

Doctors do cry

It has taken effort to write this story. Like many Australian men, I was brought up in an era when it was frowned upon to express emotion.

Australia has recently suffered one of its worst peacetime military disasters with the loss of the Shark 02 helicopter and its crew on 2 April 2005. The repercussions will be felt far and wide for a long time, at both the formal level and the personal level.

I was an integral part of Operation Sumatra Assist and spent a significant time living, working and relaxing on HMAS *Kanimbla*, surrounded by both young and old faces. These were, at times, full of a spirit of “can do”; at others, boredom and low morale as time dragged. It was like any family group anywhere, and we were bonding as a family — not just in the wardroom, but throughout the ship. The horrors of the ravaged Banda Aceh were apparent, but counterpoint to this was the knowledge that we were doing our bit among a population who were respectful, thankful and kind.

On rotation back to Australia, we each underwent the mandatory psychology discussions — some of us were warned of pending post-traumatic stress disorder, and others were told that we were “normal”. It seemed to depend on the experiences of the psychologists involved and whether the review was done on board or in Butterworth.

Saturday, 2 April 2005, put a new emphasis on life. By this time, Operation Sumatra Assist II was in full swing and the new Primary Care Reception Facility (PCRF) team was in place. I have no intention of reiterating the facts of the crash, but wish simply to say that the crew of *Kanimbla* and the PCRF team did a magnificent job. They worked as a family and grieved together like one. They supported each other and they bickered with each other as is normal in a family.

However, the world took on a distinctly grey hue for those of us who had left the ship and were back in our old lives ashore. Some of us were Reserves, some Permanents, but all were left without a focus, someone to talk to, someone with whom to share. Those of us who were lucky had our own families, but they could not really understand what was going on in our heads. Some call it survivor guilt, some might call it a sense of loss or just plain grief, but when it was all said and done, it was simply an inability to come to terms with our emotions on our own.

Anzac Day and its companionship started the healing process. The subsequent return of *Kanimbla* and the resulting “debrief” at the pub also helped immensely. In fact, it was only there that I came to understand that I was not the only one struggling to come to terms with what had happened to my team. Crusty old sailors and officers were in tears, all of us

refusing to accept that we were only human and believing that, as medical people, we should be able to get over this on our own.

I continued to struggle, convinced in my own mind that I was fine and that this was all normal. After all, I am a doctor and I counsel others for similar problems all the time. A couple of days later, my wife quietly approached and nervously announced that I needed help. She had been asked to talk to me by a senior Navy medical colleague and friend, who had recognised what I was going through from his own experiences. At last it had come to a head, and my response was thank God it had been taken out of my hands.

I was referred to the psychologist (Steve Rayner) at HMAS *Penguin*. He helped me through my thoughts. I was trapped between being patient and doctor, misinterpreting the information I had gleaned and filling in the blanks slightly incorrectly. In hindsight, it was just what we had been taught about witness debriefing in crash investigation; I, too, was guilty of embroidering the facts.

The sadness of the loss of so many good people and several good friends from different operations is still there, but now it is bearable and the grief process can advance as it should. I found I had around me friends much better than any I could have hoped for, both officers and sailors. Above all, I have started to understand the place of psychology assistance in times of trauma. Personally, I found the immediate, essential and perfunctory debrief to be useless.

To my mind, the need to have around us our companions who are in the same situation is the most essential element in recovery. They can give focus, they can allow one to share, and above all they may be able to point out where the thought processes are faulty. Nevertheless, the assistance of a skilled psychologist when all else is not working is a saviour. I am grateful these factors all eventually came into play, but this did not happen smoothly nor in as organised a way as perhaps it should have.

Doctors and medical people are human and, despite what we ourselves may think and what our seaman brethren may think, we are allowed to cry and need each other.

[Author's name withheld at his request — Editor]