Cutting Edge

Issue No 78 | July 2021

Aotearoa New Zealand National Committee

Philippa Mercer
(Chair)

FROM THE CHAIR

Advocacy matters

The recent Annual Scientific Congress (ASC) Aotearoa New Zealand hub with more than 150 attendees and the New Zealand Association of General Surgeons' New Plymouth conference, which was also well attended, have reminded me that meeting colleagues and Trainees at conferences is important. There were introductions to new faces, catching up with old friends and talking about cases or problems in between the main sessions, all in very easy locations. It was an honour to see the 11 new Fellows receive their certificates and humbling to meet the award recipients at the ASC Convocation. Their contribution to surgery in New Zealand has been immense.

Aotearoa New Zealand National Committee (AoNZNC) has had meetings with several key agencies involved in the health system. Our College has resolved to be very active in supporting surgery in the health restructuring and to advocate for surgeons having key roles on the planned new boards and other advisory groups as they become established. Recently members of AoNZNC Executive along with Sally Langley, RACS President, met with Stephen McKernan, Director of Health and Disability System Review Transition Unit, to discuss the planned health reforms. In particular, we focused on delivery of surgical services, workforce, environmental sustainability and registries. This connection offers us an opportunity to influence the configuration of surgical services and improve equity of access in a way that benefits the public of Aotearoa New Zealand.

During our AoNZNC June meeting, all the Specialty Representatives expressed concern about the need for better national health planning to look after the health of New Zealanders and ensure there is an appropriate health workforce for Aotearoa New Zealand.

The current health workforce is ageing and not easily replaced. Larger centres have seen an inexorable increase in acute and complex elective cases every year. The growing population and increased complexity of cases need a greater surgical capacity. Existing surgeons' workload is increasing and burnout is occurring. There has been no or little expansion of elective and acute services. Otolaryngology Head and Neck surgery and Vascular surgery have particular examples of this problem, but they are not alone. These issues are compounded by a lack of resourcing for hospitals including bed numbers, nursing and allied health staff, space for meetings and theatre availability. From a patient's perspective there is a steady reduction in access to their city's hospital for elective surgical treatment.

In some specialties there is a high ratio of vocationally registered Specialist International Medical Graduates (SIMGs) to RACS Fellows which makes it difficult to provide adequate supervision for SET Trainees. The Executive had a productive meeting recently with the Medical Council of New Zealand senior leaders who have already indicated they are supportive of streamlining the process for SIMGs to apply for vocational registration and FRACS simultaneously.

Also at our June meeting the AoNZNC agreed there needs to be dedicated Aotearoa New Zealand positions on

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FROM THE CHAIR (continued)

specialty boards especially for the smaller specialties where the Boards are binational. This will increase the voting power of our representatives and ensure that the specific issues that affect Aotearoa New Zealand are put forward. For smaller specialities not enough, or sometimes no, New Zealanders are selected for training which means the workforce is unable to be replenished, let alone expanded, with locally trained surgeons.

Specialties such as Plastic and Reconstructive surgery need to provide significantly more clinical services outside metropolitan centres in Aotearoa New Zealand. These services need to be recognised and appropriately resourced. The absence of regional provision of appropriate specialist services results in less availability of surgical options, especially in rural areas, leading to significant health inequity.

All these issues mean overworked and stressed surgeons who can see their communities are not being well served and that health inequities are perpetuated. AoNZNC plans to advocate for these issues to be addressed, and in doing so we are advocating for the health of our communities.

Outstanding contributions to surgery recognised

Many years of outstanding contributions to surgery, research and surgical education were recognised at the Aotearoa New Zealand awards ceremony, part of the Aotearoa New Zealand Annual Scientific Congress (ASC) hub, held in Wellington in May. *Cutting Edge* will feature the award recipients in the next few issues. First up, congratulations to Associate Professor Andrew Connolly.

Associate Professor Andrew Brian Connolly MNZM FRACS is a General Surgeon at Counties Manukau District Health Board, Auckland, and Honorary Associate Professor at the University of Auckland.

A graduate of Auckland Medical School Andrew trained in General Surgery in New Zealand, being awarded FRACS in 1994. He was a Research Fellow at Auckland University focusing on the enhancement of recovery after major surgery or critical septic illness and was recipient of the Louis Barnett Prize for young surgical researchers.

After post fellowship training in colorectal surgery at the Department of Surgery, University of Birmingham, UK, Andrew was appointed Middlemore Hospital's first specialist colorectal surgeon in 1997. He headed the Department of General and Vascular Surgery from 2003 until 2019. Under his leadership it met or exceeded Ministry of Health targets for productivity and grew from 8 to 19 surgeons, many of whom have been mentored into national and international leadership positions.

Andrew was appointed to the Medical Council of New Zealand in 2009 and was its Chair from 2014 to 2018. He led major changes in the recognition of health inequities, particularly for Māori, and the importance of cultural competence and safety; and in improvements in Resident Medical Officer education and recertification.

Andrew has served on numerous national health committees and is currently the Ministry of Health's Acting Chief Medical Officer.

Outside of medicine, Andrew is a published New Zealand military historian with a focus on First World War medical history. He has delivered ANZAC Day talks and is an active contributor to the Surgical History and Military Surgery sections of the ASC.

Andrew was awarded three medals at the ASC this year:

- The Colin McRae medal which commemorates the life and work of Colin Ulric McRae, an outstanding New Zealand surgeon and former President of this College. This award recognises and promotes the art and science of surgery and honours outstanding contributions to surgery in New Zealand through clinical excellence, surgical leadership, research and/or surgical education.
- The Māori Health Medal which is awarded to Fellows who have demonstrated excellence through leadership, practice, advocacy, community engagement, education or research of lasting and significant contribution to Māori Health.
- The Rupert Downes Medal, in conjunction with Andrew's delivery of the Rupert Downes Lecture at the ASC. This lecture is designed to perpetuate the memory of Major-General Rupert Major Downes CMG VD KGStJ MS FRACS, Director-General of Medical Services (1934-1941), Inspector-General of Medical Services (1941-1942), Director of Medical Services - 2nd Australian Army (1942-1945; killed on active service) and a foundation Fellow of RACS.

Associate Professor Andrew Connolly receives one of his awards from Mr Richard Perry, representing the President, at the ASC Aotearoa New Zealand convocation and awards ceremony.

REGISTER NOW

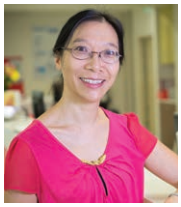
SURGERY 2021: REFLECTING ON PRACTICE

THURSDAY 2 & FRIDAY 3 SEPTEMBER 2021
Millennium Hotel, Queenstown

E ngā rata, e ngā iwi, e ngā tauiwi o te motu, tenā tātou katoa.
Nau mai, haere mai ki Tāhuna Queenstown for the RACS Aotearoa New Zealand Annual Surgeons Meeting – Surgery 2021: Reflecting on Practice.

With less than two months to go now, it is time to register and get ready for two days of reflection, re-connecting and renewal. COVID's continued presence in the world means the conference will be a mix of virtual and kanohi ki te kanohi (face to face) sessions.

Speakers from across the Tasman:



Associate Professor Rhea Liang We are very excited that, COVID-willing, one of our Australian-based speakers, Associate Professor Rhea Liang, will be with us in Queenstown.

Rhea Liang (tw: @LiangRhea) is a general and breast surgeon on the Gold Coast. She is a surgical educationalist and Surgical Discipline Lead at Bond University. She also researches, advocates and consults widely in diversity and equity issues. On multiple occasions (including recently!) she has been told she is unsuited for surgery for a whole range of reasons, including being too feminine, being not feminine enough, being too outspoken, and being not outspoken enough. Rhea trained as a General Surgeon in New Zealand and looks forward to catching up with colleagues old and new.

Rhea is committed to supporting RACS' work on driving behaviour change within the surgical profession. "How surgeons treat their staff and their Trainees is no different to how they treat their patients. It always comes back to the patient. We should expect the same standards of behaviour from our surgeons that we expect from our supermarket checkout operators or any one else in a public or customer service profession."

At Surgery 2021, Rhea will present on anti-discrimination policies in surgical governance and practice and Women in Surgery.

Dr Pecky (Upeksha) de Silva Sydney-based Pecky will be a 'virtual' part of Surgery 2021. Pecky is a vascular and endovascular surgeon at Hornsby Hospital and the Sydney Adventist Hospital where she is also the Head of Department. She is the Chair of the Younger Fellows Committee and Deputy Chair of the Women in Surgery Committee. She is also on the NSW RACS regional board. She is married with a daughter and a misbehaving chocolate Labrador.

Pecky will present on two subjects close to her heart at Surgery 2021: Mentoring for better surgical care and recognising barriers to reflective practice.

"I have been lucky to have wonderful mentors during my career but I realise that not everyone gets the same opportunities to meet a mentor during their surgical training, which is where the Younger Fellows mentor matching program comes in.

"In regard to reflective practice, being reflective requires a certain level of self-insight which can be uncomfortable especially if you aren't used to it."

Registration now open:

Please register for Surgery 2021 as soon as you can. https://bit.ly/3gLHJ8a

A limited number of rooms are available at the Millennium Hotel for the conference rate of $225 per night. And numbers are limited for the conference dinner on Thursday 2 September, so do register now.

See you in stunning Queenstown for Surgery 2021.

Louis Barnett Prize – call for abstracts

RACS Aotearoa New Zealand National Committee is calling for abstracts for the prestigious Louis Barnett Research Prize.

The Prize, valued at $2,500, is open to all Aotearoa New Zealand-based Trainees and all Aotearoa New Zealand-based Fellows who are within five years of being awarded Fellowship as at 31 August 2021.

The deadline for abstracts of advanced academic research is **5pm Friday 30 July 2021**.

Finalists will present their research at the RACS Aotearoa New Zealand Annual Surgical Meeting, Surgery 2021, which is being held at the Millennium Hotel, Queenstown on 2-3 September 2021.

The Louis Barnett Research Prize was established by the New Zealand Committee of the College in 1962 and has been awarded over the years to many prestigious New Zealand surgeons.

It commemorates Sir Louis Barnett CMG, the first New Zealander to become President of this College.

For more information on the Louis Barnett Prize please visit https://bit.ly/3vQ3s35

Sharon Jay
RACSTA Representative on NZ National Board

RACS TRAINEES ASSOCIATION UPDATE

Lately at work I find myself thinking about the big picture with regard to hospital systems and how can I do my job better? How can systems support me better? How do I do my best consistently and reduce the risk of making an error? After all we are all human and make mistakes but given the often fast-paced high pressure work we do, how can we minimise the risks? Even the systems we work in aren't perfect and are prone to errors.

I've always been interested in the work around human factors in surgery and was familiar with the HALT model (Hungry, Angry, Late/lonely, Tired). I know that just having awareness of and the ability to correct the human factors within one's control is vital in reducing errors.

I've been curious about the new literature and movement towards "Flattening the Hierarchy". And I've been reading the tweets of Peter Brennan on Twitter. He's a Consultant Oral Maxiofacial Surgeon and Honorary Assoc Professor of Surgery at Portsmouth Hospital, UK. He describes human factors as being critical to patient saftey and doctors' wellbeing and I'm really looking forward to hearing him speak (albiet via videolink) at the Surgery 2021 Conference in Queenstown September 2-3.

Look forward to seeing you all there!

Ngā mihi nui,
Sharon

sharonmjay@gmail.com
Twitter: sharonmjay

Crazy Socks for Docs Day, on 4 June, is an initiative to begin raising the topic of mental health of doctors. I wore my crazy faces socks with pride doing my endoscopy list and taking part in departmental meetings! Look after yourselves and each other.

ACTIVITIES OF THE RACS AOTEAROA NEW ZEALAND NATIONAL COMMITTEE

The Aotearoa New Zealand National Committee (AoNZNC) and its representatives continue to advocate on behalf of Fellows, Trainees and Specialist IMGs in the MOPS programme. Some of the AoNZNC's activities and interests since the previous *Cutting Edge* are commented on below.

Advocacy

The Aotearoa New Zealand National Committee has continued to advocate on behalf of Fellows, Trainees and SIMGs to New Zealand Government, government departments and statutory agencies to promote standards for quality surgical care. Since the last Cutting Edge, consultations we have taken part in include:

Proposals for a Smokefree Aotearoa 2025 Action Plan
This document, prepared by the Ministry of Health, sought feedback on ways to help achieve the Smokefree Aotearoa 2025 goal. The AoNZNC supported most of the proposals which include making smoked tobacco products less available, significantly reducing nicotine levels in cigarettes and introducing gradually a smokefree generation. The Committee expressed concern about the proposed continued encouragement and promotion of vaping as a tool to quit smoking. RACS remains concerned about the lack of evidence that vaping is safe and its effects on people's respiratory systems.

Aotearoa New Zealand National Sepsis Action Plan
The Plan, developed by Sepsis Trust NZ, outlines actions to deliver a vision of "zero harm due to sepsis in Aotearoa New Zealand". In its submission, the AoNZNC said RACS' main concerns were around the implementation and funding of laudable but very ambitious aims.

Meeting with Acting CMO, Ministry of Health
National Committee representatives met with Associate Professor Andrew Connolly, who is currently acting Chief Medical Officer at the Ministry of Health. Issues discussed included registries, RACS' involvement in the health reforms and sustainable practices.

Meeting with Medical Council of New Zealand (MCNZ)
A recent meeting with MCNZ Chair, Dr Curtis Walker, CEO, Joan Simeon and Registration Manager, Nisha Patel, was a valuable opportunity to introduce Dr Sally Langley in her new role as RACS President.

Health and Disability system reforms

In June, AoNZNC representatives met with Stephen McKernan, the Director of the Health and Disability Review Transition Unit, who outlined the major changes that were planned, what stage they were at and who was involved.. The National Committee wants to ensure RACS' voice is heard and heeded as the reforms take shape, so you can expect to hear more about these reforms in this newsletter from now on. A range of hui are beginning to be held to gather sector views about the new Māori Health Authority's (MHA) form and functions. From August, Transition Unit staff will be engaging with the sector on a health charter that will sit above the MHA and Health New Zealand to guide how the health workforce of at least 230,000 people will work together in the new environment.

The National Committee raised matters around surgical workforce planning and sustainable practices with Mr McKernan.

Extending RACS' use of Aotearoa New Zealand

Earlier this year RACS Board of Council approved a change of name for the RACS New Zealand National Board and staff roles to include Aotearoa. Following on from this, the AoNZNC asked the Board of Council to approve a change of RACS' editorial style and extend RACS' use of Aotearoa New Zealand, in context, in publications, digital content and correspondence. The Board approved this request and agreed with AoNZNC that the impact on Māori junior doctors and medical students of seeing Aotearoa New Zealand in all RACS publications, digital content and correspondence would signal a serious, day to day commitment by RACS to Te Tiriti o Waitangi, health equity and our mahi (work) towards becoming a culturally safe institution.

Welcome Ros Pochin and Subhasch Shetty

From 1 July, the AoNZNC has two new elected members Mrs Rosalynd (Ros) Pochin, a Nelson-based general surgeon and Mr Subaschandra (Subasch) Shetty, an otolaryngology head and neck surgeon who works in Northland and South Auckland.

Farewell Dave Adams, Jesse Kenton-Smith, Judith Potter and Rob Coup

At its June meeting, AoNZNC farewelled and thanked for their contributions former Chair Dave Adams, Treasurer Jesse Kenton-Smith and Rob Coup who ended their years as elected members of the National Committee at the end of June.

The Committee also farewelled Dame Judith Potter who has been the AoNZNC Expert Community Advisor for almost nine years. Dame Judith was a member of the RACS Expert Advisory Group that developed the recommendations accepted by Council aimed at changing the culture that allowed bullying, discrimination and sexual harassment within the College. The Building Respect and Improving Patient Safety initiatives and professional development courses such as the Foundation Skills for Surgical Educators and Operating with Respect came from those recommendations.

Justine Peterson
New Zealand Manager

ASC Aotearoa New Zealand hub

RACS' inaugural Annual Scientific Congress Aotearoa New Zealand hub was held from May 10-14 at the Museum of New Zealand Te Papa Tongarewa. With its large open spaces, beautiful waterfront views (when the rain cleared eventually) and vibrancy, Te Papa was a superb venue.

The week began with the Convocation ceremony on Monday afternoon at the stunning Te Marae, which is a contemporary, authentic and inclusive marae within Te Papa. The mihi whakatau (formal welcome) and the marae's spectacular and colourful carvings created a uniquely Aotearoa New Zealand ambience and surrounded the occasion with mana for the 11 new Fellows and eight award recipients. Several of the new Fellows commented that they greatly appreciated having a 'local' ceremony which was much more affordable and practical for their families to attend.

More than 130 people registered for the hub on Tuesday 11 and Wednesday 12 May, 106 registered on Thursday and 81 for the Friday.

About 30 registrants attended the Women in Surgery breakfast at Te Papa on Wednesday. People seemed to appreciate being part of a 'real live' event and enjoyed an address from Dr Charlotte Chambers, the Director of Policy and Research at the Association of Salaried Medical Specialists.

In these times where travel outside Aotearoa New Zealand is still greatly restricted, people seemed to appreciate the chance to listen to some inspirational speakers, and catch up with friends and colleagues. As one Trainee said, "It wasn't as good as a real ASC but it was definitely better than not having anything at all."

Te Marae was the stunning venue for the Aotearoa New Zealand convocation and awards ceremony.

Convocatee Dr Kate Rapson and Mr Richard Perry, representing the President.

Convocatee Dr Lisa Brown with her daughter, Annikki.

The hub was a great opportunity for Mr Ross Roberts and Dr Jessica Vlok to have a father – daughter catch up.

Dr Alice Mistry with Mr Andy Malcolm and Mr Alexander Dalzell.

Ms Megan Thomas and Dr Sharon Jay.

Dr Mohit Bajaj and Dr Matt Nobbs.

Catching up between sessions proved extremely popular at the hub.

College name change working group

The Aotearoa New Zealand National Committee recently requested that RACS Council consider updating the College name to better reflect the binational nature of the College, and where its members come from – Australia and Aotearoa New Zealand. Councillor Andrew Hill has assembled a working group to discuss options, which will then be put to Council for consideration and potentially a vote by the Fellowship in the future. The group represents a wide cross-section of the College from both nations, including senior surgeons, Councillors from both countries, a Younger Fellow, a Trainee, and both New Zealand and Australian Indigenous representatives.

The College of Surgeons of Australasia was founded in 1927, and the Exordium specifically refers to 'Australasia, which includes New Zealand'. In 1930, King George V granted permission for the prefix 'Royal' to be used, and the name was changed to the Royal Australasian College of Surgeons in 1931. At this time, the 'Journal of the College of Surgeons of Australasia, which includes New Zealand', changed its name to the Australian and New Zealand Journal of Surgery, suggesting the term 'Australasia' was not clear to all even at then.

Over time, the term 'Australasia' has become less prevalent. Its meaning is not clearly defined, and some definitions include Melanesia and wider Oceania. The word 'Australasia' is not well understood, particularly by those outside New Zealand and Australia, but even amongst our own Fellows and Trainees. It is often mistakenly written or spoken as 'Australian', even in our own College documents. A web search brings up an Australian Department of Health document with the heading 'Royal Australian College of Surgeons'; references to several surgeons with an 'Australian Fellowship of the College of Surgeons'; and to the 'Royal Australian College of Surgeons training program'. Meanwhile, surgeons and surgical organisations from other countries often interpret Australasia to include Asia.

This means that the strength and unity of the binational nature of our College is not always recognised. New Zealanders have always been active participants in our College's activities from formation. While there is generally open internal recognition of this and of the College's binational status, externally this is often not apparent. A number of other medical colleges and surgical specialist associations use 'Australia and New Zealand', for example, the Australian and New Zealand College of Anaesthetists.

There have been a number of occasions when the issue of changing the College name has been raised, in particular by the New Zealand Fellowship. A referendum of all Fellows on the College name was held in 2007, with 57 per cent of respondents voting to change the College name to the 'Royal Australian and New Zealand College of Surgeons'. This fell short of the 75 per cent required at the time to change the Articles of Association (no longer applicable; since replaced by the Constitution). In contemporary process, the Australian Corporations Act requires a special resolution passed by members, with the support of at least 75 per cent of votes cast, to change a company name.

RACS Councillor Andrew Hill has assembled the working group to consider options for a change of name for the College.

The Aotearoa New Zealand National Committee believes it is time to revisit this matter and to propose to all Fellows a change in name. In coming months, the College Name Change Working Group intends to widely engage with the Fellowship to discuss options, including how to recognise Indigenous partners, and Fellows' opinions on retaining the Royal warrant. Practical implications of a name change will be discussed in a later issue.

Aotearoa New Zealand

The Aotearoa New Zealand National Committee has requested that the working group incorporate 'Aotearoa' into any proposed new name for the College. Aotearoa New Zealand National Committee member Rachelle Love explains why this is so important and relevant:

The name Aotearoa can be traced back 700 years to our great navigating ancestor, Kupe. After a long voyage, Kupe observed a cloud bank and surmised that it must be gathered above a land mass. It is not clear whether he was applying this term to Great Barrier Island or Te Ika a Maui (the North Island) and whether it included Te Wai Pounamu (the South Island).

In the signing of our foundation document, Te Tiriti o Waitangi, the name Aotearoa was not used. The term Niu Tireni was. This is likely to be a transliteration of New Zealand. The origin of the name New Zealand is less familiar to most of us. Abel Tasman, the Dutch explorer first named it Staten Land, thinking it was part of the vast southern land mass. It was subsequently renamed Nieuw Zeeland by an unknown Dutch cartographer after a province in Holland. It's not clear whether this cartographer ever set foot on this land, but it certainly seems that our country took its official name from a group who were just passing through.

After being on the periphery for many years, the name Aotearoa has organically worked its way into common parlance. A senior colleague tells me that while she was in her 20s, Aotearoa was the first Te Reo Māori word she learned to spell. Aotearoa is now ubiquitous. It appears on official government documents, in business names, popular songs, sporting events and many other places. The words 'Aotearoa' and 'New Zealand' are paired on the cover of the Aotearoa New Zealand passport and banknotes. Although some struggle to pronounce the name fluently, almost all recognise it as an alternative name for New Zealand.

In a Māori world, names are significant. There is mana (honour, status and authority in this context) and obligations that come from the naming process. The obligations of our joint cultures coming together in nationhood were recognized in Te Tiriti O Waitangi. Te Tiriti is a broad statement of principles on which the British and Māori made a political compact to found a nation state and build a new government in New Zealand. There is a growing acceptance that embracing the name Aotearoa is a tangible honoring of that obligation.

However, there is an attachment to names. For example, our forebears fought for this country, New Zealand, and stood under the same flag that we acknowledge today. Many of us feel proud to be part of RACS, or to have our FRACS, and wonder what any new combination of letters might sound and look like. We worry that others won't

Aotearoa now appears on the cover of the Aotearoa New Zealand passport and banknotes.

be able to say the name or maybe that we ourselves won't really get our tongues around it. As I've observed many times, we have no issues with ordering a pinot or a cappuccino. As with surgical skills, repetition will likely sort that out. I note that, in my lifetime, Yugoslavia is now six separate countries, Rhodesia is now Zimbabwe and Holland is now the Netherlands. There is no doubt that there were (and perhaps still are) challenges for these countries, but the rest of the world seemed to manage, and respect, the name change without great difficulty.

In wrestling with our identity, resisting change is a default setting. We have a unique opportunity to determine how we wish to be identified as surgeons and as inhabitants of Aotearoa New Zealand. The proposal to change our name to include Aotearoa doesn't mean that we remove a part of our history, it incorporates another story. The first story. The story of tangata whenua, the Treaty partners. Moving forward in partnership means telling that story and it also means being an active part of that story.

Dr Nicola Hill and Dr Rachelle Love,
College Name Change Working Group

**This article was first published in Surgical News, March / April 2021.*

Fellowship Exam success

Congratulations to Aotearoa New Zealand-based Trainees who were successful in the May and June exams.

GENERAL SURGERY
Dr Mohammad Amer; Dr Joshua Balhorn; Dr Alberto Boue; Dr Ayman Khan; Dr Ahrin Anna Morrow; Dr Mark Murray; Dr Kian Liun Phang; Dr Jack Pullman; Dr Aleisha Sutherland; Dr Jeni Thomas; Dr Bridget Watson

NEUROSURGERY
Dr SiuJoon Choi

ORTHOPAEDIC SURGERY
Dr Bradley Carslaw; Dr Liam Dunbar; Dr Yang Gao; Dr Timothy Godwin; Dr Daniel Lemanu; Dr James Recordon; Dr Timothy Roberts; Dr Earle Savage; Dr Hrvoje Vidakovic

OTOLARYNGOLOGY HEAD AND NECK SURGERY
Dr Henry Emanuel

PLASTIC & RECONSTRUCTIVE SURGERY
Dr Joseph Chen; Dr Bryce Jackson; Dr Rahul Jayakar; Dr Victoria Lo; Dr Amanda Peacock

UROLOGY
Dr Mohit Bajaj; Dr Vincent Chan

New addition to Christchurch's emerging medical precinct

The curtains will soon rise on theatre of a different kind where Christchurch's old Spanish Mission-style Repertory Theatre building, damaged in the Canterbury earthquakes and subsequently demolished, once stood.

A local plastic & reconstructive surgeon is constructing a sleek new three-storey building on the central city site at 146 Kilmore Street, which will accommodate his growing practice; as well as providing space for other specialists to co-locate in state-of-the-art new surgical premises overlooking the Avon River.

It is the latest development in an area which is quickly becoming established as Christchurch's new medical & surgical precinct, already home to occupiers such as private hospital Forté Health, Southern Eye Specialists and Pacific Radiology.

Patients and staff will enjoy views of the Avon, the historic band rotunda and riverside parkland in a location just one block from the New Regent St heritage precinct and the Margaret Mahy Family Playground. Within easy walking distance is the vast green expanse of Hagley Park, the central city retail precinct and the restaurants and entertainment of the CBD and Victoria Street.

Designed by Kirk Roberts Consulting and constructed by Consortium, the project is on track for completion in November and will feature two levels of specialists' rooms above a ground floor car park.

Contemporary yet understated, the building will appear as a simple floating white cube from the outside. The entrance foyer will resemble an art gallery, with a clean, modern white colour palette balanced by warm oak and extensive glazing filling the interiors with natural light.

The building has been designed and engineered to Importance Level (IL) 3 standard, with the safety of patients, staff and visitors front of mind. This ensures it displays very high seismic resilience and increased performance intended to minimise disruption following a major earthquake.

426sqm of space on the first floor, which can be split into smaller premises, along with a 100sqm space on the second floor is available to specialists who would like to be part of this exciting new precinct, positioned on the edge of the rapidly-developing Christchurch CBD. For further information please email Bonnie Stone, CBRE: phone 021 843 690, email bonnie.stone@cbre.co.nz.

COVID-19 vaccine advice

A lot of information about COVID-19 and the vaccination program has been provided by the Ministry of Health, but it is sometimes difficult to distil exactly how it affects us as surgeons, and knowing what we should be saying to, or advising, our patients.

There are some key points:

1. The COVID-19 vaccine is free, and is available to everyone 16 years of age and over. See: https://covid19.govt.nz/health-and-wellbeing/covid-19-vaccines/
2. The vaccine is safe, and it is in the best interests of us all to have a high rate of vaccinations.
3. The COVID-19 vaccine provide high rates of immunity to SARS-COV-2, reducing the risk of developing the illness and its consequences.
4. Some people are reticent about having the vaccine, whether it be through fear, lack of information, or for other reasons.

What can we do? We ourselves can be vaccinated when the vaccine is made available in our institutions. Currently, the risk of us getting COVID-19 is low, given that there is no significant community spread of the virus. But that could change and it could change rapidly. We should be prepared for that eventuality, particularly as we potentially could be a major vector of spread given how many different people we come into close contact with each day. A professional duty of a surgeon is to first do no harm to patients – being vaccinated lessens the potential harm to others and provides an opportunity to lead by example.

Surgeons can also play a part in encouraging our patients to have the vaccine when it becomes available to them. We can raise the topic during the consultation, especially if elective surgery is indicated: there is some evidence that risk is reduced if the patient has already been vaccinated.

You can read more here. COVIDSurg Collaborative, GlobalSurg Collaborative, SARS-CoV-2 vaccination modelling for safe surgery to save lives: data from an international prospective cohort study, *British Journal of Surgery*, 2021;, znab101, https://doi.org/10.1093/bjs/znab101

Sarah Rennie and Spencer Beasley, Aotearoa New Zealand Surgical Advisors

Changes to alcohol policy

Many Fellows who generously perform pro bono work for our College will already be aware of the recently introduced RACS 'Responsible Approach to Alcohol' policy. For most, it will have come as no surprise; however for others, the purpose and consequences of it may have been less clear. Here we explore why it has been introduced, and how it might affect you.

For decades RACS has been a strong public advocate highlighting the harm caused by alcohol in the community, including to our patients - whether it be from road trauma, domestic violence or alcohol-related disease. On the other hand, alcohol has been consumed by us and reimbursed in the course of our pro bono work for the College; yet we are also aware of our responsibilities to uphold the highest standards of behaviour when performing any RACS-related activity. RACS is committed to providing a respectful, safe and inclusive working and learning environment.

The new policy acknowledges that alcohol can contribute to a successful event or occasion but places some caveats around its responsible use. It provides some guidance as to when and how alcohol can be included at College events, and when it should not be consumed e.g. during business meetings, and in settings where a power imbalance may exist between Fellows and employees, Trainees, junior doctors or medical students. It still allows for alcohol consumption at specific RACS social events and defines the circumstances and process around these.

So how will it affect me in the pro bono work I do for the College?

RACS no longer reimburses alcohol that is consumed outside of formal RACS dinner events. A RACS dinner event is defined as an organised event involving food and alcohol that has been predefined and approved in advance by a member of the executive leadership team. An event that is formally approved in advance has a Fellow or staff member nominated to take responsibility for the alcohol served and charged to RACS. The policy denotes the Fellow or staff member in this instance as the 'nominated responsible Service of Alcohol representative'. The College no longer reimburses alcohol served external to these situations such as with an evening meal after work. The policy also advises against providing alcohol products as private gifts or as part of charity donations such as raffles.

This does not mean the value of pro bono work is diminished in any way, and as a membership organisation all Fellows are appreciative of the voluntary work done by those who contribute to the various College courses, exams, committees and other RACS activities.

The successful organisation is one that is sensitive - and can adapt – to the prevailing trends of society, particularly as they may interface with the organisation's values.

Sarah Rennie and Spencer Beasley, Aotearoa New Zealand Surgical Advisors

Carbon neutral anaesthesia: Can this be a reality?

This is an abridged version. The full article, with more diagrams and information, is on the Aotearoa New Zealand publications section of the RACS website.

The Challenge

We have a fiduciary responsibility to mitigate and adapt to the evolving climate and ecological crises. But how can healthcare, and in particular resource intensive subspecialities such as anaesthesia and surgery be 'carbon neutral' and use resources responsibly and sustainably? The New Zealand government has called for all public services, including healthcare, to reach carbon neutrality by 2025. Is this possible?

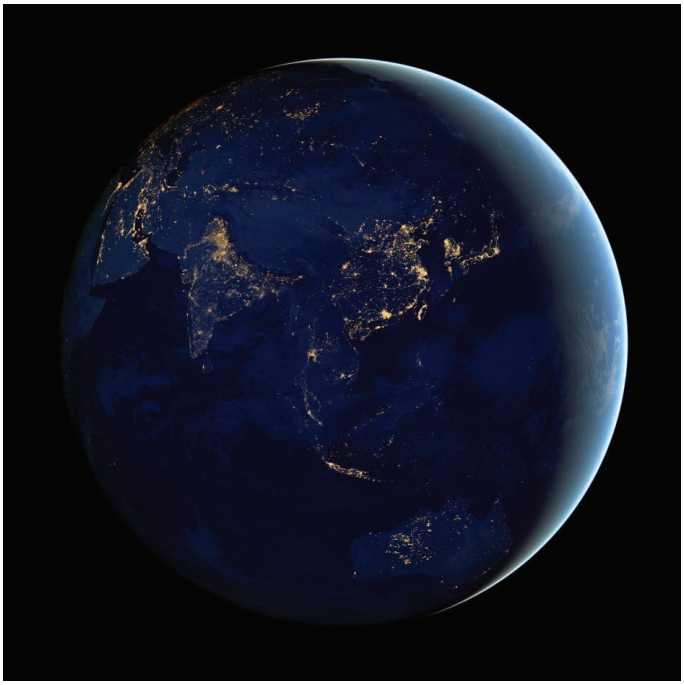
The Approach

Redefining Value

In order to be sustainable, 'value' in healthcare needs a much broader meaning than the monetary cost of running the service. The sustainable value 'formula' developed by Frances Mortimer and colleauges[1, 2] (Figure 1) prompts us to consider the environmental, social and financial costs (the triple bottom line) and to consider how our decisions will impact the wider population, present and future. This formula can be applied to any healthcare process, patient pathway, procedure, equipment or drug.

Approaching the problem from all angles at all levels

Reducing healthcare's carbon emissions can be achieved not only by *reducing the carbon intensity* of our services, but also by *reducing activity* secondary to *disease prevention* and developing *lean efficient healthcare pathways*[3]. Efficiency in healthcare is complex - total healthcare waste in the US has been calculated to make up 20-35% of the US national health expenditure[4]. Primary drivers of these inefficiencies include failures of care delivery and coordination, overtreatment, administrative complexity, pricing failures, fraud and abuse[4]. Waste in the traditional sense (i.e. in the bin) accounts for a much smaller proportion of total healthcare emissions. Having said this, minimising waste and optimising our use of healthcare waste streams is one of the low hanging fruit that is both visible and easy to improve right now.



Has our negligent stewardship of planet earth caused terminal illness?
(Photo courtesy of the NASA archive https://eoimages.gsfc.nasa.gov/images/imagerecords/79000/79790/city_lights_asia_night_8k.jpg)

Measuring and reporting emissions

All DHBs are now required to measure and report their emissions and have a strategic plan for emissions reductions. *Life cycle assessment* (LCA) evaluates the impacts on environmental and human health of a product or process within defined boundaries. Since our primary collective concern is global warming, the most commonly used metric is global warming potential (GWP) relative to the warming effect of CO_2 (CO_2 equivalents in kg CO_2e) over a given time period, usually 100 years (GWP_{100}). Some of the most detailed analyses of healthcare's huge carbon footprint is on data from the National Health Service (NHS), England[5, 6]. Data from New Zealand shows very similar contributions (Rick Lomax, Beca, personal communication). Of note is that many of our hospitals still power their process heat using coal or gas boilers and, prior to COVID, a comparatively large proportion of our emissions were from flights for CME. Collaborating with academic institutions, to publish New Zealand specific healthcare LCA and systems research is important to guide our efforts and stimulate innovation.

$$\text{Sustainable value} = \frac{\text{Outcomes for patients and populations}}{\text{Environmental + social + financial impacts (the 'triple bottom line')}}$$

Figure 1. The triple bottom line. Formula for sustainable value in healthcare.
Reproduced (with permission) from the Centre for Sustainable Healthcare, Oxford, England. Adapted from Mortimer et al[1, 2]

Where do we start?

Predictions of emissions savings for the NHS, England have been made[6]. This work reveals where the big gains are to be made (power, transport and procurement), disproportionate problems are (anaesthetic gases, nitrous oxide and metered dose inhalers), and the shortfall which will need to be made up by 'offsetting' and innovation.

Moving towards a circular economy and product stewardship

Emissions from procurement account for over 60% of healthcare's carbon footprint (Figure 2). Developing legislation such as New Zealand's Product Stewardship Bill and carbon pricing, together with introducing strong sustainability principles into procurement rules for bulk purchasing bodies (e.g. Pharmac) could have significant influence; swaying the markets towards more sustainable products. This means low carbon raw materials, manufacture, transport and packaging for products that can be reused, maintained and repaired where possible and careful planning for end-of-life repurposing and recycling. As end users, we are also in a key position to work with and lobby manufacturers and suppliers to provide us with high quality sustainable products. Successful companies will hopefully be those that make rapid moves to go 'carbon neutral', embrace a circular economy and product stewardship, whilst caring for the environment and people along their supply chain[7].

A collaborative effort

The development of *Health New Zealand* provides us an opportunity to coordinate a collaborative approach yielding high value, efficient pathways to carbon neutrality for New Zealand Healthcare. If you see inefficiency or waste, there's an opportunity for an audit or a QI project, or there may be enough evidence from research carried out in similar settings to implement changes without collecting additional data. Network and communicate; involve everyone at every level; put sustainability on the agenda of hospital meetings. Learn, educate, research; integrate sustainability into medical and subspeciality curricula, QI and research activity.

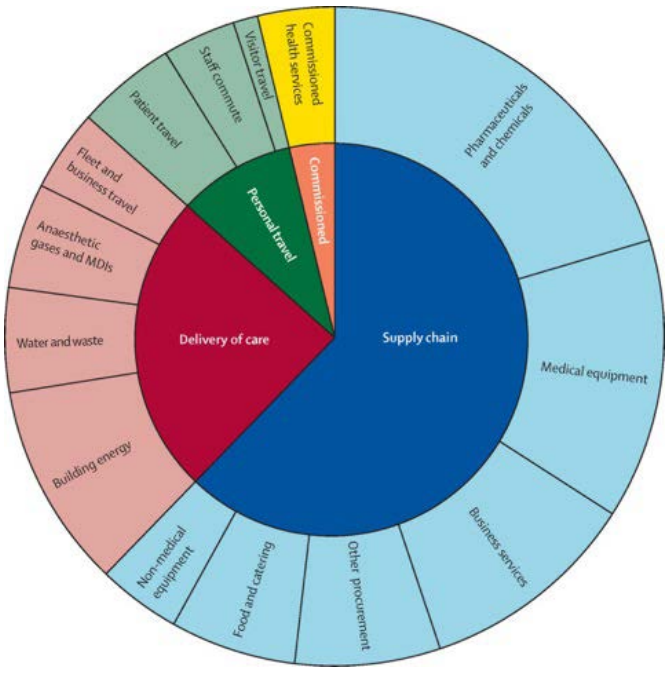


Figure 2. Contribution of different sectors to the greenhouse gas emissions of the NHS England, 2019. Tennison et al, 2021[5]. Reproduced with permission.

Will we get there?

The collective actions required to make our lives sustainable on our small precious planet presents the greatest challenge human-kind has ever faced. Increasing efficiency and decarbonisation of our economies cannot out run our present rates of (both population and economic) growth. We cannot have ongoing growth on a finite planet. However, this challenge also promises huge co-benefits to improve the human condition; new levels of collaboration and sharing, reducing inequality, improving health and wellbeing and rekindling our relationship with the natural world that sustains us.

It feels as though we are eventually reaching a tipping point in our collective understanding, but we need to turn this into action, NOW.

E kore tātau e mōhio kit e waitohu nui ote wai kia mimiti raw ate puna.
(We never know the worth of water until the well runs dry).

- Te Wharehuia Milroy

Paul Currant
Anaesthetist, Canterbury District Health Board

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OBITUARIES

RONALD GEOFFREY KAY
28 August 1929 – 25 January 2020

General Surgeon

Ronald Geoffrey Kay was a caring, compassionate surgeon of considerable humility who set high standards of clinical excellence, demonstrating insight and respect for his patients. He was a trusted, respected and valued colleague sought out as a mentor and teacher by many New Zealand surgeons and Trainees. He was also a leader and major contributor to surgical research and education. Ron Kay was a modest man who quietly contributed much to academia and the health of all New Zealanders, but especially that of women.

Ron Kay was born in Upland Road, Auckland, one of three children born to mother, Claira, and father, Morty Kay. He was the youngest, with sister Norma and older brother Colin (who would later become Mayor of Auckland). He started school at Kings Prep, quickly revealing his sporting prowess and proceeded to win a highly sought-after scholarship to Kings College. There, he expanded his academic capabilities and became the quintessential all-rounder! With a love of animals and having spent considerable time on the family farm he was passionate about farming, but as Ron excelled in science subjects his housemaster suggested medicine as a career.

Ron commenced at Auckland University, gaining sufficient grades to win a place at Medical School – this was a period when many places at Medical School were held for returning servicemen. In Dunedin he resided at Knox College and the period was marked by constant work with only limited time for relaxation. Ron obtained his MB ChB from Otago University in 1953.

Following graduation Ron commenced two years as house and senior house officer in Auckland hospitals. In 1956 he headed for the UK as ship's doctor on a freighter - it was suggested that he was the only patient treated as he suffered on-going bouts of seasickness. One year later, in 1957, he become a Fellow of the Royal College of Surgeons. After working in a number of surgical posts, he spent 1960-62 as registrar to the Post-Graduate Medical School and Hammersmith Hospital in London. During this time he met Gillian Dawson, a nurse, who in a written invitation on a noticeboard invited Ron to partner her to the upcoming Nurses Ball – this the result of a bet for five pounds that she couldn't get the "dashingly handsome kiwi doctor" to accompany her. A strong relationship resulted and they married in 1959.

In 1962 Ron and Gillian returned to New Zealand with a son, Timothy (born 1961), Ron commencing as Surgical Tutor Specialist in Auckland Hospital. Two more children, Peter (1963) and Susannah (1965) completed the family. In 1967 Ron commenced three years at the Harvard Medical School and Peter Bent Brigham Hospital as a U.S. Public Health Service Post-Doctoral Research Fellow.

He returned to Auckland in 1969 and three years later was appointed Associate Professor of Surgery at the newly formed Auckland School of Medicine. Tasked with establishing an academic surgical unit with a major research section, Ron completed this work with conscientious attention to detail, considerable flair and superb judgement. He was able to secure the cooperation of colleagues in respect to undergraduate and graduate teaching. Ron subsequently developed an innovative program for the surgery examination.

During the late 1960s Ron was a pioneer in the use of intravenous nutrition in New Zealand. His extensive research in the field of Zinc and Selenium deficiency, revolutionary Gastric-band surgery, and his tireless devotion to the field of Breast surgery have all had a major impact on the advancements and successes in these fields we see today. His leadership resulted in a number of seminal papers and contributed to the saving of numerous lives.

He gained widespread recognition reflecting his unique and sustained contribution over more than 30 years to breast cancer research through his collaboration in international trials involving surgical and general management of breast cancer. He was a member of the first group undertaking clinical trials of breast cancer treatment in New Zealand and a foundation member of the Board of the Australia and New Zealand Breast Cancer Trials Group. He was also a foundation member of the International Ludwig Institute Breast Cancer Trials Group, subsequently the world leading International Breast Cancer Study Group. These groups were at the forefront of clinical trials of chemotherapy for breast cancer during the 1980s and Auckland was extensively involved.

In addition to his research, Ron devoted much of his practising career to the improvement of standards in the management of breast cancer, founded upon evidence-based practice. This included promoting breast conserving surgery instead of simple or radical mastectomy. He was the founding chairman of the Auckland Breast Cancer study group which in 1976, with great foresight, established a detailed breast cancer register, this data promoting beneficial change in the management of breast cancer. Unfortunately, the introduction of the Privacy Bill led to its cessation, but approximately 10 years ago,

assisted with funding from the New Zealand Breast Cancer Foundation, Ron restarted this register and it is once again an increasingly valuable resource.

In addition to publishing an impressive array of research papers Ron served on numerous advisory committees and medical boards. His mana was recognised in the invitation to provide The Hunterian lecture at the Royal College of Surgeons in 1978. RACS acknowledged Ron's significant contributions to surgery in making him the recipient of the ESR Hughes Award in 2012.

Teal Bay played a massive part in the family's lives. Many summer and winter holidays were spent at the bach there. With the bach along came a boat, now named Dr Ron in recognition of its builder and prime sailor. Boating represented water-skiing, picnics, fishing, snorkelling and discovering new places. Skiing was another family passion with many holidays spent with the Gillman family on the slopes of Ruapehu. Throughout his life Ron maintained a love for sport and travel.

Even more important than his medical successes, Ronald was a loving, and caring husband. He was a devoted father, and a family man who cared deeply about others and frankly was an all-round good guy. Gentle smiling, warmly benign and generous with his opinions, it must however be noted that Ronald was known, at times, to be a little stubborn, resulting in a loud admonishment from his wife "Oh Ronald, you really take the cake!".

Ron Kay, loved husband of Gill for 61 years, passed away peacefully at Edmund Hillary Village. He was the dearly loved father of Tim, Peter and Soozie, and grandfather to four children.

This obituary is based upon the RACS citation for the ESR Hughes Award with significant contributions by John Gillman FRACS and Soozie Maddren.

PATRICK JOHN MOLLOY
3 August 1928 – 19 May 2020

Cardiothoracic Surgeon

Having obtained cardiothoracic training in London, and considerable experience working amid the Northern Ireland Conflict, Patrick Molloy returned to New Zealand in 1973 to develop and lead the South Island's first cardiac surgery unit in Dunedin. With the appointment by the University of Otago to a chair of Cardiothoracic Surgery, Prof Molloy was an early provider of paediatric cardiac surgery in New Zealand. He is fondly remembered for his empathy and gentlemanly demeanor towards staff and patients.

Patrick (widely known as Pat) Molloy was born in Auckland to James Reuben Molloy, solicitor, and Kathleen Frances (nee Worthington), a nurse. Pat and his only sibling, Joe were identical twins. Growing up in Ellerslie in Auckland they were among the first students at St Peter's College where Pat was a good rugby player. He completed a BSc at Auckland University and then gained entry to Otago Medical School in 1948. In Dunedin he became a keen and proficient rower representing Otago University. He completed his MB ChB in 1953.

Pat spent his house surgeon years in Auckland hospitals including Green Lane Hospital where he worked with Douglas Robb and this proved to be a significant influence on his subsequent career. During this time, he met Julia Waldron, a nurse from St Bathans in Central Otago, and they married in 1954. He worked as a GP in Hamilton for two years to fund his family's travel to the United Kingdom In 1958, with Julia and their four children, Prudence, Brigid, Adrienne and Katherine-Mary, he set off for London to pursue a career in cardiac surgery, becoming FRCSEng in 1960. At Guy's Hospital in London in 1960-1964 he worked alongside ground-breaking surgeons Sir Russell Brock and Donald Ross, the latter completing the UK's first heart transplant in 1968. In 1964 Patrick was appointed to a cardiothoracic surgery consultancy at Broadgreen Hospital in Liverpool.

In 1968, Pat and Julia, now with a family of nine children, with the addition of Alison, Felicity, Ruth, Veronica and Charlotte, moved to Belfast, Northern Ireland, when Pat was appointed to lead the formation of a new cardiothoracic surgical unit at the Royal Victoria Hospital. This was during the period of conflict known as "the Troubles" and the older children recall numerous occasions when their father was called out in the middle of the night to help a victim of a shooting. In this emergency work he developed a technique, which is still widely used in conflict zones, for treating chest wounds resulting from the large rubber bullets used by the army.

In 1970 Prof Molloy was invited to assess the needs for cardiac surgery in New Zealand. His report predicted growth in this rapidly developing field and recommended a surgical unit be set up in Dunedin. The Dunedin unit, with close connections to the University of Otago Medical School, was established in 1973, and Pat and his family, with the addition of James, Hannah being born three years later, returned from Northern Ireland so he could take up the lead role. Becoming FRACS in 1975, he devoted his skill and energy to the establishment and direction of the cardiac unit in Dunedin. He was, however, worried, about the subsequent implications of a proposal for a further cardiac surgery unit in Christchurch and told a 1977

national review that slashing Dunedin's workload would be "disastrous'. A significant reduction in cases risked turning the Dunedin unit into a "completely inefficient nonentity". The second cardiothoracic surgery unit in the South Island was opened in Christchurch in 1997.

Pat Molloy was a man of great intelligence with an extensive knowledge of anatomy and physiology. He developed a very loyal and effective team and was held in high regard by those who worked closely with him. He had excellent relationships with his cardiology colleagues and an easy relaxed manner with his patients with whom he exchanged information in words they readily understood. He was held in very high regard by those who came under his care. Dependable in times of difficulty with a dry wit, he was a careful, skilled and compassionate surgeon, who showed empathy to all. He was a committed and engaging teacher, not only to attached surgical registrars, but also to cardiac and medical registrars he came into contact with during consultations.

Pat was a member of the British Cardiac Society and the British Thoracic Society serving on its Executive Committee 1969-73. He was a regular participant in Cardiac Society of Australia and New Zealand activities and served on the Executive 1979-86. He was a member of the RACS Cardiothoracic Surgery Board and served as an examiner in Cardiothoracic Surgery. With the aid of a generous benefactor, Pat was instrumental in setting up and subsequently chairing the Dunedin Heart Unit Trust, assisting with local research, and educational grants. He was also a trustee of the Drug and Rehabilitation Trust.

Pat retired from surgery in 1993 and became an emeritus professor the next year. His last role at the Otago Medical School was curator of the surgical museum. A skier, tennis player and rower in his early years, he was a keen golfer for much of his life, playing at least weekly at the Balmacewen course throughout his professional career. Golfing friends later became bridge buddies, although Pat was not renowned for his skill in this pursuit! He had an interest in geology and his children recall happy holidays scrambling over rocks to find fish fossils high in the Welsh mountains and pieces of quartz in the coldest of Central Otago rivers. For many years he was involved in the resettlement in New Zealand of Cambodian and Vietnamese refugees.

The Molloys were married for 63 years, Julia Molloy dying in 2017. As well as caring for their 11 children, in the late 1970s they absorbed into their family a young woman, Kirsty McMillan, who lived next door, and in the early '80s a Cambodian refugee, Phirum Keo, who would later become deputy leader of the Opposition in Cambodia. Aged 91 years and requiring increased daily support, Patrick moved into care at the Little Sisters of the Poor in Brockville, where he was well cared for. The family remember him as an ever-present dad and granddad who listened with an open mind and was available in his quiet way through difficult and good times.

Patrick Molloy is survived by his children, Prudence, Brigid, Adrienne, Katherine-Mary, Alison, Felicity, Ruth; Veronica, Charlotte, James, and Hannah, Phirum Keo and Kirsty MacMillan, 37 grandchildren and 36 great-grandchildren.

This obituary is based upon that published in the Otago Daily Times 20 Sept 2020 and contributed to by Grant Miller, Gerard Wilkins, Richard Bunton and Dame Norma Restieaux DBE and Molloy family members.

JOHN HUNTER WILLIAMS B.SC, MB ChB, FRCSEng, FRCSEd, FRACS
26 June 1925 – 10 November 2020

Plastic and Reconstructive Surgeon

John Williams was a superb surgeon who developed a world-wide reputation not only in one area of expertise, but two – both cleft lip and palate and hypospadias. He had very high standards and was extremely humble as a surgeon – "perfection was only just good enough". He was always very considered in his advice to others, and like his predecessor and mentor, Sir William Manchester, he was a patient and excellent teacher.

John Hunter Williams was born in Dannevirke, his father Charles Skinner Williams was an Orthopaedic and General Surgeon and his mother, Edna Debenham, a pathology technician. He was given the name John Hunter in memory of the 18th century Scottish anatomist-surgeon – thus John's fate was sealed! John was the eldest of four children with a brother, Peter, and two sisters, Barbara and Susan. As a teenager John contracted polio and was left with left sided weakness; he was able to recover sufficiently to study at Whanganui Collegiate. During this time he demonstrated considerable ability at sketching.

John entered Otago University with an interest in radio and electronics completing a BSc. Lacking confidence in mathematics, he applied for and gained entry to Medical School. During this time John resided at Selwyn College, but also spent considerable time with his mother's family who were based in Dunedin. John spent his final year as a medical student in Auckland, where for experience, he frequently worked after hours in the Casualty Department. It was there that he met a Canadian nurse, Joan Hammond, who was on a working

holiday travelling the world, but who stayed and married John. Graduating MB ChB in 1951 he was determined to follow a surgical career.

John remained in Auckland for his house surgeon experience and in his first job was assigned to Plastic Surgery at Middlemore Hospital under Mr W.M. Manchester - having been warned to pay great attention to Manchester's teaching, so he could repeat the litanies word-for-word on ward rounds! Having survived this experience, he returned as a plastic surgery registrar in 1954 with the legendary Manchester insisting that he should not be anything other than a Plastic Surgeon! After two years as a surgical registrar, John travelled to England as a ship's medical officer to obtain a fellowship in surgery. Meanwhile, Joan and their two boys travelled to Canada, to be with her family. Living at the College of Surgeons hostel, John first worked as a prosector at The Royal College of Surgeons, and then obtained small jobs at The Royal Marsden Hospital and Smallfields obtaining both Edinburgh and English fellowships. Shortly after being re-united with Joan and the children he was summoned home.

From June 1958 John was employed full-time at Middlemore Hospital as a plastic surgeon. He obtained his FRACS in 1963 and entered private practice in1965. As Manchester became more involved with overseas trips as a visiting professor, John dealt with an increasing volume of cleft lip and palate surgery in Manchester's absence. In the same way his involvement in the surgery of hypospadias steadily developed, initially employing one stage repairs for distal hypospadias and two stage for the more severe proximal condition. He subsequently adopted the Horton-Devine techniques including the one stage free preputial lining graft technique and taught it to younger surgeons in New Zealand and Australia.

When Manchester retired from his post at Middlemore Hospital in 1979, John became Head of Department. He continued to work, particularly on cleft lip and palate and hypospadias, up until his hospital board enforced retirement at age 65 in 1990. Following retirement from his part time visiting surgeon position he was re-employed and continued to provide outpatient clinics and surgery at Middlemore and Waitakere Hospitals. John became involved in College affairs, initially as a Plastic Surgery Division Board member and later Chairman. He also served as a College examiner for a number of years. In 1999 he gave the Manchester Lecture at the RACS ASC. John worked in Qui Nhon Hospital in Viet Nam as a member of the civilian surgical team at the time of the Tet Offensive, and later visited Western Samoa as a member of the Interplast service.

Aside from surgery John had wide interests. He was intensely interested in computers, becoming an acknowledged expert in the Linux operating system and he became proficient in social media. His garden in Pakuranga was a source of great pride. While roses took pride of place about the family home a rough gully next door was transformed into a native and exotic wilderness. A keen reader, particularly of philosophy and religion, John was also a very good photographer. The Williams family spent many holidays at the matchbox-sized one room bach John's father had built at Tauranga Bay adjacent to Whangaroa Harbour in the Far North. Fishing and sailing a sunburst sailing yacht built by John in the 1960s – it is still being sailed in Tauranga Bay by the family today – were particular pleasures.

John Williams passed away on November 20, 2020 after a short illness at the place that he had spent over 45 years of his life – Middlemore Hospital. John was predeceased by his beloved wife, Joan, by four years. He is survived by his children Charles and Phyllis, Matthew and Janice, Andrew and Anne, James, Joanna and David; four grand-children and three great grand-children.

"The kauri has fallen, the karakia chanted,
The long haul charted, the giant lies still"
Nancy Bruce, 1960.

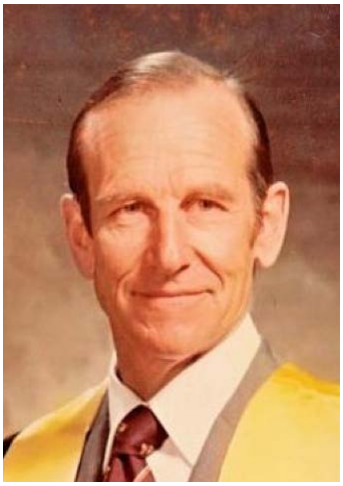
This obituary was provided by Cary Mellow FRACS.

Access to Counselling Services

Fellows, Trainees, International Medical Graduates (IMGs) and members of their household or immediate family have access to confidential counselling for any personal or work-related issued through Converge International. Provision of services covers New Zealand and Australia and can be in person, on the phone or via Skype. RACS will cover the costs of up to four sessions per calendar year to this arms-length service. Contact Converge via phone: 0800 666 367 in New Zealand or 1300 687 327 in Australia or via email: eap@convergeintl.com.au

KEITH MCDOWELL EWEN
7 September 1924 – 18 January 2021

General Surgeon



Keith Ewen was born in Lower Hutt, the son of David Ewen and Marian Nathan. His father was managing-director of Sargood Son & Ewen, a prominent family business, Mayor of Lower Hutt and subsequently knighted for his many community and business contributions. There were two older siblings - brother, Ian, and sister, Barbara. Keith commenced at Huntley School, boarding there from the age of 10 to 14years and becoming Head Prefect. There he played cricket and he was encouraged by his father to learn to box. He next attended Whanganui Collegiate where he became Second Head of School.

Completing his schooling, Keith went to Otago University and gained entry to Otago Medical School in 1943. In Dunedin he resided at Selwyn College, where he served a term as President. With the country and many senior staff at war, medical students were called upon at an early stage to assist with patient care thus assisting the early acquisition of skills and responsibility. University years were also memorable for participation in boxing – he represented Otago University - and skiing at Coronet Peak each winter.

Keith completed his final year in Wellington and remained there as a house surgeon and subsequently surgical registrar during the next three years. In 1952 while skiing at Queenstown he met Barbara Gordon (with a North Canterbury farming background), an equally keen skier, and they struck up a friendship. The following year Keith travelled to England as a cargo ship doctor, planning to sit his Primary Fellowship examination three months later. Unfortunately, with travel delays he was four weeks late for the planned course and had to wait for the next. He was joined by Barbara soon after this and they married in 1953. With the Primary successfully completed he obtained a registrar post at Guildford St Luke's Hospital and completed his FRCS a year later. This was followed by a series of locum posts in London and the South of England.

Keith and Barbara, with 15 month old son, Rodney, returned to New Zealand by boat in 1956 to take up a three month locum appointment at Wellington – Keith working their passage as the ship's doctor and completing an appendicectomy with a retired district nurse as anaesthetist en route. At the beginning of 1957 they moved to Auckland as he commenced as the first surgical registrar at Middlemore Hospital.

In 1958 Keith was appointed to a full-time position as a general surgeon at Green Lane Hospital. This later became a part-time appointment and Keith commenced in private practice. His surgical work encompassed all parts of the abdomen, with particular reference to the gastrointestinal system, and gallbladder. He was very involved with the introduction of GI tract stapling, and other new advances such as colonoscopy and chemotherapy in the management of malignancies. His surgical technique was very precise, carefully executed, and well taught to surgical registrars. Ward rounds were very formal with clear teaching to junior staff and medical students. Registrars on Acute call were expected to contact him about each case and instructions would be given about management. He and Barbara would invite the house surgeon and registrar rostered to his Green Lane ward along with other medical staff to their home for dinner – this always becoming a party appreciated by all.

Keith had a huge work capacity, often working 70-90 hours a week. He had a determined personality, at times holding his opinion firmly despite disagreements with others. The nursing staff admired him because he was invariably polite and respectful. In his private practice he operated at Lavington, Mercy and Brightside Hospitals. He continued working part time in public and private until aged 65 years, when he ceased his public hospital commitment and worked full-time in private practice for the next five years.

During 1961, aware the public health system was increasingly struggling to meet the demand, particularly for surgery, Keith was one of a group of surgeons who founded an independent private health care company. Serving terms on the Board and as Chair 1990 – 1994, he had to contend with the Upton/Gibbs health care reforms, where private health care was very much in the gun sights of the reformers. His leadership contributed significantly towards The Southern Cross Medical Care Society becoming New Zealand's largest private health insurance company. He served terms as Secretary and Chairman of the New Zealand Committee of the Royal Australasian College of Surgeons. Keith also played a significant role in the development of the Auckland Cancer Society. Barbara set up the associated mobility service which is now a highly professional service providing transport for patients for their radiotherapy treatment and for family to visit family members. Keith served terms as Board Member and Chair of Wings – an organisation committed to rehabilitation of drug addicts.

With a daily physical exercise regime, Keith was very fit. Working at Green Lane Hospital he never once took a lift, always walking the stairs until he damaged a knee. In his later years he became a regular swimmer and a keen walker using an exercycle daily. He played golf regularly, being a member of the Auckland Golf Club for 50 years.

He was a very good skier and this remained a passion throughout his life, leading to many trips to the Central Otago skifields. Keith had a love of the outdoors and the family property at Orere Point became a place for swimming, fishing, boating and skiing. He was a long-term member of the Northern Club in Auckland, and a sidesman and reader at St Marks Church for 25-30 years. In retirement he joined the Shakespeare Club and Provis.

Keith Ewen led a full life participating with gusto, planning, and energy. He enjoyed his retirement and with Barbara formed a complete partnership. He leaves behind his much loved wife, Barbara, children, Rod, Sue and Nicky (and Don deceased) nine grandchildren and four great-grandchildren.

This obituary is based upon the eulogy provided by Rod Ewen and the assistance of David Morris FRACS and Pat Alley FRACS.

REGISTER NOW

SURGERY 2021: REFLECTING ON PRACTICE

THURSDAY 2 & FRIDAY 3 SEPTEMBER 2021
Millennium Hotel, Queenstown

Surgery 2021: Reflecting on Practice, RACS Aotearoa New Zealand Annual Surgical Meeting, aims to challenge delegates to reflect on their ways of doing things.

Keynote speakers include:

Professor Peter Brennan, a consultant maxillofacial surgeon at Queen Alexandra Hospital, Portsmouth, UK, lead editor of *Gray's Surgical Anatomy* and an internationally renowned expert in human factors and patient safety.

We had hoped to have Peter at Queenstown but due to continuing border closures that's not possible. However, he will be Zooming in for his presentation, Human Factors in Surgical Decision Making, which will open the conference on Thursday morning.

Professor Suzanne Pitama (Ngāti Kahungunu), is Associate Dean, Māori, and Director of the Māori Indigenous Health Institute at the University of Otago.

In 2015, Suzanne received the Ako Aotearoa Prime Minister's Supreme Award for tertiary teaching excellence. Her extensive research experience focuses on indigenous experiences in the health system and how medical education can improve health disparities.

Dr Tania Huria (Ngai Tahu, Ngati Mutunga Wharekauri), is a senior lecturer and post-graduate course convenor in Hauora Māori based at the Māori Indigenous Health Institute (MIHI) at the University of Otago. Tania is developing the courses that MIHI is providing for RACS' cultural safety and competency training.

Register today at: https://bit.ly/3gLHJ8a

Royal Australasian College of Surgeons
Te Whare Piki Ora o Māhutonga
AoNZ National Committee
PO Box 7451, Wellington 6242, New Zealand

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Please email these to:
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