

# Bushfire sun

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[challenges](#), [Emergency Medicine](#), [humanities](#), [ontheblogs](#)

**Author:** Clare Skinner

It's summer in Australia and the country is on fire. My news feed is ablaze – tragic photos of charred houses, desperate wildlife and families sheltering on the beach. The air in Sydney is smoky and thick, transforming the sun into an iridescent crimson disc. On Saturday, the temperature reached forty-five degrees. So hot that it hurts to breathe.

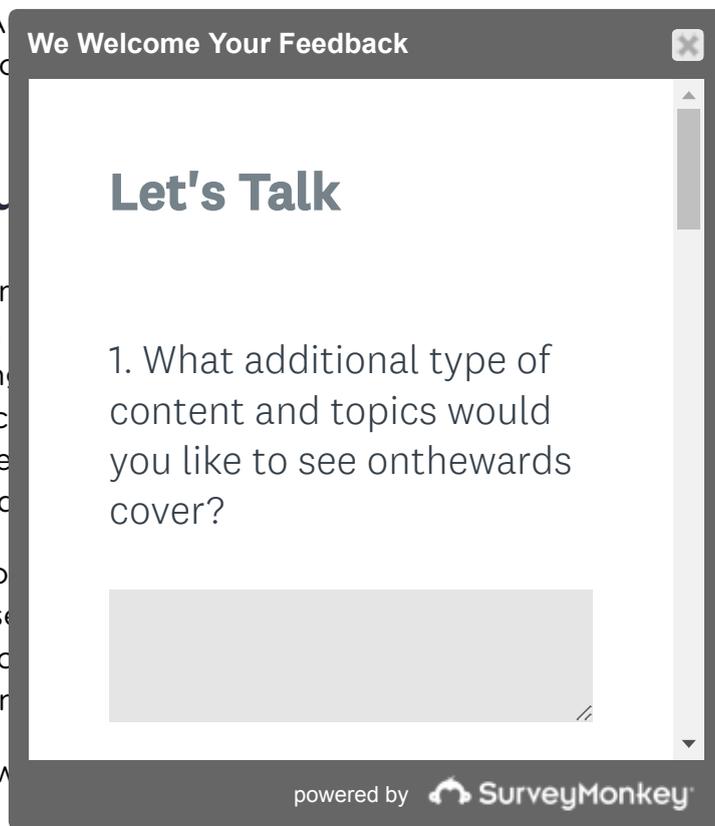
While the scale of the current fires is unprecedented, bushfires are a regular occurrence around here. Most Australians have a personal experience with bushfires. The 'bushfire sun' we know is a complex of complex memories.

## The 2003 Ash Wednesday bushfires

I was in the closing room in Canberra in January 2003. Fires were burning with vengeance – entering the city from the north. About seventy per cent of the city was burned. Four hundred people were killed. The city was forever changed.

I remember sitting on the floor in the hospital from her share house. I was looking out the road from the hospital. The road was on the crest of a hill in the north.

My phone rang – it was a fire alarm. I was in the hospital for a while?



see the pink smoke triggers

ged Canberra in January 2003. Fires were burning with a vengeance – entering the city from the north. About five hundred homes were destroyed. The Territory was affected. The city was forever changed.

had been evacuated from the hospital, just over the road from the hospital. The road was on the crest of a hill in the north.

s I prepared to stay

There are no photos of the emergency department that day. Smartphones were yet to be invented and no-one thought to bring a camera. Luckily, the images are clear in my memory.

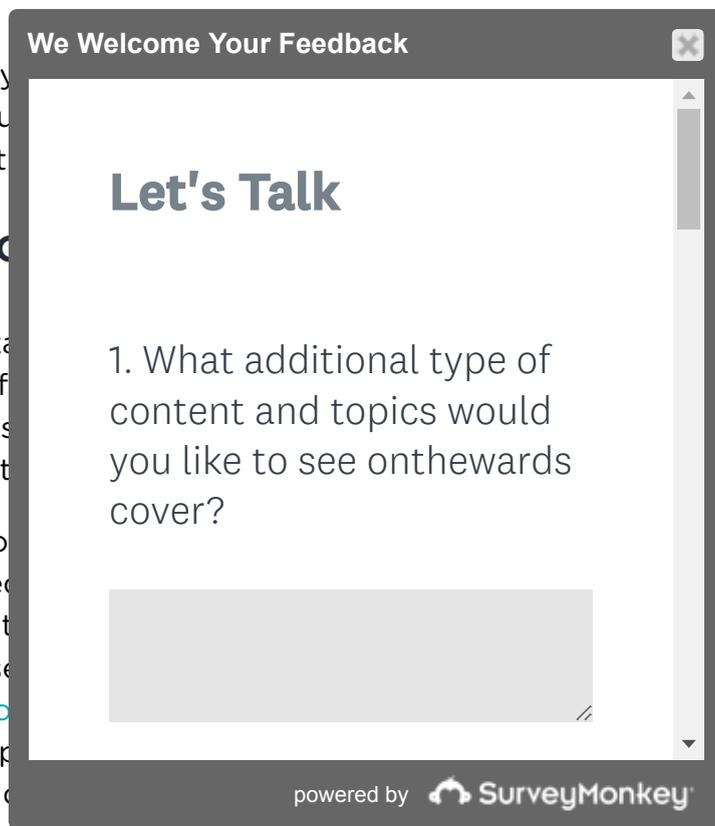
There were people everywhere. Lying on the floor or sitting with their backs against walls and columns. Heads resting on the shoulders and laps of their family and friends. The waiting room overflowed into the forecourt and driveway. I was reminded of the famous scene from *Gone With The Wind* – Civil War casualties filling the streets of Atlanta. Hair was singed and faces were sooty. The fashion was distinctively Australian – flannel shirts, denim and thongs. Some patients had splints fashioned from beer cartons.

## The patients in ED that day

The casemix was surprising. Major burns caused the deaths but were otherwise rare. There were minor burns, but they were easy to manage with first aid and dressings. Eye injuries were very common – with embers, dust and ash swirling in the air. And there were lots of fractures and lacerations – sustained while up a ladder or on the roof, defending homes in the dark. All of the severely injured patients arrived by private car – we had no time to prepare.

The majority of patients had medical problems. We quickly learned how to assess smoke inhalation by measuring carboxy-haemoglobin, a test I have rarely used since. **Respiratory illness** was exacerbated for two reasons – particles in the air, and interruption of home oxygen supply due to evacuation and widespread power outages. Heat-related illness struck the physiologically vulnerable. There were complications from medication lost or left behind. Consumption of contaminated water and unrefrigerated food sparked an epic outbreak of gastro.

There were patients in those first few days health care was required business too – chest



profoundly upsetting  
t most mental  
the everyday ED  
ds with fever.

## Working through

I can't remember exactly of the usual ED staff the summer holidays had his arm in a cast

strange mix. Many outh coast during of the registrars

We worked in six-hour eat and rest. I started moved to the outpatient chronic illness whose centres – requiring o medications. We imp respiratory support o ambulatory care area.

and taking breaks to ons and fractures. I sses patients with nunity evacuation managing their ough their own nt in the

Inside the ED, we lost track of time. We listened to the ABC radio emergency broadcast and eagerly asked paramedics for updates as they came and went. We kept tabs on how the fire was spreading and which suburbs were at risk based on the addresses of the patients we were treating. Some clinicians continued to work while their homes burned down.

## Getting through it together

Wikipedia tells me that the Canberra fires raged for four days. I don't remember exactly how much time I spent in ED, but I will always remember how it felt. The sounds, the smells and the faces. The heavy, acrid smoke that shrouded the city for days after the acute firestorm passed. The vibe.

Despite the tragic circumstances, working during the Canberra fires was one of the most positive experiences of my career. Everyone was friendly and forgiving – patients and clinicians. In the face of unprecedented clinical demand, teams formed, systems developed, and tribes came together.

It was an absolute privilege to be involved. Just being there was thanks enough, but I plan to keep the thank you letter I received from the ED Director forever.

I didn't realise at the time how formative this experience would be. It is many years since I worked in Canberra, but the ED team there still feels like family. Bonds formed during the bushfires hold very tight. And it was during this time that a seed was sown that eventually grew into my decision to train, and later lead, in Emergency Medicine.

I would like to thank my colleagues from [The Canberra Hospital](#) for inspiring, encouraging and supporting my career.

I would also like to thank the staff who cared for their patients and the community across Australia.

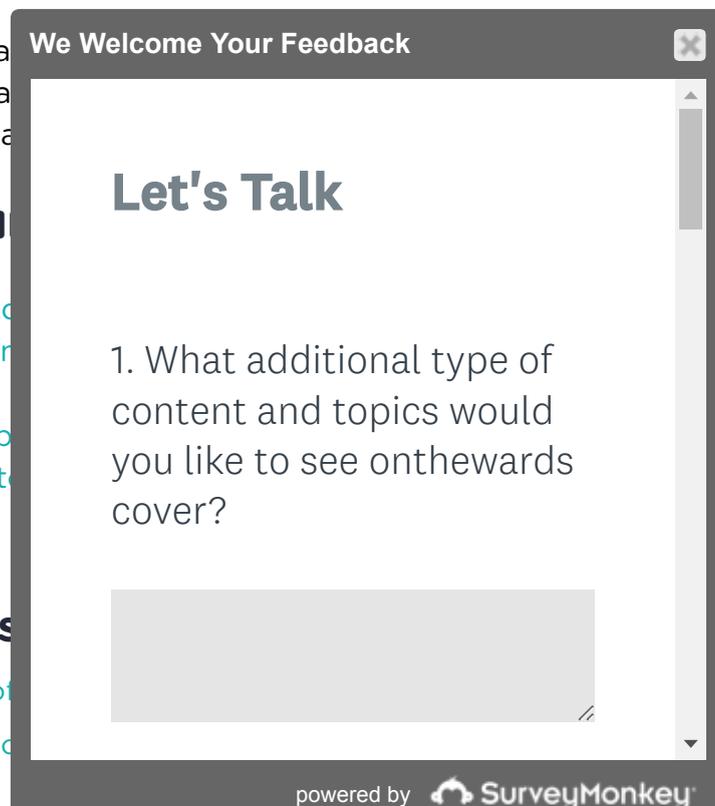
## Useful resources

1. [Doctors' Health Advice](#)
2. [Employee Assistance Program](#)
3. [Lifeline](#)
4. [Beyond Blue Support](#)
5. [Beyond Blue Doctors](#)

## Related Blogs

- [A day in the life of a registrar](#)
- [I love a sunburnt doctor](#)

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shfires continue to

al registrar