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PRO BONO

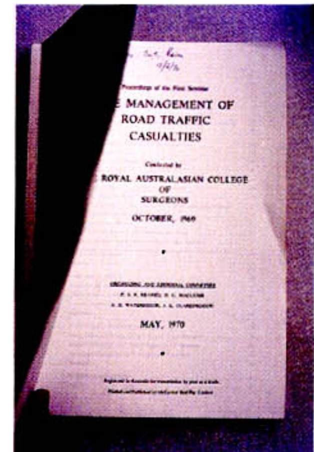
The power to act according to discretion for the public good... is that which is called prerogative.

John Locke, *Second treatise of civil government* (1690)

In an earlier chapter I described Bill Hughes as a man who got things done. No sooner had he joined the Council than he was making the case for College involvement in issues affecting the public health, and in particular the problem of the road toll. Not only did road traffic casualties represent a major element in the overall death and disability figures – and such figures, let it be remembered, are no more than a pale reflection of human suffering – but the care of road traffic victims placed a heavy burden on the surgical services of both countries. In one 30-bed orthopaedic ward in Wellington about this time there were no fewer than 27 beds occupied by injury cases – young people admitted after road injury, and elderly people with fractured femoral necks. This situation left three beds available for elective orthopaedic procedures.

Hughes hit on the idea of a seminar at the College, to which could be invited a wide cross-section of surgeons, community leaders, experts in the various aspects of the traffic field, representatives of the emergency services – and the media. It was a serious attempt to pool information and generate policies, but it was also a refreshing return, on the part of the College, to the public arena. For, apart from the meticulous reporting (mainly in local Melbourne papers) of the doings and sayings of the College's early days and their personalities, the College had been a somewhat mysterious and rather private organisation.

This first College seminar, in 1969, generated a good deal of publicity and depicted the College as a body which had the larger picture very much in mind. It was a public relations coup, but within the College too it was influential, in that it led to the enunciation of a College policy, and the formation of a College committee, on road trauma. This body had representation from all the Australian states and from New Zealand and – on a personal note – it was to bring me into touch with the wider Australasian scene, for attendance at the seminar was my first venture into Australia since becoming a Fellow. It also introduced me to E.S.R Hughes, who became a generous friend and patron and was to be the first president under whom I served as a councillor.



The road safety seminar of 1969 launched the College on a programme of concern for issues of public health.

The Wellington morning paper was generous in devoting space to the 1972 road safety seminar, and displayed emblems of the College at its masthead.

The road trauma committee was quick to develop programmes for research and for lobbying of the authorities with the evidence that derived from this research. It was influential in promoting the compulsory wearing of seat belts, in which Australia (especially Victoria) and New Zealand became world leaders. It brought road trauma into the programme for College meetings, and indeed the College's trauma section of today may be regarded as one of its offspring.

The success of this first event prompted the Council to mount a second road trauma seminar. This was held in September 1972 in Wellington and attracted a fair attendance of Australian registrants, not least a number of orthopaedic surgeons on their way to a combined Australia-New Zealand orthopaedic meeting in Queenstown the following week. It even attracted a special issue of the local morning newspaper, *The Dominion*, with the College flag shown across the masthead of the front page.

It gave the opportunity for road safety experts in New Zealand to present their views and experience to an international audience, and of course it served to raise the College's profile here.[1] It was opened by the Administrator of the Government, the Rt Hon. Sir Richard Wild – this was during the interregnum at the end of Sir Arthur (later Lord) Porritt's vice-regal term – in the presence of the then Minister of Transport, Hon. Peter Gordon.[2] It included a motor show in which exhibitors were invited to display their vehicles on the basis of their

safety features (an invitation which served to discourage some who felt inadequate in this regard, while providing others with the chance of their lives!).

The Council had adopted a policy statement on road trauma in February 1971. This second seminar produced a set of recommendations which picked up elements in the existing policy and built on them. The recommendations were adopted by the Council within two weeks of the seminar and formed the basis of a College policy which was to survive for many years. They were published in the *Australian and New Zealand Journal of Surgery* in 1979, in an issue devoted to road safety.[3] They are too lengthy to reproduce here, but it is interesting that certain recommendations (compulsory seat belt wearing, requiring motor manufacturers to address passenger protection rather than simply engine power, improved roading engineering, improved ambulance officer training, accident site attendance by doctors, helicopter ambulances and the like) have been attended to, while others, notably driver education in schools and the treatment of road injuries as a notifiable condition with standardised reporting, have been relegated by the authorities to the too-hard basket.

Gordon Trinca has achieved an international reputation in the field of road safety.

The College road trauma committee in 1972 consisted of E.S.R. (later Sir Edward) Hughes as chairman, J. Grayton Brown as his deputy, Donald Beard (SA), A.W. Beasley (NZ), G.M. (later Sir George) Bedbrook (WA), K.G. Jamieson (Qld), R.M. Mitchell (Tas), Peter Ryan (Vic) and T.K.F. Taylor (NSW). But a contributor to the 1972 seminar was G.W. Trinca, and Gordon Trinca was to become the doyen of road safety protagonists in Australia and a long-serving chairman of the College's committee. In that 1979 issue of the *Journal* to which I referred a moment ago, he wrote: 'Inactivity and disinterest [*sic*] by surgeons in this vital social issue of road trauma will not only be a disservice to the College, but will help to maintain the unfortunate alienation which already exists between the medical profession and the community today.' He has done much to correct that situation and has been honoured by both his country and his College (with the award of the RACS Medal in 1987) for his efforts.

The icing on the 1972 seminar cake would have to be the departure of the president from the Wellington Show Building. John Loewenthal (his knighthood came later) had to catch a Sydney flight early in the afternoon of the final day. Over the lunch break we had arranged a demonstration of ambulance vehicles (Wellington was breaking new ground with an adaptation of the London ambulance at the time, and the New Zealand army had a new modified Landrover ambulance) along with a casevac (casualty evacuation) helicopter. The pilot was persuaded that evacuating the president to the airport would be within his brief, and the convener came for the ride. We left in some style, and John Loewenthal did not in the least object to being dropped off within a few metres of the terminal.

An Injury Research Project, headed by E.C. Wigglesworth, was

Ken Jamieson brought great vigour and agility of mind to the Council table. His sudden death in 1976 robbed the College of one of its major contributors.

established in the College and produced a number of papers through the 1970s. Out of the College's interest in road safety arose a concern with injuries to children, and this led to the establishment of the Child Accident Prevention Foundation, which found a home in the College until 1987.

In 1971 K.G. Jamieson of Brisbane was elected to the Council. He brought to it great vigour and agility of mind and was promptly immersed with E.S.R. Hughes in the whole business of what the 1988 handbook recalls as 'College seminars involving multidisciplinary community participation'. Already that year the seminar phenomenon had struck again in Melbourne, this time with a meeting on safety in the operating theatre. The success of the 1969 meeting had been such that this seminar was moved to the larger premises of the Dallas Brooks Centre; each state and New Zealand was given a topic to present.[4]

Out of the proceedings of this seminar came a notable text, *Safety in the operating theatre*, which was edited by J.F. Mainland and H.A.F. Dudley and attracted favourable notice. The *Journal's* anonymous reviewer wrote:

> This book, which would easily be understood by nursing, technical and medical staff, will provide a most useful reference for all involved in the functioning of a theatre suite.
> Many questions are answered that must be in the minds of the surgeons, anaesthetists and nursing staff, especially when they use electromedical equipment, or follow routines that have been carried out without deep thought for many years and should now be looked at again in the light of the facts and recommendations put forward by the Royal Australasian College of Surgeons in this book...
> The book provides a standard text on the subject, but commonsense and great care are still very necessary to avoid accidents; nevertheless, a knowledge of the background of the functioning and potential hazards of equipment in use is necessary to bring about the utmost in safety for a patient undergoing surgery. This book should be available for operating room personnel for reference in every hospital.[5]

The seminar papers for the 1971 operating theatre safety seminar provided the basis for a notable text, *Safety in the Operating Theatre.*

It became a valuable book, and my copy was borrowed by my hospital. I have not seen it since.

Two years later the Dallas Brooks Centre provided the venue for a further seminar, this time on the impact of occupational injuries. On this occasion the College of Physicians was brought into the programme to cover the subject of medical disorders, and the Australian Medical Association dealt with the theme of major industrial disasters. The states and New Zealand were allocated topics: Tasmania, definitions; Western Australia, the epidemiology; New Zealand, wounds and the Faculty of Anaesthetists, 'burns etc.'; South Australia, environmental injuries; New South Wales, strains; Victoria the effect of litigation. Queensland presented the case for a National

Safety Research Foundation. It was a successful formula; and it served equally well in the planning of the 1975 seminar.

This was held in Sydney during the presidency of J.W.E. Raine and served as a quasi-GSM during his year as the fourth New Zealand president. (The GSM itself was late that year, to give Australian Fellows the opportunity of skiing at Queenstown!) It dealt with the theme of sporting injuries and their management and prevention. It was a lavish affair, held in the Opera House and affording scope for ambitious displays and demonstrations both within the building and in the harbour alongside. I recall that New Zealand, because of its terrain, was given the topic of the Great Outdoors. This enabled us to rope in the Tourist Department and publicise both the country and the meeting which would be held later in the year.

Evan Raine's presidency saw yet another seminar, this time in Sydney on the subject of recreational safety.

These seminars served to focus the College's concern for community issues and, in the process, to show a compassionate face to the public. But involvement with the community is a two-way process, and the other major event in Evan Raine's presidency was the establishment of the Court of Honour which serves, *inter alia*, to show the College's appreciation of the contribution that community leaders have made towards its well-being.

It exists 'both to honour its members and to provide advice to the College'. Its membership has been broadened to include past presidents, vice-presidents and former deans of the Faculty from the time when anaesthetists were part of the College, but its emphasis at the beginning was on laymen who had, in the words of its rules, 'shown continuing personal interest' in its welfare.

The first four members, inducted in the course of a Council meeting in June 1974, were Lord Casey, who had fronted the College Appeal

The Court of Honour was instituted in 1974. With Evan Raine in this photograph are Sir Patrick Kenny (Gordon-Taylor lecturer and past president), Sir Rodney (later Lord) Smith (honorary Fellow) and three founding members of the Court: Sir Roger Darvill, Sir William Stevenson and John Larritt.

In the procession at the 1990 ASC John Todd (left) is wearing the gown of a lay member of the Court of Honour. In front of him walks Sam Mellick, whose gown shows the embroidered display of crest and mantling that denotes surgical members of the Court.
The others in the illustration (Dooley, Gray, Royle and Hanrahan) are wearing the smaller, crest-only Councillors' flash.

more than a decade earlier; Sir William Stevenson, the Auckland businessman who had funded the original basic sciences laboratory in the same period; and the College's two financial advisers, Sir Roger Darvall and John Larritt, who had given generously of their time and expertise.

Recognition of the lay members of the Court was given tangible expression by their involvement in College occasions and by the gift of a gown to be worn on such occasions. This was the Fellows' gown with its colours counterchanged - a gold gown with black facings. As Fellows came to join the Court (the first group of seven, all former presidents, were appointed in 1979) it became appropriate to provide their Fellows' gowns with some distinguishing emblem, for they were, first of all, Fellows of the College. Already a small patch bearing the crest of the College arms - the sphinx with raised wings against the background of the sun's rays - had been agreed as the distinction to be added to the right sleeve of councillors' gowns. This was expanded to include also the helmet and mantling from which the crest arises for use as the means of distinguishing Court of Honour members. The Court emblem is intended - though this has not invariably happened! - to replace, or at least be applied over, the councillors' badge.

There is a regular meeting of the Court at the time of the annual scientific congress (formerly the GSM) of the College. It is customary for the most recent former president to chair the session, at which the president in office attends and reports on the activities and aspirations of his council. Court members, probably about 20 in

number at such a meeting, engage in what has become quite a wide-ranging discussion, and their 'advice and counsel' (for this they are invited, in the course of their induction, to make available to the College) is coming to be taken quite seriously. They form, as it were, an upper house, devoid of authority but not of influence; and their accumulated wisdom does indeed bring something of value to an organisation whose corporate memory might otherwise prove deficient.

On the theme of relations with the public, we have seen the College bring issues such as road safety to the community and recognise leaders from that community who have brought wise counsel to the College itself.

But the community in general is as ready to rend as to fawn, and it is worth jumping ahead briefly, to the late 1990s, to see how the College's motives can be impugned. In that period the refugee traffic, from countries where war or racial strife had made life impossible, became a major preoccupation in both Australia and New Zealand. Among the refugees were a number of folk who had practised surgery in their own countries; they hoped, naturally, to use these skills in their new land. Those whose move was arranged in advance were – all too often – reassured by immigration consultants and even by immigration authorities that this need be no problem.

But these reassurances were given without any reference to the rules governing medical registration. When, say, an Afghan heart surgeon is not received unquestioningly into the surgical community, and is reduced to driving a taxi in order to make a living and brings his plight to the media, the situation is primed to blow up in the face of any organisation that has appeared to contribute to an apparent injustice.

The College (and in New Zealand the Medical Council; no doubt registration boards in some Australian states suffered as well) was accused of all the evil doings – protecting its patch, operating a closed shop and so on – that its founders were supposed to have been engaged in, all those years ago. But whereas the founders were the target principally of general practitioners and surgical dabblers, the College in this more recent contretemps stood accused by the media and blamed by a public eager to stand up for the underdog.

It did not matter to this public that it was, in this same period, being equally vocal about the low standard of its health services and about the need to keep surgeons up to the mark. This did not matter to the media, either, it seemed – but then, a story is a story. The College was put on the back foot.

It protested that it was proposing nothing more demanding for immigrant doctors than for its own trainees. It had to allow that it is difficult for a surgeon who is well into his career to 'go back to the books' and prepare for an examination (this was, after all, the problem that beset the College after the Second World War) but could at least

point out that it was demanding continuing medical education and the maintenance of professional standards of its own people. Was it to allow less stringent assessment of recent arrivals who would, once approved, have to resume practice in an unfamiliar system and communicate in an unfamiliar language?

The public hue and cry died down a little with the approach of the new century, and the logic of the College's attitude seems to be better understood. But there has been little public admission of the illogic of the criticism.

This episode prompts the question: could the criticism (and the misunderstanding that allowed it) have been avoided? Could, even should, the College have mounted a pre-emptive strike by way of a campaign to publicise its views on surgical standards, its measures to give fair and compassionate treatment to the refugee surgeons, its underlying concern with the public good? Perhaps it should have tried, but whether it could have achieved much is uncertain, for one very good reason. Until there is a crisis, or a plausible injustice, the media tend to be uninterested. It is unlikely that much publicity would have been attracted to measures - even or especially measures that are manifestly just - which are calculated to prevent a crisis.

On balance, I think the College will do well to go on to the front foot in publicising the measures it takes for the public good. But it was a simpler world in the early 1970s, when the College made its first great assault on the mind and conscience of our two peoples.

NOTES

1. In my foreword to the seminar programme, I wrote:

> The outcome of the first Seminar was important in many ways, not least in the emergence of the College from its traditional position of concern for surgical standards, to one of concern for the wider social implications of the road toll... The inclusion of the management of trauma in the syllabus for the Final Examination, and of a section of Road Trauma in succeeding General Scientific Meetings of the College, have served to keep the problem in the forefront of surgical education and surgical thinking.
> The views of the College have been made known to Governments, and it can fairly be claimed that these views have influenced subsequent legislation, both in the Australian states and in New Zealand... because of the conviction... that the essence of the problem lies in prevention, so far as this can be achieved, of road traffic accidents, and in the skilful early management of those accidents which do occur, the decision to hold a second Seminar... was coupled with the selection of the theme 'Prevention and Early Management of Road Traffic Casualties'.

2. The Health Minister had to cry off because the House was sitting and only one minister could get leave.

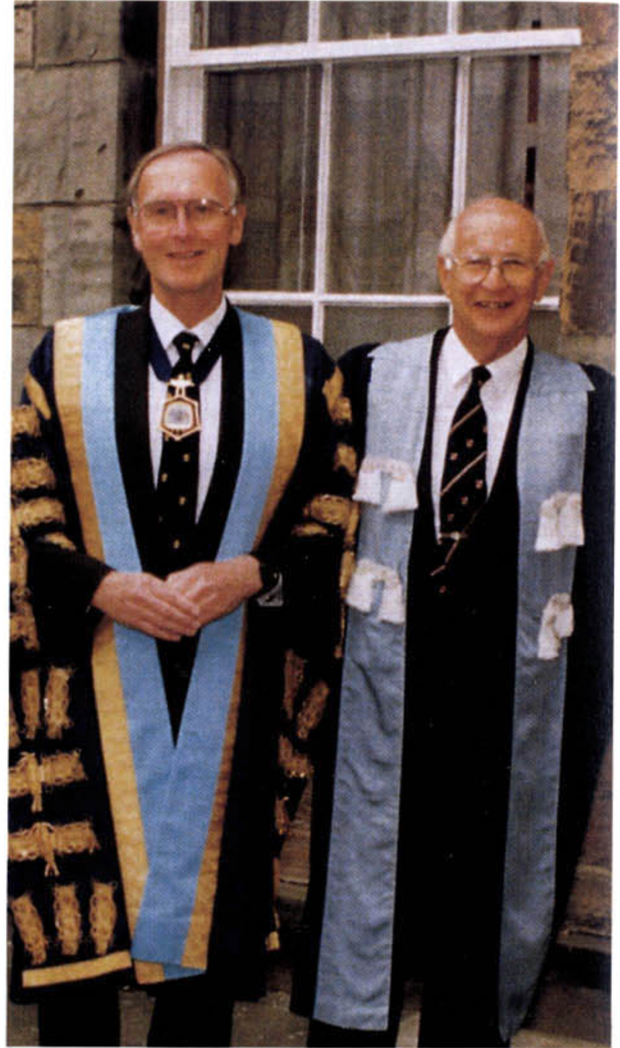
3. *Aust. N.Z. J. Surg.* 49, no.2: 169-210. There is an irony in the fact that a dedicated force of traffic officers was a New Zealand phenomenon commended in this policy statement. But in 1992 the New Zealand

government merged its traffic officers with the 'ordinary' police; in 2000 it introduced dedicated 'highway patrols'. In such ways do politicians who will not listen to disinterested advice find themselves having to re-invent the wheel.

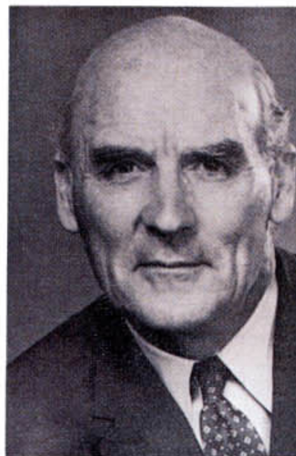
4. New Zealand, I recall, drew the pre-operation part of the process. I had not realised, until our working party settled into its study of the subject, just how many procedures and pitfalls existed before the surgeon could lay knife to skin.

5. Book Review (1978), *Aust. N.Z. J. Surg.* 48:233.

The 1972 seminar recorded its approval of the New Zealand system of a dedicated force of traffic officers (left). In 1992 the New Zealand government merged this service into the police force. In 2000 it found itself obliged to introduce 'dedicated' highway patrols (below).



Neville Davis is a Queenslander who fought to break down what he saw as a tendency for the two populous Australian states to overlook the rest of Australasia. He is seen here receiving an honorary Fellowship from that most Antipodes-oriented Edinburgh president, Paddy Boulter.



Noel Newton (left) died after only three years on the Council. His death and several resignations, including those of Douglas Stephens (centre) and his old friend Clarrie Leggett (right), created an unprecedented number of Council vacancies in 1975.