

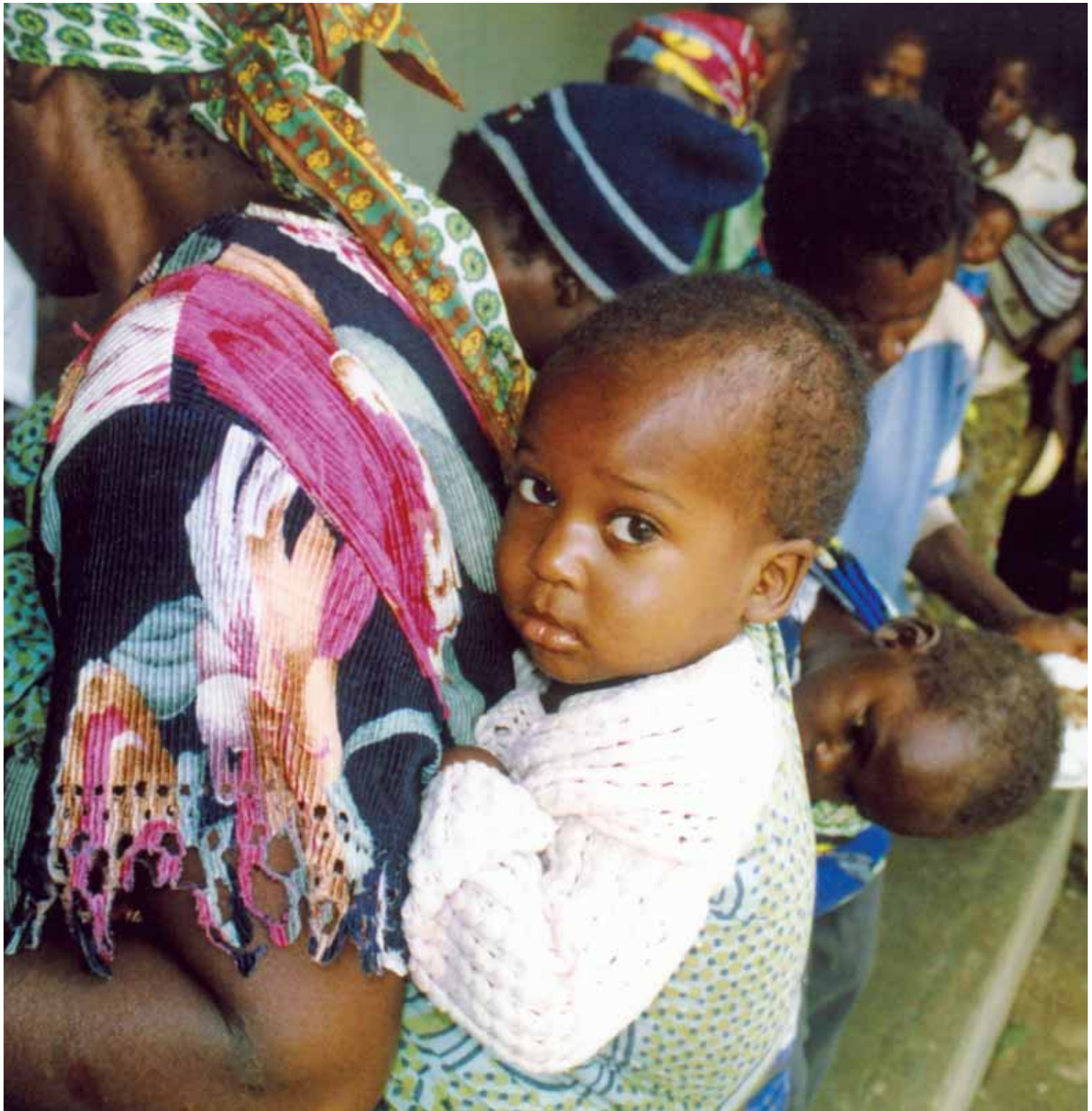


Radius

Newsletter of the University of Sydney *Medical Graduates' Association*

ISSN 1446-7224 > Volume 18 Number 2 > October 2005

Incorporating *Medical Scripts*, the Occasional Newsletter of the Faculty of Medicine



AIDS challenge in Zambia | Young health | Transplantation unit | Rural matters | Alumni reunions



Note from the Editorial Committee

Radius is published by the University of Sydney Medical Graduates' Association (MGA) and the Faculty of Medicine at the University of Sydney. The publication includes *Medical Scripts*, the occasional newsletter of the Faculty of Medicine.

We aim to make this an interesting publication and encourage your contribution of news items and letters to the editor. We do not object to controversial articles, indeed we welcome them. The true role of a university is to provide a forum for ideas. Please note, however, that articles should follow conventional journalistic etiquette. The opinions expressed in *Radius* are those of the contributors and are not necessarily shared by the University of Sydney.

Circulation: 11,838

Editorial Committee:

Ms Louise Freckelton
Ms Wendy Marceau
Dr Charles George

All correspondence should be directed to the Editor.

Email: radius@mga.usyd.edu.au
Mail: Medical Graduates' Association
Edward Ford Building (A27)
The University of Sydney
NSW 2006

Tel: +61 2 9351 8947

Fax: +61 2 9351 3299

Email: mga@med.usyd.edu.au

Web: www.mga.usyd.edu.au

Front cover: Christmas babies, Zambia



Contents

Message from the Dean > <i>Andrew Coats</i>	3
President's report > <i>Barry Catchlove</i>	4
Feature Articles	
The AIDS challenge – Zambia > <i>Paul Drakeford</i>	5
Young health > <i>Sue Towns</i>	8
Innovations and challenges in transplantation > <i>Richard Allen</i>	10
Making the right decision > <i>Lyndal Travena</i> > <i>Alex Barratt</i> > <i>Kirsten McCaffery</i>	12
Supporting North American students > <i>Scott Flanagan</i>	13
Rural Matters	
Making the country safe > <i>Debbie Payne</i>	14
Faculty News	
Honoured	16
Bernie Amos > <i>Peter Castaldi</i>	18
Celebrating 150 years in 2006	20
New program – infection and immunity	20
Managing pain internationally	20
Alumni News	
Reunions	23
MGA service update	24
Recent books by Faculty staff and alumni	27
Tours	28



Message from the Dean

Professor Andrew Coats

In the famous words attributed to a US President it is reported without an ounce of irony, that “the world is becoming more global”.

Whilst undoubtedly within the University of Sydney there resides an academic who has factual information as to whether indeed the shape of the planet is becoming more or less spherical in shape, the intent I am sure is to stress the increasing mobility of students, academics and funding, not just across regional boundaries but across countries and continents.

Increasing globalization provides both enormous challenges and opportunities. In times past, universities were reasonably secure in obtaining a proportion of the locally available research funds and the locally interested students. With the profusion of newer universities and the opportunities allowed under free-trade agreements for overseas universities to set up in Australia, there is a challenge to both of these previously reliable sources of funding.

Obviously there are opportunities for an Australian university now to reach out to recruit more international students, international faculty and international research funding. On all three fronts the University of Sydney and its Faculty of Medicine are now showing significant and substantial progress.

We offer a highly competitive MBBS program which has now been licensed to five universities around the world and which attracts record numbers of international applicants of the highest calibre. We are perceived as a high quality and not low cost university and are producing graduates of which we are all proud.

Our research competitiveness is growing and the recent rounds of National Health and Medical Research Council (NH&MRC) awards have the University of Sydney at the top of the national league tables in terms of prestigious program grants and total funding. We are also obtaining significant funds from other nationally competitive bodies and international research organizations. Our total income has nearly doubled over the last five years and from 2003 to 2004 alone has increased from \$150 million to \$174 million. Publications produced by our researchers are increasing at an annualized rate above 20% and income from NH&MRC has doubled over the last five years.

Whilst we must not be complacent or careless, we can be proud of our efforts.

As we prepare to celebrate 150 years since the foundation of the Faculty of Medicine at the University of Sydney, it is a good time to reflect that we are entering an era of competition on a truly global scale. League tables are now in vogue, with hardly a week going by without some new university league table in teaching quality, research income or global experience.

The one area that, until fairly recently, the University of Sydney performed poorly was internationalisation; however, there has been substantial progress over the last few years. The Faculty is playing its part with a very high proportion of our staff having worked overseas for prolonged periods and a high number of new academic appointments being of the most talented individuals internationally. Of sixteen new chairs

appointed to the Faculty in the last eighteen months, one half has gone to candidates from international universities. We welcome these new friends and colleagues, some of their stories will be enclosed within Radius, and you will read about them in issues to come.

At the same time as we are making such progress in attracting international staff and students to the Faculty and in obtaining competitive research funding, we are increasingly depending on our own resources for our future.

The University of Sydney now receives less than 17% of its operating budget (over \$1bill per year) in the form of standard grants in support of teaching and research activities. A higher percentage comes from governmental sources through competitive mechanisms such as the NH&MRC and Australian Research Council. The proportion of non-contested block grant funding from the Australian Government has declined substantially over the last decade and now represents a small proportion of the University funding.

The Faculty of Medicine takes seriously its responsibilities to assist in the future of the University of Sydney, earning between a third and half of all research income of the University as a whole. With the growth in possibilities of health and medical research and biotechnology, and the exciting discoveries made by our Faculty, our contribution to the future health of the University of Sydney is likely to grow substantially.

In our efforts we depend crucially on our students and even more importantly on our staff and alumni.



President's report

Dr Barry Catchlove, Medical Graduates' Association

In this issue, I report on an odd miscellany of events and activities of the Faculty and the Medical Graduates' Association.

Firstly, following last year's MGA initiative to support students in the University of Sydney Medical Program who are struggling financially, it is very pleasing to report we now have sufficient funds to support five named scholarships.

The G T Wang Scholarship, the Dubbo Medical Society Scholarship, the Gaston Bauer Scholarship and the Graduating Year of 1984 Scholarship have already been awarded to students with particular financial problems. The University's Financial Assistance Office, which administers the scholarships, has confirmed there is strong demand for this type of support.

Following the April Radius appeal, we have also received an excellent response to the establishment of the Sheila Nicholas Scholarship. Currently we have received over \$15,000 which guarantees the scholarship for 3 years.

We would like your support in developing further scholarships to alleviate the financial pressures on our students. For a tax deductible donation

of A\$5,000 per year for three years and life-time naming rights, such a contribution is a bargain by any philanthropic measure.

In June next year the Faculty will celebrate its 150th anniversary. Our Faculty is the oldest in Australia although undergraduate teaching did not begin until some years later. Louise Freckelton, the Communications, Development and Alumni Officer, is coordinating the large number of events which will be associated with the anniversary and a short piece on the 150th and how alumni can assist can be found in this issue on the Faculty News pages.

On 9 September 2005, the Faculty's School of Rural Health in Dubbo, held an unusual tree planting ceremony. The School obtained a cutting from a tree at the exact site where Hippocrates sat beneath the shade to instruct his students. Brought to Australia with the assistance of the Botanical Gardens, the cutting was propagated and has started a new life offering shade to Faculty students at the School of Rural Health.

While there are obvious advantages of our state-of-the-art lecture theatres and high tech audio-visual equipment,

the thought of having tutorials under an old oak tree (or young plane tree as it happens to be) conjures up some pleasant thoughts.

The MGA took the opportunity to meet doctors from the Dubbo area to see if there is interest in establishing a rural alumni chapter.

For some time now, the MGA has been wondering whether there is a need to support alumni as they transition from an incredibly busy day job to retirement, or as is often the case, semi-retirement. The issue first came to our collective notice a couple of years ago when the medical indemnity crisis in NSW forced a significant number of practitioners into full and premature retirement. Subsequent enquiries have shown a dearth of information about our preparedness for this transition. I was personally fortunate to have a staged transition during which I was able to become less-dependant on secretaries and other support staff and to learn a few basic skills, such as email and two finger typing.

We would welcome the alumni's input into issues associated with this interesting period of our lives and to whether there is any role for the alumni, the

Faculty or the University. Email ideas to Dr Barry Catchlove: mga@med.usyd.edu.au

I think we often forget that we have, on average, another fifteen years ahead of us following the traditional retiring age. More importantly, for about twelve of these we can expect to be active and relatively free of infirmity and dementia.

The Medical Foundation continues to play a vital role in maintaining the Faculty's pre-eminent place in medical research. Foundation support has recently played a key role in recruiting in three academic disciplines – in molecular biology, in prion research and in functional genomics.

In addition, the Foundation is looking to support a new initiative in adolescent health. The Foundation will be looking to the alumni for help in this initiative. An interesting article on adolescent health issues is contained within this issue.

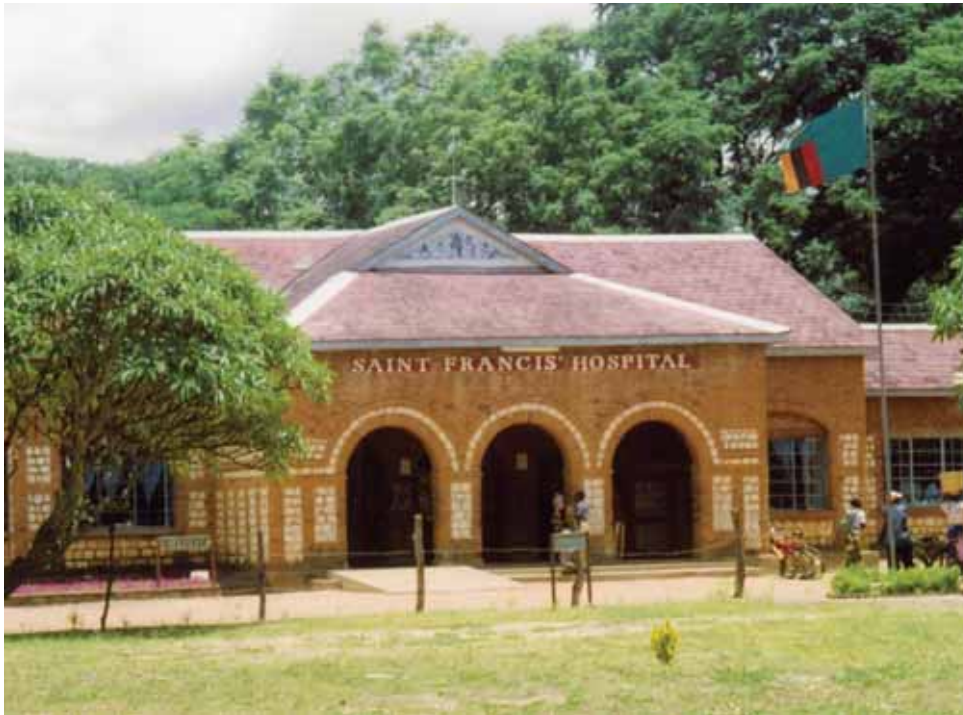
We were all saddened by the death of Bernie Amos who was well known through his associations with Royal North Shore Hospital, Westmead, the Medical Board and as Director-General of Health. Bernie's life story is included in this issue of *Radius*.

The AIDS challenge – Zambia

Paul Drakeford

Christmas. The Women's Ward, St Francis' Hospital





Saint Francis' Hospital.



Feeding a malnourished child.

MBBS student and Medical Society President Paul Drakeford travelled to Zambia for his elective term and found a country desperate for medical staff and equipment and with a 20% infection rate of HIV/AIDS.

I once heard Tony Blair say that when he thinks of Africa, it weighs heavily on his conscience. Only after spending two months in a small rural hospital in Zambia have I come to understand what he means. When you return from Africa to the paradise that is Australia, you cannot help but feel you have cheated everyone you left behind.

When I first heard about the medical elective I knew immediately that I wanted to go to Zambia. I wanted to experience the developing world and the contrasts it promised. I wanted to see how so few doctors in those countries deal with the overwhelming health burden. And perhaps the most compelling reason, I wanted to return to the country I was born in and left at the age of five.

I had read the WHO Factsheet on Zambia before I left and it quantified what I had expected to see. Zambia is southern African nation of ten million people with a healthy life expectancy of 35 years of age with close to 20% of children dying before the age of five. Up to 20% of its adult population are infected with HIV and to combat this health disaster, there are a deplorable 7 doctors per 100,000 people.

In my rural village of Katete, six hours north east of the capital Lusaka, there was a 350 bed district hospital that was supported by

the Anglican and Catholic churches. This support meant that it had much better facilities than most surrounding hospitals and for that reason, it acted as referral centre for the whole of the Eastern Province.

When I say it was better resourced, you should not jump to any conclusions. It had an x-ray machine, a primitive pathology lab whose main function was gram staining, blood typing and HIV testing and it had a reasonable but overwhelmed surgical suite.

I spent the first five weeks looking after the men's medical ward sharing the task with a visiting American doctor for the first week. When he left it became my responsibility. I remember expecting another doctor to turn up and take over the ward but that didn't happen and the next four weeks were amongst the more challenging weeks in my life. Of the 32 male patients in my ward 30 either had HIV or were very likely to have it because they had an AIDS defining illness. That proportion varied only slightly in my time at St Francis' Hospital.

In a purely academic sense, the male medical ward was the ultimate internal medicine textbook for a medical student. The extremely late presentation of most of the patients meant eliciting signs and discovering gross pathology was easy. But what struck me on that ward was the lack of hope. I found it quite difficult to

encourage patients to take care of themselves and to take the necessary precautions to protect others they came into contact with. We were blessed with being able to offer all HIV positive patients anti-retroviral therapy, courtesy of the recent US AIDS Relief Grants and the relaxation of pharmaceutical patents, but getting them to present early enough or even to comply with their medication regimen seemed an insurmountable task.

I spent the last three weeks in the paediatric ward which was a place of rollercoaster emotions. Watching a child with cerebral malaria on the brink of death one day only to be walking around the next after being on an intravenous quinine drip was an inspiring display of the wonders of medicine. Watching another waste away slowly from HIV/AIDS was demoralising. I was stunned by the mothers' reluctance to have their children tested for HIV and it was only after a number of questions to nursing staff that I learned about the stigma associated with HIV and the devastation it has brought to African communities.

It led me to investigate further and ultimately I conducted a small local study into the prevention of mother-to-child transmission of HIV. I was compelled to do this after discovering that less than one percent of the two hundred or so pregnant women who were seen by the midwives at St Francis' Hospital each month were agreeing to undergo HIV testing. This is despite the fact that, if a mother is found to be positive at 32 weeks gestation, she can be started on



Recovering residents of the hospital.



The mens' ward.

anti-retroviral therapy and be given a reasonable chance of diminishing her viral load enough in eight weeks to save herself and dramatically reduce the risk of passing on the virus to her child.

After interviewing a number of midwives, doctors and patients I found the poor acceptance rate was multifaceted. Pregnant women believed that if they were found to be HIV positive they would be shunned by their family and community, the child would be made a pariah and their husbands would leave them. What was more unexpected though was the common view held by midwives that testing for HIV was unnecessary because there was not much to be done for patients who were infected. Midwives also claimed they lacked the "right opportunity" to bring up HIV testing and were therefore unable to devote enough time to discuss it with their patients.

After consulting a number of doctors and researching the literature on mother-to-child transmission of HIV in resource-poor settings, I made a number of recommendations. Notably, HIV testing should be an opt-out test that is accompanied by adequate pre and post test counselling, like all the other tests women take when they attended their antenatal visits. I also thought it would be useful to have positive role models who were HIV positive, but well physically, to address groups of pregnant women and educate them on the benefits of being tested and the role it will play in combating HIV in their country. Support groups should also be set up for HIV mothers and their children and community-wide education programs that are culturally sensitive and appropriately delivered would also be desirable.

I recently received a letter from a doctor at St Francis' Hospital saying that they had adopted a few of the simpler recommendations of late and they had seen around 8-10 pregnant women turn up to the HIV clinic for medications in the last two months. A small but promising start and one with which I am proud to be associated.

It has now been a few months since I returned from Zambia and while it was a challenging period I am wholeheartedly grateful for my brief time in Africa. I learned more in two months than I have in two years. I have felt the burden of responsibility when a patient is relying on your care for their livelihood and I have experienced the fulfilment



Collecting medications, the paediatric ward.

of helping someone who desperately needs your assistance. Now that I am home, I do think back to Africa with a heavy conscience, but that is at least partially balanced by my newfound appreciation of just how good we have it in this part of the world.

References

UNAIDS/WHO Epidemiological Fact Sheet – 2004 Update
World Resources Institute: <http://earthtrends.wri.org>

Young health

Dr Susan Towns Head, Department of Adolescent Medicine
The Children's Hospital at Westmead

The health and wellbeing of young people is currently recognised as one of Australia's priority health targets yet many of the health issues affecting young people remain under-recognised and under-treated. Teenagers have an underserved reputation for being 'trouble', are seen as 'healthy' and generally do not readily access health care. So why focus on adolescent health?

Firstly, the most serious, common and costly causes of adolescent morbidity and mortality in Australia are largely preventable – accidents and violence, suicide, use of alcohol, tobacco and other drugs, high risk sexual behaviour and unintended pregnancy. In total, nearly 75% of adolescent mortality is due to preventable causes.

Secondly, and of great importance, the behaviours that contribute to the leading causes of mortality and morbidity in adults (alcohol and tobacco use, poor diet and physical inactivity, mental health disorders among others) are often initiated during the teenage years. The adolescent years therefore represent a crucial period in which to focus on prevention and early intervention strategies to promote health and wellbeing.

Thirdly, adolescence is a time of rapid physical, emotional and cognitive change. Because of these rapid changes it is also a time when health problems (physical and mental) can first develop or become exacerbated.

Finally, all these factors can interact so that young people who may have been coping with a chronic illness may be destabilised by the external influences of peers and social pressures; risk taking behaviours, non-adherence to therapy and other mal-adaptive coping mechanisms may emerge.

Emerging problems

Many of the priority areas in Adolescent Medicine are thus major public health issues in the general population. Overweight and obesity are now reaching epidemic proportions in Australia with rates approaching 25% in school aged children and adolescents. This problem will respond only to a multiplicity of interventions targeting individuals, families and communities, supported by government policy and private enterprise. As the statistics indicate, depression and suicidal behaviours amongst adolescents and young adults are of significant concern, as are increasing rates of risk-taking behaviours such as smoking and substance abuse, in particular binge drinking.

At least 20% of young people have a chronic illness. Major subspecialty areas such as respiratory medicine, endocrinology, neurology and gastroenterology are struggling to meet the service demands. Best practice involves managing the condition itself while also addressing the general medical, psychosocial, family and educational issues related to the impact of living with a chronic illness. As a result of overall improvements in health care, larger numbers of young people are surviving for longer with the burden of care increasing for hospital and community health care settings. One of the major challenges for Adolescent Medicine and all subspecialty areas is to

prepare young people with chronic illness for smooth transition to adult care. NSW is unique in addressing transition issues with a State-wide service trying to prepare and support the adult health system to accommodate these young people.

Prevention and intervention

There is increasing recognition that young people, especially those with health problems, need to be seen in the immediate contexts of their family, school and community, on a background of socioeconomic, political and cultural influences. Young people from families of socioeconomic disadvantage have significantly poorer health outcomes (e.g., increased rates of smoking and obesity) as well as poorer academic achievement and increased involvement in crime. Research has therefore focused on protective factors, to avoid the health problems and other sequelae of poverty.

Connections to family, friends, schools, and communities emerge strongly as the major factors enhancing resilience. Research has demonstrated the impact of communities in supporting young people and the importance of involvement in extra curricular activities and employment, particularly for those young people dealing with illness and disability.

Despite having significant health problems, young people remain reluctant to access health services, citing concerns around trust and confidentiality, as well as their own lack of knowledge of what services are available and how to find out about them. Health service providers often lack confidence in dealing with adolescents.



Adolescent Medicine, NSW

Clinical Centres

Department of Adolescent Medicine,
The Children's Hospital at Westmead

Department of Adolescent Medicine,
Westmead Hospital

Adolescent Medicine Consultancy Service,
Royal Prince Alfred Hospital

School of Rural Health,
Adolescent Medicine, Dubbo Campus

Research Centres

Centre for the Advancement of
Adolescent Health,
The Children's Hospital at Westmead

Centre for Research into Adolescents
Health, Westmead Hospital

Innovative programs play an important role, such as Teenlink in Western Sydney, where an Adolescent Physician and Psychologist reach out and support vulnerable young people (children of parents on methadone programs) through medical, psychosocial and educational interventions. Evaluation demonstrates highly successful outcomes.

Research into which models of care are most appropriate for adolescents is inadequate in many critical areas, for example, how best to intervene in the prevention and management of obesity and what really works in preventing and treating risk-taking behaviours such as smoking, alcohol and drug abuse in young people. Adolescence provides a unique window of opportunity for prevention and intervention to ensure optimal health outcomes for our young people.

Key Adolescent Health Problems

The leading causes of death and illness in the age group 12-24 years are:

- > Accidents and injuries – both unintentional and self-inflicted
- > Mental health problems – depression and suicide
- > Behavioural problems – including substance abuse

Accidents and Injuries

- > Accidents and injuries account for more than two-thirds of all deaths among 12-24 year olds.

Mental Health

- > Mental health and behavioural disorders account for more than half the disease burden among adolescents
- > Up to 20% of adolescents suffer from a mental disorder at any given time
- > On average some 400 young people kill themselves each year

Substance Use

- > Drug-related deaths represent 24% of all young deaths
- > 25% of 14-19 year olds and 40% of 20-24 year olds are regular/occasional smokers
- > 38% of 14-24 year olds report marijuana use in the previous 12 months
- > Around 70% of 16-17 year olds report that they drink alcohol

Sexual health/infectious diseases

- > Blood borne and sexually transmitted infections such as HIV, HPV, Hepatitis C affect young people disproportionately
- > Chlamydia is the main sexually transmitted disease among young people – notifications increased from 98 to 338 per 100,000 between 1991 – 2001.
- > Notifications of gonococcal infection among young people increased by 1.5 times between 1991 to 2001, from 47 to 72 per 100,000 – with the notification rate highest for males aged 18-24 years
- > Hepatitis C infections have trebled in the 18-24 year old age group over the last three years
- > Rates of teenage pregnancy have declined since 1971 – however, teenage pregnancy remains a major adolescent health issue

Nutrition and physical activity

- > Up to 31% of males and 23% females 12-24 years old are overweight or obese
- > Physical activity is declining in young people
- > Related disorders such as type 2 diabetes and PCOS are increasing

Chronic Illness

- > Around 20% of adolescents have one or more chronic illnesses such as asthma, obesity diabetes and cystic fibrosis

The Medical Foundation will be raising funds to support a Chair of Adolescent Medicine. For information contact: The Manager, + 6 2 9351 7315 wmarceau@med.usyd.edu.au

Innovations and challenges in transplantation

Richard Allen



Professor Richard DM Allen is head of Transplantation Surgery at Royal Prince Alfred Hospital.

In October last year, the new purpose built transplantation ward at Royal Prince Alfred Hospital (RPAH) was named after The Medical Foundation in recognition of its support of translational transplantation research at The University of Sydney. The dedicated 24 bed transplant ward has no equal in Australia. It recognises the need for continuity of transplant patient care, being co-located with an ambulatory care facility, offices and education areas. Furthermore, it has brought together the RPAH renal transplant unit which performed transplant number 2000 in August this year and the Australian National Liver Transplant Unit (ANLTU), now in its twentieth year. The combined clinical activity in 2004 exceeded all previous years, made possible in part by RPAH transplant clinicians overcoming the comparatively poor deceased organ donor rate in Australia with surgical ingenuity and clinical research to extend donor criteria.

The possible reasons for the poor donor rate in Australia are complex. Improved roads, safer cars and random breath testing have all contributed to halving the road toll in NSW over the last two decades. Neurosurgical techniques have improved and available intensive care beds to care for the brain stem dead are harder to find. Cerebrovascular accidents have replaced trauma as the leading cause of donor death, the number of which is being challenged by the availability of increasingly sophisticated anti-hypertensive and lipid lowering agents. However, the 50 percent family refusal rate in NSW provides some scope for improving the donor rate. The diagnosis and management of brain stem death is clearly difficult to conceptualise, even for many sections of the medical community. The death of cricketer David Hookes and subsequent organ donation last year led to a dramatic but unfortunately short term effect on Australia's organ donor rate.

Nevertheless, the public generosity of the Hookes family to the ten organ transplant recipients unknown to them underlies the potential value of ongoing resourcing of community education and publicity of the life-saving and life-changing benefits of organ transplantation.

Renal transplantation in Australia has become dependent increasingly on living donation with a third of renal transplants in NSW now dependent on the live donor nephrectomy which has become a procedure of necessity. For the living kidney donor, there is little to gain apart from the psychological benefit of performing a selfless act of kindness for a loved one. It therefore behoves the transplant clinicians to both ensure the safety of the procedure and to minimise the burden to the donor. A decade ago, the proportion of live donors was less than 10 percent. At Westmead Hospital and RPAH, urologists Drs Howard Lau and Arthur Vasalaris respectively have introduced



Dr James Gallagher (left) and Dr Michael Crawford (right) performing transplantation.

laparoscopic removal of the donor kidney. The figure in these two University of Sydney teaching hospitals is close to 50 percent. They have replaced the painful conventional rib-splitting and muscle-cutting incision with a suprapubic muscle separating incision similar to that used for a caesarean section. Analgesic requirements and hospitalisation are significantly reduced and return to employment is possible within weeks of surgery, making it a more acceptable option for donors with physically demanding occupations.

Such is the keenness of potential living kidney donors to come forward, particularly by spouses and friends of dialysis dependent renal failure patients that RPAH transplant nephrologists Associate Professors Josette Eris and Steve Chadban are often forced to dampen the enthusiasm of some donor/recipient pairs because of the potential risk to one or other. Nephrology colleagues at RPAH and referring centres are involved in the donor screening process, acting as 'donor advocates', to reduce bias towards the recipient and to ensure the willingness and long term safety of the donor. The renal

transplant team are justifiably proud of the 98% one year graft survival compared to the Australian figure of 92% at one year.

By comparison, living liver donation for transplantation is an inherently risky procedure. However, it has been performed on three occasions in the last three years by the ANLTU surgeons when a deceased donor has not become available in time for a child in liver failure at the Children's Hospital at Westmead (CHW). Their preference for appropriate deceased donors is to divide the liver into two with the larger right portion used for an adult recipient at RPAH and the smaller left portion by Drs Albert Shun and Michael Storman at CHW. Donor liver surgeons Drs Michael Crawford and Henry Pleass have been so successful with their in-situ splitting of livers at donor hospitals that the paediatric waiting list has essentially been eliminated in NSW. They are now making in-roads into the paediatric waiting lists of other states.

Liver transplant surgeons Drs Deborah Verran and James Gallagher have approached the donor shortage from a different angle by extending the criteria

for donor acceptability by testing the upper limits for both age and liver fat content. Their clinical results with the use of steatotic livers have both provided international benchmarks and kept the ANLTU liver transplant waiting list at manageable levels. Nevertheless, the waiting list mortality in the order of 20 percent remains a stark reminder of the poor organ donor rate in Australia, particularly in the light of current two year ANLTU patient survival data of 97 and 94 percent for adults and children respectively.

Patient demographics for liver transplant recipients have changed progressively over the last decades with chronic viral hepatitis now the commonest. Concerned transplant hepatologists Professor Geoff McCaughan and Drs Simone Strasser and David Koorey have played a major role in defining the molecular and hepatocellular injury of Hepatitis C Virus with the expectation that they may be able to modify the recurrence rate. This they have achieved for Hepatitis B Virus with the use of a cost efficient protocol low dose antiviral agents and immune globulin.

Although survival of patients and transplants has never been better and organ transplantation never safer, the full promise of organ transplantation has yet to be realised. The transplant holy grail of donor specific tolerance remains elusive and patient demand exceeds donor supply. There is however reason to remain optimistic.

Making the right decision

Dr Lyndal Trevena, Lecturer, School of Public Health

Associate Professor Alex Barratt, School of Public Health

Dr Kirsten McCaffery, Postdoctoral Research Fellow, School of Public Health

Personalising research-based evidence for individual clinical decisions is a daily challenge for most clinicians and their patients. In an age where we want to know our options and make choices in every other part of our lives, healthcare decisions are definitely no exception.

Nor should they be! Such expectations arise in a world which is information-rich yet time-poor. Sir Muir Gray, Program Director of the UK National Screening Program, suggests that health services in the twenty-first century will increasingly rely on patients accessing evidence-based resources at home on their television or computer, having been referred to them by their doctor. He argues that this gives patients time to reflect and discuss information with family and friends and frees up the face-to-face consultation with their doctor for clarification of more complex issues, implementing decisions and for undergoing clinical procedures.

Over the past decade, decision aids have emerged as one of several tools that facilitate evidence-informed choice. As patients become increasingly involved in their own health decisions, these booklets, websites or videos provide balanced evidence-based information along with a worksheet that helps patients to weigh up what is important to them. The evidence is usually presented in terms of probabilities, eg, the chance out of 1000 that x, y and z will happen if you choose Option A compared with the chance out of 1000 if you choose Option B.

The Sydney Health Decision Group is a recently formed team of researchers from the University of Sydney's Faculty of Medicine and Faculty of Arts who have been

developing and evaluating a number of exciting examples of such tools. The group includes epidemiologists, clinicians from a range of specialties, psychologists, health economists and other researchers.

Examples of decision aids that have been developed include:

- > considering whether you should have a mammogram (for women aged 40-49)
- > considering whether you should stop having mammograms (for women aged 70-79)
- > considering HPV testing for women with a mildly abnormal pap result
- > considering whether to start bowel cancer screening.

In the cancer treatment area, there are decision aids for treatment options in early breast cancer and for people with advanced colorectal cancer. In women's and children's health the group have also developed tools for women with breech babies, for women considering their pain relief options in labour and for parents with concerns about the safety of measles, mumps and rubella (MMR) vaccination.

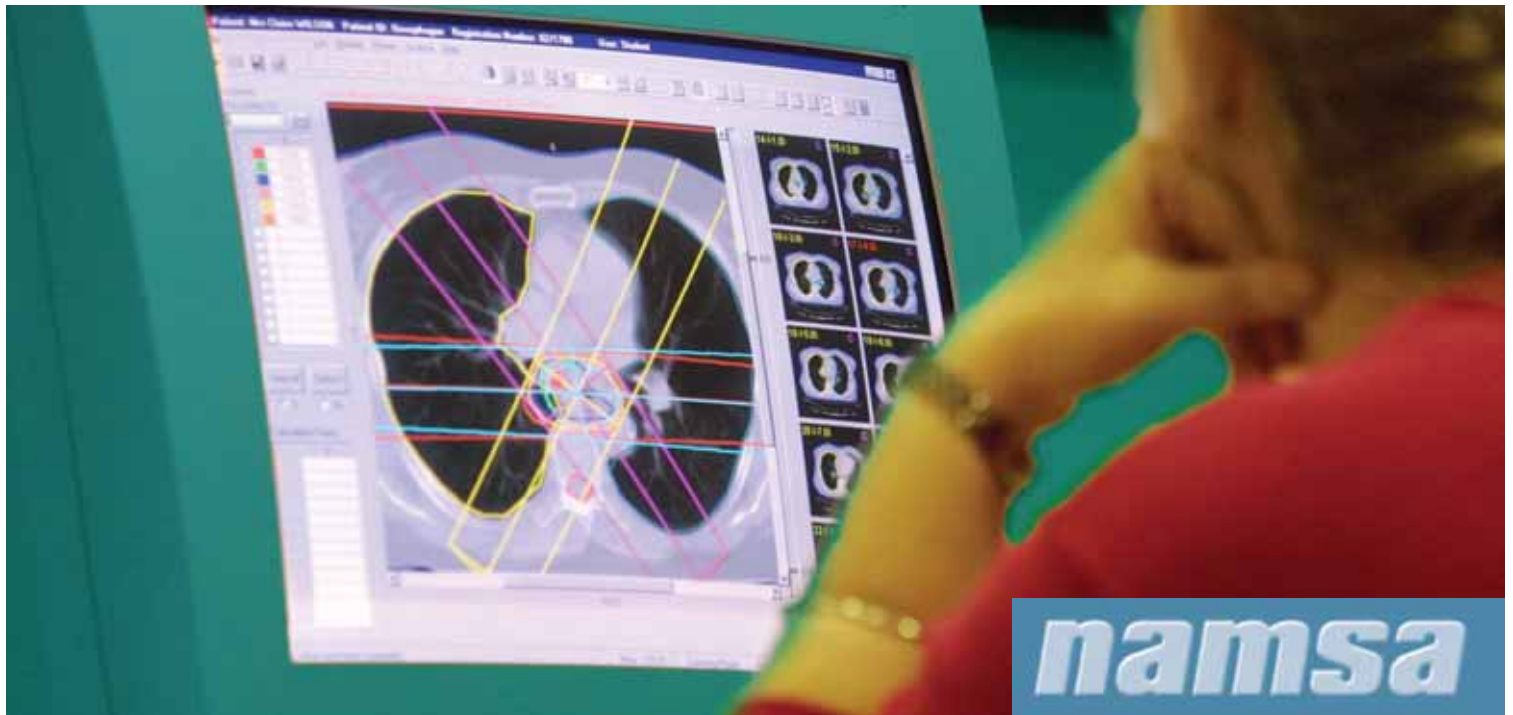
The group were recently contracted by the National Health and Medical Research Council (NHMRC) to develop a decision tool for women considering hormone replacement therapy (HRT). The group

focus-tested this tool with practitioners and women from a range of cultural and socioeconomic backgrounds, finding that it was a very welcome summary of the evidence for both consumers and professionals alike. This decision tool is now available online at www.nhmrc.gov.au/publications/synopses/wh35syn.htm and will be distributed in hard copy in the near future.

This is clearly an emerging area for the application of evidence in practice, incorporating patient preferences with evidence and the clinical context. Whilst there have been a number of promising developments in this area there is much work to be done on how to best make these tools available to the community.

The Sydney Health Decision Group had an active role in the development of International Patient Decision Aid Standards (IPDAS). These standards will enhance the existing evidence-base for decision aid efficacy in the Cochrane systematic review and Inventory of Decision Aids.

For more information on the work of The Sydney Health Decision Group contact Ms Sian Smith at sians@health.usyd.edu.au



Supporting North American students

North American Medical Student Association

Every year of medical students had its international students. They offered a different way to see the world and medicine and enriched the lives of Australian students.

Over time, international students have become even more part of the scene and this is particularly the case since 1997 and the start of the graduate – entry medical program. In 1997 international students comprised just over 10% of the total intake, now 21% of the MBBS class are international students and most of these come from the United States and Canada.

As a response to their particular needs, US and Canadian students have formed NAMSAs, the North American Medical Student Association, and here the current President, Scott Flanagan, introduces the organisation to you.

The North American Medical Student Association (NAMSAs) is a valuable tool to many Sydney University medical students, especially for those who wish to pursue further training in North America. From study tips for both the United States and Canadian licensing exams, to important step by step instructions on how to obtain electives, rotations and residencies, NAMSAs is a much needed guide towards future medical practice in North America. Information about residency training, licensing exams, and electives are now available at our website: www.namsa.med.usyd.edu.au.

Since NAMSAs's inception, we have amassed more than 50 members not including the 9 executive members. Much of our work has also been done integrating and consolidating resources and knowledge of our alumni. We understand that you, the alumni can provide a wealth of knowledge, which will drastically alter the steps we take in our training.

NAMSAs is also committed to humanitarian and philanthropic endeavours. Most recently, we raised money to help the Foundation of African Medicine and Education finance the beginnings of a Tanzanian student's medical

school journey. Being part of an Australian medical school, we feel it is important to give back to the local community as well, and in the coming year, plan to organise events that will do just that.

The NAMSAs Mission Statement

We have developed a Mission Statement as well as a constitution that coincides with the American Medical Student Association (AMSA).

The North American Medical Student Association is committed to improving health care and healthcare delivery to all people; promoting active improvement in medical education; involving its members in the social, moral and ethical obligations of the profession of medicine; assisting in the improvement and understanding of world health problems; contributing to the welfare of medical students, interns, residents and post-MD/DO trainees; and advancing the profession of medicine.

We are eager to learn more about your experiences as alumni of the Faculty of Medicine after graduating from the University of Sydney and offer you the chance to be a part of our mission.

If you wish to share your experience or provide assistance to current students of the University of Sydney Medical Program there is an 'alumni' link on the NAMSAs website.

Scott Flanagan

NAMSAs President

www.namsa.med.usyd.edu.au

Making the country safe

Debbie Payne

Living on a farm is great, but farm work is dangerous. On average, one child under sixteen years is fatally injured on an Australian farm every ten days and many more are hospitalized or treated by rural GPs. And the statistic is worse for adults with one person meeting death or injury every three days.



Associate Professor
Lyn Fragar AO

The mission of the Australian Centre for Agricultural Health and Safety (ACAHS), Moree, is to make a positive impact on these statistics by identifying the health and safety needs of agricultural workers and developing programs to reduce the risk.

The Australian Centre for Agricultural Health and Safety has come a long way in its 20 year history. Created in the 1980s from the enthusiasm of the centre's current director, Associate Professor Lyn Fragar AO, and Mr Phil Hawkins, Chief Executive Officer of the local health service, ACAHS joined the University of Sydney in late 1999 as part of the School of Public Health.

With almost twenty years of work behind the team, the centre is nationally and internationally recognised for playing a leading role in research, translation and program development relevant to the health and safety of workers in agricultural production.

The driving force behind the work of ACAHS is the National Farm Injury Data Centre. Data collected here on agricultural accidents provides the foundation for all of the activities of the ACAHS, giving basis and evidence for ongoing and future research activities.

The main hazards for adults on farms are:

- > Mechanical (eg exposed moving parts of machines, working at heights)
- > Electrical (eg overhead powerlines)
- > Noise (eg noisy machines, animal handling)
- > Radiation (eg solar radiation)
- > Chemical (eg pesticides, other hazardous substances)
- > Biological (eg Q-fever, leptospirosis, hydatid)
- > Psychosocial (eg stressful conditions)

To address the health issues identified by this data, the booklet *Managing the Pressures of Farming* has been adopted

throughout NSW and is being favourably received by other states across Australia.

The Centre has also fostered a long term interest in the incidence of noise injury. To address this concern the centre has worked co operatively with Hunter New England Area Health Service in formulating a significant resource base of information, and developing guidance materials for farmers. The Noise Injury Prevention Strategy for the Australian Farming Community is a significant outcome of this work.

An important grant in recent years has enabled the Centre to undertake the National Child Safety on Farms Project which aims to identify and address the causes of death and injury on farms of children from birth to 15 years. The main risks to child health and safety on farms come from:

- > dams
- > farm vehicles and machinery
- > motorcycles
- > horses

As a result of this work a series of injury prevention resources has been developed.



Cotton, Moree. Photo: Tourism New South Wales

In addition, joint ventures with relevant partners have resulted in research being undertaken into the health and safety of specific populations, including Aboriginal and Torres Strait Islander fishing and farm workers, older farmers and ongoing work with child safety. Additional research is also investigating the health and safety risks associated with the use of all terrain vehicles, farm machinery and activities conducted in farm workshops.

Research and resource development has also been conducted to address the particular health and safety concerns of those working in cotton, horticulture, beef, sheep and wool, dairy, sugar cane, grains, poultry and wine production.

The Centre's unique relationship with industry and other relevant organisations provided the opportunity to secure funding from WorkCover NSW to administer the the three-year Small Business Premium Discount Scheme for cotton growers in NSW. Participants in the scheme were provided with education and support to assist them in meeting occupational health and safety requirements thereby providing eligible

growers a reduction in their worker's compensation premiums.

Another program funded by WorkCover NSW was the Rollover Protective Structure (ROPS) and Shear Safety Rebate scheme which saw the uptake of the \$200 rebate by over 10,000 eligible applicants for the installation of Australian Standards approved ROPS on tractors, and over 4,000 applications granted for the \$60.00 Shear Safety rebate for the fitting of a safety mechanism in the shearing handpiece. The ROPS scheme had been initiated as a result of the significant deaths and injuries attributed to the use of tractors nationally. A similar ROPS scheme had been successful in Victoria prior to the NSW program and Queensland is currently running a similar scheme.

The Centre has also worked with various Australian universities, one of the highlights being the seminars presented to medical students, and registrars on injury prevention, epidemiology of farm injury, rural demography and economy, social structures of rural communities and agricultural health and safety. The Centre also facilitates farm visits,

introducing students to a local farm environment with the view of providing sensitisation to common farm hazards and risks. Significant progress has also been made towards providing this information online.

The work of the Australian Centre for Agricultural Health and Safety is made relevant and appropriate for farming communities across Australia by the participation and support of farmer and industry representatives.

For more information contact:

Debbie Payne
Executive Officer

**Australian Centre for
Agricultural Health and Safety**

+61 2 6752 8210
dpayne@health.usyd.edu.au
www.acahs.med.usyd.edu.au
www.farmsafe.org.au

Honoured

The Faculty of Medicine has once again been distinguished by its members in the 2005 Australia Day and Queen's Birthday honours lists.

Four professors were recognised by the Australia Day awards for their outstanding work in medical research and education, whilst six members of the Faculty have been acknowledged in the Queen's Birthday Honours list for contributions to fields such as obesity and nutrition, infectious diseases, pharmacology and education.



Professor John Pollard received an AO for services to medicine in the field of neurology, in particular the study of peripheral nerve disease and multiple sclerosis. Professor Pollard is Bushell Professor of Neurology in the Faculty of Medicine.



Professor Douglas Joshua, Clinical Professor at Royal Prince Alfred Hospital, was honoured with an AM for his work in the field of haematology and multiple myeloma research and for his services to postgraduate education and professional organisations.



Professor John Morris, Clinical Professor at Westmead Hospital, was recognized for his services to neurology and neurological education, particularly for his work on Parkinson's disease and movement disorders. He received an AM.



Professor Chris O'Brien, also at Royal Prince Alfred Hospital, received an AM for his work in head and neck surgery and through his leadership as a clinical researcher and teacher.



Professor Trevor Parmenter, Foundation Professor of Developmental Disability Studies, received an AM for his commitment to the design and development of vocational and best practice initiatives in the field of developmental disability studies.



Professor Les Bokey, Professor of Colon and Rectal Surgery at Repatriation General Hospital, Concord, was awarded an AM for service to medicine and for his contribution to surgical education programs, research and medical administration.



The Head of the School of Molecular and Microbial Biosciences, **Professor Ian Caterson**, was also awarded an AM for service to medicine as an endocrinologist, particularly through his research and clinical practice in the areas of obesity, diabetes and nutrition.



Associate Professor Richard Benn, Clinical Associate Professor at Royal Prince Alfred Hospital, has received an AM in recognition of his work as practitioner and educator in the fields of clinical microbiology and infectious diseases.

University awards

Each year as part of the Faculty of Medicine graduations, we confer special awards to outstanding Australians. This year we were honoured to award Professor Fiona Stanley and Mr Peter Burrows.



Professor Gillian Shenfield, Clinical Professor of Pharmacology based at Royal North Shore Hospital, was awarded with an AM for her service to medicine, particularly in the field of clinical pharmacology and therapeutics in Australia, and to education.



Mr Graeme Morrison received a Medal of the Order of Australia in part for his contribution to the University's Museum of Pathology. Mr Morrison was the Museum's curator for 30 years and is now a consultant.



Professor Fiona Stanley AC

Professor Fiona Stanley AC was awarded the degree of Doctor of Medicine (honoris causa). Professor Stanley is one of the most honoured of living Australians. In 1996 she was elected a Fellow of the Academy of Social Sciences in Australia and appointed a Companion in the General Division of the Order of Australia, Australia's highest civil honour. In 2002 she was elected a Fellow of the Australian Academy of Science. She was the Australian of the Year in 2003. In 2004 she was voted an Australian National Living Treasure by the National Trust. In the same year she was nominated Humanitarian of the Year in the Variety Humanitarian Heart Awards and the National Entrepreneur of the Year Leading a Social, Community or Not-for-Profit Enterprise.

Professor Stanley led the development of perinatal epidemiology in Australia from the late 1970s. She first built, or built on, sound information systems: a State Cerebral Palsy and Birth Defects Register and a database of linked birth, perinatal death and midwives. She and her research team have made major contributions to understanding the causes and prevention of birth defects and major neurological disorders of childhood, particularly the cerebral palsies; the causes and lifelong consequences of low birth weight; and the patterns of maternal and child health in Australia.

Professor Stanley has championed health and medical research and the importance of children and youth for Australia's future. She is driven by a belief, in the words of her favourite quotation from Nelson Mandela, that: "There can be no keener revelation of a society's soul than the way it treats its children".

Mr Peter Burrows AO, graduate of the University of Sydney, was awarded the title of Honorary Fellow of the University. Mr Burrows has made an enormous contribution to the University of Sydney through his personal service to the University and to many of its affiliated organisations and through his remarkable contribution to the philanthropic support of all these bodies. His expertise, energy and commitment have not only benefited the University's financial balance sheets but also enriched its cultural life and fabric.

His remarkable contributions to this University are too numerous to list but they include chairing the capital appeal that raised \$33M for the Children's Hospital at Westmead and leading the Medical Foundation as a Governor and then President, building up its corpus to \$38M in 2001, and making a grant of \$10M towards the University's new Medical Foundation Building on Parramatta Road. Peter has been Chairman or President of innumerable research organisations associated with the University of Sydney and is now Chairman of the Board of The George Institute for International Health.

Quite apart from his extensive support for medical research, and for other disciplines at the University, Peter Burrows has played an active role in the governance of the University and has also worked tirelessly within the broader community.

Bernie Amos

4 May 1935 – 9 May 2005



He was chosen to lead the Westmead project which increasingly occupied him as the 70s progressed. I do not know if he actually spoke to Gough Whitlam about the declining budgets but he must have been pleased to hear the admonition from the PM to Premier Askin – “if you don’t build it we will”.

The opening of Westmead Hospital in October 1978 was an affair of State in the presence of the Premier Neville Wran, the Vice-Chancellor, Professor Sir Bruce Williams, and many dignitaries. Formalities over, the doors opened and in the days that followed there was an overwhelming influx of the sick, the maimed, the injured and the pregnant. He, Bernie, planned and oversaw the progressive opening of beds and for a period money flowed, nurses and doctors were enrolled and appointed so that by 1980 we were fully functional and could draw breath and consolidate.

His door was always open. Rob Griffin, his director of medical services, dealt with the immediate crises in Casualty, Intensive Care, the theatres and juggled the budgets as we demanded more. Some of us, Miles Little and Alan Skyring saw him weekly for meetings but almost daily for lunch in the cafeteria. We joked a lot and made some important decisions over pies and chips. He was a great communicator but not by mail. If I wrote about some momentous issue he would send the letter back to me with a scribbled “see me”. He believed in contact, in fronting people with issues and his formidable presence added weight to his impact.

My first encounter with Bernie was on the selection committee for the Chair of Medicine at Westmead in April 1978. He voted in favour and I was appointed, and so began a working relationship that developed into an abiding friendship. There was much about him to admire. By then in 1978, he was recognised for his skills in health management based on his Royal North Shore experience and his clinical orientation. Physically he was

commanding. He had a way of standing with his head slightly inclined, a whisper of a smile on his lips looking expectant and assertive at the same time.

He was never intemperate or irascible and one never heard his voice raised – in fact it was that soft, sibilant, direct, delivery that had so much authority. It was always imperative that he be an ally.

He was born in Townsville on 5 April, 1935, and during his childhood attended state public schools including a period at Westmead. His secondary education was at Sydney Church of England Grammar (Shore) where he excelled being dux in 1952. His life was touched by his school experience and his Christian ethic never left him, his loyalty led him to be a councillor of the school for a decade until 1990.

He graduated MBBS with Honours at the University of Sydney in 1959 and married Helen Harbison in April 1960. He was an achiever at Royal North Shore and passed his Membership of the Royal Australasian College of Physicians in 1963 and he and Helen shared a busy life as their four children, Elizabeth, Michael, David and Richard joined them.

He was a great sportsman, loved cricket especially. At school he was a great all rounder, in 1st XI, 1st XV, 1st Athletics and in the GPS cricket and rugby. At Sydney University he had a Blue in 1955 and was in the 1st XI in 1955, 56 and 57. He encouraged others in sport as vice president of Lindfield Rugby Club in the 70s. In the early days at Westmead we played golf and cricket and his swing was still evident.

His career was stellar. He came to occupy the senior place in all of his essential enterprises. He cherished the early years at RNS, with the clinicians about whom he recounted anecdotes throughout his life and with his great friend and mentor Roger Vanderfield.

He was chosen to lead the Westmead project which increasingly occupied him as the 70s progressed. I do not know if he actually spoke to Gough Whitlam about the declining budgets but he must have been pleased to hear the admonition from the PM to Premier Askin – “if you don’t build it we will”. Chick Campbell was the project manager, a dynamic short stature American who pushed it through. He remained a friend to Bernie and Helen thereafter.

He was General Superintendent from the beginning in charge of the booming enterprise as Miles Little, Chris Hudson, Alan Langlands and I began the clinical services. We were later joined by Neil Buchanan the paediatrician. Bernie was also responsible for mental health and the community health services so the task was enormous. He consulted continuously and we had the benefit of his restraining hand as we strove to build up every conceivable ‘ism’ and specialty. He was a champion of teaching and research and his old accomplice John Dowsett, managed the infrastructure of both. He cleverly designed the charitable trust as a true once-removed funding source that ensured support for the academic disciplines. As a result we became true competitors on the national scene and are still reaping the benefits through the Millennium Institute and the research hub with the Children’s Hospital.

He managed the transition to the Area system and it became obvious that he needed larger horizons. He was already president of the NSW Medical Board, chairman of the state committee of the Royal Australian College of Medical Administrators and on the executive of the Australian Medical Council, so the 80s were a period of exceptional achievement and he was a national figure.

Before we leave Westmead for the Health Department, where he became Director General in 1989 we must dwell for a moment on some of the diversions of his busy life. His talent for health planning led to consultancies in the Middle East and places like Qatar, the Emirates and Bahrain became part of the Westmead talking circuit. He and his community medicine chief Gary Andrews could be seen in unusual headgear and I am sure enjoyed the glimpse of these empires where new hospital structures and clinical developments were the legacy.

He developed a great friendship with Cres Eastman, our endocrinologist, who had fostered a programme of iodine replacement for deficiency states initially in Sarawak in Borneo. As Cres Eastman’s influence expanded to China it was clear that more official support was needed. So it came about that Peter Anderson, the Health Minister, Neil Gilbert, Board Chairman and Bernie Amos CEO and their wives travelled to China to meet the dignitaries and smooth the path of international collaboration. Some of their journeys in the mountains of inland China were less than comfortable but they were brave and the cause was just. It nearly all came to grief when they visited a ward of sick children and passing through Helen contracted meningitis. The illness declared itself after their homecoming when Bernie noticed the purpuric rash. Helen recovered quickly as we anxiously watched in the ICU. Since then the iodine deficiency programme has matured into a major international enterprise.

Bernie had a long standing illness that remained quiescent for several years. However the last six months were truly hard for him. He had surgery, radiation and frequent hospital admissions. Brian McCaughan and Warwick Benson were his principal carers and we watched his resolve with anguish at times. He was composed and patient throughout and always accompanied by Helen and family members. His many friends watched him with sadness but admiration and carry a deep sense of loss tempered by one of privilege to have known such a man.

Peter Castaldi

Dr Anthony John Proust 1924 – 2005

Anthony (Tony) John Proust, the youngest son of Jacque Emile and Stella Proust, was raised in Neutral Bay and attended St Aloysius College. Tony won an open exhibition to study medicine at Sydney University and St Johns College in 1942. After graduating in 1948, Tony completed his internship at Royal Prince Alfred Hospital, conducted postgraduate studies at John Hopkins, Baltimore and FRCP qualifications in the United Kingdom. Arriving back in Australia in 1954, Tony worked in both public and private practice where he specialised in treating tuberculosis and diabetes. After retiring in 1989, Tony assisted the Faculty of Medicine in selecting prospective students and took up a Visiting Professorship at St Johns, Bangalore. Tony became a prolific writer and published four historical medical texts for which he received many accolades. Tony is survived by his wife of 54 years, Moya, their five children, eight grand children and Tony’s sister Beatrice.

Simon Proust



Celebrating 150 years in 2006

On 13 June 2006 the Faculty of Medicine will be 150 years old.

We want to mark the development of this dynamic Faculty, recognise the achievements of its alumni, the discoveries of its research and the dedication of its educators and practitioners over the last 150 years. We also want to look to the future to ensure that the Faculty of Medicine continues to provide leadership in health and medical education, research and service in the 150 years and more to come.

We are currently developing an exciting array of ceremonies, events, publications, exhibitions, conferences and symposia to celebrate our 150th year. These will be

concentrated on the Camperdown campus during the 150th Week, from Tuesday 13th June – Friday 16th June, and at all other campuses of the Faculty of Medicine during the 150th year.

Over the next few months our plans for the celebration will be posted on our new website at www.medfac.usyd.edu.au so keep watch.

Tell us your achievements

We are using the occasion of the 150th to begin gathering information on our alumni and documenting their varied achievements. So please get in touch and inform us of your greatest triumph, tell us what you have been doing, what you would like to be remembered for having achieved. Perhaps you have a great story to tell!

We are particularly keen to find out more about our international alumni who live and work outside of Australia.

Tell us about others

Perhaps you know of the achievements of one of our alumni and you know they are too humble (or too busy!) to contact us. Tell us why we should know about them, their story and their achievements.

Contact

Dr Lise Mellor

Research and Publications Officer –
150th Anniversary
Tel: +61 2 9036 7014
lisem@med.usyd.edu.au

A new program - infection and immunity

A new postgraduate study program in Infection and Immunity will be offered by the Faculty of Medicine, commencing in March 2006. With emerging threats from Avian Influenza and SARS, hospital-acquired infections and resistance to antibiotics, this new postgraduate program in infection and immunity comes at the right time.

The program offers a unique opportunity for those from medical, science or allied health backgrounds to gain the latest knowledge and practical skills in the study of infectious diseases and immunology. It is ideal for medical graduates who wish to have a modern understanding of the clinical and laboratory aspects of infectious diseases and immune related disorders; for laboratory scientists who want to increase their knowledge and skills; and for allied health workers involved in the control of infectious and immunological disorders.

The program can be undertaken at three levels:

- Master
- Graduate Diploma
- Graduate Certificate

"The program was created to fill a definite gap in postgraduate studies of infectious diseases, immunology and infection control. Courses with broad coverage of all areas of infection and immunity that will be offered by our program are not currently available at any other tertiary institution in NSW", says Dr Jamie Triccas, Lecturer in Medical Microbiology and course coordinator. "Interest from students demanded we start this course, and we have the expertise. Knowledge of important infectious diseases and how our immune system responds to infection is the strength of the team assembled to deliver this course."

The program benefits from expertise across the University including the Discipline of Infectious Diseases and Immunology, the School of Molecular and Microbial Biosciences, Westmead Hospital and Royal Prince Alfred Hospital.

The program offers cutting edge curricula and interactive learning aimed at developing independent thinking and problem-solving skills. The course involves a mixture of lectures, seminars, tutorials and laboratory sessions, which are conducted in small groups. Participants will work with leaders in their fields on the pathogenesis, diagnosis, epidemiology and control of infectious diseases and the wide application of immunology to the understanding of host responses to pathogens, vaccines, auto-immunity, allergic disease and tumour immunology. The contributors to the course include laboratory and clinical microbiologists, immunologists and research scientists from university and hospital laboratories. The courses integrate basic cell and molecular biology with diagnostic testing, therapeutic strategy and public health policy.

For more information contact

Dr Jamie Triccas

Course Coordinator
Phone: +61 2 9351 6182
jamiet@infdis.usyd.edu.au



Managing pain internationally

The Pain Management Research Institute of the University of Sydney at Royal North Shore Hospital recently announced the formation of a partnership with the University of Edinburgh and the University of California, San Francisco, internationally recognized for their excellence in pain management and research, to offer postgraduate education in pain management through their institutions to students in Europe and North America. The program builds on the combined expertise of the three universities to provide a world-leading example of Masters level education in pain management to practitioners around the world.

The Pain Management Research Institute has been offering a postgraduate degree program since 1996 and since that time the program has evolved from a face to face weekend course, to a course available entirely on-line. Since 1996, nearly 200 students from a range of health backgrounds have graduated, approximately 15% of them are international.

This new international partnership means the University of Edinburgh and the University of California, San Francisco will offer the same course through a licence agreement with the University of Sydney. Students will use materials developed by the Pain Management Research Institute and participate in on-line discussion groups hosted in Edinburgh, San Francisco and Sydney with the opportunity to allow joint discussion with students from all sites. This

international collaboration is unique in the field of pain management and for the first time offers a truly international degree course with students able to interact with materials and some of the top experts in the field from around the world.

What's next? Plans are afoot to explore how to make the course available to the large number of students in developing countries.

For more information contact

Associate Professor Phil Siddall
Clinical Associate Professor and
Director of Education
Pain Management Research Institute
Phone: +61 2 9926 6387
phils@med.usyd.edu.au

Sir Zelman Cowen Universities Fund

Sir Zelman Cowen Universities Fund Prize for Discovery in Medical Research.



The University of Sydney

Nominations are sought for the award of the Sir Zelman Cowen Universities Fund Prize, which recognises discovery in medical research at the University of Sydney. Nominations should be made according to the Prize guidelines, and sent to the Fund's Office at the University of Sydney, F13 NSW 2006 by Friday 28 October 2005.

Summary Guidelines:

The Prize, which will comprise an award of \$5,000 and a medal, will be for discovery in medical research performed principally at the University of Sydney.

Nominees should have made a major contribution to the understanding or treatment of disease.

The nomination should identify the potential or achievement of the discovery for therapeutic outcomes.

Nominees should be under 40 years of age at the time of close of applications.

It is anticipated that the award will be announced in April 2006.

Nominations should be completed following guidelines and following a pro forma available from the Fund's Office.

Enquiries to Ms Sue Freedman-Levy,
Administrative Officer.

Ph/Fax: + 61 2 9351 6558

Email: suefleavy@anatomy.usyd.edu.au

Join our Alumni Web Community

Get connected!

www.usyd.edu.au/alumni

- > register as a user of our Web Community
- > update your contact details and profile
- > look for classmates the easy way



The University of Sydney



Reunions 2005 and 2006

Are you planning a reunion? Let us help you contact your fellow graduates. We will list your reunion on this page, and on our website (www.mga.usyd.edu.au). We will update the list of graduates and send out your invitation free of charge. For assistance contact the Medical Graduates' Association on phone: + 61 2 9351 8947 or email: mga@med.usyd.edu.au

2005

The University lists reunions in the year of graduation, rather than the year that you finished your studies.

Graduating Year of 1948

When: 18 October 2005
 Where: Darlington Centre
 Time: 12:00pm
 Contact: Dr Harding Burns
 Phone: +61 2 9328 5707
 Cost: \$100 – Graduates
 \$90 – Spouse
 \$80 – Additional Guest

Graduating Year of 1956 - 50 years

When: Tuesday 25 October 2005
 Where: Royal Sydney Yacht Squadron, Kirribilli
 Time: 12:00pm
 Contact: Dr Michael Owen
 Phone: +61 2 9327 6236
 Dr Edward Alam
 Phone: +61 2 9130 5678
 Dr Jim Roche
 Phone: +61 2 9940 2999
 Mobile: +61 2 412 661 941
 Cost: \$120 approx.

Graduating Year of 1975 - 30 years

When: 27 August 2005
 Where: Australian Jockey Club, Randwick Race Course
 Time: 7:00pm
 Contact: Dr Alan Stern
 Phone: +61 2 9546 6544
 Email: medreunion75@yahoo.com.au
 Cost: \$150

Graduating Year of 1985 - 20 years

When: Saturday 29 October 2005
 Where: The Great Hall, The University of Sydney
 Time: 7:00pm
 Contact: Peter Barnes
 Email: peterbarnes99@hotmail.com
 Cost: \$125

Graduating Year of 1995

Dinner
 When: 22 October 2005
 Where: Holme Building, University of Sydney
 Time: 7:00pm
 Cost: \$100

Family Picnic

When: 23 October 2005
 Where: Centennial Park – Oxford Street Playground
 Time: 11:00am
 Bring: BYO Everything
 Contact: Jackie McKay
 Phone: +61 2 9983 0548
 Sondhya Ghedia
 Phone: +61 2 9420 9619
 Gretel Davidson
 Phone: +61 2 9420 1632
 Kylie Yates
 Phone: +61 2 9569 9249
 Email: medicalreunion1995@hotmail.com

2006

Graduating Year of 1946

When: 5 May 2006
 Where: Royal Sydney Yacht Squadron Kirribilli
 Time: 11:30am
 Contact: Dr Jack Blackman
 Phone: +61 2 9958 0537
 Fax: +61 2 9958 0321
 Cost: \$96

Graduating Year of 1966 - 40 years

When: 27-28 January 2006
 Where: Manly Pacific, Sydney
 Time: Weekend conference
 Contact: Paul Lancaster
 Email: p.lancaster@optusnet.com.au
 Cost: \$200 – Dinner + Conference
 \$100 – Dinner only, accomodation not included

Graduating Year of 1976

When: 5, 6 & 7 May 2006
 Where: The Sebel, Kirkton Park, Hunter Valley
 Time: Weekend
 Contact: Dr Connie Katelaris
 Email: chk@allergyimmunol.com.au
 Anne Sullivan
 Email: beckstei@med.usyd.edu.au
 Cost: to be advised

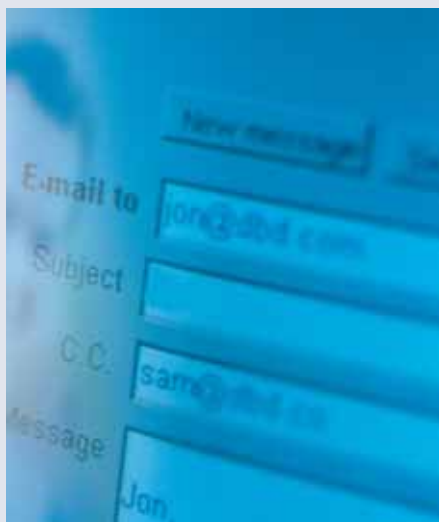
Graduating Year of 1996

When: to be advised
 Where: to be advised
 Time: to be advised
 Contact: Brindha Shivalingam
 Email: randb@froggy.com.au
 Cost: to be advised

MGA Service Update

Life-long email

Life-long email forwarding is now available to all graduates of the University of Sydney. To register for this convenient service go to: www.usyd.edu.au/alumni



Library Services

The University Library's Alumni pages are proving to be popular and can be found at www.library.usyd.edu.au/clients/alumni/. These pages are designed to keep our graduates informed of borrowing services and other new library initiatives of interest.

In this information age, it is easy to become overwhelmed by the exponential growth in the information resources that are available. An internet search will commonly retrieve millions of results and yet it can be hard to locate information that is exactly on the topic and from a reputable source.

To assist, the Library's Alumni pages provide a collection of internet resources specially selected by our expert librarians. Sites listed include medical information resources such as PubMed, Medline Plus, FreeMedicalJournals.com and more.

We are still in the process of negotiating with other database providers regarding

extending our licence agreements to permit alumni to use other electronic subscriptions, databases and online journals. While we continue these negotiations many of our database licences continue to allow access to these electronic resources from computers located in any of our libraries.

Detailed locations for these eighteen University of Sydney libraries can be found at: www.library.usyd.edu.au/libraries/

Libby O'Reilly
Director, Health and Medical Libraries

Tell us about...

We'd like to know more about our alumni. Tell us about how you have dealt with major life events, like starting a practice, selling a practice, moving into retirement, etc. Tell us about your achievements and successes. Tell us about the passing of a classmate. Tell us about what you'd like to see in the next issue of Radius. mga@med.usyd.edu.au

1943 Reunion

When the 1943 medical graduates had their 60 year reunion in 2003, we decided that 5 years would be too long to wait for the next so we planned to meet again in 2005.

Our members are scattered as far apart as Queensland, Northern Territory, Western Australia and Tasmania. Age, illness and distance prevented many from attending. The Medical Graduates' Association helped by sending out our notice of the reunion for which we thank them. We had 38 replies including 25 apologies and we have heard of some omissions. We had 145 listed in our final year book so more than a quarter have survived into their eighties, a practical example of the phenomenon of the ageing population. Sadly John Dowling died a few days before and Reg Epps a few days after the party.

We met once again at the Royal Sydney Yacht Squadron. Those who could attend enjoyed catching up with each other again although saddened by the number no longer with us. Still there was plenty of talking. We had three women and eight men from our year and six partners, much depleted since 2003. The Yacht Club served us a very pleasant lunch. We had no guest speaker but several of our members filled in with impromptu reports of their doings. It seems that for some of our members farming has been the best way to retire. Jean Palmer, Marie Delaney (Crowe), John Fitzherbert and Jim Wilson are some who turned the land, David Rothfield

is still doing consultant medical work, Gordon Kerridge does some consulting and academic work at Newcastle University and Stefania Siedlecky is an Honorary Associate in Demography at Macquarie University. John Fitzherbert gave us a talk on the stairs. Marie Delaney (Crowe) talked of her work with a charity called Hope for the Children. She is making her homestead available for the charity.

The Medical Graduates' Association asked if we would like to have a joint reunion with some of the other years whose numbers are also depleted. This was not agreed to, the main reason for our getting together being to meet old friends. Instead we decided that we would try to meet again in one year. So we ask our members to gather up their remaining energy and enthusiasm, and

plan to keep a date with us in March 2006, at least in spirit.

I thank those who were able to attend, and send best wishes on behalf of all of us to those who could not make it. We will try to have a meeting next year. Meanwhile we would be pleased to have any news of you to save up for that occasion, also to hear from anyone who may have moved or who did not receive a notice of this year's meeting so that we can make sure you do get a notice next year.

The net proceeds from this year's reunion will be donated to the Medical Graduates' Association for their help and to the Medical Benevolent Society.

Stefania Siedlecky

1955 Reunion



Lunch table in long corridor of Anderson Stuart Building; Vera Gallagher (Stanley) in foreground.

The 50 year reunion of 1955 graduates was held in the Anderson Stuart Building, affectionately known to most of us as the Old Medical School, in brilliant, crisp sunshine on 9 April 2005. Drinks were served in the quadrangle beside the elegant Medical Graduates Room before luncheon in the long central corridor.

Vera Gallagher (Stanley) was responsible for menu selections from the excellent caterer and for the superb table settings decorated with floral displays, each of the 109 places having keepsake copies of the final year examination papers and a vale list.

The Wilson Anatomy Museum was opened to allow revisiting of that remarkable and irreplaceable collection of specimens, many of which were prepared by distinguished graduates attending the luncheon. In particular, the display now includes the unique wax anatomical model that was restored by donations of 1955 graduates.

Such was the success of the occasion that many requested that reunions should occur more frequently, despite some needing to travel from out of town or interstate, even overseas, to be present. That will be planned.

Special amongst the company was John Glenton Watson, Robin May Memorial Prize winner of 1954, our elder statesman and universal friend. He endured enormous difficulties to attend his last reunion here. Sadly for us, he departed this life on 7 July. No doubt his present company will be charmed by his inimitable gifts, as we all were for so long.

John Wright

Thank you to the class of 1955

Restoration of Maison Tramond anatomical wax model c. 1913

The Department is indebted to the medical graduates of 1955. Following consideration of several current opportunities for benefaction, the graduates elected to restore an invaluable wax model, one of four held by the Department. Since fabrication c. 1913, the model had deteriorated in condition and was in dire need of restoration. Wax structures were delaminating away from the bony framework and were ingrained with dirt. The wooden base board had deteriorated and no longer supported the model satisfactorily.

With funds provided by the graduates, the Department engaged the professional services of Antiquities Conservation Pty Ltd, who restored the model to pristine condition. An engraved brass plaque acknowledges the generous contribution of the graduates.

The restoration of this model is a timely reminder that the Wilson Museum itself needs a refit to best display its magnificent collection of anatomical

specimens. A benefactor has provided funds to initiate this process. Consultants have been engaged to design the refurbishment of the museum. The Department would welcome any support that graduates would like to make towards this major undertaking.

Visitors to the Department will also observe refurbishment of the main east-west corridor leading to the museum. This major work was facilitated by all medical graduates who contributed to the Anderson Stuart Restoration Appeal.

With thanks from

Professor Bill Webster
Head, Discipline of Anatomy & Histology

Peter Mills
Curator, JT Wilson Museum of Human Anatomy

1956 Graduate year update

Of the 222 students in final year medicine in 1955 a total of 205 graduated in 1956. This was a stellar year. One of these students was to go on to become the Governor of New South Wales, Her Excellency Professor Marie Bashir; others were to be awarded 26 Imperial Awards, Orders of Australia, and other post nominals. Still others were noteworthy contributors to medical research and medical education. All were to provide long years of service to the community.

The achievements of this year have been carefully documented by one of their own, Jim Purchas, in the 1956 Graduates Jubilee Book.

Jim contacted all living graduates and the families of deceased graduates requesting a biography of the graduate, focussing on the 50 years since graduation. A total of 170 replies were received, including 55 (out of 77) from the families of deceased graduates. The rich diversity in the content of the biographies makes for interesting reading.

The format of each graduate entry features a thumbnail

sketch of the graduate's career, (including degrees, training hospitals and hospital appointments) between two photos of the graduate - one taken from our 1955 Senior Year Book and the other a recent photo supplied by the graduate or by his or her family. This is followed by the graduate's biography.

In addition, there are descriptions of and stories about the teaching hospitals and residential colleges known to this year and a comparison between undergraduate training as it was and the current four year graduate-entry program.

Forewords have kindly been written by the Governor of New South Wales, Her Excellency Professor Marie Bashir, and by the Deputy Chancellor of the University of Sydney, Emeritus Professor Ann Sefton.

This beautiful publication can be obtained directly from the Editor:

Jim Purchas
PO Box 21
Garran
ACT 2605

P + 61 2 6281 6580
F +61 2 6281 6112
E jimpurchas@netspeed.com.au.

Has your year done something special? We'd like to hear about it.

Contact

The Editor – Radius
Medical Graduates' Association
Edward Ford Building (A27)
The University of Sydney
NSW 2006
mga@med.usyd.edu.au

Antarctica 2007



The Medical Graduates' Association, in partnership with the Centre for Continuing Education, invite you to tour the Falklands, South Georgia and the Antarctic Peninsula

South Georgia is one of the most beautiful places on the planet. On the north eastern flanks of the island, the harbours that once sheltered large fleets of whaling ships are now home to a staggering variety and profusion of wildlife.

In Stromness, Leith and Grytviken Harbours, the well-preserved remains of vast whaling factories sit quietly at the base of 3000 metre high mountains. The nearby bays are home to literally hundreds of thousands of king, macaroni and rock hopper penguins. This spectacular journey combines the rugged beauty of the Falkland Islands, South Georgia, the South Orkney Islands and the northern tip of the Antarctic Peninsula.

The tour includes onboard lecture programs, visits to settlements and wildlife-rich islands on the southern side of the Falklands (in Zodiacs) and penguin rookeries of South Georgia, cruising the Scotia Sea among the South Orkney Islands, Elephant Island and more.

To register your interest by 1 December 2005, and to be among the first to receive the full itinerary, contact: The Centre for Continuing Education
Telephone: +61 2 9036 4789 Email: info@cce.usyd.edu.au

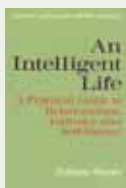


The Medical Graduates' Association and
Centre for Continuing Education
The University of Sydney

Recent books* by Faculty staff and alumni

An Intelligent Life

Author:
Julian Short
Publisher: Random
House Australia,
2005
ISBN: 1740513436
Price: \$24.95



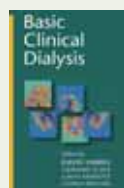
Australia's First Anesthetic department: 75 years at the RPA

Author:
Barry Baker
Publisher: Film Shot Graphic
Design & Print
ISBN: 0646445553
Price: \$25.00
Pages: 172



Basic Clinical Dialysis

Editors: Professor
David Harris,
Dr Grahame Elder,
Dr Lukas Kairaitis,
Dr Gopala Rangan
Publisher: McGraw-Hill
Australia, 2005
ISBN: 0074715011
Price: \$44.95
Pages: 280



Clinical Obesity 2nd Edition

Editors: Kopelman PG,
Caterson ID and Dietz
WH
Publisher: Blackwell
Publishing
ISBN: 13:9781405116725,
10: 1405116722
Price: Not yet allocated
Pages: 471



Costs and outcomes of community services for people with intellectual disabilities

Editors: Stancliffe, R J and Lakin,
K C (Eds.) 2005
Publisher: Brookes Publishing
ISBN: 1557667187
Price: \$63.80
Pages: 346



Different Theatres - From neurosurgery to sport for people with disabilities

Author: John Grant
Publisher: Self Published
ISBN: 0646448803
Price: \$35.00 (includes postage)
Pages: 248+ 16 pages of
photos



Ethics and law for the health professions 2nd edition

Authors:
Ian Kerridge,
Michael Lowe, John McPhee
Publisher: The Federation Press,
2005
ISBN: 1862875448
Price: \$50.00
Pages: 631



1956 Graduates' Jubilee book

Author: Jim Purchas
Publisher: Editorial
Committee:
Jim Purchas (Editor)
BNP Benjamin,
Susan F Hepburn, Garran, ACT
ISBN: 0646448447
Price: \$120
Pages: 468



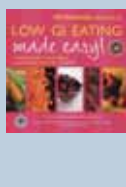
Know Your Asthma

Author:
Christine Jenkins
Publisher: Vital
Books, 2005
ISBN: 097570690x
Price: \$39.95
Pages: 206



Low GI Eating Made Easy

Authors:
Professor Jennie
Brand-Miller, Kaye
Foster-Powell with
Philippa Sandall
Publisher: Hodder, 2005
ISBN: 0733618480
Price: \$29.95
Pages: 256



Molecular Medicine: an introductory text 3rd edition

Author:
Ronald J Trent
Publisher: Elsevier Academic
Press, 2005
ISBN: 0126990573
Price: \$99.00
Pages: 310



Multiple Myeloma - Methods and Protocols

Editors:
Ross D. Brown & P.
Joy Ho
Publisher: Humana Press, New
Jersey, USA, 2005
ISBN: 1588293920
Price: US\$125.00
Pages: 320



The Circuitry of the Human Spinal Cord

Author: Emmanuel
Pierrot-Deseilligny,
David Burke
Publisher: Cambridge University
Press, 2005
ISBN: 0521825814
Price: \$375.00 (Hardback)
Pages: 601



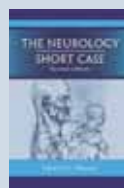
The Metaphor of Play Origin and Breakdown of Personal Being

Author: Russell
Meares
Publisher: Routledge
ISBN: 1583919678
Price: \$55.00
Pages: 248



The Neurology Short Case Second edition

Author: John GL
Morris
Publisher:
Hodder Arnold, 2005
ISBN: 0340885165
Price: \$86.95
Pages: 145 plus CD



When a parent has cancer: How to talk to your kids. A guide for parents with cancer, their families and friends

Authors: The Cancer Council NSW
Publisher: The Cancer Council NSW
ISBN: 1921041056
Price: Free
Pages: 44



* Space allows us to include only a selection of the most recent publications.



Medicine is Pathology

Pathology is the life blood of medicine, underpinning the diagnosis of all medical conditions.

As a specialist career choice, Pathology offers a wide range of possibilities through its various sub-disciplines. Some offer direct patient contact and others, such as genetics and forensics have an investigative element. Many major advances have been made in medical practice as a result of research carried out by pathologists - immunisation against infectious diseases, organ transplantation and safe blood transfusion, just to name a few. Whatever your interest, there is something for you in Anatomical Pathology, Chemical Pathology, General Pathology, Genetics, Haematology, Immunology or Microbiology.