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MARCH 2012

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Cover photo by Ted Sealey  
Medical students, January 2012, dissection elective.

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ACHIEVEMENTS, SUCCESSES AND CHALLENGES

One thing that is certain, for those engaged in fields of tertiary education, health care and research, 2012 will be a year with no shortage of challenges or opportunities. At the top of the list of challenges is funding – universities are not adequately funded for either the research or the medical education programs we run. Holes have been filled by fees from international students and internal subsidies, but this is not a sustainable system. We urgently need to find solutions if we are to continue to provide the high quality education and research that contributes so greatly to our health system.

But opportunities abound also. The achievements of this faculty in 2011 were nothing short of brilliant and the opportunities to build on and expand such successes makes this an exciting time for all.

So what were our achievements in 2011? Our medical program attracted record number of applications for this year, our international application numbers were the highest ever, and that has enabled us to enrol even better students into the medical program. Our postgraduate course numbers grew strongly. Our international medical student numbers are against the trend in the rest of the University and nationally.

We have continued to follow up with goals of our faculty strategic plan. Among these: the first students in the new MBBS/MPhil program will be enrolled this year, providing them with basic grounding in research methodology. We are also offering, MBBS/MPH and MBBS/MPhil for students whose interest lies in public health. I have been delighted by the support for these programs provided by staff, and enthusiasm from students.

The achievements of our researchers has been brilliant, with this faculty accounting for 80 of the University’s 99 NHMRC Project Grants announced in November, and all five Program and Development Grants in December. We won 34 of the 41 Fellowships awarded to the University of Sydney and two Centres of Research Excellence.

The future for research is positive, with the six new themes gaining traction in bringing together people in our dispersed sites for exchange of ideas and development of research projects. We have good relationships with our affiliated independent research institutes who contribute strongly to our research output and training.

In international activities, 2011 was another year of achievements. We hosted over 100 Australian Leadership Awardedes from China, India, Vietnam, Cambodia, Nepal and Timor L’Este, and have started to see some of the earlier ALA winners coming back to commence Masters or PhD degrees. ALA winners develop strong relationships with the University of Sydney and Australia and will be great advocates for us in their countries in the future. Many faculty members have won significant grants from AusAID for projects in our neighbouring countries, enabling more students to benefit from international experiences.

In addition, there have been a long list of significant individual achievements – national and international awards and recognition.

While faculty members perform at a high level in both teaching and research, they also continue to provide outstanding clinical service to the people of NSW. I have a strong sense that NSW Health and our partner private hospitals appreciate the value of close ties with the University of Sydney. We will strengthen these ties even more in 2012.

So while the money may be inadequate, we will continue to find ways to do good work, to support one another and to teach, research and provide service both at home and abroad. That is our mission and while it goes on, we will advocate for more investment in what we do, to provide for our children and grandchildren.
FROM THE SENATE

2012 looks like being an interesting year at least from a Senate perspective. As 2011 came to an end, it became apparent the University was facing a significant financial crisis - in part expected but like many things compounded by a significant and unexpected circumstance, namely a decline in revenue from domestic student fees.

The continuing impact of the GFC on our investment income, while improving, is still below the levels which had previously become the norm. Our overseas student revenue is down but nowhere as much as for other institutions, and the Medical School will in fact have an increase in overseas student enrolments this year.

The surprising event has been the decline in domestic student revenue, brought about not by declining numbers of students but by students enrolling in fewer subjects (not a phenomena we are used to in Medicine).

In an organisation where the expenditure is relatively fixed, a decline in revenue means less to fund the maintenance and development of infrastructure. At the moment we are struggling to keep up with essential maintenance let alone improve facilities which are in some cases woefully inadequate. We have all had experience of profligate Governments who refuse to make hard decisions and neglect infrastructure in order avoid making tough decisions.

The Senate’s Finance Committee has instructed the Vice Chancellor to reduce the level of recurrent expenditure, which inevitably means staff reductions (some 70% of the expenditure goes on salaries and wages). While most agree there are staff not carrying a full load of teaching and/or research and there is ample evidence our staffing levels are high compared to other GO8 Universities, the proposal to reduce academic numbers by approximately 5% has caused a huge uproar.

Those of us with some exposure to the outside world where annual cuts of this order are regular events are somewhat bemused by the level of noise. Our last Senate meeting required the Fellows to run the gauntlet of a Union protest addressed by Lee Rhiannon from that other Senate.

This year will see the reintroduction of compulsory student fees which seems a strange victory for those, who object to students having to pay for their education but also support compulsory out of pocket fees. The program which recently passed through the Federal Parliament to abolish compulsory student fees requires the money to be administered through the University and must be used for defined purposes and allocated to the various student bodies in consultation with students.

I am sure the Dean has reported elsewhere how well the Medical School has done in terms of research performance.

I hope 2012 is a good year for you all.

Barry CATCHLOVE

COOK FOR A CURE TO HELP PARKINSON’S RESEARCH

A Parkinson’s disease project led by Dr Simon Lewis at the University of Sydney Medical School, has been selected by Research Australia as one of their approved projects for this year’s Cook for a Cure, a nationwide community event in May this year.

By cooking and sharing a healthy meal, Australians will be able to select and support research to find new cures and treatments, in areas such as cancer, Parkinson’s disease and asthma.

Parkinson’s disease affects 1-2% of the population aged over 65 years, costing the Australian nation in excess of $6 billion per annum.

Simon Lewis and his team believe that future therapeutic strategies must target patients in the earliest stages of their disease, when it might still be curable.

If you would like to host an event, make a donation or read more about this research project, please go to www.cookforacure.com.au
→ BROKEN HILL CONNECTIONS
With the anatomy rooms in Anderson Stuart briefly empty in December – between end of university year and before the start of the body dissection elective – Associate Professor Kevin Keay and colleagues in the Discipline of Anatomy and Histology hosted a group of high achieving human biology and health and fitness students from Broken Hill’s Willyama High. The students, aged between 14-16 years, were introduced to basic limb anatomy, musculoskeletal anatomy with regards to function (such as in elite sports), brain dissection and imaging, and had expert tours of the Shellshear Museum and other facilities. Volunteers from the Discipline included Dr Denise Donlon, Dr Jonathan Hakim, Dr Sarah Croker, Dr Nabil El Massri and Dr Ashvini Ambihaipahar.

“We had a fantastic time,” Professor Keay said. “The students were so bright and enthusiastic about everything, it was really wonderful to have them here.”

Willyama High is one the Broken Hill schools which has developed a strong relationship with the Broken Hill University Department of Rural Health. Sydney Medical School’s Professor David Lyle, head of the UDRH, said all reports indicated the visit was a resounding success.

“It was a highly educational experience that covered forensic anthropology, basic brain and limb anatomy, and musculoskeletal anatomy. The success of this day can be attributed to the excellent support and encouragement offered by Kevin Keay and his team of volunteers. The high school students particularly enjoyed the hands on activities and were actively engaged in career pathway discussions with the Anatomy department staff.”

Professor Lyle said he hoped the opportunity could be offered to senior students from Willyama and Broken Hill High Schools again next year, and in fact to make it an annual event which would further strengthen the links between the Broken Hill community and the University of Sydney.

→ AUSAID STUDENTS AND FELLOWS
Sydney Medical School’s 18 new AusAID students for 2012, undertaking Masters and PhDs through the Australian Development Scholarship program, arrived in January. The new ADS group includes people from Vietnam, Indonesia, Myanmar, Laos, Cambodia, Philippines, Tonga, Palestinian Occupied Territories as well as from countries across Africa.

The most common masters degree is, as ever, International Public Health, with other popular courses including Health Policy, Clinical Epidemiology, Infection and Immunity, and HIV STIs and Sexual Health.

A notable change this year is that nearly one quarter of ADS winners in Sydney Medical School are undertaking higher research degrees. These include two doctors who had previously come to Sydney from Vietnam for short term leadership placements as Hoc Mai scholarship awardees and now returning to undertake their PhDs and Sivixay Thammalangsy, a gynaecologist and obstetrician from Laos and doing a PhD with Associate Professor Lyndal Trevena. Her research will be in the area of cervical cancer screening.

In 2011, Sydney Medical School hosted more than 100 Fellows for short term placements under the Australian Leadership Award Fellowship, or ALAF, program. The Fellowships are funded by AusAID grants – since 2007, Sydney Medical School has secured 18 successful grants worth $5.5 million which have funded 275 potential leaders from Asia, Africa and Pacific Islands.
OFFICER (AO) IN THE GENERAL DIVISION
• Dr Ian Darnton-Hill, Adjunct Professor at the Boden Institute of Obesity, Nutrition, Exercise and Eating Disorders, Sydney Medical School. For distinguished service to the international community, particularly in the areas of public health and nutrition, to disease prevention and health promotion, and as a physician, academic and educator.

MEMBER (AM) IN THE GENERAL DIVISION
• Dr Sandra Anderson, Clinical Professor, Department of Pharmacology, Sydney Medical School. For service to respiratory medicine as an academic and researcher, and to the community through the Asthma Foundation of New South Wales.
• Dr Jillian Benson, General Physician and Director, Health in Human Diversity Unit, University of Adelaide - Discipline of General Practice. For service to medicine through contributions in the field of mental health, particularly for refugees and people seeking asylum, and to the Indigenous community in South Australia.
• Professor Paul Anthony Fagan. For service to medicine as an otological skull-based surgeon, to a range of professional associations, and to medical education.
• Dr John Patrick Keneally. For service to medicine as a clinician and academic, to the specialty of paediatric anaesthesia and pain management, and through advisory roles with public health organisations.
• Professor Kathryn North, Douglas Burrows Professor of Paediatrics and Child Health, Sydney Medical School. For service to medicine in the field of neuromuscular and neurogenetics research, paediatrics and child health as a clinician and academic, and to national and international professional associations.
• Professor Garry Walter, Chair of Child and Adolescent Psychiatry, Sydney Medical School. For service to medicine in the field of adolescent mental health, to medical education, and as a contributor to professional publications.
• Professor Dennis Yue, Kellion Professor of Endocrinology, Sydney Medical School. For service to medicine in the field of diabetes and endocrinology, as a clinician and researcher and through advisory roles with national and international organisations.

MEDAL (OAM)
• Professor Stephen Clarke, Professor of Oncology, Northern Clinical School. For service to medicine in oncology and pharmacology.
• Dr David Lillystone, Clinical Associate Lecturer, Paediatrics and Child Health. For services in paediatrics and child health.
• Dr Kerry Moroney. For service to rural medicine, and to the community of Narrabri.
• Dr Stuart Barrington Porges. For service to community health in rural and remote areas.
• Dr John Stanislaus Roarty. For service to medicine, contributions to St Vincent’s Clinic.
• Associate Professor Peter Thursby, Associate Professor of Vascular Surgery. For service to medicine in the field of vascular surgery, and to the Concord Repatriation General Hospital.

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Deputy Deans Professor Arthur Conigrave, Professor David Cook, Professor Ben Freedman

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Professor Jonathan Morris – Northern Clinical School
Professor Craig Mellis – Central Clinical School
Professor Chris Murphy – School of Medical Sciences
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MEDICAL SCHOOL FUNDING

After 5 years in this role the mysteries of tertiary education and research funding are becoming clearer. There are a number of ‘schemes’ which provide our funding and then of course there is the Australian student contribution under the Higher Education Contribution Scheme (HECS) or the fees paid by our international students. What is absolutely clear is that these sources do not provide sufficient funds for us to do the work we do in educating medical students and conducting research.

By Bruce Robinson

MEDICAL EDUCATION

In 2010, to provide some clarity to the question of “how much does it cost to train a doctor” we embarked on a full costing project of our medical program. To ensure rigour and validity, we engaged PricewaterhouseCoopers to assist and data was collected in faculty under the direction of Professors Kim Oates and Kerry Goulston.

At the same time, Medical Deans Australia conducted a similar study and reached almost identical conclusions.

From our own study, the total annual cost of educating a medical student is approximately $83,000. This is made up of about $21,000 from the Federal Government, $9,000 in HECS from the student, $20,000 subsidy from the University and finally and very importantly approximately $33,000 ‘in-kind’ support from GPs, VMOs and Staff Specialists (of which NSW Health carries the primary cost).

Clearly, we are heavily reliant on goodwill and recognition from our unpaid teachers and NSW Health that theirs is an investment in a future that we will all share. We work closely with NSW Health and believe that they see the value of our role in providing a well-educated future workforce. This interdependence is common among all medical schools, both here and around the world. But ultimately, just as we are dependent on the health system, the health system is also dependent on us for training their workforce and for the research and clinical trials that will improve the quality of health care.

We had hoped that salvation – or at least partial salvation - might come with The Higher Education Base Funding Review. Not to be. The Review recommended a 25% increase in our Federal Government contribution and HECS for medicine (around $7,500 in total) with the Government quickly announcing no overall increase in tertiary funding to universities. The likely consequence is that the University would therefore not be in a position to continue its $20,000 subsidy and would reduce it by $7,500! So the overall position would not change.

In case you might think our medical program is too expensive, think again. Sydney provides a high quality medical program with an emphasis on small group tutorials, as well as offering many additional opportunities such as the whole body dissection elective – the photos accompanying this article – and extensive research and international programs.

But despite these “costly” additions, comparative data from other Go8 and non Go8 medical schools show that we are on about the median in terms of costs for medical schools. Medical Deans reported that the cost in 2009 (excluding the in-kind support) was just over $50,000 per student per year, with almost no difference in cost between an established research-based medical school and the newer medical schools. In other words, medical education required direct subsidies of approximately $20,000 a year before considering the support of hospitals and general practices.

Both our own studies and those of the Medical Deans are consistent with published reports in the international literature.

In universities, medicine is not the only course which is inadequately funded. Veterinary science and dentistry are two other programs which require heavy subsidies to overcome inadequate government contributions. The challenge is to continue to advocate for a proper basis for funding of all these courses. The solution is not to reduce quality, and certainly not revert to the far cheaper mass taught non-experiential learning of the past.
RESEARCH
Last year was a wonderful year for Sydney Medical School research funding. We fared extremely well with new NHMRC grants (including fellowships, project and program grants), and the details are all included in the accompanying story. We secured a higher amount than any other research organisation in Australia and recognition of the quality of our research and researchers.

Paradoxically, the way research is funded though, every research dollar we successfully win costs us money. This year we will receive research grants and fellowships of nearly $190 million but that money may provide only 75% of the direct costs of those projects. And then there are the infrastructure costs of doing the research – costs that are not provided in the grants. It has been estimated by Research Australia that for every $1 in a research grant, it costs the institution 65c to undertake the research.

In other words, the dilemma we face is that the more research grants we win, the greater the budget hole we find ourselves in.

HOW DOES THIS OCCUR?
The first point to note is that funding of health and medical research is extraordinarily complex, comprising a large number of schemes and formulas, and all research organisations need to be adept to maximise their funding.

But the two primary reasons for our research budget shortfalls are the mismatch between pay scales used by the Government in calculating grants and the actual pay scales in universities, and secondly, inadequate infrastructure funding.

When researchers are awarded an NHMRC or ARC grant, the grant amount is calculated on the basis of paying research staff at a rate which is lower than the pay scales of staff in the University. NHMRC and ARC pay scales, in some instances, are as much as 40% under those we are required to pay under our Enterprise Agreement in the University.

This year – 2012 – the research salary gap on NHMRC grants for this faculty is approximately $10 million, and this money must be found from sources other than the grants. And we are audited by NHMRC to ensure that this is so.

Bruce Robinson is the Dean of Sydney Medical School.

1. Higher Education Base Funding Review, Report: Cost of medical education (Sydney Medical School)

SUBMISSION TO THE AUSTRALIAN GOVERNMENT’S BASE FUNDING REVIEW OF HIGHER EDUCATION
Expenditure and funding of selected Australian medical schools, 2009 Source

<table>
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<td>Benchmarking Project</td>
<td>Expenditure on teaching</td>
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<td>Base Funding (CGS + student contribution)</td>
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1. Higher Education Base Funding Review, Report: Cost of medical education (Sydney Medical School)
Research infrastructure is provided by universities, hospitals, independent research institutes and philanthropy. Some infrastructure money is provided through what we refer to as “block grants” to universities, and collectively the infrastructure grant scheme (IGS), research training scheme (RTS), research institute block grants (RIBG) and now sustainable research excellence grants (SRE) will provide a total of $44 million in 2012. However these grants are for designated purposes and come with strings attached to their spending.

 Regardless, this infrastructure support falls well under the real cost of providing facilities, consumables, IT support, research governance, reporting requirements and so on. Legislative and compliance costs for administering research, for example, have grown significantly in recent times and all research organisations have had to invest in systems and staff to meet these requirements. Research funding has become increasingly fragmented which means the cost for organisations in securing, administering and reporting on research funding has grown enormously. Last year, this faculty alone sourced research funds from 140 separate schemes/funders. The management of this is certainly not trivial and certainly not cheap.

 If Australia is to be the smart country, rather than just the lucky country, it is essential that we provide adequately for health and medical research. The health and medical research undertaken in this country is recognised internationally for its high quality. It would be a disaster if our smart young researchers end up working elsewhere – where they can obtain more secure and better funding.

The medical accounting 101 lesson above might lead you to reach for the amitriptyline but we continue to be resourceful in other ways.

We have increased out intake of students in postgraduate courses, and the numbers of students we are teaching now in undergraduate medical sciences is also considerably greater than in the past. International students in our medical program have helped improve our budget bottom line, and we are looking at a variety of additional positive approaches to offset financial challenges.

And the performance of our researchers, teachers and clinicians remains outstanding despite their straightened financial circumstances!

---

**NHMRC Grant success**

*By Megan van der Hoeven*

2011 saw record achievements for the University of Sydney and Sydney Medical School in the National Health and Medical Research Council funding schemes.

The University had a 27.4 per cent success rate with funding totally $113.9 million from 179 grants. Sydney Medical School contributed to over 80 per cent of this with 149 grants totalling $100 million.

The Sydney Medical School secured 80 of the 99 Project Grants awarded to the University, which amounts to $49.8 million.

Project Grants provide financial support to individuals and small teams conducting biomedical, public health, and health services research in Australian universities, medical schools, hospitals and other research institutions. On average, 25 per cent of applicants are successful in obtaining a project grant annually.

Within the faculty, four chief investigators were awarded grants totalling over $1 million:

- Professor Craig Anderson of the George Institute for International Health received the second highest amount nationally with $4.2 million for his project investigating hypertension and thrombolysis strokes.

- Professor Norbert Berend of the Woolcock Institute of Medical Research received $2.8 million for research to improve the treatment of chronic obstructive pulmonary disease in the developing world with theophylline and steroids.

- Associate Professor Michael Dibley from the School of Public Health was awarded $2.4 million for his project investigating the impact of iron and folic acid supplements in early at risk pregnancies in rural Bangladesh.

- Professor Alan Cass of the George Institute for International Health was awarded $1.1 million to further extend a large study into chronic kidney disease.

In addition to the single project grants exceeding $1 million, a few members of the faculty – including Professor Janet Keast, Professor Wolfgang Weninger, Professor Des Richardson and Professor Roland Stocker – secured more than $1 million over several grants.

The Sydney Medical School received $23.4 million for all of the three Program Grants submitted for funding in 2011. Program grants provide support for high calibre researcher teams to pursue broadly based collaborative research activities. The teams are expected to contribute to new knowledge at a leading international level in important areas of health and medical research.

Professor John Simes from the NHMRC Clinical Trials Centre received $10.6 million to lead a multi-disciplinary research team to improve the evidence base that informs care and policy in priority health areas. His team will tackle areas such as cancer, cardiovascular disease, diabetes, obesity and neonatal diseases.

Professor Philip Barter will lead a team based at the University-affiliated Heart Research Institute, and has been awarded $7 million to develop novel strategies for the early detection and prevention of atherosclerosis and heart disease.

Professor Paul Keall, director of the Sydney Medical School’s Radiation Physics Laboratory, and his team received $5.7 million to improve cancer treatment. They are developing an MRI-linear accelerator in which the cancer will be imaged – and treated – as it is moving. Currently there is a problem with radiation therapy as the tumours move during treatment. In Australia, 40 per cent of cancer patients receive radiation treatment.

In addition to the Project and Program Grants, the faculty also secured funding in development grants, partnership projects and the European Union Collaborative Research Grants.

Sydney Medical School researchers also secured 34 of the 41 fellowships and 21 of the 24 postgraduate scholarships won by the University.

It was also awarded two new additional Centres of Research Excellence: Professor Kathryn North for a new Centre of Research Excellence in Neuromuscular Disorders ($2.5 million) and Professor Guy Marks for a new CRE Understanding and ameliorating the human health effects of exposure to air pollution from knowledge to policy and public health practice ($2.4 million).
Research Themes Gaining Ground
By Megan van der Hoeven

One of the changes made in Sydney Medical School research in 2010 was to focus research around six major themes, all critical health areas, with the aim of bringing together the large number of medical and health researchers working in these areas across disciplines, institutes, centres and schools. In 2011, the themes gained traction with well supported research days.

**REPRODUCTIVE, MATERNAL AND CHILD HEALTH**
*Theme leaders: Professor Cheryl Jones and Professor Chris O’Neill*

The Reproductive and Child Health Research conference held on 10 June was a great success, with 120 attendees and excellent research presented relating to reproductive, maternal and child health. The day was led Chris O’Neill and Cheryl Jones, with the aims to develop strategic research theme priorities; bring together academics across the division of Medicine, Dentistry, Nursing and Pharmacy, as well as highlight the work of the early career researchers and students. Two poster sessions for the 89 accepted posters were held with excellent participation and interest.

The invited speakers provided inspirational talks on the theme: Professor Emma Whitehall, from the Queensland Institute of Medical Research spoke on the ‘Role of Epigenetics in the Determination of Phenotype’; while Professor Peter Koopman from Institute for Molecular Bioscience, University of Queensland spoke on the ‘Fetal Origins of Reproductive Health: Signalling Pathways Regulating Germ Cell Development’.

PhD candidate Cecilia Ng from the Queen Elizabeth II Research Institute for Mothers and Infants in the Department of Obstetrics, Gynaecology and Neonatology, was awarded the Dean’s Student Prize on her presentation “Novel Proteomic Insights into the Role of Oxidative Stress in the Pathogenesis of Endometriosis”.

Dr Kirsty Walters from the ANZAC Research Institute was awarded the Early Career Researcher prize on her presentation “Dysfunctional ovarian follicle development and neuroendocrine regulation of ovulation in mice lacking functional androgen receptor”.

“The day was a great success. The standard of research was very high, and demonstrated the great breadth and depth of heme related research across Sydney Medical School and the faculties of health. It was particularly rewarding to note the enthusiasm and interest of the Theme’s student and ECRs. Many expressed their excitement at experiencing the diversity of the Theme’s activity for the first time”, said Professors Jones and O’Neill.

NEUROSCIENCE AND MENTAL HEALTH
*Theme leaders: Associate Professor Anthony Harris and Professor Bernard Balleine*

Over 200 people who form the Neuroscience and Mental Health theme gathered in September, providing researchers, students and educational leaders an opportunity to discuss cross-disciplinary programs; foster cross disciplinary and multidisciplinary research and research training; facilitate access to resources within the university for research and teaching; and help attract funding support for researchers and educators in neuroscience and mental health.

The three minute thesis was won by Dr Lisa Lampe from the Northern Clinical School’s Psychiatry discipline for her presentation “Does Avoidant Personality Disorder stand alone or is it just severe Social Phobia?”

“I was amazed at the breadth of interest in the meeting with students and staff from not only Medicine but also Science, Health Sciences, Pharmacy, Nursing, Arts and Law”, said Associate Professor Anthony Harris. “People where really engaged on the day with links being made between groups – which is the purpose of the theme concept. If we can untap this potential for collaboration across the university the theme will have truly done its job.”

The Office of Research and Research Training

The Office of Research and Research Training was established to advise the Dean on research matters and is responsible for developing and implementing strategies to enhance the Medical School’s research capacity. It manages assistance with NHMRC project grant applications; the annual NHMRC grants forum; early career researcher mentoring and seed money; and the advertisement and recruitment of postdoctoral research fellowships.

With academic leadership from the Sydney Medical School Research Committee, the Office is responsible for the maintenance and reporting of research outputs to the central Research Portfolio, as well as the upkeep of the academic profile pages.

While the Office’s primary focus is on research academics, it does manage some student programs, such as the undergraduate Summer Research Scholarships, the Dean’s research student publication prize and postgraduate research student enquiries. The Office also implemented and provides support to the six research themes.
The Smartest Stem Cell in the Room May Not Have All the Answers

It is almost 15 years since James Thomson’s team in Wisconsin establish the first human embryonic stem cell line. At the time, it seemed that the holy grail of regenerative medicine had been discovered. That’s because embryonic stem cells combine two remarkable attributes: they can self-renew indefinitely (biological immortality) and they can turn into any of the cell types found in the body (pluripotency). This means that embryonic stem cells could provide an unlimited supply of cells to replace diseased and damaged tissue. They also offer scientists a powerful tool for studying in vitro the biology of normal and diseased cells. Moreover, a ‘disease in a dish’ created in this way can be used to test new treatments for their effectiveness and side effects.

Of course, this scientific breakthrough has sparked as much moral outrage as medical optimism. Pro-life groups bitterly oppose the creation of embryonic stem cells because this usually requires the destruction of early-stage human embryos. The stem cell controversy has raged around the world and has led to legal restrictions that vary from country to country. In Poland, for instance, human embryonic stem cell research is entirely prohibited while, in Italy, it is allowed as long as the cell lines are imported rather than produced locally. Australia has a relatively permissive policy. It is legal to produce embryonic stem cells only if they come from embryos that are left over from IVF treatments and donated for research. In the USA, the Dickey-Wicker Amendment dominates the legal landscape. It prevents the use of federal money for research that creates or destroys human embryos – though work on already-existing embryonic stem cell lines can be funded. This separation between fundable and unfundable research remains highly contentious and continues to be debated in US courts.

To avoid this moral minefield, several methods have been proposed for creating embryonic stem cells without actually destroying embryos. For instance, stem cells might be harvested from an IVF embryo that has failed to develop normally and so, according to some, is already ‘organismically dead’. Stem cells could also be derived from a biopsy that, in all likelihood, would leave an embryo unharmed. Another approach is to deliberately create an embryo unable to develop and which, arguably, is something less than a true embryo. As you can imagine, most of these strategies have not won support from the pro-life camp. However, there is one approach that stands head and shoulders above the rest because it makes no use of embryos, embryo-like entities, or even ova. In 2007, scientists in Japan and the USA discovered that, with the addition of a few genetic factors, ordinary body cells taken from just about anyone can be reprogrammed so that they begin to look and act like those from an early embryo. These ‘induced pluripotent stem’ (iPS) cells were immediately hailed as the ‘ethical alternative’ to embryonic stem cells, a view that President Bush swiftly endorsed.

At first glance, iPS cells seemed superior, not only morally but medically, to their embryonic counterpart. Since iPS cells can be derived from anyone, reprogramming opens up the possibility of patient-specific cell therapies. To give just one example, skin cells taken from a patient who has suffered a massive heart attack could be converted into iPS cells and then coaxed into cardiac muscle cells for transplantation into that patient’s heart. Because the donor and the recipient are the same person, the risk of graft
rejection would be negligible. This would not be true of grafts derived from embryonic stem cells. In most cases, it will be necessary to find a cell line that provides a close immunological match to the graft recipient and to prescribe life-long immunosuppressive drugs.

While the prospect of patient-specific cell therapies is exciting, it is important not to overestimate their usefulness. Making personalised iPS cells is likely to be too costly for most people and too time-consuming for many applications (especially in cases of medical emergency). A cheaper and more practical alternative might be to create public cell banks containing ready-made, immune-matched cell lines. Though such banks could be established with embryonic stem cells, it would be much easier to do so with iPS cells. Rather than having to rely on donated embryos (a very scarce resource) to cover a wide range of immune types, you could select cell donors from the general population. For similar reasons, cell reprogramming makes it much easier to make ‘diseases in a dish’. There are already many iPS cell lines derived from patients with diseases such as type 1 diabetes, amyotrophic lateral sclerosis, schizophrenia and Parkinson’s disease.

The rod carried by Asclepius, the Greek god of healing, is used in myriad medical insignia and has a special relevance for regenerative medicine. Just as the mythical snake twisted around the rod renews itself when shedding its skin, so Asclepius has the gift of restoring health and regenerating damaged tissues. One of the authors, John Rasko, is pictured here next to the statue of Asclepius.
can vary significantly depending on the cell type you begin with (skin, fat, blood etc) and even the age of the donor. Also, there are diverse methods of reprogramming (with the number growing) and, in all likelihood, they generate iPS cells of differing clinical worth. The original techniques, for instance, cannot be safely used in humans because they introduce cancer-causing genes and viruses into cells. New methods are being devised to overcome such obstacles.

It will take many years to assess the nature and therapeutic value of different iPS cells and, throughout that time, constant comparisons with embryonic stem cells will be needed. In part, this is because embryonic stem cells have been around longer, so we understand them better. More importantly, it is because embryonic stem cells provide the best *in vitro* models we have of the natural mechanisms of cell differentiation and self-renewal. That is why they are widely considered the ‘gold standard’ against which iPS cells must be measured and why most stem cell scientists insist that both lines of research should be pursued – as they have been to date – in parallel.

Here we step onto some slippery ethical terrain. The science of cell reprogramming has grown out of embryonic stem cell research and remains dependent on it. The two fields exchange results, resources, ideas, techniques, biological material and personnel. This makes it difficult to claim that they are moral opposites – one good, the other evil. For, if you regard embryonic stem cell research as heinous, you should acknowledge that its beneficiary and material accomplice, cell reprogramming, shares in its guilt.

So long as they remain joined at the hip, it doesn’t make sense to say that cell reprogramming provides an ethical alternative to embryonic stem cell research. The two are better described as scientific partners and moral bedfellows. Today only a few humans have ever received embryonic stem cell-derived human cells in approved clinical trials and no one has received iPS cell-derived human cells. Even if, one day, iPS cells render embryonic stem cells obsolete, the former will always bear some responsibility for the alleged crimes of the latter. Moral complicity isn’t easily washed away.

**SEX AND CELL REPROGRAMMING**

There is another way that cell reprogramming might aggravate, rather than settle, the great embryonic stem cell controversy. While the source of iPS cells is fairly uncontroversial (no one is worried about the right to life of skin cells that undergo reprogramming), their potential use is another matter.

Recent research shows that, like the embryonic stem cells they mimic, iPS cells can be differentiated into artificial sperm and eggs. These results provide a glimpse into the future of reproductive medicine, a future that is both marvelous and troubling. Introduced into IVF clinics, this technique could provide women with an alternative to the difficult and sometimes risky business of egg harvesting. It could also give people with severe fertility problems – survivors of cancer and women with premature ovarian failure – the chance to have genetically-related children.

While this technology is probably more than a decade away from the clinic, it has already proved its worth in the laboratory by advancing our understanding of the veiled formation of sperm and egg. Reprogramming also holds great value because it promises a limitless supply of human ova for research. Of course, these developments plunge us back into the same moral hole that cell reprogramming was supposed to save us from. In order to prove that viable sperm and ova have been successfully derived, *in vitro* fertilisation must be attempted and the resulting embryos grown for several days at least. This will not fail to outrage pro-life groups and will surely fall foul of the same legislation restricting embryonic stem cell research (eg the Dickey-Wicker Amendment in the US).

Almost every possibility that cell reprogramming opens for reproductive medicine is linked to an ethical dilemma. For instance, artificial sperm and ova might be engineered to prevent parents passing on genetic disorders, like sickle-cell anemia, to their children. But the same techniques might also be used, not to correct defective genes, but to create a ‘designer baby’ with a certain skin color, physique or intelligence. Still more controversial would be the use of cell reprogramming for same-sex reproduction. A far-fetched idea? A group of scientists in Texas have created mice with two genetic fathers.

At present, we can push adult cells back up the developmental stream until they are pluripotent. It may eventually be possible to push them one step further, so that they become totipotent. Totipotency is the power to generate not only all the tissue types found in the body but the extra-embryonic tissues necessary for development. If that is achieved – and it is certainly on the cards – then any and every cell in your body might be given the same developmental potential as a fertilised egg.

Earlier we claimed that no one is worried about the right to life of skin cells that undergo reprogramming. Maybe they should be. A number of bioethicists have argued that cell reprogramming undermines a core tenet of the pro-life position: the idea that a human embryo deserves full moral status because it possesses the intrinsic potential to become a person. For if every cell in your body possesses the developmental potential of an embryo, then every cell in your body possesses the same moral status as you do.

The absurdity of this conclusion supposedly proves that we shouldn’t attribute rights to an early embryo, when it is just a ball of cells. There have been criticisms of this argument as well as attempts to make it more plausible. We do not want to take sides in this metaphysical dispute; we merely note that it is filtering out of bioethics journals and into more popular forums. What today looks like a solution to the embryonic stem cell controversy is set to stir up still further debate. *radius*
SYDNEY MEDICAL SCHOOL FOUNDATION: NEW COUNCIL

Since its inception in 1958 Sydney Medical School Foundation has continued to reinvent itself in order to raise the funds needed to meet its mission of improving the health of all Australians by investing in a comprehensive program of world-class research and learning in Sydney Medical School at the University of Sydney.

Many contributing factors over the past half century have allowed the Foundation to re-evaluate its governance, strategy, and operations. But few have had more impact than in 2009 when Mr Roger Corbett AO accepted an invitation from the Foundation’s Council and Dean of Medicine, Professor Bruce Robinson, to take on the role of Foundation President.

“The opportunity to contribute to an exceptional team of academics and researchers was enormously attractive to me,” said Mr Corbett. “Sydney Medical School Foundation was well established as the University’s largest foundation and it needed direction to further grow its resources and effectiveness as a fundraising organisation. I also wanted to ensure that the relationship between Sydney Medical School and the Foundation was one that would support research which ran in partnership with quality education in order to maximise the effectiveness of the School.”

Timing was critical. Philanthropic donations at the University of Sydney had dropped from $56.6 million in 2008 to $33 million in 2009, and gifts to Sydney Medical School were $11 million in 2009, down from $35.7 million in 2008.

“We were very fortunate. Mr Corbett helped us to identify new Council members to join the Foundation and to develop a new approach to fundraising just as the global economy slumped,” said Professor Bruce Robinson.

Under Mr Corbett’s leadership, the Foundation reviewed its approach to fundraising and operations by introducing a number of fundraising and administrative committees.

A new position, Director of Development, Sydney Medical School was created in order to provide direction and strategy to the Foundation’s fundraising efforts.

Sue Merrilees - a fundraising professional with more than two decades of experience, primarily with institutions of higher education in the US - was appointed to the role in December 2011. Her most recent position was with the University of San Francisco, California where she managed a team of 17, and was the primary staff to one of UCSF’s Nobel Laureates, and a former Chancellor in the area of global health. Prior to UCSF, she worked at Stanford University and Barnard College, Columbia University. She has conducted numerous successful fundraising campaigns, including UCSF’s most recent, which had a goal of $1.5 billion and ultimately raised $1.62 billion. Sue has also published several articles about philanthropy and enhancing the philanthropic experience for donors.

“I’m excited to bring my skills to Sydney Medical School and work with strong Council leadership to increase much-needed financial support for faculty research and other priorities,” she said.

With the new strategy in place and Director of Development appointed, Roger Corbett stepped down as President in late 2011.

“I thank my fellow Council members for their dedication and assistance over the past three years and I welcome Mr Robert Salteri as the new President,” said Mr Corbett. “During my time as President, Professor Bruce Robinson has been invaluable in providing advice and direction to the Foundation. His vision for the School as a whole and his approach to medical education and research in general has been inspiring and I look forward to my continued engagement with the School in the future.”

Mr Salteri is a director of infrastructure company Tenix Group, and has a wide range of corporate and philanthropic interests.

“The changes of the past three years have allowed us to consolidate the Foundation’s role as the central fundraising arm of Sydney Medical School. Roger has provided us with invaluable assistance and we are grateful his work and that of all members of Council. We’re delighted that Rob Salteri has taken over the position as President and look forward to working with him over the next years,” Professor Robinson said.

Clockwise from top left: Tom Uren, Peter McMinn, Elizabeth Hawker, Dihanni Bandaranayake, HE The Governor Marie Bashir, Helen Bashir Crane, Graham Lawrence, Cate Storoy, Bunny Gardiner-Hill, Bruce Robinson, Robert Woog, Michael Field, Susan Conde, Robert and Susette Hulme, Christine Logan, Tom Uren, Abel Guterres, Ana Paula Mok Guterres, the Governor, Bruce Robinson, Gerard Willemse, David and Anne Bennett. Below: Sue Merrilees, Michael and Kathryn Kulic, Lyn Astbury, Graham Robertson.
SUPPORT FOR TIMOR-LESTE

Heavy squalls and harbour bridge gridlock could not deter music afficionados and supporters of Timor-Leste from attending the recent reception and piano recital at Government House by Ukrainian maestro, Alexey Yemtsov. Refugees from the gloomy skies were welcomed into the sumptuous interiors replete with crystal chandeliers and waiters mercifully armed with trays groaning with reviving drinks and mouth watering canapés. Fortunately, it was not an open air performance and before long the capacity crowd was comfortably seated in the ballroom and the music began after a knowledgeable introduction by Her Excellency, Professor Marie Bashir, herself a graduate of the Conservatorium of Music. The pianist gave an outstanding performance easily justifying his reputation as one of the most highly awarded pianists to launch on the Australian concert platform. All donations and proceeds from the ticket sales will go to the newly-established University of Sydney Timor-Leste Health Fund to support training opportunities for East Timorese medical and health professionals.

For more information about the Fund, please contact Professor Peter McMinn on +61 2 9351 6942 or peter.mcminn@sydney.edu.au or Dilhani Bandaranayake on +61 2 9351 6942 or dilhani.bandaranayake@sydney.edu.au

VALE LEIGH MINEHAN

Mr Leigh Minehan, Treasurer of Sydney Medical School Foundation, died aged 61 on 28 December 2011 after a short illness.

A partner of PricewaterhouseCoopers, Mr Minehan joined the Foundation in 2009. In his time as Treasurer, he used his considerable expertise to update the Foundation’s governance and financial management systems.

"Leigh provided a great deal of his time and expertise to the University and the Foundation. His knowledge of the financial systems of the University and the subsequent work he undertook to update these systems was most appreciated," said Professor Robinson.

"His contribution was far greater than financial though. Leigh’s warmth and generosity was greatly admired by both the Council and the staff of Sydney Medical School Foundation.”
Emerging Leaders: the new Associate Professors

Associate professors are Sydney Medical School’s future leaders. Members of faculty are appointed to the position in recognition of their already considerable research and teaching achievements, but the promotion also signals that the University has confidence that their work is on an upward trajectory that will, at some stage, make them candidates for Professor.

This year’s 16 new associate professors include four women and have a broad range of research and teaching interests, from basic science to clinical care and public health. Some already hold positions of significant faculty responsibility in addition to their demonstrated teaching and research leadership.

Appointments to associate professor are always competitive. With an academic staff of 1071 (including conjoint appointments) Sydney Medical School has 163 Associate Professors.

WHAT DOES IT TAKE TO BE AN ASSOCIATE PROFESSOR?
To make the jump from Lecturer to Associate Professor, members of faculty must have attained recognition at a national or international level in their discipline and made original contributions to advancement of scholarship, research and teaching.

They must have demonstrated engagement in publications and scholarly dissemination appropriate to the discipline and have a sustained track record of effective leadership of teaching teams and/or in research. They must have made original and innovative contributions to curriculum and pedagogical development which enhance the University’s standing as a national leader in education within the discipline and/or major original and innovative contributions to staff member’s field of study or research, which are recognised as outstanding nationally or internationally. They must have also demonstrated evidence of capability to lead developments in education quality or in research which enhance the reputation of the Faculty/University.

In addition, appointments are made in the expectation that an associate professor will make an outstanding contribution to governance and collegial life inside the University and community and professional service, and will contribute to the University’s work of community and alumni engagement. They are also expected to contribute their expertise and knowledge to broader forums of public debate mindful of University guidelines on public comment, and assist the University in its development work.
Associate Professors Appointed in 2011

LISA ASKIE
Lisa Askie leads the Systematic Reviews and Health Technology Assessment team at the NHMRC Clinical Trials Centre, which manages the Australian New Zealand Clinical Trials Registry and hosts two Cochrane Collaboration entities (Breast Cancer Review Group and Prospective Meta-analysis Methods Group). Her research is in systematic reviews, clinical trials, trials registries and evidence based medicine. Her clinical interests are perinatal medicine and paediatrics.

KEVIN CARPENTER
Kevin Carpenter is Head of Department of the NSW Biochemical Genetics Service, the Children's Hospital Westmead. His research interests currently involve novel therapies for the treatment of inherited metabolic disease. He is involved in two groups; one is working on reducing the phenylalanine load in the gut of PKU patients by using a lactobacillus which expresses phenylalanine-ammonia lyase. He is also principal researcher on an NHMRC project investigating gene therapy for metabolic liver disease. Both projects use mouse models of inherited metabolic disease with the ultimate aim of developing human therapies for these genetic conditions.

RODERICK CLIFTON-BLIGH
Rory Clifton-Bligh holds a conjoint appointment and is Staff Specialist in Endocrinology at Royal North Shore Hospital. He supervises twin research groups, one of which focuses on the Molecular basis of endocrine neoplasia: thyroid cancer, adrenal cancer, phaeochromocytoma/paraganglioma syndromes, pituitary neoplasms and the other on the molecular regulation of calcium, phosphate and vitamin D: calcium-sensing receptor gene mutations, FGF23 abnormalities and I-alpha hydroxylase regulation.

MAX CONWAY
Max Conway holds a fractional appointment in the Discipline of Ophthalmology and Save Sight Institute. His research interest is ocular oncology, in particular clinical and basic science research on melanoma. He teaches as an honorary medical officer at Sydney Eye Hospital and in developing nations, including most recently delivery of the International Council course in Hanoi, Vietnam and assistance in development of the Master of Medicine (International Ophthalmology) program.

CAROLYN DAY
Carolyn Day is a public health researcher in the Discipline of Addiction Medicine. Her research focuses on harm related to illicit drug use, especially blood-borne viral infections. She has extensive experience working directly with illicit drug users and works closely with clinical services to facilitate evaluation and ensure best practice.

GEMMA FIGTRE
Gemma Figtree holds a conjoint appointment and is a cardiologist at Royal North Shore Hospital. Her clinical practice focuses on the treatment of coronary artery disease, particularly the rapid treatment of patients with heart attack. In her research, she is looking at the molecular mechanism by which the heart's Na+-K+ pump is inhibited in a number of cardiovascular disease states.

JAMES GILLESPIE
James Gillespie is deputy director of the Menzies Centre for Health Policy and convenes the Master of Health Policy program in the School of Public Health. His research has focused on the capacities of the health system to manage the growing impact of chronic illness, projects on palliative care and the translation of research evidence into policy.

JOHN GRIGG
John Grigg is the head of the Discipline of Ophthalmology and consultant ophthalmologist with Sydney Eye Hospital and The Children's Hospital Westmead. His research is in genetic eye disease, electrophysiology of the visual system and glaucoma management. His speciality ophthalmology practice is in glaucoma, cataract, clinical electrophysiology and paediatric and genetic ophthalmology.

BERIC HENDERSON
Beric Henderson is an NHMRC Senior Research Fellow at Westmead Clinical School. His research is into the basis of breast and colorectal cancers through characterisation of tumour suppressor proteins BRCA1 and APC. The emphasis is on investigating the protein transport and functions related to DNA repair and apoptosis, and how these processes are misregulated by cancer mutations.

SIMON LEWIS
Simon Lewis is a consultant neurologist at the Royal Prince Alfred Hospital and heads the Parkinson's Disease Research Clinic at the Brain and Mind Research Institute and Director of the NSW Movement Disorders Brain Donor program. Since 2011, he has been working to identify the relationships between pathophysiology, heterogeneity and clinical wellbeing in Parkinson's Disease.

JOHN LOADSMAN
John Loadsmans is a senior staff specialist anaesthetist at Royal Prince Alfred Hospital, providing anaesthesia for gynaecologic surgery, uterine and prostate brachytherapy, and upper gastrointestinal surgery. His research interests are perioperative sleep and sleep–disordered breathing, publication ethics and ultrasound-guided peripheral nerve blocks for post-operative analgesia.

NICK PAVLAKIS
Nick Pavlakis is senior staff specialist and Head of the Department of Medical Oncology, Royal North Shore Hospital, and Head, Cancer Trials Network, North Sydney Central Coast Area Health service. His research is into new drug development, especially anti-angiogenic therapies, in lung cancer, mesothelioma, renal cell cancer and gastrointestinal cancers.

VITALI SINTCHENKO
Vitali Sintchenko is a public health microbiologist whose research has spanned clinical decision support, biosurveillance, molecular diagnostics and the molecular epidemiology of pathogens with epidemic potential. His research has increased understanding of patterns of infectious diseases, the optimization of clinical decision-making and the adaptive methods of microbial forensics.

JAMES TRICCAS
James Triccas is a bacteriologist with an interest in immunity to infection. A major focus of his work is the development of new vaccines and immunotherapeutic agents to control tuberculosis in humans. His research uses a multidisciplinary approach to define immunity to chronic bacterial pathogens and develop new treatments to control infection, with an emphasis on tuberculosis.

FIONA TURNBULL
Fiona Turnbull is a public health physician and co-director of the Cardiovascular Division at The George Institute for Global Health. Her research is into the prevention and management of cardiovascular disease in Australia and in resource-poor country settings, with a particular focus on health services research.

PAUL WITTING
Paul Witting is a biomedical researcher in the Discipline of Pathology. His research focuses on exploring the relationship between oxidative stress and the evolution of tissue damage in the acute setting of stroke and myocardial infarct.

ACADEMIC STAFF IN SYDNEY MEDICAL SCHOOL

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Words for a new year

By Stephen Leeder

2011 was a year of continued discussion in Australia about the future of our health system, with movement towards more decentralised hospital care, the establishment of larger more formal primary care entities, and new interest in the efficiency of the way in which we spend the health dollar. While the debate has been hot at times, it has not been anywhere near as bitter as that in the US over Obamacare. Words have been chosen here with restraint even when discussions have been tense.

But in the US, the polarised politics and the words used on each side of the political debate in general and in discussing the health reform proposals in particular are bitter indeed, contributing to, if not creating, a highly flammable social environment.

In Tucson, Arizona, at 10:11 am on January 8, 2011, a young man intruded upon a small group waiting to talk to their congress representative at a suburban Safeway supermarket. He came up very close and shot Gabrielle Giffords, 40, a Democrat congressional representative holding the meeting, in the head. He then shot and killed six others and injured 13 before being disarmed by two by-standers.

Through superb surgical care and intensive rehab, Ms Giffords is now walking with assistance and speaking in halting words. Revisiting ‘streets I never thought I should revisit’ on the Sunday evening of the anniversary of the
shooting, she led a crowd in the Pledge of Allegiance, her words ringing out across a cold Tucson night in a rare public appearance at a candlelight vigil. She limped to the podium, and (astronaut husband) Mark Kelly helped lift her left hand over her heart. After months of intensive speech therapy, Giffords recited the pledge with the audience, head held high and a smile on her face as she punched each word.” the Huffington Post reported. She has now reappeared in Congress and attended President Barack Obama’s 2012 State of the Union address but has indicated that she will leave Congress shortly for more rehab.

On May 18th, Giffords had further surgery at Memorial Hospital, Houston, to replace the half of her skull that had been removed at the time of the shooting to allow brain swelling to occur without pressure on deeper brain centres. Her surgeons used a custom-built plastic replacement, fashioned using CT imaging of the cranium on the opposite side. Her husband, astronaut Mark Kelly was that morning docking the space shuttle Endeavour with the International Space Station. All up, the sun had risen on a hi-tech day in America.

The assailant, Jared Lee Loughner, has pleaded not guilty to 49 charges. He was assessed as incompetent to stand trial because of a mental problem, said to be bipolar disorder in several reports and schizophrenia in others. He is now ‘forcibly medicated at a Missouri prison facility in an effort to make him mentally ready for trial.’ I wonder what he will choose as his words for this year.

Much thought and discussion, and some contrition, occurred at the time of the shooting about the virulence of political debate in the US and whether this had indirectly led to the attempted assassination of Giffords. She narrowly won re-election in November 2010 against a Tea Party candidate who virulently opposed her support for Obamacare.

Tom Zoellner, who worked on Giffords’ 2010 campaign, in a book about the event and its causes, argues that the killings were a product of “spiteful politics, a broken mental health system, wide-open gun laws and suburban alienation. A number of malevolent factors came together … I think it is flat-out wrong to say that Jared Loughner came from nowhere.”

Press reports said that Pima County Sheriff Clarence Dupnik blamed the vitriolic political rhetoric that has consumed the country, much of it centered in Arizona.

“‘When you look at unbalanced people, how they respond to the vitriol that comes out of certain mouths about tearing down the government. The anger, the hatred, the bigotry that goes on in this country is getting to be outrageous,’” he said. “And unfortunately, Arizona, I think, has become the capital. We have become the Mecca for prejudice and bigotry.”

Giffords had said previously. “For example, we’re on Sarah Palin’s targeted (mid-term election) list, but the thing is, the way that she has depicted has the crosshairs of a gun sight over our district. When people do that, they have to realize that there are consequences to that action.”

The media said that “Republican challenger Jesse Kelly held fundraisers where he urged supporters to help remove Giffords from office by joining him to shoot a fully loaded M-16 rifle. Kelly is a former Marine who served in Iraq and was pictured on his website in military gear holding his automatic weapon and promoting the event.”

“I don’t see the connection,” between the fundraisers featuring weapons and Saturday’s shooting, said John Ellinwood, Kelly’s spokesman. “I don’t know this (Loughner) person; we cannot find any records that he was associated with the campaign in any way. I just don’t see the connection.”

What relevance do these events in the US have to us in Australia? Fortunately the acrimony and bitterness of American debate about health care have not infected our discussions. But whatever one's view about the causes of the Giffords disaster, ‘last year’s words’ and deeds about health reform and political life more generally in the US might serve as a lesson for us in our search for the voice that will lead to continued health reform in Australia.

No health reform should be countenanced that does not endorse the values that underpin civilised living. While the dominating influence of the news cycle and political sound bites is felt everywhere, discussions about health care should surely have a distinctive, humane quality to them.

The values of civility are obvious in any intensive clinical setting whether saving the life of Gabrielle Giffords or attending to the needs of the mentally ill. Sometimes that is where they stop, not informing our policy thinking and our management. We do not say much about why we are seeking to improve the health system beyond the rhetoric of shortening waiting lists and creating more beds. We have learnt phrases like “activity–based funding” without specifying the purpose and outcome of the activity. We stop short of telling the grand story of social achievement through health care. The extent to which these humane values are transmissible to today’s and tomorrow’s generations of health care professionals is in question. But we can be reassured by the large numbers of young people seeking meaningful careers in medicine and other health professions. They get it.

The new words that we need to support changes in healthcare this year are ones that tell that story of health care, why we do it, why we pour money into it, why people spend their lives in it, not building monuments but providing care and giving service, a story that does not shy from compassion, concern, help, support, love and sacrifice.

There’s a new story to be told – or maybe an old one using words that have accumulated dust.
NEW HORIZONS FOR 2012

As I write, I am overlooking a ‘Township’ (slum area) near Cape Town, aware that I am very fortunate to have been able to study and practice something that makes meaningful contributions to individuals every day. In choosing my elective there were so many options. Thus far I have seen health care in Thailand, Barbados, London, Cairo and am currently doing a 10 week stint here in Cape Town in trauma orthopaedics, and everywhere I have been I have been able to catch up with colleagues doing amazing things around the globe. I love that we are given this opportunity. For me the sheer number of trauma cases is astounding, from gun shots to knife wounds to massive motor vehicle accidents and mauling from animals, almost every case here is simply considered run-of-the-mill. Even in coastal Cape Town with all its natural beauty and relaxed life style it seems you don’t just flirt with danger, but you take her out to dinner, a movie and a romantic walk on the beach. Such an amazing place!!

Back home, a new wave of aspiring medical students hits Sydney University motivated and ready to begin the adventure that is med school. I am lucky enough to have been re-elected as SUMS president for 2012 and am looking forward to working with a truly excellent team. This year we are slowly but surely increasing our portfolio to encompass even more academic and social events, attempting to make our existing ones even bigger and more successful. With such a vast amount of events and a team of 50+ council members 2012 is going to be an extremely exciting year and along with me on the ride are our new Executive. This includes Misha Hutton as Secretary, Toby Hulf as Treasurer, Rahul Chatterjee as the VP Social and Welan Dionela as VP Academic. With this team, I am confident that 2012 is going to be another terrific year.

FROM RAHUL
I feel very lucky to have become VP (Social) of SUMS. The first thing I had planned was to make sure our fabulous event conveners, year representatives, and everyone else involved in social had the platform to put into reality their ambitions – and even though we’re in early days, because of them the year looks amazing! Our first big event is Medcamp, our annual orientation camp for the incoming first years, held a couple of hours out of Sydney, and suffice to say it will be a great introduction into the “rapper” side of medicine (if not the “world class lab” side). Following that I can’t wait for our premier events – the newly revamped Celebrating Women in Medicine Dinner, to be held in April, and the inspirational Lambie-Dew Oration, both events with outstanding conveners and both events we’d love to have alumni attend!

FROM TOBY
Treasurer is a fantastic job for someone who likes to get involved in all aspects of MedSoc. I’m very excited to be taking on this role with such an enthusiastic executive – my job is going to be making sure all the keen-beans on the committee get their events up and running as smoothly as possible. As well as being the best society, MedSoc is one the largest at USyd, and our projected turnover in 2012 will require us to be GST registered – this won’t change anything for ordinary members but will keep the treasurer busy making the ATO happy.
president’s report

Why did you take the pathway in Medicine that you did? There are so many different reasons for one’s career choice. For some it is a lifestyle decision; for others a financial consideration and I am sure that for many we cannot recall just why we went in that direction – it might be one of those “it seemed like the right decision at the time” ideas. For the vast majority of alumni their chosen field has provided or is providing an immense amount of satisfaction as a career choice.

When talking to recent graduates they have often made their decision based on an inspiring teacher, a stimulating series of lectures or persuaded by the way a block of a subject was presented. Sadly I meet so many medical graduates in the course of the year, who tell me that they were one of my medical students at one time, but I have yet to find one who took up Neurology! When talking recently to the new medical students I was surprised by how many had made up their mind that they wanted to be surgeons, but not quite sure of the particular field.

Last year I was given the opportunity to try once again to “sell” Neurology at the Medicine and Health Careers Research Fair. This was quite fun. Basically I sat behind a booth, with my neurological display, glossy pamphlets and models of brains and the like and fielded questions from enthusiastic youngsters about what a neurologist actually does. The questioning was at times challenging, but very varied and provided an excellent chance for me to attempt to encourage these young folk to take up a career in the neurosciences.

The alumni of Sydney Medical School now represent almost every conceivable area of medical activity. I feel that it would be an excellent opportunity for the alumni to participate in this very worthwhile venture. We need experts from the broad medical community; clinicians, researchers, administrators, academics etc. The alumni are in a great position to explain the ins and outs, the pros and cons, the good and the bad of every area of medicine.

Further information will be available on our website www.sydney.edu.au/medicine/alumni from April.

2012 Medicine and Health Careers Research Fair
23rd May, 4-6pm
MacLaurin Hall
University of Sydney
The Power of Art

It's not well known that Sydney Medical School graduate John Joseph Wardell Power (MB ChM 1905) became Australia's first successful cubist artist. Less known in the medical community is that he left an extraordinary bequest to the University of Sydney that funded the establishment of the Power Institute of Fine Arts, the Power Research Library and the Power Gallery of Contemporary Arts (which later evolved into the Museum of Contemporary Art). His legacy still stands as one of the most important bequests in the visual arts in Australia.

EARLY YEARS AND EDUCATION

John Joseph Wardell Power (1881 – 1943) was born in Sydney to Dublin trained physician John Joseph Power and Mary Lucy, daughter of well known Australian architect William Wardell, and was educated at Sydney Grammar School. Although he was later to study medicine, his grandfather's influence and interest in design provided fertile ground for an appreciation of art and drawing. Captivated from an early age, young Power filled numerous sketchbooks in his youth and was an accomplished watercolourist by the age of nineteen.

Still, he began studying medicine at Sydney Medical School, graduating in 1905. Like many of his contemporaries, he then enlisted as a ship's surgeon as a way of paying for his passage to London to complete further medical studies, becoming a member of the Royal College of Surgeons. In 1908 he received the licentiate of the Royal College of Physicians and practiced in Harrington Gardens, South-West London.

In 1906, his father died and Power inherited his estate. This inheritance would later enable him to rethink and change the course of his life.

MEDICINE, WAR AND MARRIAGE

Power continued practicing as a physician and involved himself in influenza research at St Mary's Hospital. At the outbreak of WWI, he served in the Royal Army Medical Corps. War distressed Power to the core. He saw the atrocities and effects of war on men and women and considered it a “most cruel and loathsome evil.” In a letter to his friend Anthony Bertram, the English author and art critic, he declared that war would "inflict the very stars with its evil smelling blood-lust and selfishness." In the same letter, he also lamented “if only men would choose a middle course and leave me to my painting, how happy I could be.”

If he wavered between a life of medicine or a life as an artist, three things conflated to change the course of his future. The first was that he was already a man of wealth, having inherited his father's estate. Secondly, war was a negative influence. Power was a gentle man and considered the acts of war inhuman. As a surgeon he did not want to be responsible for repairing the damage of war and the abhorrent actions of one human against another. Thirdly, but not least, was that in 1915, at the age of thirty-three he married Edith James, an Australian woman from Bathurst. By all accounts Edith was a strong and unconventional woman for her time. John Power was her third husband and thirteen years her junior. She possessed an independent fortune herself, her heritage stretching back through generations of pioneers, cattle breeders and politicians. All accounts suggest that he was quite a private man, however, and whilst they enjoyed quite a colourful social life, Power also withdrew to focus on his painting.

Edith accepted John Power's proposal of marriage but declared that whilst she would support him in his endeavours, he must choose between his conflicting interests in medicine, music and art. Financially free to make such a decision, John Power followed his “destiny” - and chose art.

A NEW LIFE OF ART

From 1920 to 1922 Power retrained as an artist, studying at the academy of cubist artist Pedro Araujo. Araujo was self taught but he had been part of the Parisian avant-garde alongside Picasso, Leger, Gris and Matisse. Power remained in Paris for two years as an art student yet he longed for more privacy.

They moved to Bournemouth, England. There he painted and continued to explore abstract art and cubism. Partnered by Edith, he remained unconventional, choosing to be more of a recluse at his home in Bournemouth rather than live amidst the bustling art world of London or Paris.

Still, they did visit European cities on a regular basis and Power kept contact with friends and associates in the art scene. Always an intellectual, he was well informed in regard to the latest developments in art and lamented that England was still ten years behind Europe in its acceptance of the avant garde. His home was hung with paintings by well-known modernists of the day rather than Power's own work, unusual for a painter at the time, but it seems that Power loved to surround himself with art and it remained his favourite topic of meal-time conversation.

Australian art theorist Virginia Spate argues that, "Power was one of the artists of that period who used Cubism for their own expressive ends and that, like the masters, his work showed a “freshness” and “inventiveness.”

"Power's painting was distant from his Australian origins: it attaches itself to the iconography of late nineteenth-century French Art, the world of popular entertainment – café, music hall, circus and seaside resorts...."

LONDON GROUP AND ABSTRACTION-CREATION

Known as a ‘British painter of Australian birth’ he was accepted as a member of the London Group; a group of artists evolved from the New English Art Club who opposed Royal Academy conservatism. He exhibited his work widely and did sell his paintings although not out of financial necessity.
Where there was a progressive art movement, Power could be found. He was asked to become a founding member of the Abstraction-Creation group committee, a group of artists that ultimately merged the various schools of abstraction into an international salon of non-objective art. He frequently exhibited with this group, as well as having individual exhibitions at their gallery. He utilised his own finances to fund Abstraction-Creation publishing activities.

BRUSSELS
The Powers moved to Brussels in 1931 and took up various grand residences or lived ‘belle epoch’ style out of the Hotel Metropole. Brussels had a thriving art scene and was said to be the first city outside France where cubist art took hold.

In 1933, Power published his own text – Elements De La Construction Picturale. Therein he described the almost mathematical nature of harmony in painting, and stated that “mathematics is a true art alongside plastics and music.” On the one hand this seems odd in relation to Power’s legacy of avant-garde and abstract art, but Power was said to be able to describe a painting by cubist artist Gris with classical geometry as readily as a classical art work. On the other hand, Power was a man with enigmatic interests – mathematics, medicine, art, cycling around in nature – so it does not surprise me. His text came at a time when Power was trying to reconcile seeming contradictions: past and present, traditional art and the avant garde, the provincial and the city.

Perhaps, following from the likes of Paul Klee, Power was impelled to commit his thoughts about art to words, to produce a text intended to be a practical manual for those studying artistic design. On publication, Power presented a copy to the British Library and to the University of Sydney. Certainly, he believed in education and enquiry for artistic development and his own life showed a chronology of study.

JERSEY 1938 – 1943
The Powers moved again, this time to Jersey in the Channel Islands. The climate suited Power’s failing health and provided a quieter environment from which to paint and write. As WWII broke out Jersey became a refuge for all sorts of people but in July 1940, the Channel Islands were bombed and seized by German troops and Power’s intellectual links with his world of art and literature were cut. Their wealth became meaningless. By fluke, the pair were not deported to an internment camp along with the British-born residents. He continued to paint with the resources that he had and packed and hid his collection of nearly two thousand paintings.

Power became gravely ill and developed sarcoma of the kidneys. Without the capacity to travel, he endured an operation without “proper anaesthetic, antiseptic or other medication.”

John Power died on August 1, 1943 in circumstances not befitting to our medical alumni.

THE MOST GENEROUS BEQUEST
In 1939, Power had made his final will. He bequeathed much of his estate to the University of Sydney.

Because Power died during German occupation, the University of Sydney was not notified of the bequest until the death of his widow in 1961. At that time Power’s hidden collection of paintings were brought forward again and presented to the University of Sydney along with 65,000 MLC shares with a value (at the time) of 1,153,750 pounds. True to his intent, these funds were used to establish the Power Institute of Fine Arts, the Power Research Library and the Power Gallery of Contemporary Arts which evolved into the Museum of Contemporary Art, Sydney.

Some of his works hang in the Schaeffer Library in the Mills Building (next to Edward Ford and behind Anderson Stuart). Walk in and have a look at them some time.
A NAMED SCHOLARSHIP
A WONDERFUL LEGACY

Naming a scholarship after a family member or an esteemed friend or colleague is a wonderful way for their memory to be valued in perpetuity. When that gift is also helping a bright medical, health or research student achieve outcomes otherwise beyond their reach, the benefits are manifold.

THE NICHOLAS CATCHLOVE SCHOLARSHIP
“When I was President of the Medical Alumni Association, I was surprised by how many medical students were suffering financial difficulty and how different this was to my day. Creating a named scholarship was an opportunity for me to do something in my son’s name for a relatively small contribution, to support good students who are struggling to make ends meet.” Dr Barry Catchlove MBBS 1966.

DR CARL RICHARD JACKSON SCHOLARSHIP
In 2009, the Jackson family and friends established an endowed scholarship for up to two students to undertake an international placement in Cambodia. The scholarships are to honour the memory of Carl Jackson, who died suddenly at 30 years of age. He was a Sydney Medical School graduate and completed his placement at the Children’s Surgical Centre in Phnom Penh.

“I have recently been awarded the Dr Carl Richard Jackson Scholarship and will be spending 3 months in Cambodia during the final year of my MBBS, with the goals of furthering my education in global health and providing medical assistance to my host communities. As a self-supporting student, I could not have taken this opportunity without Carl’s scholarship.” Tom Morley, Stage 3 MBBS student

“At a time when we had lost so much, establishing the scholarship gave us a great way to preserve Carl’s name and memory in perpetuity. Carl was profoundly influenced by his elective in Cambodia and seeing how his scholarship assists students like Tom, we feel it captures both Carl’s spirit of adventure and his desire to help others.” Cathy Jackson, mother.

THE WILLIAM INGLIS INDIGENOUS SUPPORT FUND
“My father always wanted to assist Indigenous students but sadly he died before his plan came to fruition. Not long after, my husband Paul and I decided to create The William Inglis Indigenous Support Fund and honour both his intention and his memory in one go. Meeting some of the students the Fund has supported and hearing about the work they are doing in their communities was inspiring. They were health workers who had come from all over Australia to attend the drug and alcohol course to learn how to help their people combat these problems. We were deeply impressed by their individual experiences and dedication. My father would have been very pleased.” Pam Wood.

AN ENDOWMENT - THE GIFT THAT NEVER STOPS GIVING
HOW MUCH DOES IT COST?
FINANCIAL HARDSHIPSCHOLARSHIP:
$6,000 pa for a minimum 3 years or $125,000 to fund in perpetuity.
POSTGRADUATE RESEARCH SCHOLARSHIP:
$22,500 pa for 3 years or $470,000 to fund in perpetuity
Other types of scholarships available upon request
For more information, please call Sydney Medical School Foundation on (02) 9036 9181

Pictured above: Dr Barry Catchlove, Brian and Cathy Jackson with Tom Morley, Pamela and Paul Wood meet the students.
STARLIGHT

This is a sensitive and riveting account of a year in the life of a young doctor who, after just one year of internship at Sydney Hospital, becomes Regimental Medical Officer (RMO) of the newly formed 5th Battalion of the Royal Australian Regiment (5RAR), on active service in South Vietnam in 1966. This gave him responsibility for the health of nearly 800 men, including preventive medicine, dealing with casualties and a large role in psychological support.

The book commences with background information about the author who, though born in Australia, spent the majority of his childhood in Kenya and started his medical training in the United Kingdom at Cambridge University. The many personal challenges and adventures of these years undoubtedly contributed to the strength of character that would see him through the horrors he later faced. On finishing his pre-clinical years at Cambridge he returned with his mother and siblings to Australia and, to support himself during the clinical years at Sydney University, joined the Australian Army medical undergraduate training scheme.

His exposure to army life and culture before he became RMO of 5RAR was almost comically limited. He attended two evening parades with the Sydney University Regiment while an undergraduate and after his internship had a few weeks at the 2 Military Hospital at Ingleburn. He then went to the School of Army Health in Victoria, where, after only 6 days of a 6 week course of intensive military indoctrination, he was asked to commence the RMO role and immediately joined the battalion in rigorous pre-combat training for only a few weeks before dispatch on a midnight flight to Vietnam.

The majority of the book details Captain White’s time in Vietnam presented through letters to his mother and sisters with intervening sections giving more background and incorporating reflections that have emerged over the decades since that time. The letters contribute both immediacy and veracity to the narrative.

As an RMO, being an active member of an infantry battalion, his role was quite different from that of a doctor on the staff of a military hospital. He was with the men at the frontline in each engagement, living as they lived, carrying full loads, with a small plastic sheet strung from trees as the only shelter on the few nights when sleep was in any way possible, coping with the heat, the noise, the drenching rain and mud and above all the constant low level of fear, punctuated all too often with periods of real terror.

White describes in detail his role and challenges at many engagements, some of which have become legendary in Australian history. He describes the deaths and appalling injuries from enemy and also ‘friendly’ fire and from mines originally placed by his own side and then carefully moved and resited by the enemy. He gave medical aid to 80% of all the Battalion casualties before they were evacuated and also to injured Viet Cong. All of the Australians lost were well known to him and some were close friends. He is unstinting in his praise for the medics that assisted him and for the fortitude of the fighting men both in action and when injured. Between engagements he was fully occupied with preventive medicine endeavours and the WHAM (winning hearts and minds) initiative of providing clinics in Vietnamese villages, some of which were controlled by the Viet Cong.

In the middle of this horror White was able to find beauty and writes almost lyrically of the landscape, the elegant women and even the ‘floating red curtain’ of 26,000 rounds per minute from a C-47 aircraft.

He writes movingly about the soldiers’ and his own loneliness, periods of despair and questions about the validity of their involvement in the war and also the real difficulty of later processing and articulating the experience. He confirms the value of mateship and humour, both during and in the decades following the experience in enabling some sense and peace to prevail.

The value of White’s contribution was recognised in the ‘Mention in Despatches’ he was awarded during the war but over the subsequent years the esteem in which he was held is underscored by briefly mentioned invitations to talk at reunions and to give eulogies at the funerals of several of the men with whom he had served including his commanding officer and the Catholic chaplain.

This book is strongly recommended as a valuable account of an important time in Australia’s history and an experience of medicine truly ‘at the edge’.

Maureen Rogers
LYDIA’S CHILD

When Sydney Medical School alumnus Valentine Kirychenko sat down on a sand dune at Corrimal Beach dictating his mother’s life story into the recorder he used in his medical practice, he was worlds away from the war torn Europe and refugee camps he had grown up in.

Lydia’s Child, the name of the book, is his story and that of three generations of his family. Born in 1940 in the Ukraine to a Volksdeutch mother (Lydia) and a Ukrainian father, Valentine Kirychenko came to Australia as a child in the great wave of post-war migration from devastated Europe. He graduated from Sydney Medical School in 1978, spent much of his career in his own general practice in Maryland, and has recently “semi-retired”.

The narrative begins with his grandmother Louiza, married with four children, planning to migrate from Ukraine to Canada but at the outbreak of world war one, being exiled to Siberia. For four years the family endured life in Siberia before being able to return to the Ukraine when it gained independence. By then, her husband had passed away from the hardship of labour under the Tsar and Louiza takes her three daughters to the station to board a train to return to Lvov. Pressed into the crowds trying to escape, Louiza is separated from her three daughters including eight year old Lydia. They are left alone on a station platform in Siberia in the middle of a war. It was to be 23 years before they see each other again.

Lydia’s Story details a complex chronology of events, which underscore the devastating impact of war on this family. But it is also a story of determination and the capacity to make the best of dire situations.

Dr Kirychenko says he is recounting the stories he heard his mother tell sitting with friends in Ellwangen Refugee Camp, Germany, where he lived as a child.

Some years later, Lydia is granted permission to take her children to Australia to search for their lost father. He continues schooling at Parramatta High and then chemical engineering.

It was not, however, the career for him. At 30 years of age, married with two children (and two more born soon after), he entered Sydney Medical School. He graduated in 1978 and after an internship at RPA and Parramatta Hospitals, he set up as a general practitioner in Maryland.

One of the joys has been linking the past and present: “Some of the people I knew from the refugee camps became my patients in Australia. I always have a special warmth towards them, they are like my family, they acted as Uncles and Aunts to me when we were incarcerated. It has been a great privilege for me as a doctor to be able to help them. All in all, being a doctor is a great way of living and I’m very satisfied with the work I’ve done.”

Lise Mellor

BEAM OF HOPE

Retired Lismore ophthalmologist Malcolm Tester has written of his 25 years of voluntary medical care administered in India, Fiji, other Pacific Islands and more recently in local Aboriginal communities, in his book Beam of Hope.

Accompanied for much of the time by wife Yvonne, he details the changes they were able to implement in preventing and treating eye disease among the many disadvantaged communities in which they worked.

The title, Beam of Hope comes from a project of the same name, where he raised significant funds to reduce the incidence of diabetic blindness in Fiji by the establishment of public awareness programs, supported by the establishment of laser clinics and training of local medical staff. Once these clinics were established four Australian colleagues travelled to Fiji to participate in the training process as simple public awareness messages were broadcast by English, Fijian and Hindi radio stations.

In retirement, his interest turned to local Aboriginal communities which also suffer from endemic diabetes. These encounters revealed a wealth of talent among Indigenous artists in the communities he visited. Yvonne and he, supported by Rotarians and friends, organised two financially and culturally successful exhibitions entitled Art of the Bundjalung Nation, held in Lismore, and which have led to commercial success for several artists.
Recollections

A growing number of Sydney Medical School graduates are choosing hospitals in Orange and Dubbo for their internships. Many are returning to the central west having spent some of their period as a student in the Rural Clinical School campuses. Sydney alumni, though, have played a much larger part in the development of medicine in rural locations. Long-time colleagues Brian Jones (MBBS 1954) and Bernie Huxtable (MBBS 1954) write about the changes they have seen in 40 years of rural medicine.

BRIAN JONES

In 1963, I was the only radiologist between Katoomba and Dubbo. I visited hospitals in Cowra, Parkes and Wellington to carry out special procedures such as Barium studies which were done using conventional fluoroscopy in a dark room. To dark-adapt my eyes I would drive the last few kilometres of the journey wearing red goggles, no doubt a strange sight for the passerby to behold. The advent of image intensification meant I no long had to work in the dark and I could throw my red goggles away!

It was an exciting time to be involved in the explosive changes in medical imaging, my radiological training in Sydney having been restricted to basic X-Ray imaging. It was necessary to adjust to the development and introduction of ultrasound, computerised tomography, mammogram, angiography and intervention studies.

In the early days, films were not available for reporting immediately as they had to be developed, fixed, washed and dried. Then came automatic processing which produced in just 90 seconds a dry film. Instant reporting was now possible!

This retrospective would not be complete without reference to the Southern Cross Radiological Association founded by Professor Geoffrey Benness in 1973. Members were mostly front line radiological specialists working at the coal face (like me), a few were Hospital or University based. We provided our own continuing education.

Since my retirement Magnetic Resource Imaging came to Orange, and now Digital Radiology renders X-Ray films obsolete – like me!

BERNIE HUXTABLE

I left RPAH and headed west at the end of 1958 with my M.R.A.C.P. and a debt of gratitude to my teachers especially Tom Greenaway, Ruthven Blackburn and Peter Harvey. I thought that I would like to be the Physician in a country group practice, and at that time there were no Specialist Physicians or Surgeons in the Central West.

So I went west and had to learn some hard lessons, as well as a lot of medicine from patients, colleagues and the stream of clever residents and registrars with whom I was privileged to work.

I spent the first year in Dubbo and then moved to Orange as the Physician. In 1959, Orange boasted fourteen GPs, a large eye practice, a psychiatrist, a radiologist and an ENT surgeon. Most important was the pathology practice of S. R. Dawes, a remarkable man who provided a service to a huge area of the Central West.

Fifty years later we have a new base hospital with many specialists – a cardiac unit, radiotherapy, oncology and five state of the art theatres. There are probably one hundred and twenty doctors now in Orange and more are expected.

I have been lucky to have had a fascinating career here. I had to adjust rapidly to meeting unexpected situations. In my early days in Dubbo a newborn baby was sent to me with severe haemolytic disease due to Rh incompatibility, requiring Dubbo’s first exchange transfusion. The baby did well and I had the pleasure of meeting him twenty years later.

I learned procedures such as percutaneous liver and pleural biopsies, fibre-optic bronchoscopy, trans-bronchial biopsies, peritoneal dialysis and temporary pacemaker insertion.

Over the years, it has been a great pleasure to us that our colleagues Stuart Porges (surgeon), Geoff Mutton (orthopaedics), Frank Moloney (anaesthetics) and Peter Bilenkij (urologist) have been honoured by their respective colleges.

I have also had the pleasure of working overseas. Three months in 1966 relieving the physician at Goroka in the beautiful highlands of PNG was a highlight. Although in thatched wards with grass walls, a very high standard of service was provided by the Australian staff. I returned there twice in 1994 to Port Moresby Hospital and in 1996 to teach in Rabaub. Rotary’s medical program took me to refugee camps in Hong Kong in 1981 and to the Philippines in 1983 where thousands of Vietnamese were being held.

Medical interests included being visiting physician to Bloomfield Hospital which proved to be a treasure trove of fascinating cases. We have been able to integrate services slowly and the two hospitals are now combined physically which should be ideal. I was also in charge of the Regional Chest Clinic and the public health aspects of tuberculosis continue to fascinate me. radius
Rebuilding basic health services in Liberia

Between 1989 and 2003 Liberia endured 14 years of brutal civil war and all aspects of government, social services, commerce, and civil society experienced major disruptions. The health sector was dependent on a “humanitarian” model of health service delivery for almost two decades – relying heavily on international non-governmental organisations to provide services. The Rebuilding Basic Health Services project, a partnership among four United States-based non-governmental organisations, is the US government’s largest health project in Liberia, and works in support of the goals of the Liberian Ministry of Health and Social Welfare. As Chief of Party, Richard Brennan (MBBS 1984) is responsible for management of the project.

By Michael Textilake

Richard Brennan’s path to Liberian health has been a circuitous one. After graduating from Sydney in 1984 he spent three years at Royal North Shore Hospital before transferring to Westmead Hospital for emergency medicine training. After obtaining his Fellowship of the Australasian College for Emergency Medicine in 1990, he moved to Albany in New York State for two years to undertake a clinical and research fellowship.

“This was a fabulous experience, with rotations in New York city, Boston, Philadelphia, and Los Angeles as well as opportunities to do both lab and clinical research.” He returned to Australia and – via Adelaide – to Westmead as Staff Specialist and Director of Registrar training.

A life changing experience because it increased his interest in humanitarian aid were his three trips to Bosnia-Herzegovina between 1993 and 1995 to help establish an emergency medicine department at a major hospital. That led to a Masters of Public Health at Johns Hopkins University, and a series of jobs in the US and internationally, including a long stint as Health Director of International Rescue Committee. During that time, he oversaw the initiation of new country programs in Albania, Kosovo, Macedonia, East Timor, Darfur/Sudan, Afghanistan, Aceh/Indonesia, Pakistan, and Northern Iraq,” he said.

He expects to remain in Liberia until 2013. “Medicine is a wonderful career, with so many options open to graduates. My clinical skills have been valuable in designing health services, prioritising interventions in both emergency and post-emergency situations, reviewing health policies and plans, developing technical guidelines etc. My Master of Public Health provided me with a new set of analytical skills and public health insights, including how to plan and prioritise services at community and population levels.

“It is a matter of being open to these opportunities when they arise and, often, taking a risk to pursue your interests that may be outside the mainstream. International opportunities, especially in resource-poor or insecure settings, may not be for everyone. But they do provide opportunities for growth in every dimension – professional, intellectual, personal, and spiritual.”

“T

This project appealed to me because of its comprehensive approach and because the Ministry was considered strong, capable, and collaborative,” Dr Brennan said. “I had visited Liberia in October 2008 while working with the International Rescue Committee. Since 2007, the Ministry demonstrated strong leadership and developed a clear vision for the rebuilding effort, but it still requires substantial financial, material, and technical inputs from its international partners,” he said.

The Rebuilding project has three basic aims: strengthening and expanding health service delivery; strengthening the health “system” through improvements in human resources, IT and other; and preventing disease and promoting more healthful behaviours through behaviour change communication and community mobilisation.

“We’ve already documented major improvements in access to and utilisation of a number of key health services in the communities where we work” Dr Brennan said. “These include: trebling the percentage of women delivering their babies in a health facility – now 65%; trebling the percentage of women who received a second dose of medicine to prevent malaria – now over 90%; and increasing the number of people being tested for HIV five-fold.”

Richard Brennan's path to Liberian health services in Liberia
reunion reports

2001

On Saturday, November 12th, 72 members of the University of Sydney Medical School graduating class of 2001 met at the Nicholson Museum on campus. This class was composed of members of both the undergraduate medical degree and the inaugural graduate medical program, formerly known as the GMP. In addition to classmates, we were joined by a number of influential faculty members. It was lovely to speak to these mentors again, including Prof Ann Sefton, Prof Stephen Leeder, Prof Michael Field and A/Prof Jill Gordon.

It was wonderful to catch up with old friends and hear what our classmates are doing now. Most of the specialities were represented in career choices: surgery, general practice, internal medicine, psychiatry, ophthalmology, anaesthetics, radiology, obstetrics/gynaecology and emergency medicine. Many of our class have recently returned from overseas fellowships and some continue with their postgraduate qualifications and research.

I was initially struck by how young everyone still looked, until the slide show of old photos began! Yes, we have all aged but what an interesting and accomplished group we have become.

Special thanks go to Dr Marisa Magiros for all of her hard work, and the Medical Alumni Association, in making the evening such a success.

Dr Sarah Walker

1986

Held on 12 November 2011 at The Grandstand Bar, The University of Sydney.

It was the reunion we had to have. We weren’t ready for it, we didn’t know if we wanted it, but thanks to Ben Balzer, it was to be.

Most of the graduates of 1986 are approaching their 50’s. Our kids are growing up, our parents are growing old, and we are all working hard. Middle age is tough. Many of us are juggling clinical work alongside other professional contributions such as teaching, research and various committees and boards. Some are climbing to dizzy heights in clinical academia and some have decided to diverge into careers quite different from where they imagined in 1986.

With our busy lives the idea of squeezing another thing into the calendar seemed too hard for most of us.....but not Ben. In about June 2011 Ben sent some emails around to his ‘reunion organising committee’ buddies. His enthusiasm engaged us all and, before we knew it, with the help of the Faculty of Medicine Alumni Association, the Graduates of 1986 ‘Silver Jubilee’ 25th reunion was a reality.

The reunion evening at the Grandstand was a great success. The Dress was smart casual with finger food and background 80’s music. The weather was warm, as was the atmosphere of the coming together of old friends. People mingled, screeched in delight at recognition of familiar faces, and laughed and chatted the night away.

So, next time a reunion invitation comes your way, and you start thinking: ‘Oh, I just don’t know...’ STOP! Overcome the apathy, and just say yes! You’ll have a wonderful time.

Best wishes to all our friends who couldn’t make the 25th and hope to see you at the 30th.

From the Reunion organising team: Sharon Reid, Melissa Kang, Susanne Benjamin, Ben Balzer, Bill Munro, Damien Bray, Bjou Blick and Damien Boyd.

VIETNAM REUNION
HO CHI MINH CITY AND HANOI

Sydney Medical School hosted two alumni functions in Vietnam in November 2011. These inaugural events included Sydney alumni from all faculties and Hoc Mai fellows. Professor Bruce Robinson was joined by the outgoing Australian Consul General, Mr Graeme Swift in Ho Chi Minh on the 27th November. Many
alumni travelled for up to an hour to attend the function at the Majestic Hotel. With the Saigon River flowing silently in the background amidst spectacular skyline, alumni and Hoc Mai fellows were joined by university staff who have AusAID projects in Vietnam and were interviewing for AusAID’s leadership awards. Graeme Swift addressed the group and spoke of his love for the country and its people and thanked Sydney University for its involvement and commitment to the work of the Hoc Mai Foundation. Engaging and warm conversation flowed as alumni reminisced and reconnected with each other.

Alumni living in Hanoi met at the Australian Ambassador’s residence on the 30th November 2011. His Excellency Mr Allaster Cox and his wife Susila were gracious hosts and made alumni and Hoc Mai fellows feel as if they had never left Sydney. The event in Hanoi was well attended by alumni across all faculties. In the pleasant surroundings it felt more like a family gathering after a long absence than strangers reuniting. The Ambassador in his speech asked alumni to let others know to contact the University and to keep their contact details up to date. Sound advice indeed as our alumni in Vietnam are making significant contributions on their return and we would like to stay in touch and hear their stories.

Does your graduating year have an important anniversary in 2011-2012? Let us help you contact your fellow graduates, issue invitations and promote your event. Please contact your alumni reunion manager, Diana Lovegrove, on 02 9114 1163 or by email at diana.lovegrove@sydney.edu.au.
As a child, he grew up reading everything from authors such as A J Cronin and Albert Camus to the poetry of Keats, Donne, and Tennyson. “I was always interested in writing but it never progressed,” he says. A conversation with a patient, a writer, changed that.

“He said write something, anything.” So I wrote a page, then a couple of pages, about my experiences as a patient. He read it and I thought that was the end of it, but a few weeks later he contacted me and said that he’d made an appointment with a leading Sydney agent and as a favour she would see me for ten minutes. I went along feeling like a kid who could only colour in and was about to talk to Van Gogh. But she read my stuff and liked what I’d done, said she’d love to see it developed into a book. That was that.”

Four years later, he has published three books and co-written a stage play with one of the legends of Australian theatre, David Williamson. Most professional authors would be pleased with that output, let alone someone who also has a full time position at Nepean Clinical School, continues to practise surgery, is pushing ahead with a significant government funded e-health projects – and has two teenage children.

Perhaps the habitual sleep deprivation that was part and parcel of surgical training – and described in some detail in his first book Making the Cut – was a useful preparation for his literary career. He is, he admits, a 3am writer.

“A colleague once said to me, Khadra, there are 24 hours in the day – and then there is the night.”

At first blush, his books are not for the faint hearted. Making The Cut is about his struggle to make it as a young surgeon, surviving grueling hours and incredible pressure to perform. It also detailed his own diagnosis of cancer, subsequent treatment and the impact of that experience on his approach to medicine and care.

His second book, The Patient, is the story of an “average guy”, terminally ill with cancer, and the challenges of serious illness in a system which often falls short. Terminal Decline, his third, tackled the even more difficult subject of the healthcare system, its stifling bureaucracy and treatments worse than the disease. At Any Cost examines the cost of extending life when quality of life is diminished.

Difficult subjects for sure, but the fact that the books and the play have attracted such a loyal audience shows that there is a demand for stories which can help people to understand, and deal with, challenges of serious illness.

“As surgeons we need to contribute to the dialogue. We should be telling people to turn to the person who will be there at the end, and discuss their wishes.”

Writing is also a way of making sense of the world.

“I just saw a 37 year old man with prostate cancer and I know his life will be dramatically different; it will change his outlook on life, his health, his finances. It is difficult not to personalise that. Cancer hurts, not just physically, it changes your life. I’ve had cancer, surgery, radio iodine treatments. My two boys were newly born and one day I felt a mass in my neck and found I had thyroid cancer.”

But one of the other great benefits of authorship, he says, is that it opens new doors and creates opportunities for new friendships. At a writer’s festival several years ago, he looked across the room and saw playwright David Williamson.

“I went up to him and suggested we write a play together. He looked at me blankly but I dashed to the bookstore nearby and grabbed my books off the shelf, wrote my phone number in one, and shoved them into his hands. Six weeks later he rang me and we met.” At Any Cost was produced in two theatres in 2011, and Nepean Clinical School was able to host its own writers day with Williamson on the speakers list.
The Sir Zelman Cowen Universities Fund Prize for Discovery in Medical Research is awarded in alternate years at the University of Sydney and at the Hebrew University of Jerusalem. It recognises discovery in medical research by a researcher under 45 years of age who has made a major contribution to the understanding or treatment of disease. The inaugural award in 2006 was made at the University of Sydney.

The Trustees of the Fund are pleased to announce the 2012 award of the Prize to:

Associate Professor Barry Slobedman
Discipline of Infectious Diseases & Immunology,
University of Sydney.
Centre for Virus Research, Westmead Millennium Institute.

Prof Slobedman was nominated for discoveries which have profoundly changed our understanding of how the human cytomegalovirus (HCMV) can persist in a latent state for the life of the human host, despite the presence of a huge anti-viral immune response. His work has resulted in the discovery of a viral homologue of the potent immunomodulatory cytokine human IL-10, which is expressed by latent HCMV. He has shown that this viral IL-10 gene functions during latency to make infected cells “invisible” to the T-cells specific to controlling them. The virus thus actively evades detection during the latent phase of infection. The discovery provides a novel drug target for development of therapies to interrupt latency, and limit or prevent the devastating consequences of reactivation in immunocompromised individuals. It may lead to development of a live HCMV vaccine. Its potential for clinical applications has led to an international patent sponsored by Sydnovate.

The 2012 SZCUF Prize for Discovery in Medical Research is generously sponsored by The Schwartz Foundation

The next call for nominations for the Prize will be for scientists of the Hebrew University of Jerusalem. Visit the Fund’s website or contact us for more information about this work and about The Prize.

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