

RCH Alumni

The Royal Children's Hospital Melbourne
50 Flemington Road
Parkville Victoria 3052 Australia
TELEPHONE +61 3 9345 5522
www.rch.org.au/alumni



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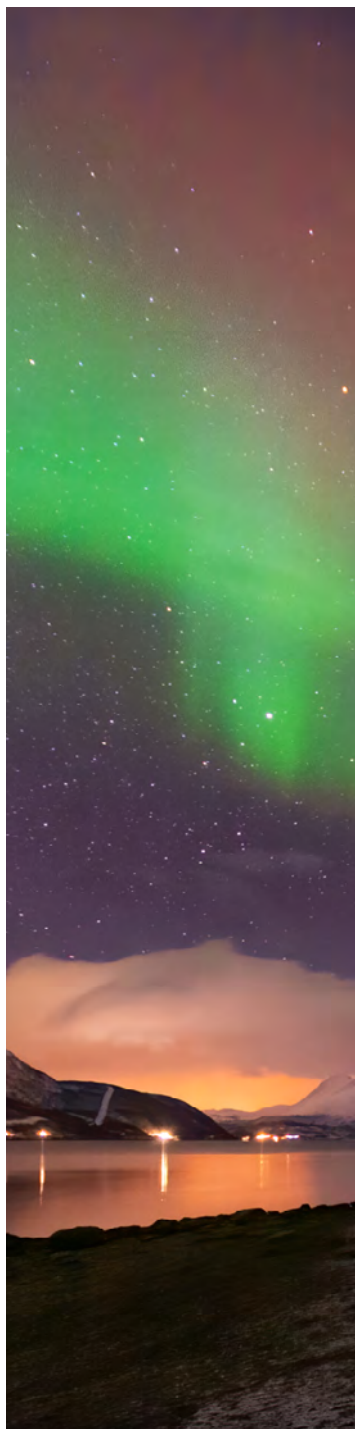
Aluminations

FROM THE RCH ALUMNI

January 2023 | In this issue:

How will we remember the Covid pandemic?

Photo: Northern Lights (Gigi Williams)



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Cover picture – This image was taken on March the 12th 2020 in Tromsø, Norway the day after we arrived, to begin what was to be a ten-week trip to Norway, the UK and Italy. There had been no 'Do Not Travel' warnings before we left, although we didn't think we would get to experience the Italian part of our itinerary due to the reported Covid outbreak there. We did however; fully expect to complete the Norwegian component.

Unfortunately we only managed one night in the Arctic circle with Northern Lights before being repatriated back to Australia via the UK! Eight international flights and 46,000 km for one night's photography – not good for us, or the planet! We were incredibly lucky to see the Northern Lights but couldn't really enjoy them because it was then that we learned the Norwegian authorities were closing their borders and the airport the next day.

Credits

Aluminations Editor
Garry Warne AM

Graphic design
Dan Warne

Published by
The Alumni Association,
Royal Children's Hospital, Melbourne

Address for correspondence
rch.alumni@rch.org.au

The 2023 RCH Alumni Executive

President	Jim Wilkinson AM
Vice-President	Garry Warne AM
Honorary Secretary	Caroline Clarke
Treasurer	George Werther AO
	Kevin Collins
	Bronwyn Hewitt
	Christine Unsworth AM
	Gigi Williams
	Ruth Wraith OAM

From the Editor

Garry Warne

For all of us, our lives have been dramatically changed since March 2020 when it became clear that we were about to experience a global pandemic of a new Coronavirus called Covid-19. It seemed appropriate to devote an issue of Aluminations to our experiences of life during the subsequent two years and eight months. Most members of the Alumni are older, retired health professionals with a particular perspective to bring, but we have some members who are still active in the workforce. Working in a major hospital during the pandemic must have been extremely difficult, owing to the overwhelming number of acutely ill and dying patients, the need to absorb the distress and anger of relatives who could not visit their loved ones, the long working hours made necessary by staff shortages, the requirement to wear personal protective clothing and face masks all day, and the reality of being exposed to a deadly infection.

No State or country was spared the pandemic. In this issue, we hear from Clarissa Pedreira about the pandemic in Brazil, Tony Cull in New Zealand, and Anurag Bajpai in northern India.

Anja Ravine and Trish Davidson have sent reports from NSW and Geoff Mullins from Western Australia. Liz Williams has provided a rural Victorian perspective, while Bev Touzel describes having more time for her hobby of gardening during lockdown. George Werther discovered novel ways of extending his involvement in theatre as an actor and director through Zoom, even using this medium to put on a play in which the actors were in two continents.

Leanne Hallowell's article gives a vivid sense of how restricted life felt during lockdown. Caroline Clarke and Christine Rodda have written about how they experienced using Zoom technology for clinical consultations and student teaching.



Through the whole Covid pandemic period, including the 262 days of lockdown, Aluminations has provided members with a means of communicating with one another and has shown a wider readership that we are a vibrant, forward-looking and creative group. It is a record of the ways in which RCH Alumni enjoy life to the full and gives us opportunities to tell our readers about our exciting experiences as eye-witnesses and participants in the key developments that occurred during our careers.

I thank our designer, Dan Warne, and all contributors. I believe that every member of the Alumni has interesting stories to tell and ideas to share, and I look forward to receiving them in 2023.

Garry Warne AM, the Vice-President of the RCH Alumni, was a consultant paediatric endocrinologist (1977-2012) and Director of RCH International (1999-2012).

Who do you know?

Applications for membership of the Alumni are most welcome and anyone who has been employed at the Royal Children's Hospital campus in a professional capacity is eligible to apply once they have left the hospital or are in the process of doing so (regardless of age). Applications from people still working at RCH but who are aged 65+ are also welcome. Apply to join at rch.org.au/alumni

Reflections on Covid

Christine Unsworth

Christmas 2019 seems so long ago, indeed a lifetime ago. It was a happy carefree time spent with many family and friends, optimistically looking forward to the year ahead. Then followed a quick spur of the moment trip by me to see family living in Bahrain, and celebrate New Year's Eve in a different cultural setting. A few days later my Hong Kong based pilot son advised me.... "Go home as soon as you can mum, there's something odd happening". Little did any of us, any our family understand what the 'odd' event was or how it would unfold.

By January 2020 an unknown illness had been identified here in Australia that could potentially impact us all. New words entered the everyday lexicon... Coronavirus and Covid-19, and even the word pandemic was being bandied about.

I recall being aghast at the thought that this virus was predicted to last for about 6 months! It soon became apparent that this could clearly be with us for an indeterminate period of time.

Each day we waited anxiously for the 11.00am press conferences to find out how many cases had been reported, how many had died, updates that horrified us. The numbers on all fronts were increasing. However it seemed that every one had an opinion, the range of experts was extraordinary. Who ever knew we had so many epidemiologists in the country? Many rules and limitations were imposed. Absurdly I conjured up mental images of Chief Health Officers, politicians and those in charge sitting in their front verandas each Sunday morning conjuring up new restrictions that would make everyone resentful and make each of them more unpopular than they already had become.

Forward planning may have been lacking but given the unprecedented event, errors of judgement were undoubtedly made; however, I naively chose to believe that most decisions were made with the knowledge available, these decisions were made in order to protect the health of community, to stop this virus in its tracks and to keep us safe. (Maybe I am just a somewhat ageing Pollyanna.) The general public appeared to have the knowledge and indeed the solutions, possibly based on which media outlet they chose to follow, or which side of politics they related to.

Sadly the health challenge by 2021 had morphed into a political debate; in so many ways it became a divisive issue.... States against States, politically 'Left against Right', family members against family members, and friends against friends. Debates raged about the solution and about the restrictions. Our Human Rights and Civil



Liberties were deemed to have been violated by some, cynicism around vaccinations was rampant – fuelled in part by the media, along with input from Dr Google.

The vitriol evident on many social media platforms was astounding. This vehicle demonstrated a section of society that was 'entitled' to freedom and liberty and was therefore outraged when those entitlements were curtailed. We all were impacted in some way. Members of our family lost their jobs, we were unable to visit family overseas, or indeed those on the other side of 'the ring of steel'! Marriages were postponed, funerals abandoned, and hospital visits outlawed. The introduction of online learning for many students may have a long-term adverse impact and certainly caused distress for many families. The limits on travel outside our home became tiresome and living outside a town or city had its drawbacks. All very disruptive to our lives and increasingly frustrating, particularly given the amount of years left for us oldies to enjoy.

However, relative to the state of the world; the conflicts, the turmoil and the political unrest, I think we got off lightly (Pollyanna again!). We had access to food, water and shelter, to power and many communication platforms. Netflix became familiar, we developed new skills and importantly we made new friends during our daily allocated time away from home. Personally I got to know our grandchildren better, thanks in part to the Internet and Face Time. Never did I think I would be discussing non-binary issues, the meaning of TERF and the impact of climate change with 11 – 15 year olds. Maybe it was boredom exacerbated by lockdowns, but the family communicated more with each other during this time; unfortunately physical fitness went on the back burner.

We adjusted to working from home where possible, to engaging through Zoom, to Face Timing, and to wearing a mask. (I never did understand the aversion to this –it is just an extra piece of clothing and it hides the wrinkles!).

2022 arrived and a New Year brought hope that life might return to what we had known as normal.

In many ways time had stood still, it is hard to recall what we did and what we achieved over that period. There has been much said about the measures taken over the three years throughout Australia in order to protect the community. Reviews and commentary alike have documented the good, the bad and the ugly aspects of our collective response.

Hopefully all the detail garnered will be used to plan for future pandemics.

Christine Unsworth has held several roles during her 28 year relationship with the RCH. Having left her role of CEO of a Community Health Centre she initially undertook the 'easy' task of managing the Volunteers and Auxiliaries Department. She then moved to the position of RCH Foundation CEO, before becoming the Manager of the hospital's Public Relations Department. Her last 16 years supporting the hospital were as the Executive Director of the Good Friday Appeal. This is a time she values fondly; a time where she got to visit almost every pub in Victoria and learn how to discuss the big issues - local football, the weather and the quality of the beer.

Hebridean Elements

Gigi Williams

My latest body of work is called Hebridean Elements and is a modern exploration of 'Mindfulness' - being in the moment and a new way of seeing. I started exploring this genre with my husband Robin down at Wilson's Promontory in 2021 after we had endured some of the longest and strictest Covid restrictions anywhere in the world as a means of restoring equilibrium and optimism.

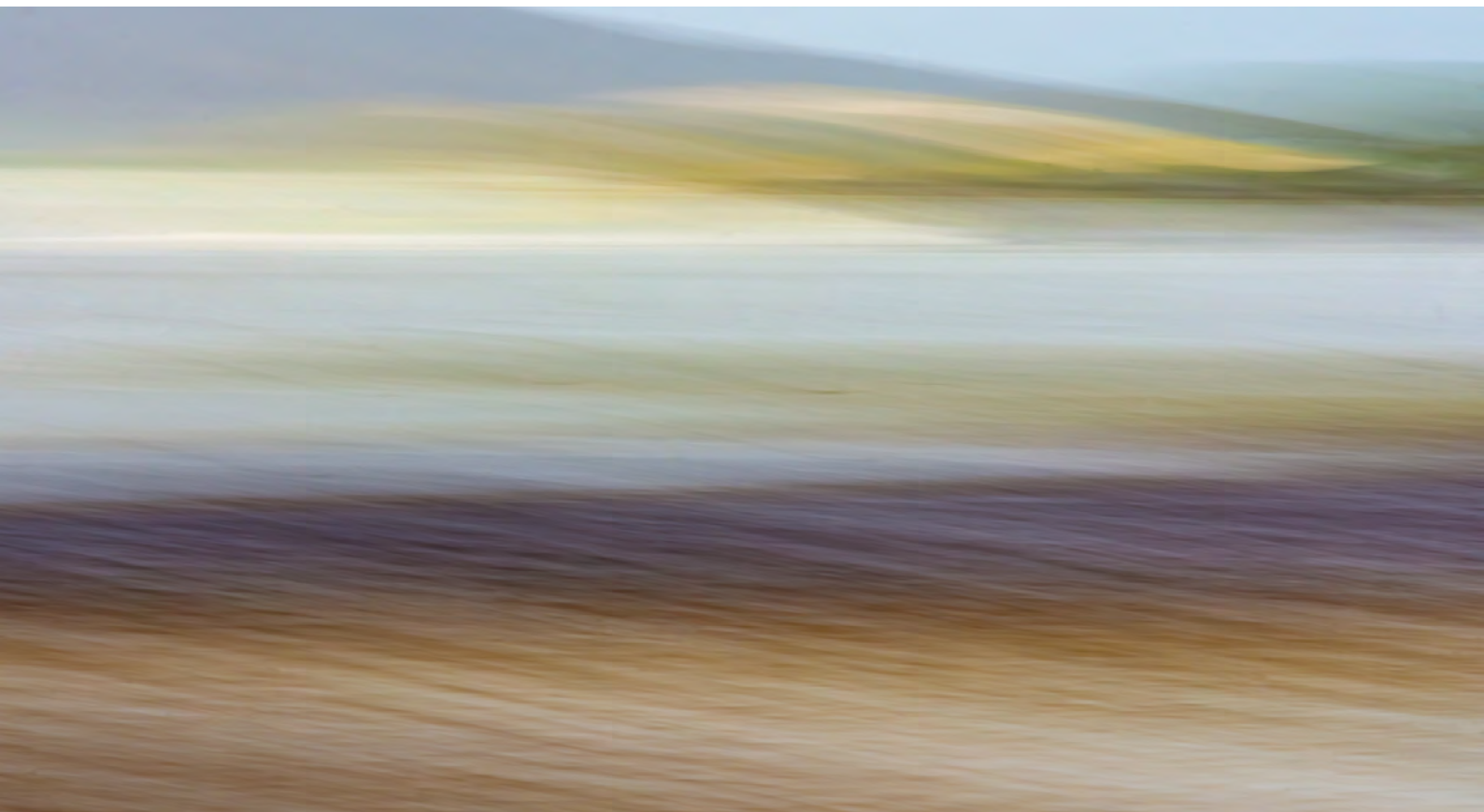
The images combine technical mastery with a sensibility for the subject and all that the shapes and colours might mean. In attempting to be 'mindful', it is ironic that the mind imposes all kinds of meanings that are at once intensely personal but at the same time truly universal.

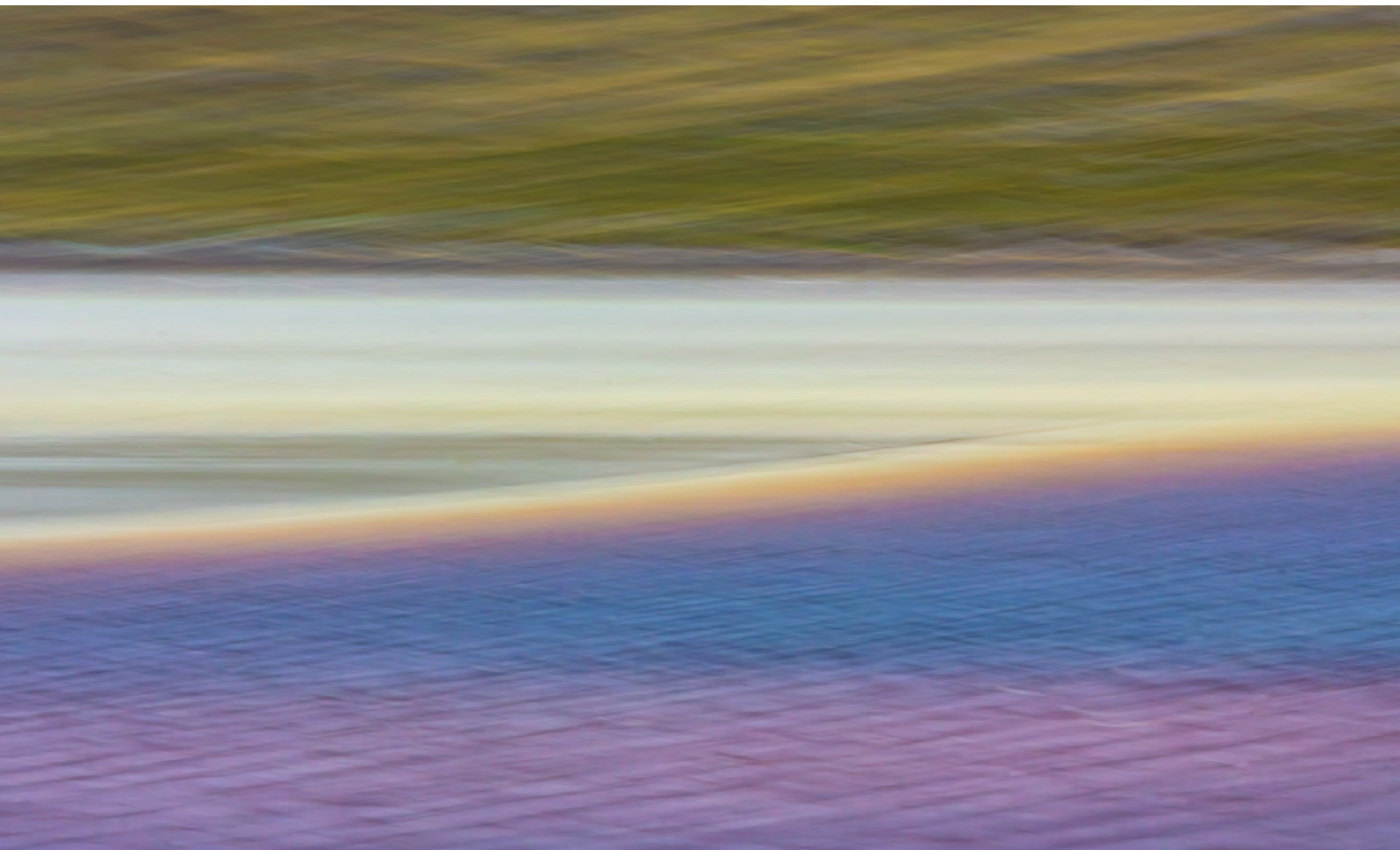
Below is one of my first examples from Whisky Bay in Wilsons Promontory.



In May and June we were finally free to travel to the Outer Hebrides. I had wanted to continue my exploration of Mindfulness on the Isle of Harris.

I really wanted to get a painterly feel. Here are some examples that I hope you might enjoy:





[Click here to see more images in this series](#) (and be sure to press the 'show all' button down the bottom.)

Gigi Williams worked at the RCH for 33 years with the latter part of her career as the Director of the Educational Resource Centre until her retirement in 2016.

Covid capers online

George Werther

While the two or more years of mostly lockdown was painful and frustrating, I can share some of my experiences which not only made life more bearable, but also opened up new vistas of communication and personal interaction - through both theatre and literature.

Of course, prior to Covid, most of us had never heard of "Zoom" and the like. My great passion beyond medicine has long been theatre, which has become an even greater part of my life since my retirement over three years ago. In early 2020 I was in the process of directing a play (*4000 Miles*) with a talented cast of four. On March 16th, four weeks into rehearsal and four weeks to opening, Covid hit us all, such that our last rehearsal was on that night. Not knowing how long we would be postponing our show, we decided to keep in touch, and the newly discovered Zoom was the way to go. We held several rehearsals over 2 months via Zoom -until it became evident that we would not be getting back on stage at any time soon, so we put the Zoom rehearsals to rest. "Zoom", it seemed, was a useful means of keeping in touch during lockdown, but did not seem to have a role in theatre performance.

That perception was to change dramatically in the coming months. My former mentor Ron Rosenfeld, an illustrious paediatric endocrinologist from Stanford University in California, remains a good friend and colleague, especially via his new found skill since his retirement some 10 years ago, when he took up the writing of plays. His first play was a full-length piece about Charles Darwin, which he sent me to critique several years ago. He knew of my interest in acting and directing, so he valued my input as a dramaturg.

Several full-length and many shorter plays followed over the subsequent years, and I enjoyed my dramaturgical role. His themes were primarily important scientific/historical figures and ageing and reminiscence being central to his shorter plays, often including much humour. I felt that his writing became more skilful and compelling over time.

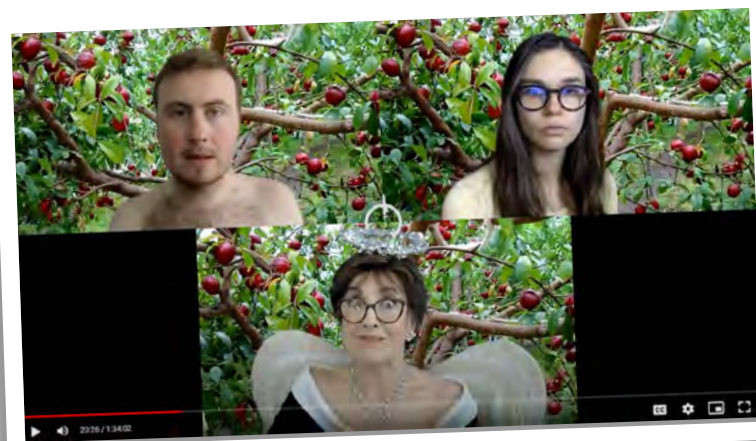
In early 2020 Ron contacted me. He had been staging some of his shorter plays in particular as rehearsed readings to audiences of 50-100 people at a community centre in Palo Alto. This had now become impossible due to Covid and he raised the idea of performing these plays via Zoom. I told him I found the idea interesting, and then he asked me if I would like to direct (or act) in some of these plays. I was taken aback by this concept, but I was intrigued - so I agreed.

The first play we discussed was not one of his, but was a short play by an American colleague of his, Barbara Anderson. It was called *The Tree*. I would be directing and also playing the role of an old man in his garden, talking to a dying oak tree which his wife had insisted he cut down. The role of the tree would be played by a local actor friend of Ron's and the wife would be played by the playwright. The story was poignant in that the old man is also dying and he shares a conversation with the tree, discussing their shared realisation of life coming to an end. The challenge of how to make it work now became my focus. The other actors were excellent. The actor playing the tree had long hair and a shaggy beard and he dressed as a tree!

I decided to use virtual backgrounds, which became the staple of all our subsequent shows. In this case I found appropriate garden pictures on line and all three actors used the same background. We were able to read our scripts on the screen, which was not apparent to the audience. It was set up as a Zoom conference and we were watched by a Palo Alto audience of 70 people.



We followed up with several of Ron Rosenfeld's short plays for audiences in California and Arizona, now using mostly my Australian casts. These included *So Help Me God*, a comedy set in the Garden of Eden and in a modern courtroom when Adam and Eve protest the consequences of eating the apple.





Here Today (below) was a humorous piece of nostalgia based on former instruments of communication coming to life.

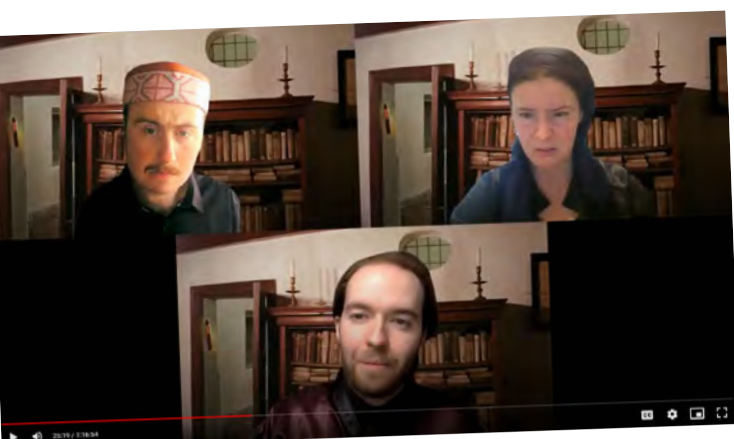


All My Stuff dealt with a dying man's anxiety about his baseball card collection after his death.

In addition to other short plays we also performed two longer plays:

Stella Nova was the story of Johannes Kepler's fraught discovery of planetary motion.

Blessed Thorn (below) told the story of Baruch Spinoza, the great 17th century Jewish philosopher who had a major falling-out with the Amsterdam Synagogue for his radical views on the nature of God, but who was subsequently regarded as a father of modern philosophy.



Both *Stella Nova* (pictured below) and *Blessed Thorn* were subsequently performed live in Melbourne by the same actors who had performed for the US audiences.



There was a further wonderful spin-off from my contact with Ron Rosenfeld: For many years he had organised a monthly book club among former Stanford academics.

This too turned to Zoom with the onset of Covid. Ron then invited me and some others across the US to join the Zoom book club. I have now been a regular attendee at the lively book club sessions, alternating fiction and non-fiction.

The non-fiction reads have elicited some animated conversations representing the spectrum of political views in the USA. I have enjoyed throwing in an Australian perspective from time to time.

So while Covid has had many adverse effects on our lives beyond the disease itself, there have been some significant positive experiences arising out of innovation and exploitation of our newer means of communication. These effects will in many ways persist, so enhancing our ability to communicate more effectively and more regularly "across the waves".

Perhaps in some small way we are now recapitulating Marconi's first radio transmission across the English Channel in 1897, when he simply asked "Can you hear me?" While the answer to Marconi was in the affirmative, today the response to a visual cue is more often than not "You are muted!"

George Werther was the Director of Endocrinology and Diabetes at RCH until 2015. He now wears a different directing hat, both virtual and on the stage.



RCH Alumni AGM and gala dinner

Gigi Williams

The 15th of November was the first time in three years that the Alumni could again come together and enjoy the AGM and Gala dinner at the Kew Golf Club.

The evening started off with drinks and canapés and the AGM with President Jim Wilkinson presiding over events together with Secretary Caroline Clarkson, Vice-President Garry Warne and Treasurer George Werther.

The AGM was followed by a three-course dinner with our wonderful speaker – Arnold Zable who delivered the Alum-Oration – ‘The Power of Story – A Writer’s Journey’.

Arnold Zable is an acclaimed writer, novelist, storyteller, and human rights advocate, and the recipient of the 2021 Australia Council Lifetime Achievement Award for Literature.

Arnold took us on his journey from 387 Canning St in North Carlton (that became his haven) where he first

arrived in Australia with his parents as refugees, to Café Scheherazade in Acland St in St Kilda where many like-minded multi-cultural immigrants gathered to share stories, and onto his travels in Ithaca (his wife’s ancestral home) Russia, Asia, China and most recently Poland.

His writing all began in Canning St where he found it to be a source of expression. He would go into his bedroom feeling rage and then the pen would take over and he would feel light afterwards.

By ‘writing it out’ he could ‘work it out’. ‘Expression’ was the beginning of writing as a craft and the first of three elements to make a good story-teller. ‘Impression’ was the second and this involved listening to other people’s tales and bearing witness then working out how to craft it for other people.

The third, the artist’s story, is ‘the Art of the Specific’ – a mirror reflection that can be seen in other places, for example refugees in Ukraine, Arabia, Iran etc.

Arnold read several passages from his books, and they were so powerful, so beautifully written by a true wordsmith. He said it was the detail that counts and that if you take note the magic is always there.

What followed was a night of catching up with fellow alumni in a very convivial environment.



President's report for AGM 2022

Jim Wilkinson

Over the past year the Alumni have continued to meet and discuss a variety of matters, though largely as “virtual” rather than “actual” face-to-face gatherings. The Zoom technology, with which we have become familiar, has worked smoothly with few technical problems and we have been able to record most of our meetings so that those who were not able to participate at the time were able to watch the recorded presentations later.

Our executive committee for 2022 consists of:

- Prof. Jim Wilkinson AM – President.
- Dr Garry Warne AM – Vice President, Editor of Aluminations, Children's Rights International.
- Dr Caroline Clarke – Secretary, Membership Administration
- Prof George Werther AO – Treasurer
- Ms Ruth Wraith OAM – Previous President.
- Dr Kevin Collins - Vernon Collins Oration, Historical Society, RCH 150 Representative.
- Ms Bronwyn Hewitt - Curator of Alumni Archives and Aluminations 'Reflections' Series.
- Ms Christine Unsworth AM – 'Way Back When' podcast and Social Events Coordinator.
- Ms Gigi Williams - Digital Support, website, and Zoom Coordinator.

Since our last AGM we have had five executive meetings with one of these having been face-to-face and the remainder all via Zoom. To some extent the justification of this has been time saving in that several of our executive members live at a distance and to drive to and from an agreed meeting venue can easily take half a day.

We have also had three lunchtime “Aluminars”, about which I shall say more later.

Deaths since last AGM

Prof Ruth Bishop AC, who in 1973 identified Rotavirus, the cause of a deadly form of severe gastroenteritis.

Dr Helene Wood. In 1967 staff running ICU were Dr Helene Wood and Dr JG Stocks with Dr Kester Brown being the Uncle Bob's Fellow in ICU. In the following year (1968) Dr John Stocks became the first Director of ICU. The Anaesthetic staff then included Drs Helene Wood,



Kester Brown, Mary Dwyer, AA Bishop, B McKie and KJ Williams. Helene was acting director of anaesthesia before moving to Gosford, NSW after her marriage in 1974

Mr Justin Kelly OAM. Paediatric surgeon, best known as the initiator of “The Kelly Operation” for bladder extrophy – an operation so challenging that many surgeons did not believe that it could be done until they had seen him perform it successfully.

On our behalf, Kevin Collins prepared thoughtful tributes that were published in The Age communicating our condolences.

Resignations

Mai Eames, International Programs Manager, RCH International

Mrs Rosamaria Guthrie, Medical Social Worker

Mrs Mary McNamara, widow of Dr John McNamara

Prof Jeffrey Rosenfeld AC, Professor of Neurosurgery

New members since last AGM

Dr Robert Sloane MB BS (Hons) MRCP FRACP General and Developmental Paediatrician

Mr John Stanway, BEcon PGDip, former CEO RCH

Prof Colin Robertson AM MSc MD FRACP Respiratory physician; Professorial Fellow; Former Director of

Respiratory Medicine (2005 – 2010); Chief of Medicine (2010 – 2020). Hon Research Fellow MCRI.

Dr Susan Greaves BAppSci (OT) MOT PhD Senior clinical lead in Occupational Therapy 2000 – 2016; Manager Occupational Therapy 2016 – 2021

Mrs Lois Keipert, widow of Dr Jim Keipert

Mrs Robin Cameron, widow of Dr Don Cameron

Dr Elizabeth (Libby) Rose. MBBS FRACS Consultant Otolaryngologist

A/Prof Jill Sewell AM FRACP DMedSci(Hon) Consultant paediatrician. Former Director, Centre for Community Child Health. Former Paediatric President RACP.

Prof Mike South MBBS MRCP(UK) FRACP FJFICM FCICM MD FAIDH Consultant Paediatrician and Intensivist. Chief Medical Information Officer. Director Dept of General Medicine.

Dr Amanda (Mandy) Walker MBBS FRACP Consultant Nephrologist

Two of these new members are with us this evening – John Stanway and Colin Robertson. A warm welcome to you both.

Total members at last AGM = 215

Total members at 2021 AGM = 218

President's welcome to the 2022 Gala Dinner

May I start by welcoming everyone to this the first Gala Dinner since 2019. In particular, I welcome our guests, MSA chairman Mark Oliver and his wife Emma, and our Guest Speaker, well-known writer and storyteller, Arnold Zable, who will deliver what has been renamed the “Alum-oration”. This new title fits neatly alongside the titles of our regular meetings every three months or so – now entitled “Aluminars” and our newsletters which are now referred to as “Aluminations”. They have been very successful and extremely “aluminating”. This year we have had three Aluminars and two issues of Aluminations, with another expected before the year's end.

The Aluminars have varied a little in format as well as content. The first was delivered on May 12th by the president (myself) via Zoom and was entitled “On matters of the heart”, being a historical review of the emergence and development of the specialty of cardiology over the last 200 years.

The second Aluminar was a face-to-face meeting in the RCH Foundation, the first such “real” face-to-face meeting for two years. This was given by Prof Sidney Bloch on the subject “Psychiatry - Is the glass half-full or

half-empty?”. I was a little surprised that the audience voted in favour of “half-full” after the talk – perhaps a tribute to Sid Bloch's excellent talk.

The third meeting took place on September 16th, via Zoom, when we had the opportunity to listen to a presentation by A/Prof Jim Tibballs entitled “Lemons, Limes and bitter outcomes for the French Navy”. This was based on his recent PhD thesis, written in French, which explored the differing rates of acceptance of a new anti-scurvy remedy (lemon juice) in England and in France.

The Vernon Collins Oration on “From Paternalism to partnership the opportunity for indigenous health research” and was delivered by Prof Jonathan Carapetis AM on November 2nd. In it, he outlined the problems and the successes of working with Australia's First People and conducting a range of health-orientated research projects, often in communities where the deeply-embedded culture limits access and language problems add to the difficulties. Within such communities the barriers to achieving good communication and trust are hard to work around. Nonetheless, there is room for optimism that with help from the Aboriginal liaison staff in these communities, progress is being made.

All these meetings were in my view outstanding, though I must defer judgement on the first talk for others to decide, as I gave it.

It is now my great pleasure to welcome two other guests for this evening's Gala Dinner – Rob Grant, who as the hospital Videographer is known to most people, is here with his wife, Janine. They are joining Gigi Williams, with whom Rob worked in ERC for many years. A couple of days ago I enjoyed watching a very nice interview recorded by Rob Grant of Justin Kelly talking to Douglas Stevens. I think it was made in 2008, a few years before Douglas died in 2011 at the age of 98.

This reminds me to welcome particularly Durham Smith who wrote an excellent profile of Douglas Stephens for our Alumni website and who celebrated his 100th birthday in May this year. Welcome Durham!



Congratulations to Professor Frank Oberklaid AM

Professor Frank Oberklaid AM has been named as Victoria's Senior Australian of the Year 2023 for his internationally recognised career in children's health. Professor Oberklaid, of South Yarra, directed the RCH Centre for Community Child Health for 25 years and co-leads child health policy, equity and translation at the Murdoch Children's Research Institute. His focus has been on helping children with developmental and behavioural problems. He recently developed the Mental Health in Primary Schools Program, which upskills teachers to become mental health and wellbeing co-ordinators. Prof Oberklaid, 76, is an honorary paediatrics professor at the University of Melbourne



Witness to a pandemic

Garry Warne

In March 2020, now 2 years and 9 months ago, we were very fearful of catching a potentially fatal illness traced to a wet market in Wuhan, China where wild animals were being slaughtered, allowing cross-species contamination to occur. A traveller from China to northern Italy sparked a severe outbreak there that overwhelmed health services.

The first two cases were reported in Italy at the end of January 2020. Two months later, that country reported 80,589 cases. Temporary mortuaries had to be set up in shipping containers to contain the large number of dead bodies.

Here in Victoria, the State government responded swiftly to the first cases being detected and ordered a strict lockdown lasting from March 31st until May 12th (43 days).

There were five more lockdowns after this, from 9 July until 27 October (111 days), 13 Feb – 17 Feb 2021 (5 days), 28 May – 10 June (14 days), 16 July – 27 July (12 days) and 5 August – 21 October (77 days). In total, 262 days. This was among the longest lockdown anywhere in the world. Lockdowns were decreed in Victoria by the Chief

Health Officer, initially Professor Brendan Murphy and later Professor Brett Sutton. Daily briefings from these doctors and from the Premier became mandatory viewing. Case numbers, the number of people being treated in ICU and on respirators, and the number of deaths were reported daily with terrifying effect. Between 3 January 2020 to 16 November 2022, Australia recorded 10,456,663 cases of Covid and there were 15,068 Covid-attributable deaths.



Garry modelling his "lockdown locks"

Scientists sequenced the Covid-19 virus very quickly after it was first isolated and PCR testing became possible. Making the test widely available, however, meant setting up the mass testing infrastructure and public health resources were stretched to the limit. A rapid antigen test that could be performed at home was released in November 2021. It was slightly less sensitive than the PCR test. The government provided packs of RAT tests free to eligible people aged 70+ and to immunocompromised people.

During lockdown, we were confined to our homes except for one hour a day when we could exercise no further than 5 km from home, shop for essentials, provide care for immediate relatives who were sick, or attend



medical appointments. A curfew was imposed from 8 PM until 5AM. There was virtually no traffic; the streets were empty. High St Kew is pictured above at 10AM on Thursday 2 April 2020. If another pedestrian was coming toward you, they would cross the road to avoid coming close to you. We were strongly advised to stay at least 1.5 metres away from other people. And with all the walking of their local streets that people were doing, there were more dogs. So many dogs! Pet ownership in Australia increased by 10 percent during the pandemic. People with dogs would cluster at street corners (ignoring the rules about social distancing) and discuss the relative merits of their dogs.

Mask-wearing was mandatory. Those of us who wear glasses found this very inconvenient because they would fog up. My son's partner Sami discovered a gel which, when applied to the lenses, would prevent fogging. It made a huge difference!

All businesses were closed apart from shops selling essentials. Many of us, being older, avoided going shopping and ordered food deliveries on-line. If we did go to shop in person, we wore a mask (preferably N95), sanitised our hands at the entrance of the store and paid for everything with an EFTPOS or credit card. We almost

never used cash, because handling notes or coins could be contaminated. Wallets were empty and unused coins accumulated at home. There was panic buying of toilet paper and supermarket shelves were quickly emptied. Shoppers even resorted to violence in supermarket aisles over this, the most desperately desired of all commodities. Churches, cinemas, restaurants and cafés and sporting venues were all closed. Visitors to the home were banned. If you lived alone, you were allowed to invite one other person to share a social “bubble” with you and you could visit each other but no one else. People could not go to work and many businesses only managed to keep going using Zoom.

Who had heard of Zoom before Covid?

We had Zoom committee meetings, Zoom church services, Zoom pilates classes, Zoom Met Opera showings, Zoom book clubs, Zoom lectures and seminars (even Vernon Collins Orations!) and Zoom conferences.

We grew to hate Zoom, even though we could appreciate that it was better than nothing. George Werther's [“Covid capers online” on page 8](#) tells how he and an international group of fellow thespians used Zoom to perform plays on a virtual stage!

One thing not available through Zoom was a haircut. We all let our hair grow until we could bear it no longer (see my photo on the previous page!). My son's partner Sami, who is an environmental engineer from Colombia, volunteered to cut my hair with some electric clippers that she had bought, and I was happy to let her experiment on me. She did quite a good job!

Schools were closed, so children had to stay home with their parents. Many schools provided online teaching, but this disadvantaged a lot of children who could not adapt to this form of education. Families were put under great stress by being confined together and by financial pressures as workers were laid off. The rate of separations and divorce rose by 120%.

Hospitals closed their doors and restricted visiting to one immediate relative for one hour a day. Visitors had to wear protective clothing – gown and gloves.



Sporting venues were closed to the public for months but under great pressure, the AFL decided to stage a limited number of matches in empty arenas. Amazingly, heroic performances took place in almost complete silence. We could watch at home on television but when the only sounds being broadcast were players calling to one another, the thud of boot hitting ball and the umpire's whistle, the experience lacked a lot. The Grand Prix in Melbourne was cancelled at the last minute, to the great disappointment of tens of thousands of petrol-heads who had arrived at the Albert Park track.

Digital streaming services provided the only other form of entertainment, except of course, for sourdough bread baking, jigsaw puzzles and the development of new hobbies. I took up drawing and macro photography. Travel and holidays were pleasures that could only be dreamed of. One cruise ship, the Ruby Princess, did dock in Sydney, disembarking 2700 passengers, of whom 662 subsequently tested positive for Covid. Twenty-one of them died. Two years later, a sister ship, the Majestic Princess, disgorged another 800

Covid-positive passengers at the Overseas Passenger Terminal in Sydney. It seemed that cruising was a sure-fire way of being infected, but people eagerly signed up, nevertheless.

After the Ruby Princess debacle, Australia's borders were closed, and they remained closed for two years. No one could enter or leave Australia. This was unprecedented and it had a big effect on trade and the tourist industry. The economy of the country was adversely affected, as it was everywhere. The arts were particularly badly hit as concert venues, pubs and galleries were all closed for the duration.

Covid-19 vaccines were first made available in February 2021. It seemed miraculous that a vaccine could be developed from scratch so quickly and there was deep scepticism in some quarters about the safety and efficacy of a vaccine that was released before the usual rigorous large-scale testing could be completed. At first it was only available for immunocompromised people and the over-70 population. Many people who were eligible to receive a dose of vaccine said they would rather wait and see what happened to other people.

Those of us who were vaccinated then started avoiding those who refused to be vaccinated because they were seen as potential carriers of infection. The media started reporting the number of deaths from Covid, together with data about age and vaccination status. Most of those who died were unvaccinated, but not all of them. The Victorian Chief Health Officer made vaccination mandatory for the first time in December 2021.

Those who refused to be vaccinated were banned from going to work and banned from entering retail premises. Churches banned them from entering, and even State Parliament was closed to the one (Liberal) parliamentarian who refused vaccination.

Anti-vaxxers demonstrated in the streets and posted newspaper advertisements about how evil "Dictator Dan" (Premier Dan Andrews) was. Right-wing politicians pushed the philosophy that Ivermectin, an antiparasitic drug, should be an alternative to what they referred to as the Covid "vaccine". The U.S. President, Donald Trump, offered his personal advice that a dose of bleach should



be able to kill the virus. As a result of following his advice, some people died.

The view of general practitioners with whom I had contact was that we would all get Covid sooner or later. I did my best to avoid it and had the four doses of vaccine that were offered, but after a 5-day road trip to Canberra, I did become ill and tested positive on a RAT. I felt terrible, had a tight feeling in my head and two weeks of what became known as “brain fog”, as well as insomnia.

Being of a certain age, I was able to obtain a prescription for an anti-viral medication, Molnupiravir. My partner had extreme fatigue, a sore throat and a very painful rash on her fingers, chin and inside her mouth, but being younger than me, she had to endure this without the anti-viral pills.

We seemed to recover in about the same time. The range of manifestations of Covid was remarkable and it seemed that no two people had the same symptoms, although most people had sore throat, headache and profound fatigue. Before the vaccines became available, however, people with Covid were at risk of severe respiratory failure and hypoxia. Some had heart involvement as well.

I'm writing this in mid-November 2022 and a new wave of Covid is here. The virus can mutate, and the new variants may be able to evade the protection conferred by the vaccine. Despite a sharp rise in the number of cases of Covid, people seem to be behaving on the streets and in the shops and cafes as though the pandemic has ended, and they are no longer at risk. This is not the case, however.

None of the experts can tell us when the pandemic will be over, or how we will know when it is over. The Government of China continues to impose tight lockdowns in major cities to achieve “zero-Covid”, provoking widespread violent protests (though, at the time of publication, has started lifting this policy). Other countries, like Sweden, took the opposite “let it rip” position in the hope that herd immunity could be achieved. Neither policy has been successful.

None of us ever expected to experience a pandemic in our lifetime. It has profoundly affected our way of life and in many ways, life will probably never be as it was before the pandemic started. Working from home, for example, looks set to remain as a preferred way of living. Telehealth consultations have replaced visits to the doctor and are now funded by Medicare. On-line shopping is extremely convenient and delivery systems have rapidly evolved to make it work very well. These are three changes for the better.

Not all parts of the community are better off. Many small businesses have been unable to survive, for several

reasons: first, patrons were prevented from coming to the store to do their shopping; secondly, the staff in businesses either chose not to risk coming to work or could not do so because of illness; and thirdly, on-line shopping has taken over to a significant extent.

Many mainstream churches faced a drastic drop-off in attendance when they re-opened after a string of mandatory closures and the interior layout with socially distanced seating made for a strange look. Parishioners had presumably found better things to do on Sundays. This is in sharp contrast to what happened in past centuries, when a pandemic would have had people rushing to church to pray for God's protection.

The photo below is at St Stephen's Church in Richmond on 22 March 2020 with socially distanced chairs.



The Victorian State election was held on November 26th 2022 and the ALP led by “Dictator Dan” Andrews was re-elected in a landslide, suggesting that although the 262 days of lockdown imposed by this government caused a lot of hardship, the great majority of Victorians thought that the ends (an estimated 15,000 lives saved) justified the means.

This on-going pandemic has already led to great changes in society and in there is no reason to think that this pandemic-driven social evolution will stop any time soon.

We are continuing to bear witness to a pandemic. One thing is certain, we will never forget what we have been through!

My budding family

Bev Touzel

Along the garden wall I see it. My new family. Perched on the moss-covered wall these individuals create their own impressions nestled in the wet soil. They took up residence during the pandemic. Looking at their crinkled faces emerging from their tight buds they all seem to have settled in nicely after their winter sleep. Some more advanced members are looking quite exuberant as their faces follow the Spring sun.



A 'potted' history of my budding auricula family. The scientific name is *Primula Auricula* of the family *Primulaceae*. They are flowering perennials commonly grown on the mountains and rocks of Central Europe. The word *auricula* comes from Medieval Latin pertaining to hearing a confession. One of the other names is 'Bear's Ears' which I think must be in reference to the shape of the leaves not the ears of the confessor.

Auricula first came to England in the 16th or 17th century when the Huguenots fled Spain or when they were brought by Flemish Weavers from the continent. Either way, they must have thought the plants worthy enough to tuck a few seeds into their boots or slip some up the lace of their cuffs.

Auricula are sometimes referred to as the aristocrats of the plant world. Historically, they were more a pastime of the wealthy although it was most likely their gardeners did the tough stuff. The requirements of auricula to thrive in my garden are quite demanding and specific. They crave attention and are somewhat petulant if they do not get their own way. Quite Royal really.

Over time, the growers gained a reputation as eccentric and fanatical in the way they grew the flowers. There are reports of plants being carried in funeral processions and interred with their owners. Sadly, not willed to anyone or shared. Today, while just as enthusiastic, growers are reportedly quite normal and like me, usually have other garden interests. I am pleased to learn that these descriptions of the growers softened over time. Hopefully, they also became more generous with their friends and neighbours.



Although I have dabbled in growing auriculas before, I found I was ready and had the time to face the challenge again. Rules apply to keep my plant family happy. They do not like heat and humidity. Early morning watering without spraying the foliage or flowers is important. Water on the leaves may ruin the distinct layer of 'farina' around the eye that gives the flower a powdered effect. They like full winter sun and all dead leaves require gentle removal before the mould sets in resulting in a very sulky plant. A bit like some children who do not get their own way.

Many of us choose to grow certain plants for different reasons. I have cuttings from friends as well as plants that I brought from our previous home and some treasures I have received as gifts from friends. I chose auriculas because they are unusual in colour and texture. Their colour and the shape of the umbrels and whorls I find fascinating. I even like the words used to describe them. Jane Eyre was said to have used purple auriculas to symbolise hope when referring to her oppressive childhood and growing these was able to engender more positive feelings in her. My deep violet flowers also bring me happiness and feelings of success in them surviving the unseasonable weather.

Serious growers may use an auricula 'theatre', a structure built to display them during the flowering season in their individual clay pots. These



theatres resemble wooden bookcases allowing the plants to show off their colourful faces as they roam about their potted stages. My plants, whilst not having a theatre, boast individual homes of hand-made terracotta sitting on a stone garden wall. Their own little pot village stage. They seem quite happy to perform here and act in their unique manner 'off Broadway'.



The different types of auricula are show, alpine, double and border and various categories within these. Some are doubles with two layers of petals moving side to side in the wind just like the frilly dresses of the dancers performing can-cans at the Moulin Rouge. Perhaps a little bit of Bourgeois as in Jeanne Florentine.

Most of mine are alpine auriculas which to many are the 'jewels' of the auricula world. Their bright gold centres surrounded by rich colours of deep blue, violet, red and various shades of these.

The individual names given to these plants are quite interesting. Shakespeare's Juliet asked, 'what's in a name?' as a name, in this instance Romeo's surname, was irrelevant to her. Two young lovers with long-standing fighting families is not a good formula for a future together. Looking at my pot of 'Ancient Society' of gold, orange and brown makes me think how well this is named. I cannot agree with Juliet in the naming of my little pots of old gold.

The 'border' variety plants are often regarded as the 'mongrels' of the auricula world with some even classified as the 'garden' variety or 'originals'. Old names such as 'dusty millers', 'recklasses' and 'ricklers' were used in former times.



My 'Blue Velvet' is well deserved of that lovely name invoking a sense of richness and is not at all reckless. The exquisite colour and texture invites me to stroke her gently to feel the smoothness of the petals and commands respect from all who view her.

'Blyth Spirit', reminds me of the poem, 'To a Skylark' by Percy Bysshe Shelley, albeit with a

reference to a Skylark not the redness of my flower but both bringing happiness and joy. On the other hand, it does have a 'farina' on the leaves, which may put it in the dusty millers category. Just a little bit dirty and debatable as to whether it could still be seen as Royal.

My aforementioned double variety (the can-can dancer) is actually named 'Fred Bodley', who was born in 1860 in Lincolnshire and was married to Fanny. I like to think that in our more progressive era it would be Fanny Dooley waving her purple frills on our stone wall. It was probably she who actually did all the gardening. I wonder if that were the case, was it Fred or Fanny who felt that delicious sense of achievement?



This family on the garden wall rests up during winter, thank goodness. A bit of family respite is welcome. Feeding them a couple of times a year keeps them content until Spring when their leaves slowly unfold again exposing their dark tight buds ready to face the world.

My collection, still in its infancy, will be a living memory of the pandemic.

Later, the pleasure of the sharing of offshoots may encourage others to take up the challenge. I will then have the pleasure, as I do with other plants I have shared, to see them thrive and grow in other surroundings forming their own little families.

As Juliet said to Romeo, 'Parting is such sweet sorrow'.

Bev Touzel was Clinical Nurse Consultant, Developmental Disability in the former Department of Child Development and Rehabilitation. Her particular interest was in ethical issues related to nursing care in the hospital and in the community. In addition, she describes herself as: an outdoors person who loves early mornings as a 'streetwalker' around the gardens of Melbourne and am in heaven at local garden fairs and brocante markets in France. She has nine grandchildren who know the difference between Yo Yo's and Melting Moment biscuits, a collection of books by Mrs Robert Henry, and she loves swimming in the Brunswick River and the smell of the sea.

Covid accelerating the use of telehealth in paediatric diabetes management

Caroline Clarke

This is a brief reflection on my experiences with telehealth in the setting of paediatric diabetes care during the pandemic.

The World Health Organisation uses the words telemedicine and telehealth synonymously and defines telemedicine as:

"The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities"

However, the Covid-19 pandemic has shifted the emphasis on telehealth from overcoming geographical barriers to providing care where convenient, regardless of the location of the practitioner or patient.

After adoption of telehealth for clinical consultations had been very slow, this was expedited when the pandemic hit and miraculously Medicare item numbers appeared to support its use in a very short period of time.



At the start of the pandemic I was working a couple of sessions per month in the paediatric diabetes clinic at the Austin hospital. The majority of the clinics were soon converted to telehealth with most consultations conducted using the Department of Health's "Healthdirect" platform. Fortunately, at the time the Austin was well down the track of adopting an Electronic Medical Record (EMR). Many of our patients use insulin pumps and wear continuous glucose monitors (CGM) which means that lots of their data can be uploaded into their EMR and viewed online during a telehealth consultation: indeed, this upload of data was already happening before the pandemic.

So for a period of at least 12 months, I didn't actually set foot in the hospital but saw my patients virtually from the comfort (and mask free safety) of my study at home. The Healthdirect platform allows multiple users to log into a consultation, so we were able to have multidisciplinary consultations.

The positives:

Safety: No one (staff or patients) needed to expose themselves to risk of Covid that might occur by attending the hospital. Plus, we didn't have to wear PPE.

Convenience: Patients and their families liked not having to physically come to the hospital. Indeed, many would like to continue to have at least some of their consultations by telehealth even though things are returning to "normal". This could be particularly useful when patients have periods where they need more frequent consultations and advice for stabilisation, as this saves them having to keep travelling to the hospital.



Technology enabled care: our cohort of patients lend themselves to this form of consultation as physical examination is not essential at every visit and the increasingly technical approach to diabetes management is an enabler.

This obviously doesn't apply to all areas of clinical care where examination of the patients and procedures are required, and things such as breaking bad news are much more challenging when they cannot be done face to face.

The challenges:

Technology: The technology is not always ideal: even if the systems work at the clinical staff end there were often technical issues at the patient end e.g. microphones not working, poor images, some patients just don't have access to the required technology, IT outages can occur. Sometimes we had to revert to using the telephone for consults, which is not as satisfactory.

Ideally you need a two-screen set up to be able to both see the patient and also look at their data and enter clinical information: for the first few months I only had one screen as I was in the process of updating my system and there had been a sudden rush on IT hardware so my second screen had to wait! However, I was able to look at the patient on my iPad and their data on my desktop.

Physical environment: There is no substitute for the more hands-on relationship with a patient and their family in the room with you: body language and eye contact can be lost when using telehealth. My experience was that telehealth is more challenging when there are language barriers (even if an interpreter service is available).

Inability to do point of care testing: normally our patients have a finger prick HbA1c performed at most of their visits: this was not possible especially when pathology outpatient services were very limited. Fortunately, the CGM data generally includes an estimated HbA1c which we have found generally mirrors the pathology result closely.

Physical examination: although this is not essential at every visit as noted above, there are times when it is required. (I did see a GP give an excellent presentation on how he managed to assess a patient with abdominal pain by getting the patient to do some self-examination and then sending him for an ultrasound to diagnose appendicitis!)

New risks: these need to be mitigated or managed including those posed by using technology such as cybersecurity issues or patient data breaches (very topical!), technology failures and data governance.

So now we are largely back to face-to-face consultations although they are now behind mask and face shield, particularly with case numbers rising again.

However hopefully telehealth has proven its worth during the pandemic and will continue to be a key adjunct to care, particularly for monitoring patients with chronic illness.

Also of interest: during the pandemic I was privileged to chair the Australian Medical Council (AMC) "Medical Workforce Digital Capabilities Advisory Group": this was a cross sectorial group involving many experts in digital health and medical education which oversaw a series of stakeholder workshops and extensive consultations, and resulted in endorsement of the Digital Health in Medicine Capability Framework.



Dr Caroline Clarke is an (almost) retired paediatric endocrinologist and adolescent physician, who moved into Medical Administration later in her career and developed an interest in Digital Health

Surviving a pandemic

Leanne Hallowell

The nurse (my husband) and I enjoyed the first few days of Covid lockdowns. Our walks were in a much quieter neighbourhood. The river we lived on appeared cleaner, as did the air. Although social life was curtailed it wasn't a bother, for the first few days.

We taught the pup (Murf, not named after any Footscray footballers) how to hurdle rolls of toilet paper we had stacked in the hallway for this purpose, and to play noughts and crosses using dog treats. That took an hour or two.

And then it hit us. This could on for a while. We needed new avenues to keep occupied. The nurse mapped out routes for his one hour within 5 km bike rides. The plan was to not use the same streets twice. We had food delivered - couldn't bear the aggressive stock piling. We taught my father how to use face time on the iPad we had organised for him recently. Got to see a lot of the floor of his room in his aged care facility and his right thumb.

The nurse decided he would put his hand up to go into ICU with Covid patients. We planned how we would live our lives with the two of us in an apartment. At some point, we decided if it came to that, he would stay in medi hotels and I would keep the pup.

Working from home for me was a trial and still is. It wasn't an easy transition. Lots of signs up "sshhhh - am recording lectures OR am in meeting OR am in a tutorial". The pup got used to the ZOOM ring taking a leap onto my lap to see who I was talking with. He also responded to the doorbell - a visit by the postie meant an extra run in the courtyard. I thought at some point I would rename him after Pavlov's dog, until I found out there were more than 40 to choose from. I ran some online bread making sessions with friends - we have made our own bread for many years, so decided to share the skill.

The nurse does some street art installations. This piece was installed May 2021, it stayed untouched for a year. We put it on a few t-shirts and sent one to Dan.

This image of that installation is now in the National Museum of Australia, as part of a collection about how communities responded to Covid lockdowns.

Then Covid hit Dad's aged care residence. We could only do fence visits - we decided we wouldn't. After all Dad could use an iPad! Then there was a death, and a second death. We kept offering Dad an opportunity to stay with us. He kept refusing.

It was a Thursday, funny the things you remember, when we got the message that we could 'take our loved home',

if we wished. That was also the day the nurse was talking about being rostered into ICU and how they would fill the gap in his current role. I waited. It was 2100h when I called with the cheery - how is it going?? There were difficulties - the round table was not coming to a resolution. When I mentioned that we were able to take Dad out, I got "Bugger it. They can find someone else. I would rather look after someone I love than deal with this". We picked Dad up at 11am the next morning. He stayed for five months.

Life took on new twists. There was online choir practice for Dad, via YouTube. Dad still can't work out how that worked, but it did. Tuned in daily to Dan, Brett and then Jeroen. There were daily walks with the nurse. Wrangling the walker downstairs, the two of them were off, with the pup.



I was thankful for Le Tour de France - Dad used to ride competitively. The nurse and Dad and the pup would spend afternoons watching and talking about Le Tour. We had online meetings with Dad's GP and urologist. He (Dad, not the urologist) has bladder cancer. I spent a lot of time behind a computer trying to support students who were dealing with their own mental health issues brought on by Covid isolation.

I no longer remember how many deaths occurred in that aged care residence. It was somewhere between 12 and 16. Dad decided when he was ready to go back. Covid changed our relationship - we all grew closer. It is now, looking back, that I realise the toll it took on our mental health. We held it together, became stoic and are only now coming to terms with the realization that we lived through a pandemic and according to some of Dad's friends, saved Dad's life.



Leanne Hallowell was appointed as Head of Educational Play Therapy in 1997, moving into academia (early childhood education) in 2010. She is passionate about empowering marginalised women and is a serious sourdough bread maker.

Reflections on the impact of Covid-19

When the tyranny of distance was an asset ... or was it?

Liz Williams

The state of rural health is linked to access to healthcare services, especially specialists, participation, and isolation that impacts mental health and employment. By living on a farm in northern Victoria, we experienced being rural as an asset during lockdown, except when it wasn't!

It was an asset in being able to isolate in fresh air and continue the regular routine of looking after animals, the colours, and the wildlife... my natural state. But it provoked anxiety as well.

The first was being closely located with an immune-suppressed person who was dependent on links to a major city hospital. No-one wanted to be a cause of infection and we were first in line for every vaccination. I realized why my late mother was a news addict and remained so for her very long life. For her it was seeking news of my father, a prisoner of war. But I tuned in every day for the latest updates!

Mixed joy and worry, at the first whisper of lockdown, when two little families, plus dogs, hightailed it up to the farm. They pulled up stumps, one from the largest regional city, the other near the second largest, as ever-increasing cases were reported. Unsurprisingly, as a grandmother and paediatric physiotherapist, it was utter joy to have all-day access to the nearly 6-year-old boy, 4-year-old and her 7-month-old sister. In the beginning one mum, a social worker in the rural family violence sector, was still on maternity leave. She sees an awful side of human nature, exacerbated by lockdown.

The other mum, a rural paediatric physiotherapist, adapted with essential face-to-face and online delivery of services. I witnessed the rapid transition and resilience of our son to work from a distance. The worry was always what next?

An asset that lockdown realized for rural people like me, was that of improved participation with the adoption of Zoom meetings and online access. I have really enjoyed our Alumni meetings and speakers. At RCH, in the early 1970's, I was physiotherapist in the Burns Unit, working with the late Murray Clarke and Julian Keogh, when pressure for scar management was introduced. Initially it was crepe bandaging (with resultant ridges!) then pressure suits. Later my colleague, Jane Bartlett, conducted teleconferences to measure children for



suits of country kids as they grew. I knew then distance consultations were possible, but why so long to establish? It takes a crisis, that's why.

I worry for the babies and mothers without family support for their birth and first years. I am curious to see if the Covid-19 babies are any different to previous generations. I grieve for those who didn't survive, and for those not coping. As a news addict, in a world apart from our fortunate lives, I grieve for the victims of atrocities, both past and right now.

To finish on a positive note, it's a good season, and the quince tree (pictured right) presented to me by Anne McCoy when I left RCH is looking gorgeous, the flowers, like little ballerinas, are even dancing in the rain.



Elizabeth (Liz) Williams OAM APAM PhD.
Department of Medicine (RMH), The
University of Melbourne and Senior Fellow,
Rural Health, The University of Melbourne.

Zooming and other technologies in the Covid era

Christine Rodda

In the year or so preceding the Covid pandemic, the University of Melbourne was moving towards at least hybrid Zoom Committee meetings, especially for those held on the Parkville campus, for the convenience of those who worked at other campuses.

During this time, I tried unsuccessfully on a couple of occasions to log in to Zoom meetings. Living close to the University of Melbourne and finding before and after meeting chats with colleagues helpful, I decided that as I planned to retire within the next couple of years or so anyway, I wouldn't worry about trying to get to grips with the frustrations of Zoom technology!

Then came March 2020! At that time, I was the academic lead for teaching Child and Adolescent Health (CAH) at Sunshine Hospital. The University of Melbourne and Western Health advised that within 2 weeks students would no longer be able to attend their clinical allocations at Sunshine and all tutorials would need to be conducted on Zoom!

My initial response was that it was all too hard and that I should take the opportunity to retire then and there, but then I thought of the students. Our medical students really valued their "hands on" clinical experiences in paediatrics, and this was now not possible for the foreseeable future, potentially affecting all their clinical rotations for the year. Fortunately, I had wonderful administrative support from Sarah Reilly at the University of Melbourne Western Clinical School and together we transformed the CAH curriculum to be being delivered totally on-line.

I was initially terrified how I would manage the Zoom technology, but with some administrative support, and much ongoing support from the medical students, the experience was far more straight forward than I had feared. Weekly small group "bedside tutorials" were converted to Zoom, where we worked on history taking, ordering appropriate tests and "giving information".

Examination skills were almost impossible to assess virtually, however examination findings were reported to the students for their interpretation. How the tutorials ran - the tutor role modelled a parent or adolescent, and students would take it in turns to take a history, be provided with examination findings, decide what tests were required and results were provided, make a



provisional diagnosis and then they were to explain all this to the role-playing parent/adolescent tutor. I was so impressed with how seriously the students took this exercise, particularly by the empathy displayed by the students when asking sensitive questions or giving information for example.

We also converted our existing workshops and other tutorials to Zoom. I discovered that teaching by Zoom was much harder work to achieve student engagement, especially with larger group sizes over about 5 or 6 students.

Despite all my initial stress and anxiety about using Zoom, when I look back on 2020, I reflect that I had never worked so hard as a teacher, yet it was the most rewarding year of teaching that I had ever experienced.

The Covid pandemic was so stressful for the medical students in so many ways. Students who lived alone and found themselves in "iso" (Covid isolation), often felt very emotionally isolated and alone, so Zoom tutorials at least gave them some connection with their peers.

Many students were stressed financially if they had lost jobs in hospitality. Some of our Asian students had been the object of racial verbal abuse by members of the public (as the Covid pandemic was perceived by some as "China's fault"!), and I found this particularly abhorrent and really admired the resilience of these students to cope with such abuse.

Some students (and tutors) lived in areas where internet connections were suboptimal. Others still lived at home with families comprising a number of secondary and tertiary students, but internet connections could only support one or two of them on-line at any time.

For me living in a long narrow terrace house, I needed to establish my workplace in our front room, closest to the modem. However, due to Covid lockdowns we were unable to use our front room to entertain guests anyway! Fortunately, over time internet issues are improving, although in the broader context remain a major issue with regard to online learning in regional and remote areas.

Singing is a major part of life outside medicine for me and my husband and provides us with wonderful relaxation and enjoyment. We have sung in our local church choir for 20 years. Our choir had to disband in March 2020 and for the rest of the year we worked on preparing a couple of hymns and an anthem for a weekly service.

However, Zoom technology does not work for group musical recordings because of variable delays. So we devised an approach that we would each do individual voice recordings using two devices, one to listen to the accompaniment to give us the tempo and pitch (through an earphone so it did not record with the voice recording) and using an "App" called "Voice memo" (primarily developed for the spoken voice and not so suitable for the singing voice) initially and later in the year "Sound Trap" (better suited to recording music). We had several very "tech-savvy" members of our choir, one who lived in outer Melbourne and had to leave the choir previously due to distance from our church in the inner city, and one who had relocated to New York! They put in hours of work to mixing the voices into mostly 4-part hymns and anthems.

It was also quite confronting doing the single voice recordings hearing major breathing and other vocal issues

as one tried to produce the best recording possible! Our church recorded services incorporating the music and these services were available on-line by late April.

This approach continued until Christmas of 2020 and then became unsustainable. In 2021 the choir reconvened. We have continued singing in masks, with no Covid outbreaks related to services at which we have sung.

Returning to mid-March 2020, the last anthem we sang as a choir before we went into Covid lockdown was a Brahms motet. The German text translates into English as:

*Let nothing ever grieve thee, distress thee, nor fret thee;
Heed God's good will, my soul, be still, compose thee.
Why brood all day in sorrow?
Tomorrow will bring thee God's help benign and grace
sublime in mercy.
Be true in all endeavour and ever ply bravely;
What God decrees brings joy and peace, He'll stay thee.
Amen*

Our choir director had chosen this anthem well before we knew what was ahead of us with Covid lockdowns, yet singing it on that Sunday, despite all the emerging fear and uncertainty, gave me hope that we would endure whatever the future held.

Associate Professor Christine Rodda is a paediatric endocrinologist and a former department head at Monash Medical Centre.

Serendipity

Tony Cull

Serendipity: a combination of events which have come together by chance to make a surprisingly good or wonderful outcome.

Some people seem able to make life plans and to follow them, but serendipity has played a large part in my life, where many pivotal decisions and events seem to have had a strong serendipitous flavour.

For example: an extended stay in hospital at age of 14 guided me into medicine, a chance rotation as a house surgeon onto a paediatric run awakened me to my future career, a chance corridor meeting in the Health Department offices in Collins St brought me to Victoria and the Royal Children's Hospital.



The latest iteration came courtesy of Covid-19.

I retired in 2008 and, instead of retiring to my native New Zealand, we elected to live on in Melbourne. We lived in South Melbourne, shopped at the South Melbourne Market, walked to the Bay, enjoyed the Albert Park bookshop and took the 7 minute tram ride to the Art Centre where we soaked up concerts, operas, ballets and plays. Our children and grandchildren were in New Zealand but we were able to visit several times a year to see them and to also enjoy time at our holiday home situated on a small bay on a remote coast, a place we now have had for over 50 years (see pic, previous page.)

Our comfortable retirement routine changed dramatically on 22nd of March 2020 when we boarded our Qantas flight to Auckland three weeks before Easter. Covid was about; the day before we left the Grand Prix was suddenly cancelled and New Zealand had instituted two weeks of self-isolation for arriving travellers. We were not to be deterred. Two weeks at our beach place was no hardship and we would catch up with family at Easter. Ominously, the airport and our plane were almost empty, but we had no problem accessing our car, loaded with supplies, and driving directly to our beach house to serve out our two weeks.

The very next day, New Zealand closed its international borders and locked down. Our four week late summer break turned into a 14 month saga. We had no option but to stay on at our place, with its unsealed roads and

groceries delivered by the mail man. In truth, it wasn't a great hardship, the weather was kind, we made new friendships and we remained infection free.

After 14 months on a remote coast of New Zealand (pictured below) and some health dramas, (my adventures included a three hour ambulance trip to the nearest hospital) international borders reopened and we landed at Tullamarine to find Melbourne traumatised by serial lock downs and with the realisation that our lifestyle could never be the same. It was time to re-join our family and resettle in New Zealand.

Perhaps the most stressful time of all was participating in the ballots to be allocated a room in a quarantine hotel in Auckland. It was a particularly brutal system, but we were lucky on the third ballot. The price of success was enforced intimacy, locked in 23 and half hours a day for 14 days. At the end, the cordon around Auckland meant that with our fellow detainees we were escorted out of Auckland and taken to the border between Auckland and the rest of the country.

12 months on it all seems strangely distant and barely believable. Covid-19 has serendipitously opened a new chapter in our lives.

Tony Cull is a former CEO of the Royal Children's Hospital. He retired in 2008 and now lives in New Zealand.



The Covid pandemic in Brazil

Clarissa Carvalho Pedreira

A mixture of feelings will come to my mind in years to come when remembering Covid pandemic. Also, I will never forget how much I have learned from one of the most difficult moments of my life which looked like being in a long-time roller coaster.

Fear and anxiety were the first ones. It was March 2020 when Brazil was hit by the first cases. The number of cases started to raise quickly to the point that the hospitals were at capacity disaster. The population was terrified with TV news, and we could not believe the tragedy we were experiencing. It was particularly harder in Brazil because of the confusion between science and politics. The uncertainty of dealing with a new disease brought up divided opinions. By that, I mean uncertainty about treatment, early treatment, prevention, social distancing, lockdowns and ultimately vaccination.

Sadness for so many deaths my country was having to deal with. Families were not able to see or bury their loved ones, children losing their mother and father almost at the same time.

Loneliness for such a long period of isolation and lack of interaction with friends, family, colleagues, and patients.

Tiredness from using all the protective measures that caused headache, skin lesions and tension as well as the many Covid tests (PCR) I had to undergo. The swab test was a terrible experience for me.

Uncertainty... Days, weeks, and months passed and the feeling of not knowing what was going to happen, how my patients were doing and when I was going back to



work in person started to worry me. It was even worse because in June 2020 I was supposed to arrive in Boston for a 2-year postdoc position.

Resilience came after the first hard months, and I started to look for “escape rooms”. Zoom and social media came to my life, and I started to do meditation, yoga, physical exercise, meet friends and join medical lectures through the links.

Happiness to have the opportunity of spending more time with my husband and my teenage daughters. Playing cards, watching movies together were a relaxing moment for the family. Also, solidarity and kindness appeared from everywhere and everyone touched by the pain and suffering of others.

Hope with news of fewer deaths, dropping cases and the expectation of the vaccine. Finally, the US embassy issued our visa. Instead of June 2020, my family landed in Boston January 2021 to experience a new Covid pandemic moment in the middle of the winter and I started my postdoc.

A few days after arriving, I had my first vaccine shot. The zoom meetings, Covid passes to be at work and masks at the hospital are still part of my life here in Boston, but it was definitely worth coming.



Dr Carvalho is a double boarded paediatric and adult endocrinologist. She underwent a clinical and research fellowship in paediatric endocrinology at the Royal Children's Hospital in Melbourne, Australia between 2002 - 2004. In Brazil she is part of the endocrine team at the Center for Endocrinology and Diabetes of Bahia State. Currently she and her neurologist husband are working as postdoctoral research fellows at Massachusetts General Hospital in Boston, USA. Her main research interest is transgender health. She loves enjoying nature, rowing, biking and hiking in her free time.

Life in Northern India in the time of Covid

Anurag Bajpai

The last two years have been the most unprecedented in modern human history due to the dramatic impact of Covid. Kanpur, an industrial city in North Central India, nestled in the arms of the River Ganga, was no exception.

In March 2020, the medical community in the city viewed the unusual events in our northern neighbour with keen interest. How and when the recently identified global pandemic would hit us was anybody's guess.

Oblivious to the medical discourse, the populace was living normally, with hundreds of thousands participating in the Holi Mela street procession to celebrate the colour festival on March 15, 2020. No one would have imagined that the entire country would go into lockdown a week later.

Most memories of the first lockdown were positive; the hospital travel time decreased from 30 to 5 minutes while the air quality index improved from extreme 320 to a blissful 34.

The strict lockdown blunted the devastating effect of Covid, giving a false sense of security of the virus being less damaging in Indian weather and concurrent infections, a misconception that was to prove costly soon.

The major brunt of the lockdown was born by patients with chronic disorders, especially children with diabetes. There was a worsening in glycemic control, increased stress, and rate of diabetic ketoacidosis due to a lack of access to health care and supplies.

The long-term impact of a changed lifestyle in the form of a rise in obesity, early puberty, and polycystic ovary disease is even observed now.

The city recovered relatively unscathed from the first wave, gradually limping back to normalcy. The vaccine's arrival in early 2021 gave a sense of relief, and most healthcare workers were immunized by February.

The news of the looming second wave in the UK and USA did not trigger fear in public, even though only a tiny fraction of the population was vaccinated. Though muted, the Holi celebrations in March 2021 were far from the Covid restrictions.

In the background of murmurs about the resurgence of the disease in the metropolitan cities, there was an upsurge in the incidental diagnosis of Covid in children admitted for other reasons. While these acted



as warnings, no one was ready for the tsunami that would soon engulf the city and the entire country. Out of nowhere, all beds in the city hospitals were full, and healthcare professionals were inundated by frantic calls seeking help for hospital beds, oxygen, and drugs. The untiring work of frontline workers and social groups thankfully punctuated the overwhelming sad stories.

Just when the whole world seemed destined for doom, the tsunami receded as fast as it came. This was followed by one of the most remarkable rollouts of immunization globally, with nearly the entire eligible population of around one billion vaccinated in the country over the next six months. Therefore, the Omicron wave in January 2022 was all but a non-starter.

While Covid-19 exposed the helplessness of humanity in unforeseen scenarios, it also shows how collective efforts can ward off enormous challenges.

Anurag Bajpai is a paediatric endocrinologist at the Regency Center for Diabetes, Endocrinology & Research in Kanpur, India. He was a Fellow in Endocrinology at RCH from October 2005 to March 2008

Covid in The Hermit Kingdom of WA

Geoff Mullins

In March 2020 at the end of a day hiking on The Great Ocean Walk in the Victorian Otways, we checked into our B&B, removed our boots, poured a beer and chatted about tomorrow being the last day of our 7-day trek from Apollo Bay to the 12 Apostles.



Thoughts of Covid were far from our minds when we switched on the TV and were confronted with the news that WA was closing its borders and we would be unable to return to home in Perth unless we returned by 11am the next morning. Thus began our rude awakening to the impact of Covid on our lives with a frantic rearranging of plans.

Securing a flight to Perth the next day, a driver to take us back to Apollo Bay and then a long overnight drive in a hire car to Tullamarine airport culminated in us arriving back in WA within one hour of the border closure.



At this time the incidence of Covid infections and serious illness in WA was low compared with other states but our State government was determined to continue with this border closure indefinitely, with the aim of keeping out Covid-infected eastern states hell-bent on polluting us with their deadly virus. So, a new life with the fear of Covid began, with mandatory face masks, closures of entertainment facilities and schools, RAT testing, Covid testing, fines for people not complying with Covid laws and the fear of strict isolation for people and their families who tested positive.

With these draconian measures, the incidence of Covid infection and serious illness remained low but there remained the fear that those diseased eastern states would try to sneak across our borders and infect our law-abiding citizens.

WA took much criticism from the eastern states and the federal government for this strict approach and WA began to be referred to as The Hermit Kingdom.

It was only much later, when the borders were opened, that Covid rapidly spread throughout the state. Western Australians are sensitive to criticism, especially from the eastern states, and so in these circumstances a resurgence in calls for secession came about, fuelled by a long-held distrust of the east and their envy of our booming economy.

How was I impacted by this new Covid world? I couldn't travel back to Victoria to family and friends in Melbourne and to my beloved Western District. However, I could still paddle my kayak on the Swan River, swim in the Indian Ocean and hike in Perth bushlands.

Although restricted to travel to less than 5 km from home I unashamedly and illegally ignored these rules knowing

that authorities would not follow me in the wake of my kayak or swim out to arrest me in the ocean.

In the later part of the pandemic when the infection rate increased rapidly due to border reopening and the influx of eastern states into our pristine environment, we had moved into a retirement village where Covid began to have significant and serious effects.

The elderly are disproportionately impacted more seriously by Covid than the young and isolating Covid positive elderly people from family friends and visitors is a disheartening experience.

Daily evidence of apartments in quarantine with warning signs on doors and hazard waste bins outside and the occasional transfer of a resident to hospital provoked a fear of "who would be next" which pervaded our formerly friendly environment.

With time the pandemic began to subside, some restrictions were lifted, and we began to return to our former lives. Thoughts of secession disappeared. We no longer blamed eastern states for our pandemic and indeed felt for their ongoing fight against Covid.

Geoff Mullins MBBS (Melb) FANZCA, FRCPC.
Director Paediatric Intensive Care Unit RCH
1976 - 1981. Associate Director Paediatric Critical
Care Unit, The Hospital for Sick Children Toronto
Canada 1982. Director of Anaesthesia Princess
Margaret Hospital for Children Perth 1991.
Specialist Anaesthetist with surgical teams
on missions to many third world countries.



Pandemic headlines from our NSW correspondent

Anja Ravine

March 2020 — finger pointing in all directions after 2,700 people authorised to disembark from the Ruby Princess. Who me?

May 2020 – Lockdown protests and conspiracy true believers (*a big thanks to Cathy Wilcox for keeping us mostly sane*).



Cartoon by Cathy Wilcox reproduced with permission from the artist.

Jan 2021 – A SMH reader's advice for Craig Kelly: Please travel without masks and vaccines. Oh and don't forget to pack the hydroxychloroquine and ivermectin.

July 2021 – "Use our common sense? Use your own, Premier*, and tell us what 'essential' means." (SMH 15 July) (* *The one with the controversial boyfriend*).

July 2021 — "We're sorry we looked down on you Victoria - see you on the other side of lockdown" (Peter FitzSimons SMH).

Aug 2021 – "Sydney's virus epicentre has lowest vaccination rates."

Sept 2021 – "NSW's road-map out of lockdown revealed: everything you need to know." First of the three things we need to know – "How many friends can I go to the pub with?" (SMH)



Oct 2021 – ScoMo scrambles to assert control as Dominic Perrottet opens the international border.

Nov 2021 – Macquarie Dictionary names 'strollout' as Australia's word of the year.

Dec 2021 – "Where's Kerry? NSW changes tactics with its Omicron response" (SMH)

Dec 2021 – NSW Premier* urges 'personal responsibility' on vaccines as cases surge (**the new one*).

Dec 2021 – Dominic Perrottet backflips on 'personal responsibility' mantra to reintroduce mask mandate in NSW.

Jan 2022 – "NSW premier 'shocked' by footage of Hillsong members dancing and singing at youth camp."

May 2022 – The Vote: Monique Ryan vs The Treasurer for New South Wales.

Aug 2022 – A word from our canine reporter (First Dog on the Moon) – "Today we mourn the loss of a brave soldier in the battle against coronavirus. Thank you CovidSafe app!!!"

Oct 2022 – And a departing word from Fred Nile – "I'm sorry I prayed for rain on the Mardi Gras parade."

Months prior to the onset of the Covid pandemic, Anja Ravine relocated to The Children's Hospital at Westmead to the staff specialist role of Genetic Pathologist and remains well-positioned to continue as Aluminations observer from north of the border.

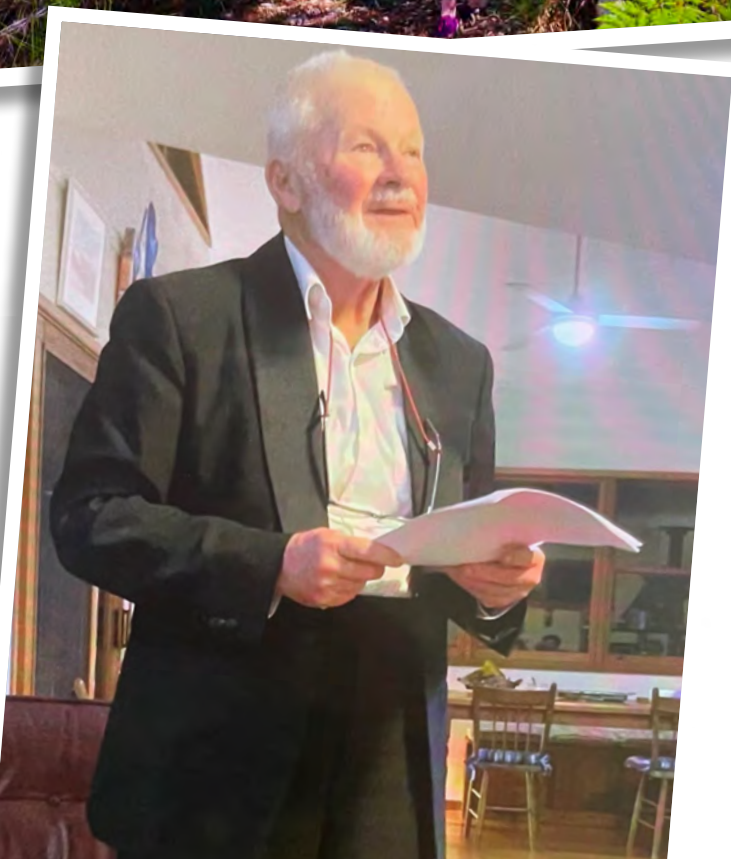
Living through Covid

Trish Davidson

What a time that was. Living in New South Wales we didn't have lockdowns like Victoria but life was different. It was a time of new scrubs (I didn't think I would need them at this point in my career-but who knew?)

No vaccines at the beginning meant such care on return from clinical exposure - not wanting to expose Cliff to any harm. So, a good excuse for new purchases!

Then shopping changed - I moved to our small local IGA - less crowds, less choice - but lovely people. Always so many "thank-you"s from staff and shoppers - I was overwhelmed but decided that purchasing a box of chocolates at each shopping trip - but leaving them to



be eaten by the check-out staff - seemed the right thing to do.

Work surged with policies and procedures flashing down the e-mails until my head was spinning but with lots of discussions slowly the light dawned and it became straightforward. Now I am so used to the mask I almost forget to take it off - probably a few decades in operating theatres helped with my tolerance level.

Garry's question was did we learn anything new? Well, the garden improved no end and I discovered lots of interesting walks near our home, but the most significant feature was Facetime with the family - yes, lots of 'meetings' - but to this day we keep in contact with overseas and local-but-at-a-distance family in Canberra, Townsville and Melbourne.

It's really amazing how relationships develop with the flat screen - a really useful step. Most important times were when our kids moved to London (to train as a paediatric endocrinologist or to Queensland) after Melbourne lock-downs.

Then best of all were the 'degustation-to-your-door' from our local café. Five-course dinners which we prepared at home with the chef on Facetime showing us how to prepare the food - that was a marvellous way to spend a birthday.

Pictured left exploring surrounding bush, 2020, and Cliff Hosking's birthday speech July 2020 - with a 5-course meal from the Deck Café, Lovedale.

Professor Trish Davidson was a Consultant Surgeon at RCH and is now Executive Director, Medical Services, Executive Director, Clinical Networks, and Conjoint Professor of Paediatric Surgery, University of Newcastle, Hunter New England Local Health District

Australia mourns the loss of Justin Kelly

Perhaps our Rembrandt of Paediatric Urology?

By Chris Kimber

On 30th October, Dr Justin Kelly passed away peacefully in his sleep at St Vincent's Hospital Melbourne, where 4 generations of his family have worked. Just before turning in, he left a voice message on the phone for Elaine, his wife of nearly 59 years: "I love you, Angel. I'm going off to bed now. It's a quarter to midnight. I'm so lucky to have you — it's amazing".

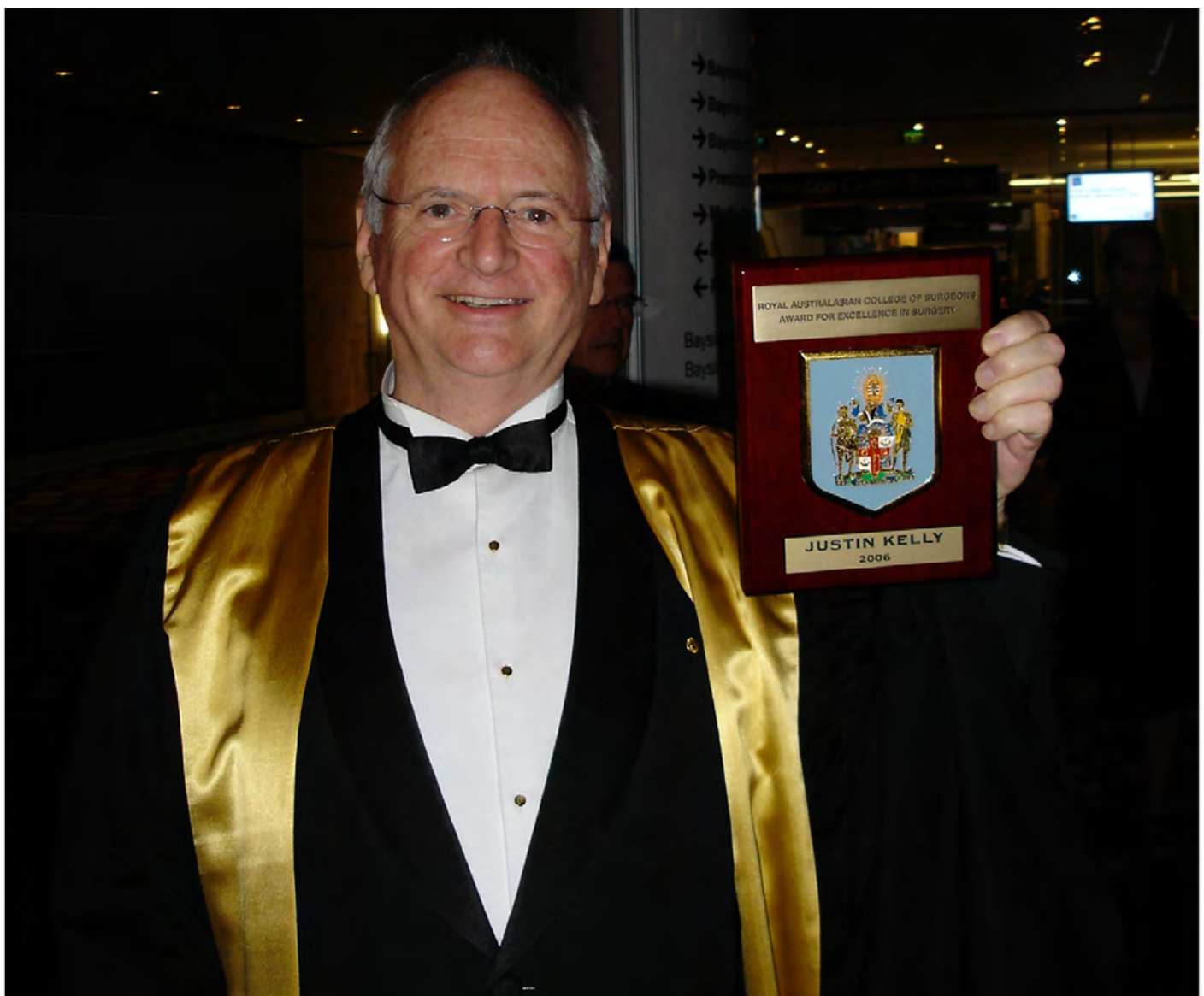
I lost an extraordinary friend, colleague and mentor.

When Rembrandt died, in 1669, his work was regarded as insignificant, and he was buried in an unmarked grave. His unique style and technical mastery were born of single-minded curiosity and an ability to focus within. He would try new ideas, critically evaluate them, and progress with

brilliant, yet unrecognised, results. To quote Gregor J.M. Weber, who leads the department of fine and decorative arts at the Rijksmuseum: "Now we think he's a rebel, who always invented himself anew, who always changed his way of doing things. He struggled and fought against himself and against the standards of his time."¹

Justin, as a surgeon, was similar. Having worked with him for over 35 years, I realised the artistic and technical pre-eminence beside me. As Weber observed, "Every generation has its own Rembrandt" and, it is fair to say, Justin was such a once-in-a-generation figure.

Paediatric surgeons are interesting people. They work in the area of the rare and bizarre; face unique issues in many children and attempt complex and heroic operations to restore normal function. Justin Kelly tackled the Everest of these problems with an intense desire to understand the issues and design radical solutions. His life work was centred around bladder exstrophy, where at birth, bladder, genitals and pelvic bones are separate and exposed to the surface. Over 35 years he studied this problem intensely with a genuine desire to understand the issues and design radical solutions. He believed each child had its own unique anatomy and it was Justin's task to understand their particular maldevelopment and tailor a solution accordingly.



Following his junior years as a doctor at St Vincent's in Melbourne, he fell under the spell of a wizard-like genius, Douglas Stephens, Head of the Urology Department at the Royal Children's Hospital. Douglas (a second World War Tobruk veteran) saw real talent in Justin and convinced him to research the disordered muscles in foetuses with complex anorectal anomalies. In 1969, he published two seminal papers on the abnormal pelvis and anatomy in anorectal conditions. Justin then spent 3 years in Boston, trained by the remarkable teachers, Judah Folkman, Robert Gross and Hardy Hendren. These surgeons were the envy of many centres around the world, providing Justin with a vast clinical immersion and technical surgical training.

Returning to The Royal Children's Melbourne in 1971 he commenced 38 years of service to the children of Victoria. He started treating all the difficult cases of faecal and urinary incontinence in children, wishing to enable them to go through school without soiling. This is hard, tedious and frustrating medicine with few easy solutions. He saw all his boys with bladder exstrophy in nappies and determined to do better.

The creative genius that he was, Justin thought, pondered and wondered whether the pelvic floor and sphincter muscles were still present in exstrophy, in the form of a flat sheet between the pubic bones and lying above the pelvic nerves. He reasoned that this tissue might provide a continent sphincter for these boys if mobilised and wrapped around the reconstructed bladder neck.

He went to the mortuary and dissected the infant pelvis time and time again until he understood where the dangers lay. He developed scoring systems for continence and critically appraised his results. He then started a completely new technique in exstrophy surgery. The Kelly operation (where Justin would spend 6-8 hours with intense magnified vision) involved trying to find thin muscle and fascia overlying the nerves to the genitals. He would rebuild the bladder and wrap this tissue around its neck trying to make continent sphincter. This is so hard that only a few surgeons, way beyond my skill level, can even attempt this operation. It is very dangerous, where ½ mm dissection in the wrong area leads to impotence or an ischaemic penis.

Over the next few years, he refined the operation and published the technique in 1995. The world reacted in disbelief. "You got lucky" "not repeatable" "too hard to train others to do", "our patients are more complex". It went on. Justin buried his head in self-belief and quietly kept going. Great Ormond Street in London was the centre for this condition in the United Kingdom and they became curious. They invited Justin to work there for 6 months in 1999 and show the technique. Only 2 of the 4 surgeons there could master the Kelly procedure, but it caught hold and persisted. The long-term results from

this centre show markedly improved continence and function in the very difficult group.

In his final decade of practice, Justin travelled the world mentoring, commentating and demonstrating his operation in India, China, New Zealand and England. Always humble, he would gently encourage surgeons to understand the complex anatomy and think about the complex repair. Like Rembrandt, Justin's etchings were superb, he would simplify a 10-hour operation into 4 drawings that explained the exact anatomical repair.

On this journey, Justin quietly accumulated all the recognition of a surgical rock star. He was Chief of Surgery, President of the Australasian Society, Senior Examiner and Chair of the Board of Paediatric Surgery. The medals flowed: American Paediatric Surgical Society, The Coe Medal, The Gandhi Medal and the Australasian College of Surgeons "Award for Excellence in Surgery". He was made a Member of the Order of Australia (AM) in 2003. This recognition made little impact on Justin. He kept thinking, writing and demonstrating his technique.

Justin was a complete delight to be around. Insanely funny, tears would be wept over his cat stories, love of opera and his unique family. He was immensely proud of his children and grandchildren and was deeply involved in their lives. He was the consummate gentleman, always had time for every patient and was very dedicated to his work. As he aged, he continued to love the arts. Social events with Justin and Elaine meant witnessing their sparkling banter, deepest affection and complete devotion. Justin was a superb dancer and throughout Covid lockdown, even with his advancing Parkinson's, he continued dance therapy with physiotherapist and with Elaine.

I always felt Justin had my back. Surgically, his advice was thoughtful and insightful. Personally, he cared for your wellbeing and development. Socially he was a complete hoot. He is the giant on whose shoulders we stand.

Vale Justin.

1. New York Times March 3, 2019, Rembrandt Died 350 Years Ago. Why He Matters Today

Paediatric surgeon and urologist Chris Kimber's time at RCH spanned over 20 years from a resident on 9 west NICU in 1988, NETS registrar in 1990, Chief surgical registrar in 1996 and General Surgeon/Urologist from 1999 until 2010.

