

Edgar Thomson Memorial Oration 2009

Honored guests, ladies and gentlemen, it is my great honor to give the Edgar Thomson Memorial Oration.

Edgar Thomson was the driving force behind the foundation of the College in 1956. It is one of the youngest of the medical Colleges, but still seven years older than its British counterpart.

It was a remarkable achievement given how few pathologists there were and the distances involved. The members kept in touch by letters, an occasional phone call and trip to Sydney. The Honorary Secretary's brief case functioned as the College premises until they were given a filing cabinet at the College of Radiologists. John Tonge, the foundation Queensland Councillor, described the travel arrangements with his employer: "the Queensland Government would stump up free rail travel to Kyogle, after that, you were on your own."

Edgar Thomson was not only the Foundation President, he watched over the College as advisor to the Executive Committee for the next 20 years until his death. A New Zealander, he trained as a bacteriologist and spent his career in Australia. He was, in turn, Laboratory director, General Superintendent and CEO of the Royal Prince Alfred Hospital, but the crowning achievement of his professional life was clearly the College.

I recently asked John Tonge what the first Fellows hoped the College would achieve. He replied with alacrity "Standards, training and a voice for pathologists." The College has stuck by those aims and there have been many achievements in the last 52 years.

Tonight, I would like spend a few moments on three important points.

Firstly, I would like to set the context of where the College has come from because it shapes so much of who we are and what we do.

Next, I'd like to touch on the key challenges being tackled by the College on behalf of Fellows and the broader community.

And finally I would like to acknowledge the role of our newest Fellows in taking the College forward.

Let me start by congratulating our new Fellows. I am particularly pleased that so many of you have come here tonight. We are reminded by ceremonial occasions such as this that the medical Colleges are descended from the medieval craft guilds.

Guilds have existed since Roman times and are the oldest and most enduring of the alliances based on something other than kinship. Last century's historians were preoccupied with their anticompetitive nature, but in recent years their reputation has been restored. And I ask you to bear with me because this new perspective on guilds of needle makers and cordwainers in the Low Countries in the sixteenth century is highly relevant to my theme tonight.

Guilds were one means by which workers could participate in collective action and address social problems such as poverty and disease, and of course marauding barons. The only other type of collective action was riots and protests. Where guilds were strong and effective units bound together by mutual obligation, a riot comprised disparate and desperate groups who could precipitate a crisis but not offer a solution.

It is now recognized that the guilds protected the interests of the customer by assuring a certain standard of good, and by guaranteeing that the workers had trained through an apprenticeship. Guilds, particularly in high skill crafts, drove innovation and disseminated new technologies. Lastly, it is clear from their legal structure that they were intended to serve several generations and succession plans were in place for their apprentices. And this is the conclusion that has so excited the historians.

The notion of a guild has been recast from an institution that benefited its members to one that made significant and lasting contribution to social change.

Guilds eventually disappeared as new ways of maintaining social order and managing trade developed. Cartels, no matter what claims they make to good works, are illegal in today's world. The medical Colleges have had to deal with the perceptions that they had acted as cartels and must now demonstrate fair access to training and certification.

Colleges have however, retained many of the other features and functions of a guild. Although we no longer ask members to man the ramparts, the College keeps a close eye on the various forces that may influence the way in which we practice pathology. We are currently in the midst of two long running campaigns – over training positions and funding.

We lost training positions in Australia in the 1990s when the robber barons in the form of hospital administrators, plundered the nest. We have worked very hard to recreate those positions and more in Australia. There has been a long struggle to convince the New Zealand government of their shortage of pathologists, but we appear to have broken through at last. Both Governments are now committed to

projects to address the pathology workforce shortages. This year, a landmark all of pathology manpower survey will be conducted in Australia.

We have had less success in negotiating suitable funding. The tendering of pathology services in New Zealand, and the Australian budget cuts last year were a blow to the profession. They reflect a view that pathology services are a commodity. We find this grossly offensive. As a profession we understand Governments need to curb spending in healthcare, but deplore the short term fiscal decisions made without an understanding of the consequences to patient care.

These setbacks have galvanized our professional community and we have responded. Firstly we have tried to educate governments about pathology and how changes in funding might affect it. Secondly we have argued that the costs and benefits of pathology must be viewed as part of the whole of healthcare not in a silo, and that the general public must be engaged in the debate over healthcare spending. This will be a sophisticated ethical debate. Already there is concern that the costs of preventative healthcare may affect the care of the sick. Pathology testing plays a role in both prevention and treatment of illness. Which set of tests does society not want to pay for?

I would like to acknowledge the efforts of all Fellows who have taken part in these engagements with governments. They are time consuming and frustrating but there is no doubt that they have an effect.

We can learn from these recent experiences and make changes so that they don't happen again. And here I close the loop on the analogy between guilds and our College. We can learn from the historical treatment of the guilds. We need a new audience to appraise the evidence of our value to society. The old audience will listen for a while then lapse back into comfortable ideology. And our new audience must be the general public. We are, by and large, a mystery to them, but we can change that. It will take time, one public lecture and one radio interview at a time, but the general public will give us a fair hearing. In the last twelve months, we have formed strong relationships with patient support groups, Cancer Voices and Arthritis Australia. These groups have been powerful advocates for our medical colleagues and if the debate about whether the right diagnosis at the right time matters in the treatment of sick people reappears, we will ask for their help.

Within the College we face two significant challenges to the quality of our work – our manpower crisis and the arrival a huge wave of new knowledge spinning off from the Human Genome Project. As the saying goes, if the College didn't exist we would have had to invent it for these issues. Colleges are one of the few institutions where knowledge is shared. This happens because key guild behaviors are trust between

members and mutual obligation. We take this for granted but it is critical to our function and our ability to solve our problems. Our clinical scientist colleagues operate within this same framework. The importance of learning trustworthiness is often given as the explanation for the long apprenticeship that the scientists with high academic qualifications serve. It is very fortunate that we share these values, because we will need to work together to solve our problems.

The genomic revolution will bring one more challenge for us; we will have to validate the new tests, and interpret them for our medical colleagues and our patients. That is our traditional role, but the size and complexity of the new wave of diagnostics and the nature of their claims is something we have not seen before.

Governments, who are obliged to ensure that claims are truthful, that the tests are useful and that the country can afford them, will move slowly or not at all. The public, a very different entity from fifty years ago, will be impatient. They will want to circumvent any obstacle and go to the internet. We will need to act as the intermediary between the parties. Patients must not be offered false hope or wrong information or information that, in retrospect, they wish they didn't have. But they must be allowed to participate in the great promises of modern medicine.

It is a remarkable time to be practicing medicine. Just over 150 years ago, Virchow and his colleagues documented the pathology of the organs at autopsy and the correlation with patient clinical histories. They performed thousands of autopsies over a thirty year period to establish the first pass at the scientific understanding of disease. This immense and complex project was dubbed by James Underwood the Human Genome Project of its time. We are now witnessing the second pass at the scientific understanding of disease, and pathologists will play a pivotal role in it.

The College is active today on many fronts. It is a very effective organization, built from the key genetic material of the old guilds. It can and does harness the trust, reciprocity and willingness of a group and we have many victories to our credit.

I commend the College to our new Fellows. You are lucky to have it. It will provide a surrogate family for you, a guild. It is your best chance of a rewarding professional career. It will defend your right as a doctor to contribute to the prevention of illness and the healing of the sick.

I ask to play your part in College life. Make time for it. It is a very forgiving partner. You can come and go as your personal and professional circumstances permit. But keep a close eye on it. Make sure it is headed in the right direction. And contribute – bring the problems but more importantly help solve them.

I am still surprised when people tell me what the College did or didn't do at some point in history, as if it were a person. And so it is, in a legal and notional sense. But in reality, it is what the Fellows who are there at the time make it. So make it better.

The vitality of today's College is a constant reminder of the debt we owe Edgar Thomson. Founders are a special class of leaders. Their determination and personal commitment to a vision overcomes inertia and often resistance and makes something happen. Edgar Thomson's College is now our College and it will continue to confer its greatest benefit on the Fellows of the future. It is your responsibility to hand it over in good working order.

I would like to take this opportunity to acknowledge my personal debts as President of the College – firstly to the three Councils I have been a part of and to all the Fellows and the College's management team for their contributions and support, secondly to my colleagues at Sullivan Nicolaides Pathology who have done my share of the work so graciously and last, but not least, to my family.

Thank you.

Beverley Rowbotham

14 March 2009