out on a drive through centre over Christmas and New Year. Omicron is well and truly here, but it seems they're doing okay.'

Some people may just do their job, but it's when they have a sense of purpose attached that it makes a difference and is evident in the work they do. Sarah is both passionate about improving Indigenous health outcomes, and proud to be an

*Sarah is both passionate about improving Indigenous health outcomes, and proud to be an advocate for providing medical services in remote areas.*

day, I'm more shocked when I walk into the department, and I don't know someone. I am the only Indigenous doctor working in ED and sometimes I feel like the Aboriginal Liaison Officer. I gently remind some of the other doctors to be careful when they're talking about the patients, because it's most likely that the cleaner who works here, will have a connection to that patient and their family group.'

When it comes to specific health challenges, relating to the Indigenous community in ED, Sarah is once again straight forward with her response, 'Emergency is emergency. You don't know what's going to walk through the door. You don't know the number of presentations or the population that you're dealing with. Some areas might be an older population, whereas here you can have young people with cardiac disease that have intensive hospital experience and numerous presentations that are not even 30.'

'And of course, it's not just the locals', as Sarah reminds me, 'It's people coming down the Stuart Highway, we get people pulling in sometimes who I think, they really shouldn't be doing this trip with their cardiac or respiratory condition, we just don't know what's going to come through that door, ever. It's not just the community we've got a 500k radius of other hospitals and a lot of desert in between.'

In order to balance her private and professional life, Sarah tells me what she does to maintain boundaries in her hometown. 'It's not easy, especially when these people have had my phone number since I was a kid. I avoid the supermarket.' Sarah let's out a laugh and continues, 'They'll ask me if their results have come back, I say, "I'm going to call you at 2.00am and ask you what the price of milk is". They

advocate for providing medical services in remote areas.

'I hope that I can have that influence on someone, that no matter how hard it is, how homesick you are, no matter what roadblock you're faced with, you pick yourself up and you go again. Don't give up there are other means and ways to get around to do something.'

And the advice that she would share with doctors wanting to work in Tennant Creek and other rural areas? 'Give it your all. Have a go. Come prepared and know where you're going and what communities and areas you're dealing with, make sure you take every opportunity you can get to be exposed, or involved in a team. We're all a pretty good friendly bunch here and we work.'

The future for Sarah is in Tennant Creek as she says, 'I see me working Tennant Creek until I retire. Which is bizarre to some, but it's home. I can't fix everything but I can do one thing a day to help someone, and that makes a real difference even if it's to hold their hand while they take their last breath.'

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