

## **RACS ASC 2026 Syme Oration Transcript**

0:00: And now it is my great honour to introduce the George Adlington Syme Oration, the College's most prestigious lecture.

0:09: So, George Syme was a distinct, distinguished Australian surgeon, one of the founding members of the College and our first President.

0:17: He died in office in 1929 and his widow endowed the lecture, with the first Syme Oration being delivered in 1932.

0:26: The College is grateful that Professor Mark Edwards has accepted the invitation to deliver the 2026 Syme Oration.

0:34: Professor Mark Edwards, FACS Emeritus Consultant Cardiothoracic Surgeon, Royal Perth Hospital, was born and schooled in Perth.

0:43: His ambition was always surgery, and he obtained his FRCS in London in 1977.

0:49: Returning to Perth, he commenced cardiothoracic training at Royal Perth Hospital, then Royal Prince Alfred Hospital, and gained his FRACS.

0:58: In 1982, he returned to London working with legendary figures Donald Ross and Magdi Yacoub, experiencing every aspect of cardiac surgery.

1:09: On his return, he was appointed to Royal Perth Hospital, where he was Head of Department until the unit moved to Fiona Stanley Hospital.

1:18: Until 2015, Professor Edwards was an examiner in Cardiothoracic Surgery and spent six years as Senior Examiner.

1:26: He served on Council for nine years as Inaugural Chair of BSET and Chair of Court of Examiners, and finally as Censor-in-Chief.

1:37: At the completion of his time on Council, he was awarded the Louis Barnett Medal for outstanding contributions to education, training and achievement in surgery.

1:45: In 2024, he received the ANZSCTS President's Award for lifelong contributions to cardiothoracic surgery in Australia.

1:57: He has been a teacher, trainer and mentor to hundreds of surgeons throughout Australia, New Zealand and overseas.

2:04: In 2020, he was appointed to the Western Australian Medical Board, subsequently becoming Chair in 2022, a position to which he has just been reappointed for a second term.

2:15: It is my pleasure to invite Professor Edwards to deliver the 2026 Syme Oration, titled *The Legacy You Leave: A Reflection for Young Surgeons from a Cardiac Surgeon*.

2:59: Thank you.

3:02: As you've already heard, Sir George Adlington Syme was one of the founders of our College and was indeed its first president.

3:15: He obtained his original degree in 1881, worked in England with none other than Sir Joseph Lister, passing his FRCS in 1885.

3:28: He returned to Melbourne, where he became President of the Victorian branch of the BMA. During the First World War, he served with distinction on a hospital ship at Gallipoli.

3:46: He retired from practice and was knighted in 1924.

3:51: He became the first President of our College and died in office in 1929.

4:00: The Syme Oration was perpetuated in his honour, the first being given in 1932, and the subsequent list of presenters is an eclectic group of outstanding individuals.

4:17: I'm honoured—and indeed humbled—to have my name added to such an illustrious list.

4:26: Why have I chosen legacy as my topic?

4:31: Legacy is the lasting positive impact, values and wisdom one passes on through actions rather than material inheritance.

4:41: It focuses on shaping the future through relationships, memories, actions and personal influence.

4:51: I leave these reflections on legacy to young surgeons, from the heart of a cardiac surgeon.

4:59: With no pun intended.

5:03: Let me start with a moment every cardiac surgeon remembers.

5:09: It's not your first solo case.

5:13: It's not passing exams.

5:15: It's not even the first time you hold a heart.

5:19: It's the moment just before you make the incision, and the room goes quiet, the lights seem brighter, and you realise something very simple—and very terrifying.

5:35: There is no undo, no reset, no pause button, no second draft.

5:41: If your hands are steady at that moment, that's good.

5:45: If they're not, that's good too.

5:49: Because at that moment—the one where you feel the full weight of responsibility—is when your legacy starts.

5:59: Not years from now, not at the end of your career, but right there, with a scalpel in your hand and a life trusting you completely.

6:10: When one spends a lifetime operating on hearts, people assume you must be fearless.

6:18: Let me correct that right now.

6:20: The first time I held a beating heart in my hands, I was absolutely terrified.

6:27: It wasn't a healthy textbook heart, but a real one—pale, enlarged, poorly contracting—beating against my palm.

6:39: And at that moment, I wasn't thinking about legacy.

6:42: I was thinking: please don't let me harm this patient.

6:47: That feeling never goes away—and if it does, then we should worry.

6:55: Legacy starts earlier than you think.

6:59: When people hear the word legacy, they imagine the end of a career.

7:05: They think grey—or in my case, no hair—a farewell dinner, maybe a gift or two, or a portrait on a wall if one is particularly lucky.

7:16: But legacy doesn't begin at the end.

7:21: In cardiac surgery, legacy begins the first time someone says, "Doctor, my heart is in your hands."

7:29: And they mean it literally.

7:32: You don't have to be a consultant to have a legacy.

7:36: You don't need a reputation.

7:38: All you need is responsibility.

7:42: Every single one of us will have a legacy.

7:44: The question isn't whether you'll have one.

7:48: The question is what kind of legacy you will have.

7:53: As Maya Angelou once said, people will never forget how you made them feel.

8:05: That applies to patients, to families, to nurses, to colleagues, to trainees—and whether we like it or not, to ourselves.

8:05: That applies to patients, to families, to nurses, to colleagues, to trainees.

8:15: And whether we like it or not, ourselves, we're here today about convocation.

8:23: Convocation is about celebration, and so it should be.

8:27: You've earned this moment through years of sacrifice, long nights, missed family events, birthdays, school events, and extraordinary discipline.

8:40: You've mastered anatomy, technique, judgement.

8:44: But what I'm speaking about today is not your skills.

8:49: It's what you will be remembered for after the sutures are removed, the monitors are silent, the gowns come off.

9:00: Because in surgery, especially in cardiac surgery, your legacy is not written only in outcomes.

9:07: It's written in how you carry responsibility, how you behave when things don't go to plan, how you treat people when the pressure is highest.

9:20: Early in my training, I thought legacy meant never making mistakes.

9:24: I believed the best cardiac surgeons were unflappable, always right, calm, confident, unbreakable.

9:35: I was wrong.

9:37: The surgeons I remember most, the ones who shaped me, were not perfect.

9:45: They were honest.

9:47: I remember a senior surgeon who stood in front of a patient's family and said, I made a decision.

9:56: It was the wrong one, and I'm sorry.

10:00: That moment taught me more about professionalism than any textbook ever could.

10:07: Legacy is not about perfection.

10:10: It's about integrity when perfection fails—and it will fail often, because the truth is cardiac surgery is very unforgiving.

10:22: You can do everything right and still lose.

10:28: Your legacy is not defined by cases that go smoothly.

10:33: It's about what you do when the heart doesn't restart.

10:38: I had such a case early in my consultant career.

10:42: Straightforward operation, low risk, technically fine, but the heart wouldn't restart.

10:52: We tried everything.

10:53: Minutes felt like hours.

10:55: In the end, we had to give up.

10:59: I walked out to speak to the family.

11:02: Still in my scrubs, I rehearsed what I would say—clear, clinical, controlled.

11:14: But when I looked at them, I couldn't do it.

11:20: I said, we did everything we could, and I'm so sorry.

11:24: And I cried with them.

11:24: That night, I questioned everything.

11:27: I questioned my decision-making.

11:30: I questioned my judgement.

11:31: I questioned my hands.

11:33: I questioned my right to stand in an operating theatre at all.

11:39: I didn't sleep at all.

11:42: But the next morning, a trainee came to me and said, thank you for how you handled that yesterday.

11:51: That was the moment I understood something really important.

11:57: Your legacy isn't built on your victories—it's built on how you carry your failures.

12:04: As surgeons, we are placed in a position of incredible privilege.

12:10 I recall a patient I had early in my consultant years.

12:15 Taciturn, understated, typical British man.

12:20 I resected his lung cancer and followed him for some years until comfortable. 12:25 He was free of recurrence.

12:27 We were having a final conversation, chatting in general terms.

12:33 It turned out that he had been a soldier in World War Two.

12:39 I've always had particular interest in World War 2 history so I was keen to ask for some of his experiences.

12:49 Turns out he was one of the British Expeditionary Force who was evacuated from Dunkirk in 1940.

12:58 He was one of the last to leave the beach at Dunkirk on a small fishing vessel with about 20 other soldiers.

13:08 As they were leaving Dunkirk harbour, they passed close by a large hospital ship. 13:15 As though passing the hospital ship, it was struck by a bomb from a German fighter.

13:21 It exploded and sank within minutes with the loss of virtually all lives on board. 13:30 As he was telling me this story, tears started to fall down his cheeks.

13:40 He and his wife were leaving my consulting room and his wife stopped and took me by the arm.

13:46 And she said, we've been married for over 60 years and I have never heard him tell that story.

13:55 And I felt at that time what an incredible humility and an unbelievable privilege. 14:03 I appreciate it significantly the the humility at that time.

14:08 But cardiac surgery requires confidence.

14:11 There's no room for hesitation when the aorta is open and the haemorrhage is audible.

14:20 But confidence without humility is lethal.

14:24: One of the best pieces of advice I ever received from an older surgeon was if you stop being nervous, retire.

14:34 Humility keeps you checking.

14:37 Humility keeps you asking. 14:39 Humility keeps your patients alive.

14:43 Some of the strongest words you will ever say are I don't know, I was wrong, can you help me?

14:53 None of these weaken your legacy.

14:54 They protect it.

14:57 Cardiac surgery is not a solo act.

15:00 If you think it is, you won't last long.

15:03 Profusionists, anaesthetists, nurses, technicians, orderlies, these people don't just support the operation, they are the operation.

15:13 I once saw a brilliant surgeon, technically unmatched, superb pair of hands, lose the trust of an entire theatre team.

15:24 Not because of outcomes, but because of how he spoke when things went wrong. 15:31 Your legacy lives in whether people feel safe to speak up, where the juniors dare to question you, whether the quiet voice in the room is heard.

15:44 How you speak to people who have no influence on your career.

15:49 A surgeon who terrifies the room is a risk to the patient.

15:55 One day you'll watch a trainee put in their first stitch, you'll see their hands are shaking and you'll remember your own.

16:06 That moment matters more than you realise, because your legacy will live on.

16:13 And how they hold and treat tissues, how they speak to families, how they behave when exhausted.

16:23 Teaching and operative surgery is extremely challenging, requiring enormous patience and confidence.

16:33 I recall as a trainee my consultant taking me through a procedure on a 5 day old neonate.

16:40 It was a coactation of the aorta.

16:45 As I got towards the final anastomosis, which required suturing subclavian artery to the aorta, the consultant said to me, whatever you do, make sure you don't pick up the posterior wall of the aorta.

17:02 I completed the anastomosis, it looked beautiful.

17:06 I took the clamps off and to my horror I had picked up the posterior wall of the aorta.

17:14 I looked around for a hole in which to swallow, waiting for my consultant to come to my side of the table and take over the operation.

17:24 All he said was, well, you'd better do that again, hadn't you?

17:31 I recall that experience ever since. 17:34 And I've tried to uphold that in my own teaching and training.

17:39 And I had a trainee I was taking through medium stenotomy incision.

17:46 The saw entered the right ventricle.

17:50 I did not say at the time, well, you'd better do that again, hadn't you?

17:56 But between the two of us, we retrieved the situation and the patient suffered no ill effects.

18:04 Your trainees won't remember every word you taught them, but they will remember how you made them feel, how they how they felt in their hardest moments.

18:17 They'll remember how you treat people when no one is watching, how you speak to the scrub nurse at 2:00 AM, whether you say thank you when the case is done, whether you learn people's names, whether you blame or protect your team.

18:39 I once heard a nurse say you can tell what kind of a surgeon someone is by how they treat people who can't advance their career.

18:49 That should make all of us pause and think.

18:55 Your technical skill may save a life.

18:58 Your behaviour determines whether people will want to save lives with you.

19:04 Many of you will train others.

19:06 Remember, your habits become someone else's default.

19:11 The way you handle complications, the way you speak about patients, cope with stress, balance, ego and teamwork.

19:21 All of these will be copied, not because you told them, but because you showed them.

19:30 Your legacy lives on in the hands that are not your own.

19:35 One day someone will ask a surgeon you trained or inspired or simply treated kindly, where did you learn to do it like that?

19:47 And they may pause and say, I had a surgeon once.

19:52 They weren't perfect, but they were honest, they were calm when things went wrong, and they never forgot there was a person on the table.

20:02 That is how you live on.

20:05 Your legacy will not be your hands alone.

20:07 It will be your humility passed quietly from surgeon to the next.

20:13 Legacy doesn't mean big discoveries doesn't mean famous procedures, awards, titles, eponyms.

20:21 Most of us will not invent a new operation.

20:24 Most of us will not have a disease named after us.

20:28: Your patients will forget your degrees.

20:31: Your colleagues won't remember your exam scores, in my case, fortuitous even one day you'll forget details of your own operations.

20:41: But people will remember whether you were honest, whether you were calm when things went wrong, whether you treated fear with dignity, whether you remained human, what was hardest to do.

20:54: So, I'll leave you with this final thought.

21:00: One day a young surgeon will stand where you stand now, and they will carry pieces of you in how they speak, how they operate, how they lead, and how they forgive themselves after a hard case.

21:16: That is a quiet, powerful immortality.

21:21: So, choose your legacy carefully—not in great gestures, but in daily ones.

21:28: Because in surgery, the legacy you leave is not carved in stone.

21:33: It's carried in people.

21:35: And it begins tomorrow.

21:37: Thank you.