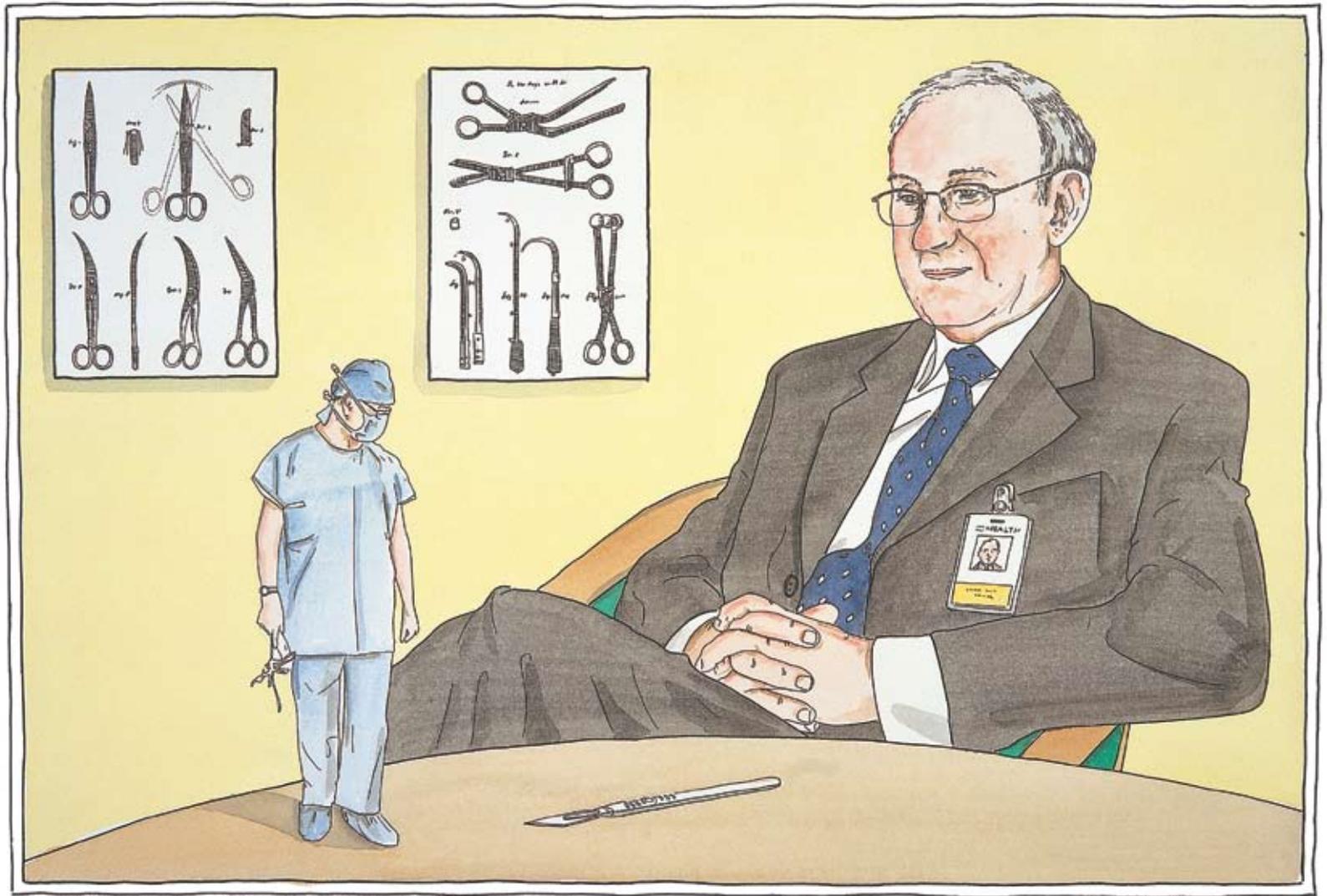


Professor John Fletcher



PROFESSOR JOHN FLETCHER - SURGERY - FACULTY OF MEDICINE - UNIVERSITY OF SUSSEX

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Professor John Fletcher has been Professor of Surgery since 1997 and Head of the Discipline of Surgery since 2003. At Westmead Hospital he is Chairman of the Division of Surgery, Director of Vascular Surgery and Director of the Westmead Vascular Biology Research Centre and the Westmead Vascular Laboratory. He was the first Australian and New Zealand Vice-President of the International Union of Angiology (IUA) 1998–2000 and was President of the Surgical Research Society of Australasia 1997–8. He is a member of the Court of Examiners in Vascular Surgery of the Royal Australasian College of Surgeons. He is Chairman of the Australian and New Zealand Working Group on Prevention and Treatment of Venous Thromboembolism.

John Fletcher undertook his medical studies at the University of Western Australia, graduating in 1970. He says that medicine was what he always wanted to do, “right from primary school” and credits the influence of a long line of medical people on his father’s side of the family.

At the age of 20, John was conscripted but was permitted to defer military service until the completion of his studies. He did one year of an internship at Napier Hospital in New Zealand, which he describes as a very busy, active, district general hospital. “They had good subspecialty units with involvement in some trials of the use of beta-blockers in the cardiology unit and they were one of the first centres in New Zealand to take on coronary angiography; so for a regional hospital it was quite well equipped and staffed.”

After a year John came back to Australia and joined the Army, undergoing basic training and then officer training at Healesville School of Army Health. He then completed a course in Military Medicine and graduated as Captain. John remembers the intensity of his early military work:

It was the height of the Vietnam War and I was posted to the Second Military Hospital at Ingleburn. The casualties coming in from the war needed to be treated promptly in Vietnam, with those needing a longer recovery time evacuated back to the military hospitals in Australia. So we were looking after quite severe casualties, often with amputated limbs, and the like. This was a feature of medical care in that war, firstly with rapid evacuation back to the Field Hospital, where quite a high level of surgery was able to be performed, then transport back to Australia as necessary for more treatment.

At the military hospital I was functioning very much like a surgical resident or registrar. It was a hospital, so we had people in the wards with all sorts of surgical conditions, not just those of war. But we did see a lot of patients with various sorts of trauma and people serving the military troops who got various illnesses. Then there was that strange fact that more Australian soldiers were killed on the roads in Australia during the war than were actually killed in active service in Vietnam – so we saw a lot of road accident victims.

Coming out of the army in 1972 John took the position of Surgical Registrar at Royal Prince Alfred Hospital. One of the units had a major vascular focus which suited his interests. “Jed Goldie and Nick Packham were doing Head and Neck and Endocrine Surgery so I learned quite a lot about that but I did prefer the Vascular Surgery.” In those days, he worked long hours, starting at 7am, “just keeping going until the day ended at maybe one in the morning”, plus being on call once or twice a week and working one weekend in four. In addition, he attended to his ward patients and did out-patient clinics.

John took a post as Registrar in General Surgery at Stoke Mandeville Hospital, (England) in 1975 as it was “standard” for an Australian surgical trainee to take a post in England in a “good clinical job where you did a lot of operating”. According to John, the English National Health Service structure was such that they relied on surgeons coming from overseas “to do a lot of the cutting”. In 1977 he continued to Ohio, USA to become Special Fellow in Surgery at the Cleveland Clinic.

Meanwhile the plan to open a hospital at Westmead had become a reality. In September 1978 John was appointed Senior Lecturer in Surgery at Westmead, working with Miles Little. He says of this time:

It was unreal. I was appointed in September but the doors of the hospital didn't open until the following November so there were a few of us here without patients. We spent our time setting things up. It was an exciting time; it was the first teaching hospital built in Western Sydney and there was a strong need. There were some people who felt it was going to be a white elephant, but once the doors opened the patients started rolling in because we were serving a very wide area. It was good. There were patients presenting with complications of procedures that weren't really properly dealt with previously and suddenly we had the facilities to manage them.

These early days of Westmead Hospital were filled with clinical work and left very little time for research. However, John points out that because of the large patient population they were able to accumulate experience and information "fairly quickly in certain areas". For the next decade he carried out General Surgery, mostly emergency and trauma surgery, and in 1989 became Director of Surgery. By this time he had decided that he wanted to concentrate on Vascular Surgery.

It was a natural evolution. Vascular Surgery was beginning to be recognised as a separate specialty and became a separate division in the College of Surgeons. The nature of the work had become more complex and the training needed to develop alongside it.

John reflects that there were significant changes in Vascular Surgery over this time. One was the capacity to perform endoluminal surgery from within the vessels themselves. Techniques that had evolved in the mid-90s meant that the management of abdominal aortic

aneurysms, for example, could be managed with a couple of small cuts in the groin down to the femoral arteries. Another significant change was the development of ultrasound as a method of non-invasive investigation and follow-up.

In 1991 John became Director, Department of General Surgery, later Stream Leader, Western Sydney Area Health Service. From 1995 to 1999 he was Subdean at Westmead Hospital and then in 1997 was appointed Professor of Surgery following the retirement of Miles Little, juggling surgery and administration.

In 2006 he finally came off the call roster, saying "we've got enough vascular surgeons around now", but still sees patients in the hospital two or three days a week and operates both privately and in the public sector. John remains Professor of Surgery and Head of the University's Discipline of Surgery.

