

Thankyou for the honour of inviting me to speak tonight.

We have had some great reunion dinners. There have been plenty of funny stories.

I particularly remember one dinner where the speaker spoke at considerable length.... While I was sitting there I heard a thump behind me ... the unmistakable sound (to a Doctor) of an unconscious body falling to the floor. I stood up and went over, expecting I might need to do something... and was joined by Bruce Bastian (cardiologist. We assessed a blue and unconscious Old Boy on the floor. With an anaesthetist and a cardiologist, you might think we had the basics covered, but were then joined by Dave Ringland, Captain of Dixon Park Surf Patrol, who took command and started barking orders!... As it happened, things were OK... our collapsed colleague (Dennis Harvey, a GP!) started coming around (embarrassed) from what was just a bad fainting episode. I felt a tap on the shoulder and turned to see Father Chris Bird, who had been ready with his crucifix... He saw our patient coming around and said.. *“Well I suppose I can get back to the drinks!”*

I think in a speech like this, the expectation is that you will tell a story of how you won the Nobel Prize, made squillions by the age of 25, went to the Olympics or some other spectacular achievement. You then pronounce about how you deserved your success because of all your own efforts and hard work.

Obviously, that doesn't apply to me...

Before going on, I would like to recall that in about 1973 Bob Hudson's hit, 'the Newcastle Song' was released. You may recall that the song featured Norm, *‘the coolest of them all’* who sat next to the window of the *“Hot FJ Holden with chrome-plated grease nipples and double-reverse twin-cam overhead foxtails”*. Whilst Norm was engaging a *“beautiful looking sheila”* in 'romantic' conversation, a *“nine-foot tall Hells Angel came out of the Parthenon milk bar”*. The Hells Angel said *“Whaddya think your doin, mate?”*... *“Whaddya think your doin”* said young Norm, quick as a flash. The Hells Angel said *“What are ya?”*... Norm said *“What are you?”*. The Hells Angel said *“Come on, step out here and av a go!”* and Norm said *“No, you step in here and av a go!”*. Just then there was a break in the traffic, and as any young Newcastle lad knows, when there is a break in the traffic and you are being monstered by a nine-foot tall Hells Angel, *‘Don't you ever let a chance go by’*.....

So back to the boring bit....

If there is anything that has characterized my career, and indeed my life, it is that I have been incredibly lucky to be in the right place at the right time multiple times. That said, on the few times I have managed to achieve something it has largely been by *stating the bleeding obvious*. But the reason I did is based on the values and lessons I learnt growing up in Newcastle, and from attending Newcastle Boys High.

So what happened to me after leaving Boys High?

I went to Sydney Uni to study Medicine, but not before doing the obligatory Novocastrian ‘finishing school’, working at the Steel Works for three months. That was a pretty good education. I didn’t really realize just what a unique experience that was until years later, talking about it with other Doctors who grew up in the capital cities. I still benefit from that education – even this week I had an old macedonian patient who enjoyed swapping stories with me (and the interpreter) about working there.

I certainly enjoyed myself at Sydney University. It was the 70s after all. Young kids these days have no idea what they missed out on. My academic career was unspectacular to say the least, and the examiners enjoyed my company so much they sometimes asked me to come back. But I did eventually graduate.

Initially I planned to be a Country GP. In retrospect, I didn’t have the personal skills, persistence and patience to be successful in that most valuable job within the medical profession, that of being a good, old-style, GP. But training for rural General Practice meant that I had to do some anaesthetic training, and for that reason I went to England where I landed a job in an outer London hospital. The hospital was small, and anything but glamorous, but it was friendly and supportive, and for me it was a lucky break.

Very quickly I found myself enjoying doing Anaesthetics and Intensive Care. It was like the lights went on in my brain; it felt good; and I was being told that I was good at it. A novel experience!! After considerable soul-searching about where my strengths (and more pertinently, my weaknesses) were, I changed direction in my specialty training.

Three particular events in that London hospital shaped my future career.

The first was watching patients being 'treated' in Intensive Care when there was no realistic hope of survival. It was undignified, not saving lives but prolonging dying. But there seemed, at the time, no 'legal' way to avoid this tortuous charade.

The second was late one night when I was called to a Cardiac Arrest on one of the surgical wards. As we ran onto the ward, we were greeted by the Nurse in Charge who looked very frightened. She told us "I know it's not a cardiac arrest, but the patient's really sick and I just wanted to get help quickly". In those days there was a very clear hierarchy where a nurse would call the most junior Doctor, (intern or houseman), who would call the Resident, who would call the Registrar, who would call the Senior Registrar, who might call the Consultant... The Nurse had broken the hospital protocol!!! She had 'obviously' done the right thing, but she had broken the rules and was frightened that we would complain that the patient hadn't actually got to the point of having a cardiac arrest. We didn't complain, but it struck me as an extraordinarily sensible decision on her part.

The third event at that London Hospital was encountering a businesswoman who was admitted on a Tuesday for operation on Thursday morning. She asked why she had to come in so early. I explained it was 'the hospital's routine'; for 'preoperative preparation'. Preparation for surgery didn't happen until the patient came into hospital. It was 'the way it is always done'. Much as I tried to explain it, it did strike me that she was right and the system was stupid.

After London I stayed working in Anaesthetics and Intensive Care, and returned to Australia to finish my specialist training.

I got my first job as a specialist at Liverpool Hospital in Sydney. Liverpool was a small, unglamorous and very under-resourced hospital then. To illustrate:- There was a GP from Epping who worked there every second Saturday. I thought it was because he, like me, enjoyed the unpredictable rough and tumble of dealing with the colourful and unpredictable characters we had in the Emergency Department. I was a bit too naïve... until the nurses then explained he was doing it (literally) as punishment. It was part of his Community Service Order!

But again I was extraordinarily lucky going to Liverpool when I did. Just as I started there in 1989, the then Minister (Peter Collins) announced the Government was going to do a massive upgrade to make Liverpool a new teaching hospital. So there was excitement, and anticipation of change. The small group of us had the chance to be at the start of a rapidly growing and changing hospital.

We could dream. And there were no great arrogant medical empires. It was easy to suggest and make changes to the way things were done.

We talked about the awful problem of patients in Intensive Care with no hope of survival. It was a grey area of the law. We developed a protocol for 'Active Management of the Dying Patient', based on accepting the inevitable and making the patient's final hours as dignified and comfortable as possible. We published in the Medical Journal of Australia a series of 30 patients thus managed. It hit the papers and national television, but it was legally accepted as precedent. We had stated the bleeding obvious.

We changed the Cardiac Arrest protocol to allow the nurses on the ward to call for help for any sick patient when they were really worried. It was a pretty obvious change, just stating the bleeding obvious, but it was a revolutionary change to the established hierarchy of Hospitals. At Liverpool, because we had minimal hierarchy, we just did it. We showed that it works and saves lives. The Cardiac Arrest Team became the 'Medical Emergency Team' (or 'Rapid Response Team') and the system has gone around the world.

My third lucky break (so to speak) was in 1990 when I was working (part-time) as a flight doctor on the Careflight rescue helicopter. During a training exercise, I was being winched into the helicopter when a short circuit cut the cable. I was at about 40 feet above the ground and '*failed to maintain separation from the terrain*'. I looked over my left shoulder to see if there was any chance of surviving. I thought there was a small chance, and I rolled onto my right side to avoid smashing my spine. I then realized I had rolled onto the wrong side, (Liver is more vital than the spleen), but then thought of putting a rib through my heart, so stayed on my right side. Next thing I woke up on the ground with fractured ribs, smashed pelvis and various other injuries, but I could still feel my toes. Hallelujah! I had two weeks in Intensive Care and six months in hospital, which gave me an interesting insight into the patient's experience.

Years later at a National Surgical Conference, I was asked to talk about the experience, and one observation I made was picked up by the media. I told how shocked I was to realise how disempowered the nurse in charge of the ward (that we used to call the Charge Sister) had become. They were overwhelmed by doing rosters, budgets, ordering equipment, and so on. The media loved the story of a Doctor being confronted by the patient experience and advocating for (re)empowering Nurses. I was on page 3 of Saturday's SMH.

It was at about the time of the Garling Commission of Inquiry into the NSW health system. Commissioner Garling included in his recommendations that the system should change, the Charge Nurse should be given an administrative assistant, and that they should spend 70% of the time directly involved in clinical work. For me personally, it was great to be able to think that something positive had come out of my accident.

You may recall my comments about an encounter with the businesswoman in London questioning why she had to come into hospital two days before surgery. This led to an innovation that has become my main body of work for the last thirty years, initially at Liverpool and then after I moved to John Hunter Hospital here in Newcastle in 1995. At Liverpool, we were very short of bed capacity. We developed a new system for surgery (the Perioperative System), where we planned patient care, prepared them before admission, and then brought them into the hospital only an hour or two before surgery. Again it's hardly rocket science, it's stating the bleeding obvious, but it completely changed the way elective surgery is managed. It is actually safer and more comfortable for patients to be at home, patients are better prepared for surgery, and it saves a bucket load of money for the hospital system. It has since developed further and is a change happening all over the world. We are really working to improve patient's health before major cancer surgery, and having great results. "Perioperative Medicine' is becoming a new field of medicine. It is exciting stuff.

But what's this got to do with Newcastle Boys High?

As I have said, I think I was incredibly lucky. Indeed we are all incredibly lucky to have grown up in Newcastle in the 50s, 60s and 70s.

How things have changed since then! In final year of High School I was one of the Prefects. We had the Prefects induction, with Les Davies (an Old Boy) as our Prefect Master. Being a good bloke, he (and his wonderful wife Gael) invited us to all to their house that night for a party. The Girls High Prefects as well. As we usually did then, we (17 year olds) got a couple of kegs and had a great party. There was loud music (Hot August Night and Deep Purple): someone threw up on the seagrass matting; the police visited at some point; and there was some romantic activity. It was a really great party!! But just imagine the ruckus there would be nowadays, and what would happen to a great teacher like Les. Yes, we were lucky.

Clearly there were some bad things about the years that we grew up in. Schools were segregated for a start. It took me years to work out what girls were all about. Australian society was more

intolerant in those days. It's hard to believe that 'poofter-bashing' was seen as an acceptable thing to talk about. We didn't have the benefits of multiculturalism that we enjoy now, and food was pretty boring.

There was much less money generally, and the opportunities for kids from families without money were much more limited. (Someone like Hilton Grugeon had to leave school early and couldn't afford to go to university. Just imagine how successful he would have been with a university education!)

But for all the shortcomings of those days, we were incredibly lucky we lived in a community with a real sense of identity, and a real sense of community. We all identified through going to the same schools and the same hospitals. Youth groups, churches, and sports clubs were run by volunteers at little cost to kids. Community groups like Lions, Rotary, Apex seemed to be much more vibrant. Newcastle had a television station that was owned by the community and really did serve the community. The newspaper was proudly ours.

And there was an overwhelming ethos that we are all in this together as a community. Part of that ethos was that it was important to respect everyone, to be able to talk to anyone, and not be too 'up yourself'. There was remarkably little 'conspicuous wealth' in Newcastle then.

For me personally, I think I've really benefited from being able to relate to people across the social spectrum, much more than some of my colleagues who grew up in the wealthy suburbs of Sydney and went to the elite private schools.

I like to think that we've all benefited from being given a sense of identity, and a sense of pride in the community, and sense of something to be loyal to.

But in addition to this we were given a cultural gift of having a bit of a 'chip on our shoulders'. A readiness to challenge others and call them out. Strongly developed bullshit detectors. Being prepared to step up and to *have a go*. As the old song says "*Never let a chance to go by*".

We learnt there was value in being a bit like Normie... In the old song when the 9 foot tall Hells Angel says *what are ya?* your response is to come straight back:- *What are you?* For me that could be some arrogant twit from a Sydney Teaching Hospital being patronising to us in Newcastle. It also means that *'it's always been done this way'* is no reason not to challenge it.

And we still need to do that. Newcastle is certainly going ahead and changing, but I worry that we may lose the sense of community and the values that we grew up with.

That sense of pride, commitment to the community, and 'having a go' was something that epitomised two of my best mates, both no longer with us.

Mike Stanwell

Mike was my best mate at school. He became a teacher, and a bloody good one, rising to be a Principal in the Catholic system. He was deeply religious and loyal to the church, but recognised evil in its ranks. He stepped up and 'had a go'. He blew the whistle on paedophile priests, MacAlinden and O'Hearn, but the church didn't take appropriate action. He was a major witness in the Royal Commission, but the damage it did to him and his family was immense, and he paid the ultimate price. If only others had been prepared to open their eyes and call out wrongs, rather than look the other way and cross to the other side of the road... Mike was a hero and should be remembered as such.

On happier thoughts, I recall again the night of the Old Boys dinner where Dennis Harvey collapsed, and Bruce Bastian and I attended, with Dave Ringland taking command (and Father Chris Bird in the background ready....)

Dave Ringland was quite a bit older than me. We became great friend in recent years. He was a force of nature. He was a proud Novocastrian, a great High School teacher, and a great one for 'having a go'. He was the backbone of Dixon Park Surf Club. As a teacher, he introduced surfing as a school sport in Australia (and presumably the world). He was intensely proud of his community. He could talk for hours with stories of Newcastle. He was proud of Newcastle Boys High, and in his wallet, literally until the day he died, he carried a carefully folded piece of paper from his schooldays with the words of the school War Cry. (*Boomelakka Boomelakka....*)

Both Mike and Dave epitomised the values of Pride, Loyalty, Commitment to the Community and 'Having a go'

When we went to Newcastle Boys High, it was understood that we were lucky to be gifted. The ethos given to us from our teachers, and from the community, was that the community was investing in us, to prepare us take on roles to really make the best use of our skills to make the world a better place.

Pride, Loyalty, Commitment to the Community, 'Having a go'.

Not doing things by halves.

Oars and Sails.

This is the gift we were lucky to given by the school.

Remis Velisque.