

Northern exposure

DR VICTOR OJEDA PRACTISES IN ICELAND, JUST 300KM FROM THE ARCTIC CIRCLE. STANDARDS ARE HIGH, HE WRITES, AND THE WORK IS REWARDING - JUST DON'T EXPECT MUCH DAYLIGHT IN WINTER.

During the very successful International Academy of Pathology World Congress in Brisbane last year, my badge aroused curiosity: Iceland?

Correct. I am the pathologist-in-charge at Akureyri University Hospital, the country's second largest hospital, in the town of Akureyri.

Iceland is a small but successful country. With fewer than 300,000 inhabitants, it has a GDP per capita of \$A40,180, an average life expectancy of 80.18 years and one of the five highest standards of living in the world.

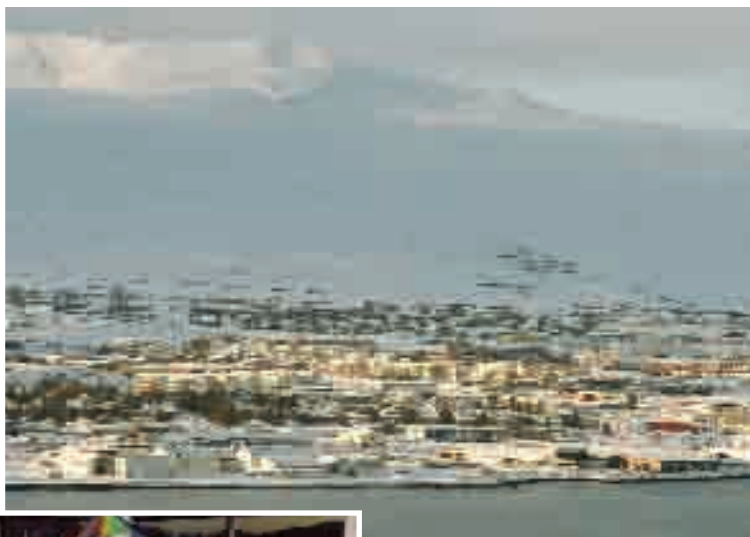
The country is divided into north and south, south being the capital, Reykjavik (smoky and rainy), and its satellite cities. In the north, the main cultural and commercial centre is Akureyri, which has 15,000 people. Taking in the wider region, the hospital serves up to 90,000 people.

Leaving myself aside, there are 10 practising anatomical pathologists (including two forensic pathologists), all in Reykjavik. In 2001 an 11th, the pathologist at Akureyri University Hospital, retired. The position was advertised and the rest is history.

I understand that I was, and may still be, the only Fellow of the Royal College of Pathologists of Australasia medically qualified in Chile. I gained my fellowship from Auckland then moved to Perth, where I pursued a special interest in diagnostic neuropathology.

I accepted a redundancy offer late in 1991 and began a peripatetic life working (mostly) by invitation in Australia and Saudi Arabia. In between appointments, I enjoyed a few self-funded sabbaticals.

Akureyri appeared as a possibility and, after a two-month trial period in late 2002, a contract was signed. The experience has been amazing. It is a small hospital, with 250 beds, but almost all services are available, including CT scans and MRI.



**Akureyri, Iceland in Winter
Left: Medical staff Akureyri University Hospital, Christmas 2004. Dr Victor Ojeda, in black, seated front left.**

There is no thoracic or neurological surgery, which is a pity, but nothing is perfect.

There's an exceptional empathy between staff and patients. Autopsy permissions are easily obtained, often including neuropathology. The surgeons are pretty active, and challenging cases are plentiful. In anatomical pathology, there are some 8000 slides a year.

Of course, being the lone pathologist is dangerous; "God's syndrome" is a serious hazard. Fortunately, my colleagues from the south are available for second opinions, and there is a high and comforting degree of concurrence.

Icelanders are pragmatic: they hunt and fish for whatever moves, and of course they eat the lot, including some creatures that we people of the southern hemisphere prefer just to look at.

The tap water in this country is superb, and more interesting fluids are available in government-run shops, which have a state monopoly. Australian and Chilean reds and whites are well represented, although the prices are a little stiff.

The Icelandic language is incredibly difficult. When used in medicine, it is just beyond the comprehension of average-

educated natives, so there is no hope for someone like yours truly to learn it. My reporting is done in English, which the referring physicians and surgeons have no difficulties with.

As for the weather, well Akureyri is just 300 kilometres south of the Arctic Circle. The Mexicans support human life up here by providing, free of charge, a warm Gulf of Mexico current that caresses Iceland's shores, which are the only inhabitable parts of the country.

Summer is short but pleasant, with 24 hours of sunlight at its peak. But (and this is a big BUT) winter is very, very dark. Some days in December have less than three hours of natural light. At least during the dark and cold nights, the Aurora Borealis provides an extraordinary display.

I am enjoying being in Iceland. The medicine practised here is of high calibre and intellectually rewarding. The local physicians are of Viking pedigree except three consultants, two of whom are from India and one from the US/Italy. The latter three arrived about 25 years ago and speak Icelandic. Visitors are welcome.

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