

A LEARNING

New Zealand

Doctor

Rata Aotearoa



The importance of providing trauma-informed care

Amy van der Loo rounds up the clinical education content in the latest issue of *New Zealand Doctor/Rata Aotearoa*. Use the embedded links to go through to the relevant ELearning page

Late last year, the Abuse in Care Royal Commission of Inquiry held the first part of its faith-based redress hearing. This focused on the distressing experiences of survivors of abuse and/or serious neglect, and how they sought redress (eg, compensation, counselling, apology) from the Catholic Church, Anglican Church and Salvation Army.

This week, the second phase of the redress hearing is wrapping up, with leaders of these faith-based institutions responding to the royal commission. You may have heard their apologies on the news, along with admissions that no formal processes have been in place for survivors.

The Abuse in Care Royal Commission of Inquiry is the largest inquiry ever undertaken in New Zealand, costing more than \$78 million. It is exposing and confronting a dark chapter of national history – as many as 250,000 people are likely to have been abused in state care and faith-based institutions between 1950 and 1999 (abuseincare.org.nz).

This extent of historical abuse is significant, but it would be a mistake to assume it is not still happening today. What's more, abuse can happen anywhere in society and can leave indelible scars. It takes most survivors years or even decades to report their abuse, making trauma-informed care a vital part of general practice.

This issue's [How to Treat](#) on trauma-informed care, written by **Anna Elders**, explores the biopsychosocial impacts of trauma over the lifespan, and the essential role trauma screening plays in the provision of effective healthcare. It challenges you to purposefully focus on the discovery, validation and support of trauma in your patients.

That's not all we have for you on the topic of trauma and abuse. While the How to Treat feature focuses on adverse childhood experiences, [Elder Health](#) covers another under-recognised and under-reported problem in New Zealand – elder abuse. Professor of general practice **Ngairé Kerse** says vaccine-related contact with older patients provides an opportunity to identify elder abuse and respond accordingly.

We have lift-off

New Zealand is on the cusp of its largest ever immunisation campaign – to immunise as much of the population against COVID-19 as possible by the end of the year. In [Vaccines](#), medical writer for the Immunisation Advisory Centre **Mary Nowlan** provides a summary of the vaccines that will be available and the plan for their rollout. She also urges you to remember routine immunisations.

New and old columns

We have another new column for you – keep an eye out for [Nutrition](#) running in every second issue. To kick things off, dietitian **Fiona Kendall** discusses the problem of irritable bowel syndrome and its solutions.

[Medicolegal](#) is back! In her first article after a long break, Wellington barrister **Gaeline Phipps** says providing expert opinion is an important, indeed essential, duty that contributes to public safety and professional standards. However, it

must be done with due care, and this article provides some tips for doing just that.

Psoriasis is classified into several subtypes. In her first [Dermatology](#) column for 2021, dermatologist **Amanda Oakley** focuses on chronic plaque psoriasis and its treatment with topical corticosteroids – know the hazards and benefits.

Night sweats

GP **Jo Scott-Jones** is confident all doctors are troubled by a critical internal voice from time to time. In [Real Cases](#), he gives some pointers on what you can do to prevent it from keeping you awake at night.



HTT Multiple sclerosis

Multiple sclerosis is a complex neurodegenerative disorder of the central nervous system, and the course of disease varies widely from person to person. This article, by consultant neurologist John Mottershead, looks briefly at the aetiology and pathophysiology of MS before exploring the diagnostic process and different types of MS.

[Start the course!](#)



HTT Macular degeneration

This article by Andrew Thompson, consultant ophthalmologist and chair of the ophthalmic sciences examination board of the Royal Australian and New Zealand College of Ophthalmologists, provides an understanding of how to identify macular degeneration, what to recommend to patients and when to refer to a specialist.

[Start the course!](#)

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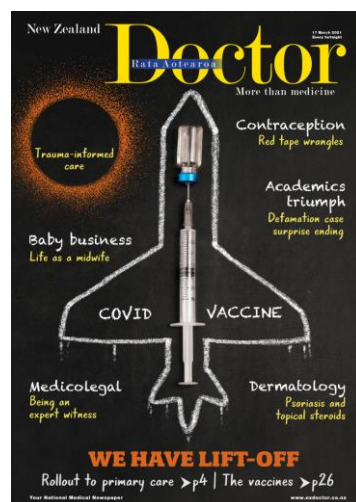
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