EXTRAORDINARY WOMEN OF MMS
Meet four of our outstanding female alumni

MULTIPLIER EFFECT
How one woman’s philanthropy is enabling medical research

A WALK DOWN MEMORY LANE
Highlights from Reunion Weekend 2018
For 20 years, Shepparton’s Department of Rural Health has been working to teach, train and retain members of the rural health workforce. We’ve graduated hundreds of doctors, treated thousands of local people and pursued world-class health research, right here in Shepparton. This is our home.

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CHIRON [kahy-ron]
In Greek mythology, Chiron was one of the Centaurs, the son of the Titan Cronus and Philyra, an Oceanid or sea nymph, teacher of Achilles, Asclepius. Chiron lived at the foot of Mount Pelion in Thessaly. Unlike other Centaurs, who were violent and savage, Chiron was a wise and beneficent Centaur famous for his knowledge of medicine.

Chiron is published by the Melbourne Medical School. Contributions and correspondence from alumni, staff and students are most welcome and should be sent to:

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NOTE: For space and readability, only degrees conferred by the University of Melbourne are listed beside the names of alumni in this publication.

COVER IMAGE: L-R: Dr Kat Frayden, Dr Ada Cheung, Professor Anne Buist, Professor Christine Kiparissides. Picture: Glenn James.

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The University of Melbourne acknowledges the First Peoples of Australia, the Aboriginal and Torres Strait Islander peoples. We acknowledge the traditional custodians of the lands on which each campus of the University is located and pay our respects to the Indigenous Elders, past, present and emerging.
There is much to update you on since the last edition of Chiron, not least the appointment of Professor Duncan Maskell as the 20th Vice-Chancellor of the University of Melbourne in October last year.

Professor Maskell joined us from the University of Cambridge where he held the position of Senior Pro-Vice-Chancellor (Planning and Resources), the closest equivalent to a Provost in Australian universities. A biologist specialising in bacterial infectious diseases, Professor Maskell is a Cambridge graduate, holding a Master of Arts and a PhD, which looked at resistance and immunity to Salmonella. In addition to academic and Master of Arts and a PhD, which looked at resistance and immunity to Salmonella. In addition to academic and University of Queensland, he was also actively involved in undergraduate and postgraduate teaching and training at La Trobe University’s Bendigo or Albury-Wodonga campuses and will join our Doctor of Medicine (Rural Stream) in 2022. This initiative allows the University to deliver a first-class medical education to those who wish to remain in rural communities for the duration of their training and go on to pursue their careers there too – helping to address the shortage of health practitioners in rural and remote Australia.

Another recent highlight was the inaugural Reunion Weekend held in November for alumni of the Melbourne Medical School and School of Biomedical Sciences (page 16). The event celebrated our alumni community and the 50th anniversary of the Medical Building. More than 1000 alumni and guests joined us over the course of the weekend, enjoying a series of activities and delighting in catching up with former classmates and educators.

We do hope to see you at our next Reunion Weekend on 29 and 30 November this year, but until then, please stay in touch by contacting the MDHS Alumni Team at mdh-alumni@unimelb.edu.au.

As always, we welcome your feedback.

We are delighted to have Professor Prins join us and are anticipating great things from him as Head of the Melbourne Medical School.

At the beginning of this year, Professor Maskell, Professor Prins, myself and others based at our Parkville campus were pleased to join staff from the Melbourne Medical School, alumni, students, local politicians and community leaders to celebrate the 20th anniversary of the Department of Rural Health in Shepparton (page 22). Official proceedings began with a Welcome to Country, a smoking ceremony and a performance from a local Aboriginal dance group, and speeches that covered the history, achievements and future of the Department of Rural Health.

And the future is looking bright indeed – this year we partnered with La Trobe University to identify 15 students from a very competitive cohort of 200 students from a rural background. These students have enrolled in an undergraduate Bachelor of Biomedical Science (Medical) at La Trobe University’s Bendigo or Albury-Wodonga campuses and will join our Doctor of Medicine (Rural Stream) in 2022. This initiative allows the University to deliver a first-class medical education to those who wish to remain in rural communities for the duration of their training and go on to pursue their careers there too – helping to address the shortage of health practitioners in rural and remote Australia.

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As always, we welcome your feedback.

With warm regards,
PROFESSOR SHITIJ KAPUR
Dean, Faculty of Medicine, Dentistry and Health Sciences
Assistant Vice-Chancellor (Health)

Welcome from the Dean

I am pleased to share the 2019 edition of Chiron with you – my first as the Head of Melbourne Medical School. My first months in this role have been quite an adventure. I was, of course, already familiar with Melbourne Medical School’s reputation for excellence, and it has been exciting to see that excellence in action. It is clear to me that the School really is a place where many different strengths come together, and I am enjoying getting to know the extended campus, including the various Clinical Schools and our world-class partner Institutes and Hospitals.

The School’s alumni community is one of its greatest strengths. I was lucky enough to attend the inaugural Reunion Weekend (page 16) in November, just a few weeks after I joined the University, and was struck by the enthusiasm of the many alumni who attended. I have also had the opportunity to meet alumni outside of Melbourne at the Department of Rural Health’s 20-year celebrations in Shepparton earlier this year (page 22), and a recent alumni event in Singapore. I will be attending alumni events in Europe and North America later this year, and hope to meet more of you there. As a community, your involvement and interest in the future of the Melbourne Medical School is heartening.

I hope to harness this involvement and interest as I review the medical curriculum with an eye to the future. The medical students of today will graduate into a world and a profession that is changing day by day. I believe that we all have a responsibility to help shape the next generation of medical professionals and my goal is to ensure that medical courses at the University of Melbourne prepare students for successful careers.

The curriculum review is one of my key priorities as Head of Melbourne Medical School and your experience – both of medical education at the School and of the transition from student to practitioner – is an invaluable resource. I am running a series of small alumni insights dinners to gather your feedback, and I also encourage you to email me directly at john.prins@unimelb.edu.au if you would like to share your thoughts on the direction of the medical curriculum.

You can also support the medical professionals of tomorrow by supporting scholarships. The Melbourne Medical School Scholarships Fund assists students who may otherwise face financial difficulty and helps to maintain equitable access to a world-class medical education. Enclosed with this magazine you will find an appeal form, which you can use to make a tax-deductible donation to the Fund.

Another one of my priorities in this role is to support the advancement of women in medicine. I strongly believe that taking a proactive approach in this area will benefit both the Melbourne Medical School and the medical field in general. To this end, earlier this year we launched Strategic Grants for Outstanding Women, a new initiative designed to help female academics navigate the challenges they face as they progress their careers. As expected, the calibre of applicants was brilliant, and my only regret is that we cannot support everybody who applied. The successful applicants will be announced soon.

The topic of outstanding women leads me to this edition of Chiron. This year, the magazine celebrates the work and achievements of exceptional women who are having impacts both in the field of medicine and in wider communities. Our cover story (page 10) introduces you to four of these women – Professor Christine Kilpatrick, Professor Anne Buist, Dr Ada Cheung and Dr Kat Franklin – all of whom are alumni of Melbourne Medical School.

On page 27 you’ll meet Pamela Galli, a philanthropist whose partnership with the University of Melbourne is transforming collaborative research in the Melbourne Biomedical Precinct. On page 30 you’ll read about the current exhibition at the Medical History Museum, which tells the story of women’s health in Victoria with a focus on the Royal Women’s Hospital.

These are just a few of the wonderful stories featured in this year’s Chiron magazine, and I hope you enjoy reading it as much as I have. I hope to connect with many more of you during the year ahead and I look forward to connecting with you once again at Reunion Weekend on 29–30 November.

Sincerely,
PROFESSOR JOHN PRINS
Head, Melbourne Medical School
Federal funding for translational research

The Medical Research Future Fund (MRFF) is a major new source of federal government funding for medical research, with a particular emphasis on funding research translation that will lead to direct health and economic outcomes.

The fund is set to reach $20 billion by 2020-21 when it will be providing approximately $1 billion per year in medical research funding. This is in addition to the existing annual investment in health and medical research through the National Health and Medical Research Council (NHMRC).

The University of Melbourne has had some early successes across a broad spectrum of MRFF-funded schemes, including in clinical trials, clinical researcher fellowships and technology innovation. The University is also well placed to pursue the eight health challenges MRFF will focus on: Genomics; Dementia; Ageing and Aged Care Research; Cardiovascular Health; Traumatic Brain Injury; Indigenous Health; the Million Minds Mental Health Mission and the Australian Brain Cancer Mission.

Outstanding women grants program

Applications recently closed for the inaugural round of Strategic Grants for Outstanding Women, a new initiative from the Melbourne Medical School supporting career progression for female academics. The successful applicants (to be announced soon) will receive between $25,000 and $45,000 per year, for up to two years, to support research, teaching and/or leadership activities. More than 70 exceptional applications were received, demonstrating the depth of talent within the Melbourne Medical School. Thank you to all participants.

Strategic Grants for Outstanding Women will be an annual program. Stay tuned for the next round of applications or find out more about the program at: medicine.unimelb.edu.au/small/grantsforoutstandingwomen

Melbourne Medical School alumnus appointed Victoria’s Chief Health Officer

Dr Brett Sutton (MBBS 1993) was recently appointed as Victoria’s Chief Health Officer. Dr Sutton has extensive experience and clinical expertise in public health and communicable diseases, gained through emergency medicine and field-based international work, including in Afghanistan, Ethiopia, Kenya and Timor-Leste.

He represents Victoria on a number of key national bodies including the Australian Health Protection Principal Committee.

Partnering to battle infectious diseases

Austin Health’s Infectious Diseases Department is joining the Peter Doherty Institute for Infection and Immunity. Based at the University of Melbourne’s Department of Medicine at Austin Health, Austin Health ID will be the first unit of the Doherty Institute to be located externally.

The partnership will strengthen existing collaborations in areas such as the translation of genomics into clinical practice and clinical infection control interventions. There will be new opportunities for clinical trials in infectious diseases and an enhanced capacity for research into infection and immunity. The Doherty Institute remains a joint venture between the University of Melbourne and the Royal Melbourne Hospital.

To read the announcement from Professor Sharon Lewin AO, Director of the Doherty Institute, visit: medicine.unimelb.edu.au/visit/austinhealthid

New life sciences complex in Parkville

On 25 March 2019 the University of Melbourne officially opened Western Edge Biosciences Building 125, a $100 million life sciences complex offering Australia’s most sophisticated Science, Technology, Engineering, Mathematics and Medicine (STEMM) teaching laboratories and facilities.

The new four-level complex, which has achieved a 6 Green Star rating, will bring together staff and students from the Faculty of Science, Faculty of Medicine, Dentistry and Health Sciences and the Faculty of Veterinary and Agricultural Sciences under one roof.

The building includes three large practical teaching laboratories, an object-based learning facility, three classrooms for small group and problem-based learning as well as informal learning and study spaces, all of which are dedicated to preparing the bioscientists, doctors and veterinarians of the future.

“The new complex allows the University of Melbourne to offer a premier teaching and learning experience and the best facilities in biosciences in our region. The building design, architecture and the resources available to students and lecturers is first-class, ” said Vice-Chancellor Professor Duncan Maskell. “The building is a tremendous addition to the Melbourne Biomedical Precinct.”

To find out more, visit: ourcampus.unimelb.edu.au/webs-parkville

The complex’s state-of-the-art interior.
Metro Tunnel works: Parkville Station construction continues

Metro Tunnel works are underway in Parkville with one of five new underground train stations being built at the heart of the University of Melbourne’s Parkville campus. The construction of the new Parkville Station is part of the $11 billion Metro Tunnel Project, one of Australia’s largest ever public transport infrastructure projects. Once completed, Parkville Station will connect the University and the Biomedical Precinct to Melbourne’s metropolitan train network for the first time.

The project’s excavation phase commenced in December 2018 on Grattan Street and is expected to continue for the remainder of 2019. Construction is a bottom-up process and involves excavating the station box down to a depth of 30 metres. Up to 200,000 cubic metres of soil and rock will be removed. Once complete, construction and fit-out of the station begins.

Parkville Station construction is expected to finish by November 2022, with the new Metro Tunnel line in operation by the end of 2025.

For more information, visit: eurocampus.unimelb.edu.au/parkville-station

Seminars from the cutting edge of cancer research

From genomics, personalised medicine and cancer care, research being undertaken at the University of Melbourne Centre for Cancer Research (UMCCR) is driving the development of innovative solutions in cancer treatment and prevention.

Led by Professor Sean Grimmond, the UMCCR brings together leading cancer researchers from across the University to drive collaboration and achieve improved outcomes for cancer patients.

The centre’s research targets key points along the patient journey, including diagnostics, defining the causes of genetic predisposition, combating recurrence, and palliative care.

The UMCCR is seeking to redefine the standard of care for cancer patients, with a focus on rare, recalcitrant and advanced cancers that are resistant to standard therapies.

The UMCCR Seminar Series launched in 2019. This weekly event provides an opportunity for the wider community to engage with the exciting research being undertaken at the centre, hearing from research group leaders, PhD students, and invited external guests.

For more details, visit: research.unimelb.edu.au/umccr

Pretty Little Things surround the Metro Tunnel site

The Metro Tunnel Creative Program seeks to ‘soften the edges’ of construction through creative collaborations. The current Parkville installation, Pretty Little Things, uses images produced by researchers in the Melbourne Biomedical Precinct to highlight the beauty that can be found beneath the scientist’s microscope. These colourful decals, delivered by design firm The Cutaway, can be found on the gantries surrounding the Alan Gilbert Building, the Doherty Institute and the Med Building.

The installations will be refreshed annually and will expand to yet-to-be-installed gantries around the Victorian Comprehensive Cancer Centre and Royal Melbourne Hospital.

To find out more about the program, visit: metrotunnel.vic.gov.au/about-the-project/creative-program

Online courses by the Ultrasound Education Group

The Melbourne Medical School Mobile Learning Unit offers online courses in continuing medical education for GPs, nurses, physicians and medical students. Our online courses are designed by leading academics and are based on a proven, interactive learning model. The courses are accessible on desktop or mobile devices with iOS, Android or Windows. We offer lifetime access and many courses include Continuing Professional Development points.

Short courses include Immunisation (Nurse Immuniser), Mastering Migraine Management, Management of Obesity, Medical Perfusion, Lung Ultrasound and Clinical Supervision, for example.

For full details of the courses available, please visit: mms-study.unimelb.edu.au/short-courses/mms-short-courses

Ask Alumni

Ask Alumni is an informal, flexible mentoring program that helps current University of Melbourne students connect with alumni for a one-off 30-minute session.

You decide how many students you would like to mentor and the best time and way to connect – be it by email, video call or even face-to-face. That means that no matter where you are in the world or how much time you can commit, you can take part and make a difference.

Visit http://go.unimelb.edu.au/c8w6 or scan the QR code with your smartphone for more details and to register.
Melbourne Medical School opened its doors in 1862 – to men. Another 25 years would pass before women were admitted to study medicine.

Since then, nearly 7000 women have graduated from the Melbourne Medical School. Many have made incredible contributions to health in Melbourne, in Australia and around the world.

Here, we meet four of these brilliant women. Their stories and successes – professional and personal – span industries, countries and cultures. All four are a testament to the calibre and breadth of the Melbourne Medical School alumni community.

BY CHERYL CRITCHLEY AND CECILIA DOWLING
Visionary leader

Professor Christine Kilpatrick

Professor Christine Kilpatrick (MBBS 1976, MD 1980, MBA 2007, DMedSc (Hons) 2010) has used her clinical experience to carve a brilliant career in health leadership and management.

These days she is known as a transformative business leader, but when Professor Kilpatrick first moved from treating epilepsy patients into a health executive management role, some of her colleagues thought it was an ‘unwise’ decision.

“They saw management as going to the dark side,” recalls Professor Kilpatrick.

“They couldn’t quite grasp why anyone would choose to do that. But I did and I’ve been the best decision I’ve made.”

Professor Kilpatrick has not taken a backward step since. In 2017, she was appointed Chief Executive of Melbourne Health, which provides healthcare through the Royal Melbourne Hospital and NorthWestern Mental Health. She has excelled in some of Victoria’s most important health management roles and helped to shape a range of healthcare systems.

In some ways, she pioneered a trend that now sees young people experience a range of careers. “In my day you left school, did well enough at school and went into medicine,” she says. “That’s changed.”

Professor Kilpatrick has fond memories of her time studying at the University of Melbourne, particularly the medical rounds, but recalls feeling acutely aware of her gender: Up to 25 per cent of medical students were female, but they were treated differently to the male students.

“Female medical students were still considered a novelty ... it was thought that you must have had some extra drive to want to do it, which of course is incorrect.”

None of this impeded Professor Kilpatrick’s progress and she trained and specialised in neurology and epilepsy through the Royal Melbourne Hospital. She spent 11 years leading the Royal Melbourne Hospital’s epilepsy program, and was the inaugural Chair of Victorian Epilepsy Centre, established to increase collaboration between the centres to enhance research and education.

Around 2000, she became Chair of the Senior Medical Staff at the Royal Melbourne Hospital, and Chair of the MLC Board, a move that opened her eyes to management. In 2005, when she became Melbourne Health’s Executive Director Medical Services, she realised she could make a difference on a broader scale.

“In these roles, you really focus more on cohorts of patients and on the system itself,” she says. “I find the system and the bigger picture rewarding and very satisfying.”

As CEO of the Royal Children’s Hospital from 2008–2017, Professor Kilpatrick oversaw the momentous 2011 move into the new building. She relished the challenge and the responsibility of leading one of Australia’s most revered institutions.

“It think there’s an added pressure from the community and from families, quite rightly,” she explains. “It’s a system, of course, always look after their children.”

Professor Kilpatrick’s team at the Royal Children’s Hospital developed an improved care model for patients with complex needs, and implemented an electronic medical record. She is now working on a similar electronic medical record project at Melbourne Health.

“The same system will run at The Royal Melbourne Hospital, Royal Women’s Hospital, Peter MacCallum Cancer Centre, and Royal Children’s;” she says. The University of Melbourne remains close to Professor Kilpatrick’s heart. She is an Honorary Professorial Fellow in the Department of Medicine and in 2016 she was awarded a Doctor of Medical Science (honoris causa).

She was one of several family members to study at the University. Her late father, Stanley George Hogg QC (BCom 1945, LLB 1950, LLM 1954), completed his legal studies at Melbourne, as did her older sister Kathryn Kings (LLB 1972, LLM 1983) – now a County Court Judge.

Professor Kilpatrick’s late husband Graeme Bosc (BSc 1973) and their daughters Victoria (BCA 2010, PGDipTeach(Sec) 2012, MTeach 2012) and Julia (BCom 2010, LLB 2010) also attended the University.

Balancing family and her career – as well as several board positions and directorships – was tricky early on when it was still unusual for women to pursue medicine.

These days, Professor Kilpatrick says, the situation for women in senior positions is “different” rather than easier. They may have more workplace flexibility, but challenges remain.

“Partners are now much more involved in the care, but it’s always going to be hard to do everything,” she says. “You just have to do what works for you.”

After creating a wonderful legacy at several iconic centres to enhance research and education, Professor Kilpatrick’s heart. She is an Honorary Cancer Centre, and Royal Children’s, “ she says. “They couldn’t quite grasp why anyone would choose to pursue medicine. “They saw management as going to the dark side, ”

“They have since completed assignments in dangerous political hotspots – including Afghanistan (2016), South Sudan (2016) and Iraq (2017 and 2018) – with Médecins Sans Frontières (MSF), or ‘Doctors without Borders’, and as part of an Aspen Medical/WHO trauma project.

In Afghanistan, Dr Franklin joined an MSF project at a maternity hospital in one of Kabul’s poorest suburbs. The security situation was precarious, and resources limited. Staff coped with basic tools such as portable oxygen, antibiotics and feeding tubes.

Dr Franklin led a team of eight male paediatricians and had to decide which patients they had the resources to treat and which they had to transfer elsewhere.

“In Afghanistan, the needs were so high that we could only provide critically ill children with initial treatment and stabilisation before referring them on to other facilities,” she says. “It was hard.”

Medical staff lived in lock-down near the hospital due to the threat of car bombs and kidnapping. They supported each other, drank tea on the roof and tried to have fun.

“Our house was like a little family,” Dr Franklin says.

“These are some of my most amazing memories.”

The stark contrast in environments was clear to Dr Franklin after she returned to the Royal Children’s Hospital. The first child she saw was successfully treated for a condition that another child had died from in Afghanistan.

In Wau, South Sudan, the team worked in a tent hospital with little more than antibiotics and oxygen concentrators available. One day a severely dehydrating day, five of the 12 children being treated didn’t make it. In such difficult circumstances, Dr Franklin says it was important to focus on the positive outcomes.

“You have to have wins and you have to remind yourself of those wins,” she says.

“You have to focus on the kids that did well.”

Debriefing is an important part of each overseas assignment, and Dr Franklin also keeps a diary to help her process her work.

“Helps me to read my diaries back, to remember what’s happened and think about the different stories,” she says.

After her first trip, Dr Franklin was awarded a Sir John Monash Scholarship to study a Master of International Health and Tropical Medicine (Hons) at the University of Oxford. Oxford, with its secret passages behind library bookcases and herds of deer roaming the grounds, couldn’t have contrasted more sharply with the surroundings in Iraq.

“It was amazing. I completely love Harry Potter more than anything in the world ... it’s the closest I think I’ll get to Hogwarts.”

Dr Franklin was inspired to pursue medicine as a child by the doctors who treated her younger brother Michael, now a veterinarian. Their sister Amanda, a Fullbright Scholar who completed a Bachelor of Science (2008) and a Master of Science (2011) at the University of Melbourne, is a marine biologist.

Dr Franklin wanted to be a paediatrician but struggled with maths and chemistry and didn’t have the prerequisites for medicine.

While completing an undergraduate degree in behavioural science, she discovered the Graduate Medical School Admissions Test (GAMSAT). GAMSAT is part of the graduate medical admissions process and incorporates university grade averages and an interview. Anyone can sit the test, but a good knowledge of biological and physical sciences is required. Previous experience, knowledge and skills such as problem solving, critical thinking and writing are also considered.

After spending a summer poring over her sister’s chemistry and science books, Dr Franklin did well enough to gain admission into a Bachelor of Medicine/Bachelor of Surgery at the University of Melbourne and hasn’t looked back.

After her last overseas mission, Dr Franklin has returned to the Royal Children’s Hospital to continue her paediatric training. Still in her early thirties, she appreciates the experience she’s already gained in “two entirely different worlds.”

Dr Franklin is keen for more overseas assignments and recommends them to others – if the timing is right and the volunteer is suited to it. The work can be really difficult, and resources can be scarce, but she thrives on the challenge and creativity required.

“Being able to provide health care for people who otherwise can’t access it, and to see some really sick children get better ... I think that’s the reason why I keep going on back,” she says.

Dr Franklin recently featured on the University’s 3010 podcast. To listen to the episode and hear more about her international experiences, visit: unimelb.edu.au/3010
Overcoming injustice
Dr Ada Cheung

Dr Ada Cheung (MBBS (Hons) 2003, PhD 2017) has fought for her medical achievements and her award-winning career to stand on its own two feet. But, part of it was also a personal battle, as her father suffered from severe mental illness and spent most of her childhood incarcerated. People thought I was the devil, I was bad, I was a witch, she describes.

Dr Cheung began seeing transgender patients in 2016 after a lunch with Professor Jeffrey Zajac (MBBS 1977, PhD 1980), Director of Endocrinology and Head of the University of Melbourne Department of Medicine at Austin Health. Jeffrey was seeing more and more transgender people, but he couldn’t find anybody else willing to see them. I was astounded that doctors could refuse to see patients, she says.

At the time, Dr Cheung was near to completing her PhD, in which she explored the long-term muscle and bone effects of hormone therapy for prostate cancer. Her award-winning research provided many opportunities for career progression, but it had not been an easy road.

“An Asian woman with two young children, I was fighting gender discrimination. I had endured racial abuse just before speaking with Jeffrey,” she says.

“When I heard about discrimination in the transgender community, it really struck a chord with me.”

She started with a project that documented the 10-fold rise in transgender patients seeking medical services over five years. They also did a study with 1000 Australian transgender adults.

“I listened to hundreds of stories of difficulty accessing medical care and societal discrimination. These patients couldn’t find doctors willing to treat them,” she says.

“Our survey asked what members of the community thought the top priority for funding should be or what their biggest health issue was. It wasn’t hormone therapy. It was better training for doctors in trans health.”

Next, they surveyed doctors and found that 96 per cent of them had never been taught about transgender health in medical school. Many of them lacked confidence and wanted more training. “We took our research to the Department of Human Services and the Minister for Equity, the Hon Martin Foley (MP (MCm 2001), and the government responded,” she says.

In late 2018, the Victorian Government announced an investment of $3.4 million to better meet the health needs of trans and gender diverse Victorians. Over 2019, multidisciplinary health clinics will be established in Ballarat and Preston, and a state-wide training program will be implemented for health professionals.

“It’s been an awful lot of work, but it’s been really satisfying to see our research translated into policy and now delivered on the ground.”

Dr Cheung was surprised when she was accepted to study at Melbourne Medical School. Everybody looked down on us growing up. My parents emigrated in the 1970s with nothing. Home life was chaos. My father suffered from severe mental illness and spent most of my childhood incarcerated. People thought I would end up as nothing. Getting into medicine broke the stereotype, she says.

Dr Cheung met her husband, Will Lee (MBBS 2003), while studying at Melbourne Medical School. They have two young children, five and six.

“Time with the kids is very much entwined with our work. They do a weekend ward round with my husband, or they see one of us doing talks, which they come along to. I do a lot of my research at home once the kids have gone to bed. I want them to grow up in a world which respects diversity, which accepts people for being themselves. They drive me.”

Dr Cheung plans for the Trans Medical Research group to launch a longitudinal Australian gender health study, a little like the Census, to guide their research and design their goals.

“We want the study to empower the transgender community to guide policy makers into investing in health and wellbeing programs for the community,” she says.

“At the moment, 40 per cent of trans people have attempted suicide. We don’t understand the long-term effects of hormone therapies, we don’t know what happens with ageing, heart disease or cancer. Our team want to provide an evidence base for treatments and to see mental health outcomes improve. Societal culture needs to change, and we hope to contribute a little,” she says.

“If you would like to donate to trans medical research, you can donate this cause via the Melbourne Medical School donations page: alumni.online.unimelb.edu.au/TransMedicalResearch

Making sense of the grey areas
Professor Anne Buist

Professor Anne Buist (MMED 1992, MD 1999) has balanced her career as a respected perinatal psychiatrist with writing thrilling – and sometimes raunchy – novels.

Working with women who have struggled after giving birth, Professor Anne Buist has seen a lot. She even spent time visiting Keli Lane, the Sydney water polo player who denies killing her baby Tegan in 1996, in jail and appeared on Caro Meldrum Hannon’s 2018 ABC series Exposed: The case of Keli Lane.

“It’s easy to condemn the actions – or alleged actions – of such women, Professor Buist understands that the situation for most is extremely complex. Usually it’s a mixture of things like low IQ, mental illness, no supports, cultural issues, and they all mix in together and you think: there but for the grace of god go I,” she says.

“The women I’ve seen who have been charged and convicted...I haven’t seen an evil one yet. I’m not saying that evil doesn’t exist, but that’s not the group I’m seeing.”

Understanding why some women don’t cope with motherhood has been central to Professor Buist’s career, which has taken the unusual path of combining academia, research and clinical work with writing successful novels, including the thriller Medea’s Curse.

Now Professor of Women’s Mental Health (Psychiatry) at Austin Health and the University of Melbourne, Professor Buist’s life and CV are incredible by any measure.

She was exposed to the field of medicine early as the eldest of four daughters of prominent pathologist Dr Greg Buist (MBBS 1964), one of the few pathologists who would conduct autopsies on those with HIV AIDS in the 1980s. Her mother, Jean Buist OAM, worked as a nurse. As a child, Professor Buist wrote long-hand stories and she has been keen to become a mother from an early age. Her mother, Jean Buist OAM, worked as a nurse.

Professor Buist completed her MBBS at Monash University in 1981, then her Master of Medicine and MD at the University of Melbourne. She remembers her university days fondly, and the connections she made have kept her associated with the University of Melbourne as a student, teacher and mentor.

After qualifying as a psychiatrist in 1989 (FRANZCP), Professor Buist spent 25 years directing hospital mother baby units. She has written a book on psychiatric disorders associated with childbirth, nine book chapters and more than 100 peer reviewed articles.

When her own two children were small Professor Buist produced several manuscripts, which were put on ice when she secured a $3.6 million beyond-stipend grant to research perinatal depression nationally.

“The outcomes of untreated depression ripple through that child’s life for the rest of their life and other children in the family,” to say nothing of the risk to mum,” Anne says.

The results highlighted the importance of early detection and treatment and became federal government policy. After completing that project, Professor Buist honed her creative craft with three erotic novels and seven novellas before publishing Medea’s Curse in 2015. That novel was followed by Dangerous to Know (2016) and this I would Kill For (2018 – read more on page 43).

All three feature forensic psychiatrist Natalie King, who lives with bipolar disorder. They involve themes Professor Buist has encountered in real life, but never real people. It’s important to her that her characters are relatable.

“I want all my characters, even the ones that are doing bad stuff, generally, to be sympathetic,” she says. Professor Buist’s writing has always been supported by her husband Dr Graeme Simsion (PhD 2007), an IT specialist turned bestselling author of The Rosie Project. They learn from each other and a book they co-wrote, Two Steps Forward, has been optioned by Ellen Degeneres.

Both always have a project or 10 on the go.

“I’m usually a little too far ahead of myself,” Professor Buist says. “I’m halfway through the next Natalie King book and I’m already starting to think about the one after that. She’s a singer in a rock and roll band, too, which is one of my fantasies.”

She describes her medical career as challenging but rewarding.

“I love to live in the unknowns, the grey, trying to make sense of the why and understand people.”

As for Keli Lane, who is currently serving 18 years in jail after being found guilty of the murder of newborn Tegan, Professor Buist found that she did not fit the usual profile of a woman who kills her child and felt there was room for doubt.

“She would have to be the most unusual [case],” Professor Buist says. “If you wrote that in fiction, most people would find it hard to believe.”

Find out more about Anne’s latest thriller, This I Would Kill For, on page 43.
A walk down memory lane

BY CECILIA DOWLING

The doors of the Med Building are tall and transparent. In 1982, Dr Maria Dudycz (MBBS 1987, LLB (Hons) 1993) ran straight into them, overwhelmed with excitement to tell her friends waiting outside that she had been accepted to study medicine.

Thirty-six years later, Dr Dudycz walked through those same doors for the Med Building Block Party, marking the opening of the inaugural Reunion Weekend.

Held on a rainy November weekend in 2018, Reunion Weekend was a chance for Melbourne Medical School alumni to come back to campus for a range of events across the Parkville precinct.

The inclement weather wasn’t enough to dampen the spirits of returning alumni. At the Block Party, Dr Dudycz was particularly curious to explore changes to the building as part of the Open House program and to see the premiere of the film celebrating 50 years of the tiered lecture Med Building. It Started in the Sunderland Theatre for the premiere of the film, It Started in the Sunderland. She features in a scene that describes her determination to study medicine.

Dr Dudycz was recently elected to the University’s Alumni Council, grew up in Melbourne’s Western Suburbs and worked in a milk bar through her school years to help support her family. In the face of many obstacles, she achieved both a medical degree and a law degree from the University of Melbourne. Her career at the intersection of these fields earned her induction onto the Victorian Honour Roll of Women in 2018.

“Among the panel were Laureate Professor Peter Doherty AC (LLD 2012) and Professor Suzanne Cory AC (BSc 1964, MSc 1966, LLD 2015), who both noted that collegiality and collaboration have made Melbourne University’s primary research centre.

“The Parkville Precinct has always been known for great science”, says Professor Cory. “It is a special place. We’ve got so many good scientific organisations working cheek by jowl … in Melbourne we’re good at collaborating and that is how all this tradition and great science has grown across disciplines.”

Professor Doherty has a theory as to why Melbourne, as a city, is so collaborative: “Here everyone talks AFL. It’s the great unifier. You can be a supporter of a team from any corner of society.” He believes this helps to create a community of researchers that thrive.

Saturday’s Chiron Lunch was a chance for those who graduated more than 50 years ago to come together and share memories. Professor John Prins, Head of the Melbourne Medical School, counted it among his highlights of the weekend.

“Professor Shitij Kapur, Dean of the Faculty of Medicine, Dentistry and Health Sciences (MDHS), described the six panelists as “truly representing research excellence, the spirit of innovation and the commitment to healing that is the DNA of the Faculty.”

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“I was there for both days. I had a look around at Open House on the Friday evening and I thought the VR Studio, the Harry Brookes Allen Museum of Anatomy and Pathology and the Bush Medicine exhibition were all wonderful. There was a great buzz … I was there to the end and saw the last guest leave.”

Professor Gunn was back the next day for the panel discussion, ‘Medical Research – Evolution and Progress’.

OPPOSITE Professor John Prins addresses guests at the Chiron Luncheon.

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ABOVE Alumni explored the vast network of tunnels beneath the Royal Melbourne Hospital as part of Saturday’s Discovery Tours.

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“My hope is that people remember their time at the University as a time of growth and connection,” he says.

“The 3D aspect shows the depth and the layers of the structure of the body, which is better than a 2D book for learning anatomy,” she says.

Next up, Dr Dudycz collected a choc top and took a seat in the Sunderland Theatre for the premiere of the film, It Started in the Sunderland. For her, the highlight of Saturday’s Discovery Tours was the Open House VR Studio, the Harry Brookes Allen Museum of Anatomy and Pathology and the Bush Medicine exhibition.

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It Started in the Sunderland: Celebrating 50 years of the Med Building

The triradiate Med Building opened in 1968. Fifty years on, the new film It Started in the Sunderland showcases the stories of a handful of alumni whose careers and life journeys began within its walls. Alumni contributed memories and stories about their experiences in the building to form the foundations of the film, which is presented by comedy icon and medical alumnus Rob Sitch (MBBS 1987).

Deputy Dean Professor Jane Gunn was involved in the production of the film and came up with the title. “A challenge was put to come up with a title. The stories and the footage brought back a whole lot of memories about being a medical student here and I realised that it all started in the Sunderland!”

In one scene, which is now at the beginning of the film, Rob Sitch was sitting in the lecture theatre. I think that triggered my memories of the importance of the theatre as a space for examinations, full of the customary opera tunes to which neuroanatomical nomenclature was set, as an ‘aide memoire’ for examinations, full of the customary comedy, script writing, music and great wit,” says Dr Rodda.

“It was a parody on well-known operatic tunes to which neuroanatomical nomenclature was set, as an ‘aide memoire’ for examinations, full of the customary comedy, script writing, music and great wit,” says Dr Rodda. Performed once more for It Started in the Sunderland, the filming was “a wonderful foretaste of our 40-year reunion, which I think was the highlight of Reunion Weekend 2018,” says Dr Rodda.

“It Started in the Sunderland will be seen at Reunion Weekend in 2019. Keep an eye on your inbox for updates!”

Across the hall at the Woodward, Dr Ada Cheung (MBBS 2003, PhD 2017), reunion champion for the MBBS Class of 2003, attended her cohort reunion. “We had a wonderful turnout! I spoke with our guest of honour, former Dean of the Faculty of Medicine, Dentistry and Health Sciences Professor Emeritus James Angus AO and was reminded that medical education is a lifelong process. Through sharing experiences and knowledge, we never stop learning.”

Dr Cheung is now undertaking trans medical research at the University of Melbourne, a field that aims to improve the level of healthcare available to transgender individuals (read more about her work on page 14).

“My field is challenging but the reward outweighs the pain. Thinking back to when I started medical school, I never imagined that I would be an early career research fellow, endocrinologist, trans ally and a parent of two young kids. Our 15-year reunion allowed for these catch-ups.”

“The experiences we share result in lifelong friendships and comradery, which I cherish so much.”

Over 1100 alumni and guests attended Reunion Weekend 2018. For Professor Prins, who had joined the University as Head of the Melbourne Medical School just weeks earlier, it was a memorable way to start his new role. “It was just great to see all the different cohorts and was a sign of the connection they feel to this place. My job now is to make sure we continue to provide value to our alumni and keep them involved in the School going forward.”

Deputy Dean Professor Jane Gunn summed up the event: “It was just great to see all the different cohorts together, from some of our more senior alumni all the way to our recent graduates. I think Reunion Weekend is going to be a very strong institutional event that we do every year. It was fun! It could grow and grow and grow.”

To see more photos and videos from Reunion Weekend 2018, visit: medicine.unimelb.edu.au/visit/reunion

Dr Christine Rodda (MBBS 1978, PhD 1989) contributed to the film as a member of a small choir, comprised of MBBS 1978 alumni. They performed the ‘Neuroanatomical Aria’, which was originally a Med Medleys act performed in the ‘70s for a favourite lecturer, Professor Bradley. “It was a parody on well-known operatic tunes to which neuroanatomical nomenclature was set, as an ‘aide memoire’ for examinations, full of the customary comedy, script writing, music and great wit,” says Dr Rodda. Performed once more for It Started in the Sunderland, the filming was “a wonderful foretaste of our 40-year reunion, which I think was the highlight of Reunion Weekend 2018.”

It Started in the Sunderland will be available to view later this year and will be screened again at Reunion Weekend in 2019. Keep an eye on your inbox for updates!
Not many people can say that their work has improved the lives of millions of people. But Dr John McHutchison AO can.

“Game-changer”

BY MEEGAN WAUGH

Drawn to medicine by a desire to change lives and leave a lasting impact, Dr John McHutchison AO (MBBS 1981) has perhaps exceeded even his own expectations. As the Chief Scientific Officer at leading US biotech company Gilead, he has been instrumental in developing a cure for hepatitis C, a disease killing nearly 400,000 people each year.

When we sit down to chat in December 2018 at University House, Dr McHutchison and his wife Kerstin – a research project manager in the biotech industry – have recently arrived in Melbourne from their home base on the San Francisco Peninsula.

Despite the long flight, they’re in good spirits. They have come to Melbourne because Dr McHutchison is receiving an Honorary Doctor of Medicine from the University in recognition of his extraordinary career. It’s not something he ever expected, but he’s pleasantly surprised by how significant it feels.

“It’s an honour to be recognised by your alma mater. It means a lot. And it’s great to be back on campus. Just walking around outside, some of it looks the same, some of it’s very different. But it has the same spirit and feeling about it … it brings back wonderful memories,” he says.

“There are parts of the medical campus that look the same, and then you see great progress, as there should be in any field of science. The Doherty, the cancer centre, the walkway between the hospitals, the new buildings on the other side of this campus on Swanston Street … it’s great to see, new and old combined together, lots of energy and activity.”

While he’s here, he will also make an address to the new medical graduates. As he prepares for the address, Dr McHutchison reflects on his own path since graduating from Melbourne Medical School: a series of strategic choices – both professional and personal – that have led to his position at the forefront of curing hepatitis C.

“Hepatology was my chosen specialty after I finished medical school, and that was because I was in part trained here as a student by a famous immunologist, Professor Ian MacKay. He was one of the great translational scientists and immunologists, one of the first in the field,” he says.

After completing his medical training in the late ’80s, Dr McHutchison left Australia and spent almost 25 years building his hepatology research expertise in the United States. “I’ve always been quite interested in being able to change things … my moves have always been for an opportunity to achieve something bigger, more important, on a larger scale.”

“I moved from Melbourne to America to understand liver diseases. I moved to Scripps Clinic to research hepatitis immunology and create a program. I went to Duke University to have a larger impact, and then I went to industry and Gilead to make an even larger impact. It’s a sequential series of events that have had more and more impact on a disease that I’m passionate about, that I’ve spent 30 years focusing on.”

“About eight years ago Gilead asked me to come and help make them the world’s largest liver disease company and to develop the curative regimens for hepatitis C – which we did.”

The impact of hepatitis C is felt across the world. The virus can cause both acute and chronic liver disease, ranging in severity from a mild illness lasting a few weeks to a serious, lifelong illness. An estimated 71 million people are chronically infected worldwide. A significant number of those who are chronically infected will develop cirrhosis, liver cancer or require a liver transplant.

The work Dr McHutchison has done at Gilead to cure hepatitis C is – unsurprisingly – a major career highlight.

“Coming to Gilead and creating a simple treatment – one pill a day for eight to 12 weeks that cures 95-99 per cent of people with hepatitis C, anywhere in the world, with any strain of the virus, in any way, shape or form – doing all of that in six years was amazing.”

It’s clear that Dr McHutchison is personally invested in his work. He recounts the time one of his colleagues at Gilead showed him a video message from a friend of a friend. He pulls out his phone and plays the video for us; it’s a woman who had been living with hepatitis C and is now cured. Her gratitude is palpable as she thanks Dr McHutchison for his part in changing her life. He’s seen this video countless times, but he still finds it deeply moving.

“You think about these people and their stories, not the number,” he says.

“He’s quick to emphasise that developing the curative regimens wasn’t a one-man mission.

“These hep C medicines … they require thousands of people, spending millions of hours. I might have led a part of it, but it wasn’t done in isolation.

“Collaboration is the cornerstone of good science. Gone are the days where you have some genius sitting in a lab with a rack of test tubes who’s going to make all the discoveries. You need a whole community of people working on a disease or a problem and you need to collaborate … it’s critical to success.”

“If you think you’re smart enough to be able to do it all yourself, you’re very wrong.”

“Science is always full of challenges. There’s a stumbling block somewhere along the road, something that happens that needs to be understood and sorted out.

“We bought a drug for hepatitis C for $11 billion … very shortly after that a small experiment showed that we only cured 10 per cent of people. Stock fell 10 per cent and everyone thought we’d made a big mistake, but we understood what the problems with that experiment were, we readjusted and ended up sorting it out.

“In academia there are always rejections, grant rejections, experiments not working, that’s just part of it. In science you do experiments and they fail … they’ll give you the answer you expect, or they won’t. That’s just the way it is. And that’s ok, that’s not failure, it’s just part of the process. If you let it get you down, if you’re a glass half empty rather than a glass half full person, you won’t reach your full potential.”

“Think big, don’t narrow your focus early on, be attracted by what fascinates and excites you and head in those directions. That would be my advice to anybody.”

“Even in my current job, it’s important that I train the next generation of leaders, the people who are going to take over from me and the next few layers down – scientists and physicians, researchers, drug developers. I spend a lot of time hiring good people, interacting with them and helping them. We often have them over for Thanksgiving!”

“Science is always full of challenges. There’s a thinking big is a philosophy Dr McHutchison lives every day.

Even after everything he’s achieved, he hasn’t stopped thinking about the next big challenge.

“We’re working on curing hepatitis B. There are 250 million people in the world with hepatitis B – it kills more people than any other infectious disease in the world. You have to think, ‘what’s the problem’?”

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To read more profiles of exceptional Melbourne Medical School alumni, visit medicine.unimelb.edu.au/engage/alumni
The Department of Rural Health (DRH) was established in 1999 to provide a more robust health workforce in rural and regional Victoria. In the 20 years since, the Department has made significant progress towards this goal.

"Thanks to this initiative, established 20 years ago, Shepparton now has doctors who grew up here, trained with us and now treat patients in their home region," says Professor Julian Wright, Head, Department of Rural Health.

The anniversary celebration, held in Shepparton in February 2019, provided an opportunity to reflect on the DRH’s achievements over the past two decades, including:

- The Extended Rural Cohort (ERC) program, which focuses on training students in rural general practice.
- Establishment of the Centre for Excellence in Rural Sexual Health (CERSH).
- Successful clinical training – since 2006, over 700 University of Melbourne medical students have trained at Clinical Schools in Shepparton, Wangaratta, Ballarat and Bendigo.
- The Going Rural Health initiative, supporting rural clinical placements for other non-medical students in fields including nursing and allied health. More than 10,000 students have completed rural placements through this program, including more than 3000 since 2016.
- Providing accommodation for fourth year Doctor of Dental Surgery students doing rural dental placements in Shepparton, Cobram and Wangaratta.

Now that the celebrations have wrapped up, the focus is on the future. By all accounts it’s looking bright.
DRH: Looking to the future

The anniversary party may be over, but there's plenty for the DRH to be excited about. Here's a taste of the rural health projects that will kick off the next decade.

BUILDING A PIPELINE OF MEDICAL TALENT FOR RURAL COMMUNITIES

The DRH will continue to manage the Goulburn Valley Regional Training Hub (GVRTH), established in 2017 as part of the Commonwealth funded Integrated Rural Training Pipeline (IRTP).

The GVRTH provides pathways for rural students to progress from medical education to junior positions and opportunities for specialist training. Its long-term aim is to improve medical recruitment and retention – and therefore access to health services – within its geographical footprint, which includes Echuca, Shepparton, Wodonga or Bendigo.

In January 2019, the federal government announced its geographical footprint, which includes Echuca, Ballarat: (L–R) Ms Isabella Trevaskis, Bachelors of Biomedical Science (Medical) student, Damian Drum MP and Professor Julian Wright, Head of the DRH.

NEW FACILITIES FOR SHEPPARTON

The new Doctor of Medicine (Rural Stream) will allow students to complete their entire medical program rurally. It is the first of a series of federally funded programs to be rolled out under the Murray-Darling Regional Training Hub (GVRTH), established in 2017 as part of the Commonwealth funded Integrated Rural Training Pipeline (IRTP).

This program will provide huge benefits to aspiring medical students who are struggling with the new environment. They can implement strategies to help these students contribute greatly to the wellbeing of the students they work with. They are able to give immediate feedback at the bedside as students practise their skills.

Continued Connections with Indigenous Communities

The DRH works closely with local Indigenous communities to improve health and education outcomes. In March 2019, the DRH launched the new Specialist Certificate in Empowering Health in Aboriginal Communities, giving students an advanced understanding of how both Aboriginal and Western knowledge can be applied to the field of Aboriginal health in rural communities. Australian Aboriginal and/or Torres Strait Islander students who have significant experience in health or community development settings are eligible to apply, and the first cohort has commenced their studies. The Specialist Certificate is a pathway to further studies including the Graduate Certificate in Aboriginal Health in Rural Communities (which will commence at the DRH next year) and the Master of Public Health.

In July, the DRH supports NAIDOC Week celebrations in Shepparton and Wodonga. This year’s celebrations will be based around the theme of ‘Voice. Treaty. Truth’. Let’s work together for a shared future’.

A helping hand: Clinical Education Facilitators

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The Clinical Education Facilitator (CEF) program helps rural students turn their theoretical knowledge into clinical skills and practice.

In 2006, the late Dr Jennifer Critchley noticed a problem. As a senior lecturer within the Department of Rural Health, she was seeing many students at the start of their clinical training who were reluctant to enter the hospital environment. They couldn’t find their way around, they found approaching staff intimidating, and they didn’t really understand how the hospital system worked.

Dr Critchley, a highly experienced nurse practitioner, developed a hypothesis. She suspected that having an experienced non-medical clinician with them in the hospital setting would help students overcome their nerves and accelerate their learning. She began a research project to test this theory, and the Clinical Education Facilitator (CEF) program was born.

Anne Thewlis was the first CEF to come on board, joining the team in 2007 to support students in the medical unit. She was initially based in the medical unit while Dr Critchley was based in the surgical unit and emergency department.

“I would be in the ward with them assisting with procedural skills, patient interviews, basic examinations and facilitating between other areas – radiology, theatre or other procedural areas. We already knew the staff, so we’d be the ones linking them to other pathways and opportunities,” says Anne.

Over the years the CEF program has become a core part of the rural clinical training experience. It has also been adapted for a similar program – Clinical Nurse Educators (CNE) – in the University’s metropolitan Clinical Schools.

All CEFs are highly skilled nurses with many years of experience in specialty areas, such as Emergency Department, Critical Care and Intensive Care. They have excellent communication and interpersonal skills and contribute greatly to the wellbeing of the students they work with. They are able to give immediate feedback at the bedside as students practise their skills.

“The CEFs are able to identify the early signs of students who are struggling with the new environment. They can implement strategies to help these students reach their goals while meeting curriculum requirements or refer them to the Rural Health and Wellbeing Officer for more support if needed,” says Anne.

“When students are involved in or exposed to critical incidents, for example cardiac arrests, the CEs have been able to get the group together afterwards to debrief and provide psychological support. The open discussion allows students to voice their emotions and work on strategies for dealing with these types of situations.”

A helping hand: Clinical Education Facilitators

To find out more about the CEF program, contact Ms Anne Thewlis, Clinical Skills Laboratory Manager on (03) 5832 4585 or athewlis@unimelb.edu.au.
Multiplier effect

This extraordinary gift follows the success of three professional chairs Mrs Galli has established within the Precinct since 2012. Professor David Amor holds the Lorenzo and Pamela Galli Chair in Developmental Medicine in the Department of Paediatrics at the Royal Children’s Hospital; meanwhile, Professor Doug Hilton AO, Director of the Walter and Eliza Hall Institute of Medical Research, holds the Lorenzo and Pamela Galli Chair in Medical Biology. Professor Grant McArthur is the Lorenzo Galli Chair in Melanoma and Skin Cancers at the University of Melbourne, a position named in honour of Pamela’s late husband Lorenzo, who lost his own battle with melanoma.

“One of the important things about philanthropy is that it enables scientists to take risks that can profoundly change the way we think and how we develop new treatments for diseases like cancer,” says Professor McArthur.

The work of all three chairs will be enhanced by the Lorenzo and Pamela Galli Medical Research Trust, which will empower scientists to collaborate and share knowledge, and inspire creative thinking and new scientific approaches. It also brings together the powerhouses of the Melbourne Biomedical Precinct – the Peter MacCallum Cancer Centre, the Murdoch Children’s Research Institute within the Royal Children’s Hospital, the Walter and Eliza Hall Institute, and the University of Melbourne.

“One of the things I’ve loved is the opportunity to interact with the other Galli chairs,” says Professor McArthur. “Collaborations like these are just what we need to beat a disease like cancer and to have great impact on children with developmental disabilities.

“The Lorenzo and Pamela Galli Medical Research Trust is helping us tackle the big health problems facing our society – cancer and developmental illness and disability in children. These diseases have profound impacts on people’s lives and with the generosity and resources available through the Trust we can really take on those big challenges,” Professor Amor, a consultant clinical geneticist and clinician scientist with a research focus on human genetics, agrees. “The work that we’re doing with Pamela’s support is having a real impact on the families that we’re treating. We have an opportunity to make a significant difference in the lives of those children and their families through better diagnosis, better treatment and, in some cases, prevention,” he says.

Professor Hilton is also enthused by the collaborative aspect of the research programs. “It’s a great privilege to be the Galli Chair of Medical Biology, but what’s even more exciting is working with Grant McArthur and David Amor.”

“What’s exceptional about Pamela’s vision is that by supporting the work of the Royal Children’s Hospital, the Walter and Eliza Hall Institute, Peter Mac and the University she has created an opportunity for much more impact through collaboration and drawing upon the different skills of each institution.”

“Philanthropy allows us to take some remarkable risks. We can try things that we’re uncertain about, but that have the capacity for really high impact. Pamela’s vision is going to benefit the community for decades to come.”

A survivor’s tale

Melissa Sheldon’s story of survival is testament to the remarkable advances in medicine and the heroic efforts of doctors such as Professor Grant McArthur who are revolutionising the way treatment is being delivered to patients. At 29, Melissa was diagnosed with melanoma. Within two years, despite surgery, the cancer had metastasised to her lungs; later, to her brain. And the prognosis was dire. “My family came to say goodbye to me three times.”

But Professor McArthur, a renowned expert in the medical oncology treatment of melanoma, had another plan. He deployed a powerful cocktail of immunotherapy drugs, designed to harness the body’s own immune response to target and destroy cancer cells. Against all odds, he succeeded. Nine years after her diagnosis, Melissa is still here, with high hopes for the future of cancer research. “The treatments available have evolved over these years. Just imagine if this disease was wiped out – that’s my hope.”

A special gift is underpinning far-reaching collaboration, turbo-charging research.

A unique gift to the University of Melbourne will support collaborative medical research in children’s health and cancer for generations to come. The Lorenzo and Pamela Galli Medical Research Trust is set to drive an exciting series of collaborations in the Melbourne Biomedical Precinct focusing on cancer and childhood developmental disorders.

Philanthropist Pamela Galli established the Lorenzo and Pamela Galli Medical Research Trust in 2018 by gifting the corpus of her charitable trust to the University of Melbourne. It will provide perpetual support for research by the University and its partner institutes, the Peter MacCallum Cancer Centre, the Royal Children’s Hospital and the Walter and Eliza Hall Institute of Medical Research.

Uniquely, Mrs Galli has stipulated her wish for the institutes to work together on a series of research programs that would not otherwise be funded.

The Trust will initially support three major research projects over the next five years, focusing on:
• Finding new medicines to prevent intellectual disability
• Generating new evidence about the cause, prevention and best treatment for neurodevelopmental disability
• Developing single cell analysis to understand how cancer cells interact with each other and immune cells – leading to possible new treatments.

The work of all three chairs will be enhanced by the Lorenzo and Pamela Galli Medical Research Trust, which will empower scientists to collaborate and share resources available through the Trust we can really take on those big challenges.”

To find out how you could make a difference, contact onagh.kane@unimelb.edu.au.

Pamela Galli: creating a legacy of excellence

Pamela Galli’s desire to support the fight against incurable cancers comes from a deeply personal place: the loss of her beloved husband to melanoma.

“It seemed appropriate to me that I should encourage medical research into disease after cancer took the life of my dear husband Lorenzo,” she says.

Since being introduced to the University of Melbourne in 2011, Pamela has developed a strong affinity with its work, particularly in the area of health. Over the years, she has quietly supported several significant projects, including construction of the Professor Lynn Corcoran Early Learning Centre. The Centre, which opened in 2018 at the Walter and Eliza Hall Institute (WEHI), supports gender equity in science by making on-site quality childcare accessible to working parents.

Her latest gift to the University of Melbourne, the establishment of the Pamela and Lorenzo Galli Medical Research Trust, will have a transformative effect on medical research within the Melbourne Biomedical Precinct.

Pamela’s philanthropy is far-reaching. Over many years she has provided key support to several Melbourne schools and aged-care centres, organisations such as Alzheimer’s Australia and cultural institutes including the Arts Centre Melbourne. She has never sought recognition or publicity for her giving, only the satisfaction of giving back to her community.

Pamela truly embodies the spirit of philanthropy. In the face of loss, she has created an everlasting legacy of medical excellence and collaboration that will have impact for generations to come. Her contributions stand as a testament to both her love for Lorenzo and her own vision for the future of medicine.
Dr Irene Szymanski worked in general practice in Melbourne until she retired in 2014.

There was no IT access until she retired in 2014. Practice in Melbourne worked in general medicine. Dr Irene Szymanski (MBBS 1972) graduated from her Bachelor of Medicine and Bachelor of Surgery. Today, Omar and Irene compare their experiences of medical study at the Melbourne Medical School. By CECILIA DOWLING

In 2022, Omar Salehi will complete his clinical training at the Royal Melbourne Hospital and graduate with a Doctor of Medicine. That year will also mark 50 years since Dr Irene Szymanski (MBBS 1972) graduated from her Bachelor of Medicine and Bachelor of Surgery. Today, Omar and Irene compare their experiences of medical study at the Melbourne Medical School.

Omar Salehi is two months into his clinical training at the Royal Melbourne Hospital.

“I find it difficult to imagine studying without the internet. I don’t think I could do it! But the senior doctors always say the best way to learn is to treat real patients. Doctors see people at their most vulnerable. They are confronted with new challenges every day and witness the full spectrum of the human condition. I hope these elements will always be at the heart of medical study.

I think medical education now is more focused on building effective communication skills, underscoring the importance of empathy and posing ethical challenges that doctors are likely to face in the future. Junior doctors and medical students are now also better trained regarding their own mental health. I started at the Melbourne Medical School in 2018 and was struck by the diversity of people in the course. I felt I would have every opportunity to succeed, with access to the Melbourne Biomedical Precinct, including world-leading research at the Doherty and Florey Institutes and the highest standards of care at the Royal Melbourne Hospital and the Victorian Comprehensive Cancer Centre.

In first year, we learned the biomedical sciences that underpin the core of medicine and the complexity of the human body. There is a big emphasis on case-based learning, which helps to consolidate the information we learn in class. In years two and three, we rotate through clinical settings in emergency medicine, surgery, paediatrics, obstetrics and gynaecology and general practice, before completing a medical research project and preparing for internship.

For the next three years I will learn from real patients with real diseases at the Royal Melbourne Hospital. The transition from text books and the internet to clinical training is fascinating, challenging and extremely rewarding.”

In preparation to study at Melbourne Medical School, Omar completed a Bachelor of Biomedical Science at Grattan University.

“I always wanted to come to Melbourne. It is known as one of the best medical schools in the world. When I was a child, some of my family members were frequently in and out of hospital. I realised the impact that health professionals can have on the life of the patient and their loved ones. I set my mind on becoming a doctor after doing work experience with a GP in year 10.

To say I have loved medical school would be an understatement. I was awarded the MBBS Class of 1972 Scholarship last year and recently learned that the scholarship will continue for the duration of my degree. It was amazing news to receive and I am so grateful. One of the most difficult aspects of medical school is balancing work with studies. Thankfully, the scholarship has alleviated a large part of the financial burden for me and my family. I know that medicine is a long road and I hope to excel in multiple areas while enjoying the journey.”

The new Med Building opened on Grattan Street in 1969. We were excited to move there from the 19th century medical building across campus. This gave us a home base with the adjoining Brownless Biomedical Library to study in. I hated the rot learning in the first three years of preclinical studies, and I found the dissection of cadavers quite difficult to manage. But I knew I had made the right choice when my clinical training began – I became totally engaged.

In my cohort there were 95 of us (including 17 women) vying for the few resident positions available. My final marks granted me a first-year medical resident positions available. My final marks granted me a first-year medical resident position at the Royal Melbourne Hospital. At the end of this year I decided to move to a share house in Parkville for three years of the course. In 1970, I moved into a share house in Parkville with friends. I married a fellow medical student, Murray Verso (MBBS 1972), at the beginning of our final year.

Through my preclinical years I needed extra income and worked doing babysitting and waitressing during term time. In the long summer vacation, I worked as a waitress in the buffet cars on the Melbourne to Sydney trains.

I found general practice to be a very satisfying and enjoyable career. Over the years I have enjoyed catching up with my classmates at medical meetings and our reunions.”

There were an optional 12 months of further general practice training, which included six months of obstetrics and gynaecology training at the Mercy Maternity Hospital. I did a further three months of psychiatric training and three months of a supervised general practice internship before I entered full-time general practice in 1972. The extra training was not required at that time, but these days it is essential. Despite passing examinations for Diplomas in Obstetrics, I didn’t do obstetrics in general practice. I thought it involved too much drama and sleep deprivation! But, like many female GPs, the bulk of my work is involved with women’s health. I worked full-time in general practice until I had my two children in 1977 and 1979, when I changed to part-time practice.”

Dr Szymanski was born in Germany in 1949 and migrated to Melbourne with her parents in 1950. “After my parents divorced, my mother changed jobs often and we moved around a lot. I went to many different primary schools. Fortunately, my secondary education was covered by various scholarships.

The fees for my studies at Melbourne Medical School were covered by a Commonwealth Scholarship, which also enabled me to board at St Mary’s College for three years of the course. In 1970, I moved into a share house in Parkville with friends. I married a fellow medical student, Murray Verso (MBBS 1972), at the beginning of our final year.

Through my preclinical years I needed extra income and worked doing babysitting and waitressing during term time. In the long summer vacation, I worked as a waitress in the buffet cars on the Melbourne to Sydney trains.

I found general practice to be a very satisfying and enjoyable career. Over the years I have enjoyed catching up with my classmates at medical meetings and our reunions.”
The Women’s: Carers, advocates and reformers.

16 APRIL - 2 NOVEMBER 2019 AT THE MEDICAL HISTORY MUSEUM

BY DR JACQUELINE HEALY (BA(Hons) 1976, MBA 1982, PhD 2005), Senior Curator, Medical History Museum and Henry Forman Atkinson Dental Museum

“The Royal Women’s Hospital opened in August 1856 as the Melbourne Lying-In Hospital and Infirmary for the Diseases Peculiar to Women and Children, in a terrace house in Albert Street, East Melbourne. The colony was in the midst of a gold rush that would bring half a million people in the decade. Women were abandoned – pregnant and destitute – while their husbands and erstwhile lovers tried their luck on the goldfields. The need for a charity lying-in hospital for women without homes was urgent.”

PROFESSOR JANET MICALMAN AC (BA(Hons) 1971), HISTORIAN

The University of Melbourne’s Medical History Museum has collaborated with The Royal Women’s Hospital Archive and Historical Collection. A history of care. Charitable Institutions in Melbourne”. Thus began the history of the Royal Women’s Hospital. From its beginnings in 1862, Melbourne Medical School had strong connections with the Melbourne Lying-In Hospital and Infirmary for the Diseases Peculiar to Women and Children. The University’s first lecturer in obstetric medicine and diseases of women and children appointed in 1864, Dr Richard Tracy (1826–1874), was one of the hospital’s founders. The Royal Women’s Hospital and The University of Melbourne collaborate through teaching and research, with both institutions leading the field in women’s health.

The Royal Women’s Hospital Archive and Historical Collection is currently undergoing a transformation. The official records and some photographs have been transferred to Public Record Office Victoria, where they will be preserved, catalogued and made accessible to researchers and the wider community. The historical collection, artefacts, photographs and other material will come under the University’s custodianship at the Medical History Museum.

Among the Medical History Museum’s rich collections is the first Annual Report of the Melbourne Lying-In Hospital in particular – through our combined collections. The Women’s: Carers, advocates and reformers exhibition and publication explore the work of important individuals, revolutions in clinical care, legal reform on abortion and assisted fertility, professional and public education, and cutting edge research. Importantly, the rich history of Indigenous peoples’ knowledge and practices for pregnancy and childbirth is acknowledged through contributions by senior Victorian Indigenous women.

Main Florence Green’s midwifery case, 1916, leather, cloth, metal, 12.0 × 30.0 × 43.0 cm. A2018_12_001, gift of Margaret and Eric Smith (great-nephew of Florence Green) 2018, Royal Women’s Hospital Collection.

A midwifery nurse’s case

“Florence Green (1876–1964) trained as a midwifery nurse at the Women’s Hospital in a two-year scheme designed for women without prior qualifications in nursing (for general nurses, the course was one year). Those enrolled in midwifery training at the Women’s were referred to as ‘midwifery pupil nurses’, yet their certificates bore the title ‘Obstetrical Nurse’. This term was adopted in 1898 after the pupils requested replacement of the longstanding title ‘Ladies Monthly Nurse’.

As was required, Green’s case is lined with a draw-sheet. Starched white aprons, collar, cuffs and studs, cloth belts with silver buckles, cap, silk stockings, and a silk handkerchief seem ready for the next wearing. A large enamel dish holds a nail brush, gallipots for solutions, and a kidney dish for injections. Other items include a glass urinary catheter and pipettes, enemata, a measuring glass for medications, syringes and needles, bottles, bandages, cotton swabs and gauzes. There are artery and other forceps, scissors, twine to tie the umbilical cord, safety pins, and a metal spoon for measuring baby formula.”

DR MADONNA GREHAN
(GDip Health Ethics 2001, PhD 2009), Historian

A baby in transport incubator (see page 32), c. 1960, photograph, 10.0 × 12.0 cm. PK Folder_43_21, Royal Women’s Hospital Collection.

Medical History Museum

Established in 1967 through a grant from the Wellcome Trust, today the Medical History Museum holds more than 8000 items covering the history of the Melbourne Medical School and the broader history of medicine in Australia and internationally. The recent major addition from the Royal Women’s Hospital greatly enriches the museum, and demonstrates the importance of the University’s hospital partners in providing care, research and education.

medicalhistorymuseum.mdhs.unimelb.edu.au
Dr Tracy's ovariotomy instruments

“Six years after the Lying In Hospital was established, the Melbourne Medical School opened its doors in 1862. Recruitment of staff began in earnest with the arrival in 1863 of the first professor of medicine, George Britton Halford. Richard Tracy, a graduate of Glasgow and Dublin, was appointed the following year as lecturer in obstetric medicine and diseases of women and children. Tracy performed the first successful ovariotomy in Victoria in 1864, and became renowned locally and internationally for a series of successful ovariotomies. Shown here are his ovariotomy instruments, which were selected and sent from England by his mentor, Sir Thomas Spencer Wells, surgeon to Queen Victoria and a leader in obstetrics, who pioneered this surgical procedure for relieving women suffering from ovarian tumours. Tracy corresponded with Wells from Melbourne and was instructed by him in the technique. Tracy’s success rate ultimately exceeded that of Wells, with only four deaths from 20 operations, performed in the Lying In Hospital and in private homes—despite never having seen the operation performed.”

RICHARD WALPOLE (descendant of Richard Tracy)

Women's Hospital, Ambulance for transporting premature baby, 1949

“This incubator was constructed in 1949 by Mr Jack Murphy, chief engineer of the Women's Hospital, under the supervision of paediatrician Dr Dame Kate Campbell DBE (MBBS 1932, MD 1934, LD 1966) and medical superintendent Dr William Refshauge. It was used for transporting newborn infants from delivery suites or operating theatres to the baby nursery, replacing the open cots previously used. It was also used for transporting babies to the Children's Hospital if they required surgery or specialist care. The sides and base are constructed of wood, and the top has sliding acrylic panels for access and observation. The carry-cot is suspended by springs on each corner to improve the ride. Essential warmth is provided by five hot-water bottles hanging on hooks on the inside walls, with a thermometer showing the temperature inside the cot. Oxygen is provided from a cylinder placed externally in the recess at one end, with gauges showing the capacity of the cylinder and the flow rate. The oxygen is directed through a pipe that runs around the inside of the cot between the walls and the hot-water bottles, thus warming the gas before it is delivered to the baby via a rubber tube emerging from the end of the pipe.”

DR NEIL ROY AM (MBBS 1965), Paediatrician

Ambulance for transporting premature baby, 1949, wood, metal, rubber, acrylic; 85.0 × 115.0 × 70.0 cm. A1990_16_001, Royal Women's Hospital Collection.

EXHIBITION DETAILS: The Women’s: Carers, advocates and reformers

The Medical History Museum, University of Melbourne, 2nd Floor Brownless Biomedical Library, Tuesday 16 April - Saturday 2 November 2019.
Opening Hours: 10.00am-5.00pm Monday to Friday, 1.00pm-5.00pm Saturday.
medicalhistorymuseum.mhds.unimelb.edu.au/exhibitions/current-exhibitions

A decade of health at the Western Clinical School

In what’s sure to be a lively celebration, the Western Clinical School will mark its 10th anniversary on 24 August 2019. By ASSOCIATE PROFESSOR STEPHEN LEW

Melbourne Medical School students started their clinical training in the West 20 years ago as part of the Royal Melbourne Hospital/Western Clinical School. In 2009, the Western Clinical School became its own metropolitan clinical school - the first to be established in 50 years.

In the ten years since, it has gone from strength to strength, mirroring the rise of Western Health as a tertiary care provider. It is therefore fitting that the tenth anniversary celebration will include tours of the new Joan Kirner Women’s and Children’s Hospital, which opened in May 2019.

Initially based at Footscray Hospital, the Western Clinical School now spans both Footscray and Sunshine Hospitals, taking 48 MD students in each of the three clinical years.

The School has proudly overseen 327 students graduating from an MBBS or Doctor of Medicine (MD). From his vantage point of the Department of Surgery, Professor Steven Chan has “seen it all”. Renowned for his highly interactive teaching style, he remembers the positive responses when emphasizing that what was taught in the first year of the Doctor of Medicine had applications in daily clinical practice.

“In my teaching role, there is nothing more fulfilling as when a colleague remarks on a number of occasions ‘you taught me at Western Clinical School.’

Recalling her recent student years from 2013-2015, Dr Drew Moir (BBiomed 2011, MD 2015) remembers her experience vividly.

“I was introduced not only to a supportive learning environment, but also to a broader community of friends, colleagues, patients and mentors. This community has shaped me as an individual and continues to influence my medical practice every day.”

The feeling is shared. Sarah McArthur (BSc 2015), who is in her final year of the MD, says: “We aren’t just told to hit the books. By putting us right in the centre of the action, we quickly became valued members of the team with an important role to play.”

With another 42 graduates expected in this milestone year, the Clinical School looks forward to nurturing and inspiring the clinicians, researchers and teachers of the future. The Western Clinical School will celebrate its 10th anniversary at a cocktail party on 24 August 2019. Alumni of the Western Clinical School will receive invitations later this year.

Western Clinical School students in 2010.

The evolution of a School

1988 First University of Melbourne students commence clinical studies at Footscray from the Royal Melbourne Hospital
1999 Mr Graeme Thompson appointed as Clinical Sub Dean (Surgical)
2002 Ms Julie Holland appointed as Administration Officer
2002 New Sub Deans appointed: Dr Richard O'Brien (Immunology), Dr Rosemary Wong, Mr Iain Skinner
2004 New Sub Deans appointed: Mr Ian Faragher and Dr Geeta Srichata
2006 New Sub Deans appointed: Dr Jacinta Tobin and Dr Deepak Dutta
2008 Ms Maureen Weir, then Ms Judith de Graaf appointed to teach procedural skills
May 2009 A/Prof Stephen Lew appointed as first Clinical Dean of Western Clinical School
July 2009 First class of 18 students commence clinical studies
December 2011 First cohort of Western Clinical School students graduate
July 2011 First tutorial in new teaching facility (Western CHRE) at Sunshine
February 2012 First Doctor of Medicine students commence at the Western Clinical School at Sunshine
December 2012 Dr Jenny Tran (MBBS 2012) named 2013 Australia At Large Rhodes Scholar in her final year of MBBS studies
December 2013 Final cohort of 40 MBBS students graduate
December 2014 First cohort of 48 MD students graduate
December 2015 Second cohort of MD graduates. All prize winners return to Western Health as interns in 2016
January 2019 Record number of Western Clinical School students (37) return to Western Health for internship

A new women's and children's hospital for the West

Named after the late premier the Honourable Joan Kirner AC (BA 1958), a new $200 million facility at Sunshine Hospital will support women and families in Melbourne’s west. The Joan Kirner Women’s and Children’s Hospital features:

- labour delivery rooms
- special care nursery cots
- women’s inpatient beds
- children’s inpatient beds
- operating theatres

Western Clinical School students in 2010.
Resilience at the forefront of medical education

As any new graduate transitions from study to work, they will experience a period of rapid learning. As part of this phase, they must confront the potential for making a mistake in their new professional setting.

By Ally Gallagher-Fox

In an average workplace, mistakes come with consequences. Money can be lost in an important business deal or a valued client can be alienated. However, consequences are never more pronounced than for doctors, for whom errors can be catastrophic.

By nature, healthcare is a high-stakes environment and doctors will make life and death decisions frequently. Medical error resulting from such decisions is a reality of the job and the toll on the mental wellbeing of young doctors can be extraordinary.

Helping young doctors recover from setbacks

Resilience helps us bounce back when bad things happen. It allows us to learn, grow and apply these new skills to personal challenges in the future. While resilience building won’t stop people from making errors, it will help inform whether a junior doctor grows rather than shrinks as a result of such inevitabilities.

Clearly, a focus on wellbeing and resilience building in medical students and young graduates is of the utmost importance. It’s a necessary skill for doctors, however it medical students and young graduates is of the utmost importance.

The Melbourne Medical School is making important changes to its curriculum to ensure that wellbeing and resilience building sit at the centre of the learning experience. “We can’t just tack wellbeing on as an extracurricular activity. Wellbeing and resilience need to be smack in the middle – as much a part of our curriculum as anatomy and paediatrics, the scientific content of the course,” says Professor Steve Trumble, Head, Department of Medical Education.

“If we tell ourselves that a mistake means we’re no good, that we’ll never succeed as a doctor and that this is the end of our career, our emotional distress will be very high.”

Resilience informs how a doctor performs and what kind of professional they become. As educators, we’re not only adding in knowledge and skills for students, we’re shaping them as professionals. Part of that professional identity is having these core skills of wellbeing and resilience. Research shows that two people can experience similar adverse events but have significantly different outcomes. A big variable in these cases is the individual’s mindset and thought processes around the event.

“Research says that what we tell ourselves about an adverse event matters. When something bad happens, we attach meaning, we try to interpret it and work out why it happened,” says resilience and leadership expert, Professor Jill Klein.

Professor Klein has been teaching leadership, resilience and decision-making for more than 10 years to University of Melbourne business students. She’s recently started working with medical students after seeing how traumatic making a medical error can be for some young doctors.

“The shift is away from saying you have to be toughened up to survive in a hostile working environment, and rather to work on that environment to make it as supportive as it should be of junior doctors.”

The role of clinical educators

Clinical educators play a huge role in the education and development of students. In order for students to retain and build resilience throughout their studies, clinical educators must be there to support and encourage them along the way.

“There are many practical things that clinical educators can do to cultivate and influence resilience in their students,” said Professor Clare Delany from the Department of Medical Education.

“Training clinical educators for their roles is increasingly focused on helping them work with students to identify how stress and anxiety are influencing their learning and their learning performance.”

“The approach can differ for every student. There are a variety of underlying issues that may contribute. These might include, for example, a lack of confidence in practical skills or difficulty with compuassure in challenging clinical environments. Once the contributing factors are understood, we work with the student to build resilience capabilities and skills in the relevant areas.”

“Our educators teach students techniques to improve their capacity to take in new information; to problem solve; to express their learning needs; and to recognise what conditions help them learn best,” said Professor Delany.

The importance of workplace culture

However, it’s important to note that this isn’t a simple issue. There are also many important changes that need to be made in hospital culture to ensure that junior doctors are going into safe, supportive and healthy working environments.

Beyond medical error, many factors can impact a doctor’s mental health and wellbeing – heavy workloads, long and unpredictable hours, exposure to trauma and workplace bullying and harassment, to name just a few.

“There’s no amount of resilience training that could offset the need to ensure that the young doctor’s workplace is as supportive and encouraging as it could possibly be,” says Professor Trumble.

“Our focus at MMS is to recognise that medicine is a challenging and demanding career. Resilience training is about preparing our learners to be successful in what is a demanding profession, not in a hostile working environment,” says Professor Prins.

“Even if you went into the best hospital culture possible, doctors will confront death, make mistakes and console grieving families. This would test the resilience of all of us. So, sending young people out to do this, without helping them make that transition and making them prepared, would be unconscionable.”

Resilience and the future of medicine

Professor John Prins, Head of Melbourne Medical School, is currently leading a redesign of the Melbourne Medical School curriculum. He says that as health technology advances, doctors will need a whole new form of resilience in their toolkits.

“With electronic medical records, data sets, artificial intelligence and machine learning, healthcare decisions will not necessarily have any input from a doctor. However, doctors will need to be able to cope with the consequences of those decisions. There’s a need for a new form of resilience around that system,” he says.

“On a population basis, computers may be better at making those decisions. But on an individual level, they may not be. There’s a new world out there, and doctors will need to be ready for it.”

This is where education comes in – preparing medical students for the inevitability of a challenging and changing workplace, while working to ensure that necessary changes are being made to hospital and other healthcare environments to improve outcomes for patients and doctors alike.

As a leader in medical education, the Melbourne Medical School is perfectly placed to lead this important change for the next generation of doctors.

If you would like to share your thoughts on the place of resilience in the Melbourne Medical School curriculum, please contact john.prins@unimelb.edu.au
**2019 Australia Day Honours**

**Companion of the Order of Australia**

Professor Emeritus Richard G Larkins AC (MBBS 1966, MD 1972, LLD 2004) for distinguished service to medicine, particularly to brain injury rehabilitation, and to professional medical bodies.

Professor Anne B Chang AM (MBBS 1988, PhD 1998) for significant service to paediatric respiratory medicine as a clinician and researcher.

Dr Michael J Davies AM (MBBS 1968, MD 1978) for significant service to medicine in the field of anaesthetics, and to professional medical bodies.

**Associate Professor Kate J Drummond AM (MD 2008)** for significant service to medicine in the field of neuro-oncology, and to community health.

Professor Mary P Galea AM (BA 1986, PhD 1992, GpDipEpid&DйStat 2004) for significant service to medical education in the field of clinical physiotherapy, and to professional associations.

Dr Adrian D Hibberd AM (BMedSci 1970, MBBS 1972) for significant service to medicine, and to medical research, in the field of renal transplantation.

**Dr Jennifer F Hoy AM (GpDipEpid&DйStat 1995)** for significant service to medicine, and to medical education, in the field of infectious diseases.

**Medal of the Order of Australia**

Dr Michael M King AO (MBBS 1999) for distinguished service to community health, particularly through advocacy for institutional investment strategies.

Professor Caterina A McLean BSc (BSc 1979, MBBS 1984, MD 1999) for distinguished service to medicine in the field of forensic toxicology, to medical education, and to professional groups.

Professor Jane R Fisher AO (PhD 1994) for distinguished service to medicine, particularly in the field of perinatal mental health, to women, and to the community.

**Dr Bronwyn M King AO (MBBS 1999)** for distinguished service to community health, particularly through advocacy for institutional investment strategies.

**Professor Cazinha A McLean BSc (BSc 1979, MBBS 1984, MD 1999)** for distinguished service to medicine in the field of academic and clinical neuropathology, and as a role model and mentor.

**Professor John J McNeill AO (PhD 1981)** for distinguished service to medicine in the fields of clinical epidemiology and cardiovascular research, and to public health.

Dr Michael M King AO (MBBS 1999) for distinguished service to medicine as a pathologist.

**Dr Michael J Bourke OAM (MBBS 1960)** for service to medicine.

**The Late Dr Neil F Bright OAM (MBBS 1979)** for service to medical education, and to the community of Albury Wodonga.

**Dr Craig S Haddad OAM (MBBS 1984)** for service to medicine.

**Dr Boon H Hong OAM (MBBS 1972)** for service to community health.

**Dr Donald W Hosack OBE OAM PSM (MBBS 1954, BA 1975, MD 2006)** for service to medicine, and to the arts.

**Dr Stanley J Menzies OAM (MBBS 1972, MMed 1990)** for service to the communities of South West Victoria.

**Doctor of Medical Science (Honoris Causa)**

The Doctor of Medical Science (Honoris Causa) is awarded to individuals who have made significant contributions to the field of medicine and to society. It is awarded without the need for completion of the usual requirements of the degree – honoris causa meaning “for the sake of the honour” in Latin.

Dr Gabriele Medley AM (MBBS 1959) in recognition of her dedicated and distinguished service to medicine, her leadership and achievements within her clinical specialty, in particular her distinguished eminence through many years of leadership in the development of cervical cancer screening, and her contributions to broader medical and educational communities through her participation in a multitude of professional, hospital and university roles and committees over a great many years.

Dr John G McHugh OAM (MBBS 1981) in recognition of his innovative and ground-breaking work aimed at eradicating hepatitis C virus and eliminating the suffering it causes to millions across the world. His novel and highly sophisticated approach has elucidated new aspects of viral biology, discovered new targets for drug development, and identified innovative combination therapies that are now achieving astounding rates of cure.

Professor Li Wu (PhD 1991) in recognition of her highly distinguished contributions to molecular immunology, for her outstanding leadership in establishing strong, enduring links between Melbourne and Tsinghua universities and for initiating an innovative program to build research capacity in health for her own country.

**2019 Victorian Young Australian of the Year**

Dr Skye Kinder (MD 2016) in recognition of her contributions to the health of rural and other marginalised patients throughout Australia. As a doctor and board member of Rural Doctors Association of Victoria, Skye brings awareness of rural health issues to local, national and international audiences through her research, ongoing speaking engagements, press appearances, workshops and articles.

**Medal of the Order of Australia**

**Dr Andrew S Snell AM (PGDip Palliativ Med 1999)** for significant service to medicine, particularly in the field of palliative care, as a clinician and educator.

**Dr John D Taylor AM (MBBS 1962)** for significant service to medicine as a urologist and urogynaecologist, to medical education, and to the community.

**Dr John W Wilson AM (BSc (Hons) 1975, MBBS 1980, PhD 1999)** for significant service to medicine, and to medical research, in the field of psychiatric disease, and to professional organisations.

**Professor Christine F McEldown AM** for significant service to respiratory and sleep medicine as a clinician-researcher, administrator, and mentor, and to professional medical organisations.

**Professor David A Watters AM** for significant service to medicine and medical education in endocrine and colorectal surgery, and through leadership roles with professional organisations.

**Dr Terence F Ahern OAM (MBBS 1976)** for service to medicine, particularly in the field of general practice.

**Dr Gary M Ayton OAM (MBBS 1984)** for service to emergency medicine.

**Mr Ian A Campbell OAM (MBBS 1977)** for service to medicine as a surgeon.

**Dr Stephen A Margolis OAM (MBBS 1983)** for service to rural medicine, and to medical education.

**Dr Jacqueline K Mein OAM (MBBS 1990)** for service to medicine, and to community health.

**Dr Hugh S Millar OAM (MBBS 1954, PgDip Laryngology & Otolaryngology 1959)** for service to medicine, particularly to otolaryngology.

**Dr Don Moss OAM (MBBS 1969)** for service to medicine, and to ophthalmology.

**Associate Professor Margaret R Zacharin OAM (MBBS 1972, DMedSc 2013)** for service to medicine, particularly to paediatric endocrinology.
A life devoted to health and care

Harald Dean Breidahl

A driving sense of wonder

Professor Emeritus John Coghlan AO

A life devoted to health and care

CONTINUED FROM PAGE 38

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Florey Institute in 1972, and succeeded Derek Denton as Institute Director from 1990-1996. He was Deputy Vice-Chancellor (Research) at the University of Melbourne from 1987-1992, and Deputy Chair (1992-1997) and Chair (1998-1999) of the key Medical Research Committee of NHMRC.

John was awarded the Dale Medal of the UK Society for Endocrinology in 1988 and the inaugural Ramaciotti Foundation Medal for Excellence in Biomedical Research in 1995. In 1997, he was made an Officer in the Order of Australia (AO). He served on various boards and in 1986 he and Professor Emeritus William Louis (MBBS 1965, MD 1966) founded the R.D. Wright Lecture series, to commemorate his friend and mentor.

From the outset John was a man fiercely devoted to his family – his wife and fellow scientist Dr Elvie Marellyn Wimburt-Coghlan AO (MBBS 1963, PHD 1972, DSC 1988), and their children Mark, Karen, Johanna and Daniel. He was also fiercely devoted to an extended family in research, many of whom he mentored, including the writer of this obituary. After leaving the Florey, John worked part-time for a decade as Director of the Menzies Foundation. He then formally retired but spent five days each week in an office at the University, surrounded by vertiginous bookshelves, journals and office supplies. He co-authored over 500 scientific papers, the second last appeared just before his death and the last just after.

Up to right his final hospital admission. John was forwarding links to articles in Nature and Science that had piqued his interest, his sense of deep wonder about the world undiminished in his 85th year. Most good scientists, and all great scientists, have a driving sense of wonder. John Coghlan was a great scientist.


Glucose results for his patients! Hal’s major interests outside medicine, many shared with Meg, included his gardens, music (especially Gilbert and Sullivan operas, for which he knew all the words but thankfully refrained from singing them), travels in Australia and abroad, and Turken and other oriental rugs. In retirement, he expanded his fishing trips to include northern Australian waters, caught his only marlin, embraced the game of golf, expressed his love of Mornington Peninsula wines while working in a friend’s cellar, and maintained his passion for regularly swimming in the sea, developed as a boy surfing Scarborough Beach in Western Australia. He died of heart failure at 93, after an energetic and productive life.


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A gifted surgeon and mentor

Dr Henry (Harry) Crock AO
14 SEPTEMBER 1929 – 21 APRIL 2018

Henry (Harry) Crock AO (MBBS 1953, MD 1967, MS 1977,丁斯 2008) was one of Australia’s pioneer orthopaedic surgeons, with a global reputation. Dr Henry Crock was awarded the Exhibition in Medicine. Both twins were awarded the Exhibition in Medicine. Harry and his twin brother, Gerard, graduated with their medical degrees in 1953.

Harry won Gold Medals in Medicine and Surgery and the Ryan Scholarship at St. Vincent’s Hospital, while Gerard was awarded the Exhibition in Medicine. Harry became a foundation member of the European Spine Society in 1990. In London, he and his friend and former patient Philip Clayton established DISCS (Diagnostic Investigation into Spinal Conditions and Sciatrica) Charitable Trust. Harry remained his partner until his death.

In 1968, Dr Hidezo Yoshizawa became the first Japanese doctor to come to Australia after World War II to study and conduct research at St Vincent’s Hospital under Harry’s supervision. Thus began life-long connections with Japanese orthopaedic surgeons. Collaborations and friendships with European, African, Indian, North-American and Singaporean orthopaedic surgeons and trainees followed.

Harry’s patients were often poor migrant labourers who suffered from back pain and sciatica, spoke little English and had scant knowledge of the Australian legal system. He treated them with kindness, understanding and care and helped many avoid a life of disability and chronic pain. He diagnosed their conditions and supported many of their compensation claims, often during difficult court proceedings. Harry became a skilled expert witness for those injured in work-related accidents. He made history in 1991, when he became the first witness to use video conferencing to give evidence from overseas in a Victorian Supreme Court trial.

Harry was an avid collector of fine art and befriended many of Australia’s great artists. He also enjoyed music and theatre and attended the Woodend Arts Festival every year after returning from London.

Harry and Carmel returned to Australia in 2002 following their retirement from surgical practice. In these later years, Harry enjoyed spending time with his family. He is survived by his five children, Catherine, Elizabeth, Carmel, Vernon and Damian, their partners and 10 adored grandchildren.

A passion for service

Dr Brian Costello
25 DECEMBER 1918 – 31 DECEMBER 2018

Life, some remarkable people follow a path exemplified by integrity, loyalty, compassion, intellect and courage. Dr Brian Costello (MBBS 1941) is described this way by those who knew him.

Brian was born at the end of World War II to Simon and Eileen Costello and grew up during the great depression. He commenced medical studies at the University of Melbourne in 1934 at 15 years of age and became a resident at the Royal Hobart Hospital when he completed his studies in 1941. After eight months he was called to serve in the Royal Australian Air Force (RAAF) as a doctor in World War II.

In 1944, he was assigned to the Z Special Unit, a joint allied special forces unit formed to operate behind Japanese lines in south-east Asia. He received a commendation for bravery for his role as medical officer in a parachute landing in Borneo. Brian’s recollections of his time in the Z Special Unit are stored as audio at the Australian War Museum in Canberra.

Brian served with occupation forces in Broome, Darwin, Borneo, the Philippines and post-war Japan, where he witnessed the aftermath of nuclear devastation at Hiroshima and Nagasaki. He was awarded RAAF wings for his service as a P-51 Mustang fighter pilot.

Brian was married to Carmel in 1943 and continued to work in the RAAF in the South Pacific until 1946, by which time the couple had one son, Brian Junior, born in 1944. After returning from overseas, Brian flew with the RAAF Citizen Air Force, No. 21 Squadron, for many years before he crash-landed a P-51 Mustang. He was unharmed but chose to end his flying career. By this stage he was the father of five children and would soon welcome another two.

Brian established his general practice in the front room of the family home in Elsternwick. As his practice grew, he built his own surgery partnership with Dr Austin Lye. He was Superintendent of the Caulfield Repatriation Hospital, consulted as a general practitioner, delivered 800 children as an obstetrician, developed and fixed his own X-rays, set fractures, sutured and administered ether or anaesthesia for tonsillectomy and appendectomy.

Brian considered the University of Melbourne the pinnacle of education. To ensure that each of his children would achieve a degree at the ‘only University’, he constructed independent study classrooms in the tiny backyard of the family home, where the children studied in the evenings from Monday to Friday and on Sundays. In the Costello home this system was known as ‘Sheducation’.

The Costello children made their father very proud with their academic achievements. Between them, they earned a medical doctorate, four medical degrees, one dental degree, one law degree, one science degree and an arts honours degree, all from the University of Melbourne. Three of Dr Brian Costello’s grandchildren have recently graduated with medical degrees. Brian was an examiner for the Australian Airline Pilots Association and contributed to the development of specialty aviation medicine. In 2008, he was inducted as an inaugural Honorary Fellow of the Australasian Society of Aerospace Medicine for his vision and outstanding medical care of Australian pilots.

On the ground, Brian was a major sport supporter. He was Geelong Football Club doctor through the 1950s and remained a member of the Club along with generations of his family. He became the medical officer for the University of Melbourne Football Club (MUF), the University Blacks, in 1967, when his boys joined the team. He held this position for 30 years and also managed and was doctor for the Victorian Amateur Football Association (VAFA) representative team for 15 years. He also shared membership of MUFC and VAFA for his outstanding service.

Brian lived at Mercy Place Parkville Aged Care for eight years, during which time he discussed medicine relentlessly with his friend and former colleague, Dr Keith Henderson (MBBS 1946), now deceased. He continued to refer staff to the Mercy to specialist medical practitioners and believed he never stopped practising medicine.

He lived a life of simple Christian Catholic faith and attended mass daily in his later years, turning 100 on Christmas Day 2018. Dr Brian Costello is survived by six children, 21 grandchildren and 23 great grandchildren.

PROFESSOR TONY COSTELLO (MBBS 1972, MD 1999)
Edited for the purposes of this magazine by CECILIA DOWLING
A Different Kind of Madness

BY DR PAULINE SCHOKMAN
(MBBS 1981)

SYNOPSIS

It is Friday the 25th September 1864 in Colombo and Greta van Buuren is excited about a party she is to attend, and a dress being created in her front room. She is unaware that her husband Jeff is planning their departure to Ceylon, and the day may see this in motion. Greta and Jeff are Burghers; a group of mixed racial origin, whose privileged life and position in society are ending as their newly independent nation struggles with bitter racial divides that have resurfaced.

A Different Kind of Madness explores many forms of conflict, internal and external, as Ceylon teeters on the brink of civil war and a family realise they must flee the country they love. In the leaving, ruptures appear in their most vital relationships.

“A truly wonderful novel, rich with understanding and written with the simple clarity of genius. A Different Kind of Madness is surely destined to become a classic. It is the most satisfying novel I’ve read for a very long time.”

ALEX MILLER
TWICE WINNER OF THE MILES FRANKLIN AWARD

THE AUTHOR

Dr Pauline Schokman was born in Ceylon, now Sri Lanka, of Burgher (Eurasian) heritage. She is a general medical practitioner, psychotherapist and novelist who lives and works in Melbourne. Her debut novel The Other Side of Silence was published in London in 2016 and republished by Aeon Books in December 2018. A Different Kind of Madness was published by Aeon Books in March 2019. Stockists include Readings bookstores and Jeffreys Books in Malvern. Dr Schokman’s books can be ordered by local bookstores and libraries or purchased from Aeon Books and shipped worldwide for free.

The Man We Never Knew: Carl de Gruchy, medical pioneer

BY DR KERRY BREEN AM
(MBBS 1964, MD 1976)

SYNOPSIS

Each year the Faculty of Medicine, Dentistry and Health Science publishes a new historical book. This year’s book is The Man We Never Knew: Carl de Gruchy, medical pioneer, written by University of Melbourne medical alumnus, ethicist and protégé of Carl de Gruchy, Dr Kerry Breen. In this age of celebrity, it is all too easy to overlook our quiet achievers. But much of the excellent healthcare we take for granted today is the result of decades of work by laboratory researchers and clinicians whose names are unfamiliar to us.

Professor Emeritus Gordon (Carl) de Gruchy (1932–1974) was such a figure: a man of science whose work in haematology (diseases of the blood) was internationally hailed in his lifetime. De Gruchy combined a brilliant analytical mind, devout Catholic faith and generous yet private personality to become a figure: a man of science whose work in haematology (diseases of the blood) was internationally hailed in his lifetime. De Gruchy combined a brilliant analytical mind, devout Catholic faith and generous yet private personality to become

“The Author

Dr Kerry Breen AM served as a resident medical officer and registrar at St Vincent’s Hospital in Melbourne under Carl de Gruchy, later becoming the hospital’s inaugural director of gastroenterology. Deeply involved in a number of organisations including the Medical Practitioners Board of Victoria, Australian Medical Council, Australian Health Ethics Committee of the National Health and Medical Research Council, and the Victorian Doctors Health Program, in 2007 he was made a Member of the Order of Australia for service to medicine, medical ethics, professional training and practice, and gastroenterology. His earlier publications include So You Want to Be a Doctor: A Guide for Prospective Medical Students in Australia (2012) and Memoir of an Accidental Ethicist (2018). The Man We Never Knew is available at Readings bookstore in Carlton.

This I Would Kill For

BY PROFESSOR ANNE BUIST
(MMED 1992, MD 1999)

SYNOPSIS

This I Would Kill For is the third novel in the Natalie King Series, published in Australia in January 2018. Psychiatrist Natalie King is the expert witness in a vicious child custody battle. Natalie is dragged into a child custody dispute that appears to be more about bad behaviour than mental illness; but getting it wrong could mean handing over a child to an abuser. Or giving it to a parent who has fabricated the story.

“Its a true story. The setting is a family planning their baby,‘I would kill for’ in the title. The title is as it appears in the book.”

SUE TURNBULL
THE SYDNEY MORNING HERALD

“This is a compelling and original concept, and is well written.”

THE AUSTRALIAN

Professor Anne Buiest is Professor of Women’s Mental Health (Psychiatry) at Austin Health and the University of Melbourne. Find out more about Professor Buiest’s incredible life and career on page 15. This I Would Kill For and other books by Professor Buiest are available from Readings bookstores or online from Text Publishing.
REUNION WEEKEND RETURNS THIS NOVEMBER!

This year, Reunion Weekend will be open to all alumni of the Faculty of Medicine, Dentistry and Health Sciences. Festivities will be bigger and better, and will include class reunions for those celebrating a milestone year. More information about the exciting program is coming soon.

In the meantime, update your details to make sure you don’t miss out on important Reunion Weekend announcements.

To update your details, visit: mdhs.unimelb.edu.au/visit/reunion