

THE GAMES

Geoffrey Kaye Oration

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I am no John Clarke, indeed I still have a little hair.

Nevertheless, as we are still in the grip of Olympic fever, I believe it would be appropriate to review our performance as anaesthetists, on the track, in the field, and in other arenas. How have we performed over the last few years, how are we performing now, and what events should we enter over the next few years? What are our best prospects?

We have spent the last 6 years involved in the marathon, otherwise known as the Relative Value Study or RVS. As many of you will know, this has been an exercise to review the whole of the Medicare rebate system, across all craft groups. The IOC (masquerading as the HIC) introduced the marathon into the games after representation by the ASA. We had complained that we were being unfairly handicapped in all foot races, and so the review was commenced. It did not start as the marathon. At first it was a 400 metres, once around the track, but when we got close to the end of the 400 metres, we discovered that we were then running the 1500 metres. This then became the 5000, the 10,000, and now the marathon. The committee kept laying out new track, borrowed some water jumps and added a few hills.

Anaesthetists have been competing since the beginning of the race. We have an enthusiastic support team but unlike some teams who have run it as a relay, we have been relying on one runner to carry the flag. The support bus follows along and occasionally falls behind but when it catches up, Greg Deacon is always striding out near the front, being careful to just nudge the other competitors without tripping them up.

The judges keep cautioning the contestants, and Greg has successfully appealed against most of their decisions. Some have been disallowed and we anxiously await the outcome of an imminent hearing in relation to practice costs.

We have certainly put in a gold medal winning performance, but the race is not yet over and until it is, the result will remain uncertain. In the meantime, apart from occasional refreshment stations, the Government has declined to put any more

funding into the course, arguing that they are spending all the money on the prizes, and that they will only be awarded at the end of the race.

I do have some late news on this event. It seems that in the aftermath of Sydney, the Organising Committee is concerned about available funding. We have heard that they have started to dig up the track close to the finishing line and that the Minister was last seen melting down the medals to make a commemorative wine jug.

We have been competing also in the triathlon.

The Society was forced into this event somewhat against our will, along with a number of individual anaesthetist competitors. When the ACCC pushed us off the jetty into the water, we were not even sure of the rules of the event, and we certainly didn't realise at the time that we had already been competing against one another on the way to the venue.

We first learned that we had to get an experienced coach, preferably with a legal background. We also learned that they did not come cheaply, though our main opposition had a whole army of coaches, all paid for by the hapless taxpayers, or should I say consumers who no doubt appreciate the efforts made on their behalf.

The swimming leg was complicated by a circling school of sharks, quite disconcerting when you are still learning to swim. Once we got safely out of the water with those wheels turning on the cycling section, we knew we had a chance of victory. We were fortunate to have a huge crowd of enthusiastic supporters cheering from the sidelines as we entered the sprint and approached the end of a gruelling race. Eventually we crossed the line together with the ACCC, and the judges awarded us both a silver medal. The ACCC claimed that they won the gold, in fact they still do, but the judges were quite clear about the result. The ACCC hasn't forgotten the contest and has been looking for a rematch ever since.

We have been carefully studying the rules and been in training since the event. We have now produced a training manual, and regular virus checking systems, but we intend to avoid entering the triathlon again.

We did however have another contest with Professor Fels and his team.

It was the Society in the blue corner, and the ACCC in the red corner (or was it pink). We sought an authorisation to negotiate on behalf of anaesthetists with the

multinational corporations. We were of the mistaken view that market power and fairness could be included in the same sentence. Well, in this three round bout, we unfortunately retired hurt after the second round. We could have gone three rounds, but we would have had to buy the stadium, and that would not have included the judges.

I am afraid the ACCC got the gold medal and we missed out. There was a strong suspicion that they had been taking performance-enhancing medication. Several samples were sent to the Fels testing authority but as yet they have been unable to return a positive result.

We have picked up a few gold medals over the last few years. The Journal is a consistent performer, both in local and overseas competitions, and deserves the role of flag bearer in the opening ceremony. A strong team led by experienced team captains has carried the Journal to great heights. Not content with this, John Roberts is now successfully seeking gold medals in competitions for alternative therapies.

In the education races, the establishment of the Masters Diploma Course at the Fiji School of Medicine is a gold medal we can be very proud of. Especially so because we have now given the Pacific Islanders the opportunity to enter their own athletes in future games.

We have also been successful at other educational events, and we have shared the honours with the College on many occasions over recent years. There can only be one Olympics in a year, yet this year we have not only experienced the World Anaesthesia Olympics in Montreal, but also a recent event in Sydney going by the same name. Despite that, the Perth organising committee led by Chris Johnson has staged an event to be proud of. Truly, a gold medal performance.

Reservist anaesthetists have been providing unselfish service to the community and their country for many years. Increasingly, their services have been taken for granted. We have achieved some gains, particularly in the area of practice grants While on deployment. I think we deserved silver for that performance.

How have we performed in the publicity stakes? I think we can liken our performance to synchronised swimming. How can we seriously compete when we

do our best work under water and out of sight. We are very good at coming up from time to time with a grimacing smile to hide the pain, (or is it perhaps the cerebral hypoxia). We have done an enormous amount, both individually as a Society and together with the College, to enhance our image in the public arena. National Anaesthesia Day has been our occasional smile to the world. We probably deserve a bronze medal for our performance, not for want of trying, but we did come from a very long way back in the field. Perhaps we need to change events from synchronised swimming to something which better demonstrates our talents.

In the target sports we have achieved great results. Australian anaesthetists have been at the forefront in promoting patient safety. The APSF is an organisation that has been supported by the Society since its inception. The AIMS project is tangible evidence of our efforts in quality assurance, and has now been applied to other specialties and other facets of health care. The Society has now been invited to join the APSF Council. Under the founding captain, Bill Runciman, the team has been a consistent medal winner. I believe that we currently hold the world record in patient safety, although this has been disputed by other competitors.

It is a little surprising therefore, given the record so far in international competition, that there has not been more local sponsorship support.

Another disappointment has been the lack of recognition of the contribution by anaesthetists to savings in health care expenditure. The Society commissioned the highly respected economists Access Economics, to quantify the savings to the Australian community arising from advances in anaesthesia care. They have recently completed their report, which is to be officially released shortly. It is estimated that shorter hospital stays and better recovery, as a result of improvements in the quality of anaesthesia care, have produced accumulated savings of \$34 billion over the last 20 years. Now that is clearly a gold medal performance of which we can be very proud.

We are still waiting for the medal presentation.

No matter how successful, we must strive to perform better. We are currently in a restructuring programme so that we can better attack the increasingly fierce competitions of the new millenium. The future of any competitive team is dependent on its members and we have recently been concentrating on the

younger competitors, encouraging them to join the team and be a part of our rebuilding. Performance does not depend just on a group of individuals, but on having an effective team. That team must be supported by a trained and dedicated support team. We have appointed a new Executive Director and we are now building around him, a team of enthusiastic and committed staff who are looking forward to the challenges which will be thrown at us.

Where do we go from here? What events should we concentrate on for the next games?

Should we keep on with weightlifting. I suggest that it is time to get rid of the weights from around our necks. Concentrate on the shot put and the discus, and start to throw our weight around. We need to toss them in amongst the other competitors, and make them aware of our abilities. Instead of our traditional sport of javelin catching we should start throwing them.

~~Should we enter the shooting? We are normally very precise at everything we do so why not. A steady hand and a keen eye are two of the trademarks in our professional skills. We could concentrate on clay pigeon shooting, with plenty of opportunity to practice using hospital administrators.~~

We may need to gain more experience in water polo. Too often, we have been beaten by underhand or underwater tactics of other teams. The health funds keep on appealing to the umpire and not infrequently we find the whole team ganging up on one member of our side. They tell the member that all his colleagues have joined their side and that he will drown if he doesn't join up too! Do we have to develop some of the same dirty underwater tactics so well developed by our competitors or should we play by the rules. Come to think of it – what rules! The problem is that the umpire is usually a fels – I mean a fellow who always appears with one eye bandaged and who clearly can't count. There always seems to be more players on the opposing team.

There are a number of specific events that we should concentrate on for the next games.

Yachting.

Apart from cycling, there is no other event that is so highly dependent on specialised equipment. No event which is so dependent on careful preparation of

that equipment. It is also an event where we have to respond to unforeseen changes in winds and other environmental factors.

We should not be fearful of new technology. We must embrace it, master it and adopt it in our strategy and practice. The effective use of technology can give us the edge over our competitors and enhance our ability to function as a team. We must determine and prioritise our strategies, and then plan for their implementation. Having set our course, we must maintain it, unless other factors determine that a change in direction is necessary. At all times we need to keep in mind that our strategic directions must be for the benefit of our members and our patients.

Equestrian

Equestrian is the only group of events where the competitor is dependent on the performance of another animal. Anaesthetists too, are dependent on the performance of another animal (although I would be the last to refer to surgeons as animals!).

We all know how hard it is to steer surgeons through gates and over jumps. Sometimes it is impossible to get them to turn at all! How often have you been ready for the jump, only to find that the horse refuses at the last second, leaving you up in the air and then flat on your back. How often does the horse come along to dust you off, to give you a pat, an encouraging word. Yet the horse gets a pat, a lump of sugar and a rubdown - and is then just as likely to drop a load of at the most inopportune moment.

That we jump when the horse jumps is part of a long tradition.

Geoffrey Kaye, in an address to Melbourne anaesthetists in 1962, was reminiscing about the specialty of anaesthesia in Australia in the 1920's. He had this to say: "Anaesthetics rated low as a specialty, in fact, it was regarded as the province of either the physically handicapped or those who had failed in other branches of medicine.....the surgeons of that day used to say that the best anaesthetists they had ever met were the medical orderlies of the 1914 war, because those blokes did as they were told"

We still have to emerge from that supporting role.

We cannot accept the concept that the surgeon is always the principal specialist. We are as much a consulting specialist as they are. During the main event, which is during the surgical procedure in the operating room, I have no reservations in claiming that we occupy the principal role. The patient's safety and well being, both then and afterwards is largely in our hands. The anaesthetist is the principal specialist, the main performer. They don't call it a theatre for nothing, but we must shift the spotlight from the surgeon to the anaesthetist.

That being said, the most efficient equestrian team is one in which the horse and rider are a close knit team. We just need to develop a dressage mentality to our relationship.

Rowing

There is no doubting the importance of working together as a team. In rowing especially, it is incumbent on all crewmembers to pull together, to work in absolute unison, taking cues from each other, especially the stroke, who is usually the member with the most tactical experience. The crew must also watch outside the boat, keeping an eye on what their competitors are doing, and match any surges with an appropriate response.

What you don't need in a rowing eight or four, is a crew member from the National Association of Private Arsmen, There must be an "O" missing, I think that should read Oarsmen, the organisation is known as NAPO. They are likely to jump in the boat and start rowing in the opposite direction. Not only does it slow the boat down dramatically, but it will very likely tip the boat over!

The message is clear. As a specialist group, we can be very powerful indeed. We can win. But we must act as a unified group. We can learn from the general practitioners who have had at least three groups representing their interests on the political stage. The state of general practice and morale among general practitioners is at an all time low. They have effectively been dictated to by successive Governments.

Governments are very successful at conquering the divided, and they are very good at sensing division. The Society has a very cooperative and productive working relationship with the College, as it should. What we do not need is a dissident group, who cannot abide by the democratic processes that are available in our constitutions to enact change. We recognise that not every decision or direction is liked or appreciated by every member – that is a fact of life, the basis on which the principles of democracy are built. Those democratic and transparent processes are available for everyone to use, indeed I would encourage everyone to use them. To ignore those processes and deliberately set out to undermine the Society, to place doubts directly in the minds of Government is not only failing the team, it is irresponsible. Rowing in the opposite direction will very quickly sink us all.

If we want to change team tactics, let's do it democratically behind closed doors where everybody has a chance to have a say, so that when we go out on the course we are all pulling in the same direction, and we have our tactical strategies well rehearsed.

Nowhere will this be more important than in our dealings with health insurers. They do not believe we can win the race. They do not believe we should ever win the race. They do believe however that they own the course, and that only they can sell the tickets to enter the course. They also believe that they can control who wins the race.

They have bought off the pathologists, so they now only row in the exhibition events. The GP's are prohibited from competing. They would like the surgeons to carry their endorsement, and have offered to fit an outboard motor to their boat. They refer to them as the "principal crew".

Despite the presence of Alan Fels in the umpires' boat and Dr Wooldridge counting the spectators, we can win this race. We can retain the right to set our own pace, we can have our own spectators, but we must row together. We don't have to follow the lead of the South Australian Crew, last seen being towed along by the Surgeons with Dave Fenwick waving frantically and shouting "abandon ship, abandon ship."

If we decide to row the race the way we want to, and we all row together, no one can stop us winning!

Track and field

Just as I remind you of the importance of working together to achieve our goals, I want stress the importance of individual performance. Every single anaesthetist must strive for a PB, a personal best. We should no longer look upon ourselves as supporting athletes, we must take on the role of an elite performer, indeed that of a principal performer.

Each individual anaesthetist can do more for the image of the specialty than any number of grand opening or closing ceremonies, publicity campaigns or National Anaesthesia Days. With over 3 million one on one marketing opportunities every year, we have a unique and valuable opportunity to sell ourselves and boost our medal prospects.

We must spend time with our patients before the event. This means moving more and more into consulting rooms or clinics for preanaesthetic consultations, where we can perform the true role of a consulting doctor. We must be more open to discussion with our patients on medical, financial and other matters. They must understand what our role is, and be given the opportunity for some involvement in their treatment. In many cases they can be provided with some options. Talk to

their family and make yourself available for help and advice before and after the event.

Again I refer to comments made by Geoffrey Kaye. “Anaesthetists and patients met as strangers in the operating theatre...Every body was subjected to a ritual of purgation and starvation and paid for it in post-anaesthetic vomiting. Indeed, that was quite the expected thing.”

It is no longer acceptable to put your head around the door to say “Hello Mrs. Bloggs, I’m your anaesthetist tomorrow – Any problems, any allergies? – No OK, I’ll see you tomorrow – Oh, by the way, I charge AMA rates”. We can do so much better than that, but it takes time, time that has been whittled away by enthusiastic administrators and budget conscious managers. We must enforce our rights to provide a proper service that befits the importance of our role in modern medical care.

Our service to the patient must be a continuing one, just as with any other consulting specialist. Having sold them a service which provides them with a healthy and comfortable outcome, why not a little after-sales service also. Aren’t you more likely to be impressed with a product that comes with after-sales service? Aren’t you more likely to go and buy that product again or recommend it to your friends? Visit your patients or call them on the phone. The feedback is always positive. Even if things aren’t quite right, the patient is feeling nauseous or in pain, you can do something about it and preempt further distress. Best of all, they remember your name and the account doesn’t come as a surprise.

Individual performance is the key to individual success, and is also the key to success of the whole team. Strive for a personal best and the gold will your reward.

Beach volleyball

Twenty years ago, if you had asked anyone about beach volleyball, they would most likely look at you with incredulity and reply “what?” The more enlightened might have mentioned some memories of a holiday on some expensive island resort.

Last week, it was impossible to get a ticket to see the beach volleyball events in the Olympic Games. Even the Prime Minister was there to cheer the Australian team on. Is there something we can learn from the beach volleyballers?

What are the attractions. I think we could say glamour, excitement, health, sex and of course, skill.

Can we make anaesthesia more glamorous, even sexy? Well we should at least look professional. Don't go and see your patients dressed in grubby jeans. I well remember being convinced of the importance of appearance by the late John Matheson, who really got the Society's Public Relations activities off the ground, and to whom we all owe a great debt of gratitude for alerting us to our potential. Neither should you first see your patients dressed in theatre garb. If you want them to think of you as a technician, then it would be quite appropriate, but you are not, and it is not. Get yourself a business card and hand one to every patient. Make sure it has your contact details on it.

Can we make anaesthesia more exciting? It can be exciting enough, I hear you say, but is it exciting to the patient? Not unless they know more about what is happening to them. Take the time to explain the process, and especially emphasise your role in their care.

Can we make anaesthesia appear more healthy. Given our record of safety in anaesthesia, we can be very proud of our achievements. That doesn't give cause for complacency, but it does justify the high standard of training which has been a hallmark of the Australian and New Zealand College. It also means that we must preserve those standards and reject any attempts by Government or other political bodies to undermine those standards in the name of competition. We must make the public more aware of the importance of our postgraduate educational role to counteract those who view our training and standards with scepticism.

Skill is difficult to use in attracting sponsors, especially when most of it is exercised where the audience can't see it. I dare to remind you again of synchronised swimming. We can tell the patient more about what we do, although I refrain from emulating the comments of one anaesthetist who was accustomed to saying to his patients as he was about to induce them: "Now, Mrs. Jones, you are going to feel a number of pricks in the back of your hand, the last one of which will put you to sleep"

Maintaining skills can be given a greater profile through the use of simulators, and centres like the one here in Perth. They provide an opportunity to demonstrate skills in the public arena without any risk to patients or privacy, and can give the specialty a sexy, high tech image.

There is an opportunity to learn from beach volleyball. We can be more open. We can show off what we've got and demonstrate our skills. Remember, appearances count for a lot, and it is the image that attracts the crowds.

Are there any major threats to our future team development?

Over the next few years, our main opposition will be from those who wish to see us change teams. They will want us to join their team with the promise of an extra endorsement. The endorsement looks very attractive but it comes with a contract. Before changing teams, look at the fine print. Remember that a team gold is a wonderful achievement, a personal gold is the pinnacle, with some of the new teams, the managers get the gold.

Conclusion

Faster, higher, stronger. The motto of the Olympics can be our motto.

I don't know that we can go much faster, but we can be more efficient. We must move out of the hospitals and day centres and develop our own consulting rooms.

We can certainly go higher. If there is any justice in this world, the RVS will determine that the value of anaesthetists is equivalent to any other consulting medical specialist. Whether that will translate into an improvement in anaesthesia rebates is yet to be seen.

We must retain our current strength, and build on it. We can be a very powerful force in medical politics, so long as we remain unified. We need to continue to attract our young trainee colleagues into the Society for it is they who hold the key to the future. We must also remain transparent in our activities and provide everyone with a fair opportunity to voice their opinion without jeopardising the majority.

We can also learn from the AIS, the Australian Institute of Sport. It is not there to secure short term success, it is there to build on talent with the aim of achieving long term success. So too, we must build strategies for long term success, and not be distracted by short term gains.

We can be a gold medal winning team. With faultless individual performances and cohesive team efforts, we can beat the best in the world.