

# RCH Alumni

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# Aluminations

FROM THE RCH ALUMNI

Autumn / Winter 2026



*Valley View, Yosemite National Park taken in February 2026 after four days of one of the worst winter storms in decades. Provided by Gigi Williams*



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## Credits

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Honorary Treasurer  
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**Kevin Collins**  
**Bronwyn Hewitt,**  
**Frank Oberklaid AM**  
**Jill Sewell AM**  
**Bev Touzel**

# From the editor's desk

Christine Rodda AM

As many of you know Garry Warne stepped down as Editor of *Aluminations* at the end of last year after almost a decade in this role and handed the baton on to me and my co-editor Bev Touzel.

Bev and I have since discovered through this exercise that we live within just a few metres of each other in North Carlton!

May I take this opportunity to thank Garry for his creativity and insights, together with his son Dan's indispensable role as our graphic designer, making *Aluminations* the informative, at times entertaining, and consistently visually engaging publication which we now enjoy.

My co-editor Bev and I are most grateful that Dan Warne has agreed to continue as our graphic designer.

Based on feedback of the membership, the Committee is keen for *Aluminations* to continue to enrich our networking with each other, so we are planning for two publications annually: "Autumn/Winter" and "Spring/Summer" Editions (**the deadline for contributions for this Edition will be 15th September 2026**).

We have introduced what we hope will continue as an ongoing format for this publication with updates



from our president, a welcome to new members, with a brief profile on each, reports from the MCRI and the Department of Paediatrics, highlights of our "Aluminars" and annual "Alum-orator", with two or three contributions from members, in addition to obituaries.

We have also introduced a humorous section "Laughter is the best medicine".

**From the next edition, we would like to introduce "Letters to the Editor" of around 200 - 300 words to enable readers to share comments on any material in the previous Edition.**

With all that is happening in our world currently, we hope that you find our Autumn/Winter 2026 Edition of "Aluminations" inspiring and uplifting.



## From co-editor Bev Touzel

It is an honour to be asked to assist with the editorial aspects of *Aluminations*. Since joining the Alumni I have enjoyed being a member, attending meetings and functions, and being a contributor to *Aluminations*. I look forward to

continuing my support by assisting Christine in her role as Editor of *Aluminations*.

Hearing Jenny Hynson relating her experiences of setting up a Victorian Palliative Care Service for Children brought back memories of the hurdles experienced as a founding committee member when establishing Very Special Kids (VSK) almost 40 years ago.

This initiative began when two grieving families identified a service gap in community support for very ill children and called for volunteers for a committee - so began the growth of this organisation for children with life-threatening conditions.

Setting up this service was tough, and as Jenny also encountered, there were hurdles to overcome. With support and firm goals these obstacles were resolved and the dream of these two families came to fruition.

In my nursing role at the Hospital working with children with severe disabilities I liaised with and referred many children to VSK who benefited from many of the services provided to them at home in their local communities. I trust these two families take pride in this wonderful memorial to their children, and watching it grow as a significant community support for very ill children and their families.

# Penned by the president

Caroline Clarke

Welcome to the Autumn/Winter issue of *Aluminations*. Thank you to our new Editor Christine Rodda, and co-editor Bev Touzel for taking over this important role from Garry Warne.

In our 2025 membership survey it was clear that our membership greatly value and look forward to *Aluminations*.

I am conscious of filling very large shoes stepping into the President's role after Garry. Thanks again to Garry for all his amazing work on the Committee over many years as secretary, Vice President and then of course as President.

Even though Garry is no longer on the committee, he is still very active in our alumni community and organising monthly lunches at the Tandoori Den which are open to all members.

I am supported by an excellent group of committee members, and we are looking at ways that we can offer a range of opportunities for our members to stay connected.

It is great that we have been able to move our lunchtime meetings back to the RCH Foundation meeting rooms and we hope that you will enjoy our speakers for this year. We have responded to feedback in our survey and are trialling meetings on different days of the week to facilitate more people attending at least some of the meetings, as a number of you mentioned that you had fixed commitments on Tuesdays that precluded your attendance.

Professor Andrew Kornberg was our first speaker for 2026 and he gave an excellent talk in March: a report is included in this edition and a recording of the presentation is available on our Alumni website.

Our two remaining speakers for 2026 are Professor Melissa Wake and Associate Professor Brigid Jordan.

Dates for these and other events can be found on our Alumni website which we have updated to provide a calendar of events throughout the year:

<https://blogs.rch.org.au/alumni/save-the-dates-2/>



This was something else that was requested in our membership survey.

Thanks to our Vice-President Gigi Williams for keeping our website up to date.

My plan is to send around a monthly email to members with any non-urgent news, updates and reminders of upcoming events to avoid too much email traffic. We will supplement this with any time critical news in between.

Plus we will use *WhatsApp* in parallel with this - I know a few members have been concerned that we might be getting rid of emails and replacing them with *WhatsApp*, but this is definitely not the case - they are complementary to each other!

We have included a paragraph at the end of this issue about how to join our *WhatsApp* group (community) if you are not already on it.

We encourage everyone to contribute material for future issues of *Aluminations*, and also welcome any other ideas that you may have for us.

# From the chair of paediatrics

Professor Amy Gray

It is my pleasure to bring you the first of regular updates from the Department of Paediatrics at The University of Melbourne.

We ended 2025 successfully, and proud of the achievement of our supervisors and students. Two honorary staff members, Associate Professor Penelope Bryant and Professor Paul Lockhart were recognised by the Faculty for Excellence in Graduate Research Supervision.

Tu Quan Nguyen was recognised with awards for Early Career Academic and Graduate Researcher Publication Prize.

Ritika Saxena and Elyssia Bourke received Deans Awards for Excellence in Graduate Research. Four Campus women were awarded Strategic Grants for Outstanding Women: Dr Ann Frazier, Dr Simranpreet Kaur, Associate Professor Melanie Neeland and Associate Professor Claire Von Mollendorf.

Crowning our achievements, Dr Farnaz Sabet, a GP working with the most vulnerable adolescents to understand their health needs and how our health systems can respond, was awarded the **Chancellor's Prize for Excellence in the PhD Thesis** and **Dean's Award for Excellence in the PhD Thesis**.

We are incredibly proud of Farnaz and the impact she has made, and if you have not read her key paper about **The Forgotten Girls** in the Lancet I cannot recommend it highly enough. [The Forgotten Girls - Global Adolescent Health](#)

We should be immensely proud. Paediatrics is a small part of medicine, and we are focused on the smallest people, but we punch above our weight both in recognition and the importance and the impact of our work in supporting the next generation.

And in news that may help your recruitment targets... Dr Martin Wright retired from his teaching role in our Department, which he held for more than 25 years.

I remember him as a teacher in both my undergraduate and post-graduate years and am eternally grateful for



the people who gave time and attention to us during our training. Thank you, Martin.

Through our Paediatric Academy, we have launched an Education Series which focuses on the role of healthcare workers in caring for and protecting children affected by war.

Three successful sessions have been held since last year with a focus on storytelling and psychological care.

You are all welcome to join this conversation which unfortunately is becoming increasingly relevant with time - [Seminar Series | The University of Melbourne](#).

Looking forward, our Department is partnering with the Hospital to realise a vision to create a true Learning Health System on our Campus.

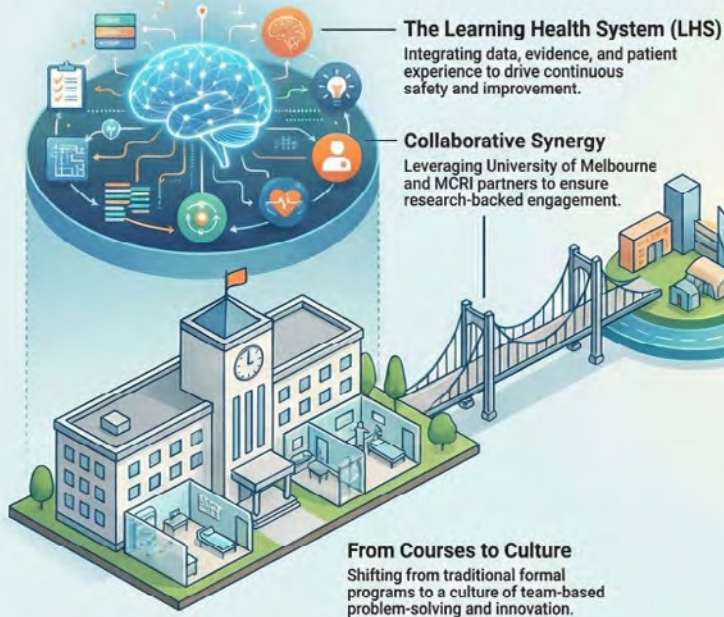
This a framework (see diagram p.6) that brings clinical practice, learning, data and research together to ensure that we learn from our practice and adopt new evidence and practice seamlessly to improve care through a continual process of improvement - easier to say than do.

We have made enormous advances in our data capability, and we have built incredible expertise in our education teams, but these are often not connected, nor visible to clinical teams. This is our challenge over the next few years.

Our work will focus on how we create a culture of learning within and across teams, leadership capability that drives change and improvement tools that are embedded in everyday work. Stay tuned...

# The Evolution of the Modern Hospital: Building a Learning Health System

## The Vision for Cultural Transformation



## The Three Pillars of Implementation



Diagram depicting the elements of the modern hospital Learning Health System

## Welcome to new members

### Professor Warwick Butt

Warwick commenced at RCH in 1980 as a paediatric trainee, following several years working at the Queen Victoria Hospital after his internship year.

He has worked at RCH almost continuously since that time, except for his years training at the Hospital for Sick Children in Toronto.

He returned to RCH in 1985 to take up the position as Paediatric Intensive Care (PICU) Fellow and was appointed PICU Consultant the following year - a position that he still holds.

His administrative roles included being Divisional Director of Specialist Services for 10 years (Departments included ICU, NNU, Radiology, Theatre, Cardiac Services) and was Director of ICU 2010-2021.

Warwick's love of the children he cares for is quoted on the RCH Website:

*"... they're fun, and they're relaxed, and if you can relax with them it becomes an enjoyable experience even when they're sick. "I always was happy to get on the floor and play with the kids, it was just a nice experience working with them."*

Warwick's enduring commitment to his job was summarised by him - *"apart from his wife and children, RCH ICU is the other half of my life"*.



## Dr Catherine Crock AM

Cathy is known to many of us for her inspirational work developing the Hush Collection, about which she spoke as our 2023 Alum-orator.



Cathy first started at RCH as an RMO 1985 – 86 and was appointed Physician in Adolescent health 1994 - 2018. During this time Cathy was appointed Physician in Haematology 1998, a position she continues to hold. She also joined the MCRI in 2022.

Cathy plans to retire next year, after which she will doubtless have the opportunity to spend much more time on her current myriad interests.

These include Rogaining (*for those like your Editor who was not familiar with this term, it is a team sport involving long distance cross country navigation on foot*), mosaics, Hush Foundation Music, theatre and kindness projects, garden and orchard tending, Ultimate Frisbee and grandchildren some of whom she lives with in a multigenerational household in Melbourne's southeastern suburbs.

Cathy is signed up to the RCH Alumni WhatsApp group.

## Dr Albert Shugg

Bert graduated from the University of Tasmania in 1973 planning a career in rural General Practice.

At that time there was no formal training program so he developed his own with terms at RCH, University of Dundee, and Cheltenham General Hospital UK.

He then spent six years in GP practice, but became frustrated by exclusion from hospital practice as a non consultant, so he then returned to the RCH with a wife and three children in 1986 as an "elderly" registrar and obtained his Fellowship in Paediatrics and the Chief Registrar position in 1989.



In 1990 he returned to Hobart and was appointed as a General Paediatrician to the Royal Hobart Hospital and became particularly involved in Oncology and Adolescent care.

It is of interest to note that his grandfather Dr AW Shugg CBE held appointments at both the RCH and RHH in the 1920's.

In 2005 he relocated back to North West Tasmania to become Associate Professor of Rural Paediatrics at the newly established University of Tasmania Rural Clinical School, and Head of Paediatric Services at North West Health Region Tasmanian Health Service.

During this period he had the privilege of being a RCH Rural Paediatrician, and received RCH and RACP scholarships. He also served on national RACP committees.

Probably his most memorable achievement at this time was to be able to take 2 medical students on two occasions to UNHCR refugee camps in Nepal where his daughter was a Child Protection Consultant and meet refugees some of whom have relocated to Tasmania.

He retired from medicine in 2015 to spend eight years making craft spirits in the North West Tasmanian low hills.

In 2023 he relocated back to Hobart to take up grandparent duties.

He is also President of Dying with Dignity Tasmania and very involved with the upcoming review of Tasmania's VAD legislation.

He has a very loyal English-born wife who has supported him for 48 years and moved with him eight times, currently living in Battery Point, Hobart.

His hobbies remain food, alcohol and rugby union, and he is a social media hermit!

## Professor Andrew Kornberg

Welcome to Andrew! See the following pages for the incredible story of his recent Fly for the Kids initiative, circumnavigating Australia.





## Fly for the kids

Report by Dr Roger Allen on the “Aluminar” delivered by Professor Andrew Kornberg

*Our first “Aluminar” for the year was held on Monday 16th March, attended by over 20 Alumni in person, and was given by Professor Andrew Kornberg, who was introduced by RCH Alumni Committee Member Roger Allen.*

*Andrew was both Director of Neurology at the Royal Children’s Hospital, and of the National Muscular Dystrophy Centre at the Howard Florey Institute, enabling him to combine clinical and laboratory research.*

*These two positions have been very productive with national and international grants being received from the NHMRC and the USA MDA for research into novel genetic therapies in muscular dystrophy.*

### Fly for the kids: taking precision medicine to new heights

With the return to the RCH Foundation space the Alumni kicked off the first of our lunchtime meetings for 2026.

In setting out the background to establishing the [Fly for the Kids](#) charity Associate Professor Andrew Kornberg

then entertained us with an, at times nail-biting, account of flying single handed his own single engine plane around Australia – not once but twice, in 2017 and again in 2025.

It comes as no surprise that he was awarded the Recreational Pilot of the Year for 2025 by the aviation industry.

The definition of a rare disease is one affecting 1:2000 individuals with more than 10,000 such disorders now described.

Importantly 70% of such disorders carry a genetic association, most present in childhood, and of those affected 1 in 3 die within five years of diagnosis.

Andrew described how the [Fly for the Kids](#) program aims to develop a specific gene therapy and personalized medicine facility within RCH with its own specialized staff and dedicated beds, initially aiming for four beds.

The charity has almost reached the aim of \$4.5million to establish such a facility which would be a first in Australia and currently only the second internationally.

As an example, Andrew described Alex, diagnosed at birth with Spinal Muscular Atrophy (SMA1) for which gene therapy is now available.



*Andrew's cockpit view of remote northern Australia.*

From a condition that only a few years ago would carry a life expectancy of two years, Alex is now thriving, with normal developmental milestones and Andrew is optimistic Alex will have a normal life expectancy.

On July 2nd 2025, Andrew took to the skies in low cloud and pouring rain soon to be greeted with the sight of ice on his wings. He soldiered on for the next three weeks flying clockwise around the country, getting up at 4.30am each day to plan the day ahead and only took two rest days (Darwin and Cairns). He described the magnificent scenery, the intense star filled nights at various outpost places he landed, and the warmth and generosity of the locals he met.

He even had a woman turn up in Broome whom he had treated as a child 30 years earlier at RCH.

For good measure he also described flying for over two hours in thick cloud with no visibility. At another time he started a landing at an uncontrolled Emerald airstrip only to discover another plane was also starting a landing on the cross strip.

The final drama on this flight was on the home stretch when he heard a strange noise in the cockpit only to realise he'd failed to close the door properly (with an explanation why the door needed to remain open until he landed)!



*Roger Allen introducing Professor Andrew Kornberg at our first Aluminar for 2026 back at our usual venue in the RCH Foundation, L2, 48 Flemington Road.*

After 50 hours flight time, 19 stopovers and 27,000 km travelled he finally landed at Essendon Airport on July 24th (see Andrew's flightplan, next page).

When asked how he felt he said "I was knackered". But when asked during questions he acknowledged he might just "do it again"!

*The video of Andrew's talk may be accessed here <https://blogs.rch.org.au/alumni/save-the-dates-2/>*



# Stats from the RCH Alumni website at a glance

Gigi Williams

We regularly record our Alumni presentations and these are uploaded to the website so that alumni who can't make it to the meetings can still enjoy these talks and feel part of the Association.

When we were organising to have our first *Aluminar* for 2026 recorded I thought that I would find out if people were actually watching them and so I asked the web team to provide me with some stats for the last 12 months. The following is a breakdown of these and I am delighted to see that many of you are taking advantage of these recordings. When the recordings are available we feature them in the 'News' at the top of the 'About Us' page but they are also available under the 'Presentations' tab.

Once they disappear from 'News' they remain under 'Presentations' in chronological order so that they may be viewed at any time at a later date.

<https://blogs.rch.org.au/alumni/save-the-dates-2/>



*Gigi Williams is our current Vice President of the RCH Alumni Committee. She started as a medical photographer at RCH in 1982 and was Director of the ERC for 26 years until 2015. Gigi provides invaluable support by maintaining our Alumni website. When the question was raised at a recent Committee meeting as to whether it was worthwhile videoing Alumni presentations, she set out to answer this question:*

## PAGE VIEWS — LAST 12 MONTHS

### [Vernon Collins Oration — Digital Dynamite: Technology is blowing up healthcare as we know it](#)

*Prof Mike South, 8 October 2025*

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### [Small but mighty: public health control of neglected diseases and Australia's contribution to global health](#)

*Prof Andrew Steer, 2 September 2025*

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### [The winds of change in reading instruction across the primary years: the what, why and how](#)

*Prof Pamela Snow, 17 June 2025*

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### [Final Grand Round at the 1963 site](#)

*Dr Kevin Collins, 9 November 2011*

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# Earthmoving

By Rob Grant

*The following was submitted by RCH Alumnus Rob Grant who recently retired after more than three decades as the Senior Video Producer in the Creative Services Department (formerly the Educational Resource Centre) at RCH and was the recipient of the 2023 (RCH) Chair's Medal.*

*Rob will be known to those who are able to attend our Aluminars in person, as he is the one at the back kindly videoing presentations to be available on-line to those unable to attend in person. In his retirement, he has joined a writer's group for which he wrote this short story.*

There had been signs. More frequent lately. Wailing at night, not eating, injuries during normal activities. All expected, given her age. Her carer had placed cushions around her bed in case of another fall.

The phone call, when it came, was no surprise.

We'd finished brunch in the small coastal town café, and Jenny knew exactly what was needed: a bouquet

from the supermarket, a card from the nearby gift shop, and cakes from the bakery.

Suitably stocked, a short time later we stepped out of the car onto the muddy driveway of my mother-in-law's home. Winter's grey sky and drizzling rain complemented our solemn moods. We exchanged consoling hugs and comforting words.

Inside the house, the body was still warm. Tender hands stroked soft, grey hair. "I thought we could bury her in the fern garden," said Marge. "I've made a start with the shovel." "Mum! You can't be doing that at your age. We'll do it," insisted Jenny, looking at me.

"Well, it's pretty muddy out there. You'll need gumboots. There are some in the garage." A search of the dusty garage revealed a pair of tall rubber gumboots.

Perfect. Except for two things: clearly no one had worn them in years—they were filled with spiders and cobwebs; plus, they were size eight and I'm not.

Still, I knew it would be only for a short time, and mud on my walking shoes would be a nightmare to clean

off. Holding the boots upside down and banging them together seemed to remove most of the inhabitants.

Surely any that were left wouldn't survive my incoming size elevens. If my toes were going to be tinned sardines, there'd be zero space to fit anything else alive.

Reassuringly, my feet didn't overly complain when jammed into their temporary home. Maybe the ice-block temperature had something to do with that.

Next target: gardening gloves. Ah-ha! Two soft leather ones on a dusty shelf—except, both left-handers. Damn. But with no alternative, worth a try. Little finger and thumb did a role-reversal. Well, who would've guessed?

With a bit of stretching, one kind of fit on my right hand. All set, I squelched and stumbled across the back yard to the fern garden, and the shovel Marge had left standing against a tree.

Inside the house, Jenny had found a vase for the flowers. She and Marge came outside to inspect the gravesite. "Oh, looks like those gumboots fit you," said Marge.

"Not quite," I replied, picturing my toes looking like the front of a hatchback after a head-on collision with a brick wall. "But I think they'll survive a few more minutes".

Seeing the shallow hole, Jenny said, "Make it deep enough so we can plant something on top".

I nodded, as she and Marge walked to the garage to find something to bury the body in. I kept digging.

The black topsoil, shovel-load by wet shovel-load, made way for sucking yellow clay and stones. Around the edges of the hole, I stacked the pats of sludge onto ever higher mounds, my back silently protesting every heave.

The charcoal smudges in the sky threatened to spill their contents again but mercifully held on.

The usual squad of raucous, sulphur-crested cockatoos were nowhere in sight that afternoon, as if they were aware of the solemn occasion and knew their daily cries for seed would be the choir we'd least want to hear.

"We've found something to put her in!" called Marge from across the yard. "But you'll need to make the hole wider."



*Rob Grant*

Knowing I'd need to do considerably more sideways excavation was not a welcome thought.

It brought to mind another size mismatch. A few years ago, I went to the burial of my great uncle who had passed at the grand age of 95.

He was being buried at an appropriately dignified ceremony on a hillside cemetery that overlooked the sea.

The grave had been dug over the same site as his former wife's, whose body the family had interred there some years earlier. It had apparently been his wish to join her when his time came.

After a blessing from the celebrant, and as the small group of family members stood admiring the sparkling ocean view this reunited couple would enjoy for all eternity, Uncle Brian's two sons, holding ropes, lowered his polished coffin sedately into the carpet bordered earth.

Or at least, they got one end in. The other became stuck halfway on a stubborn concrete edge and wouldn't budge any further, despite efforts to manoeuvre around it. Paul, the older son, relieved the

tension with a quip. "He always was a stubborn old bastard!"

It occurred to me later that maybe it was Auntie Carmel sending a message that she was doing just fine by herself, thank you, and that Brian could go somewhere else or there'd be no resting in peace for either of them.

An embarrassed cemetery worker was called over to assess the dilemma and advise.

He fetched a crowbar, but after some attempts to trim the obstruction with blunt force, it was agreed that a more vigorous, and sadly indecorous, method would be required. "If you wanna finish the service now, we can do this part later," mumbled the worker. Brian's sons nodded.

I was determined, therefore, that any soul's grave I dug would not suffer the same setback. On that sunless winter day in Marge's fern garden, I thrust the long-handled shovel savagely at the sides of the trench, repeatedly gouging it wider and deeper.

As more gloomy clouds assembled behind reaching gum tree limbs, Jenny and Marge shuffled out of the house carrying a bundle of grey cloth. "We've made it easier for you, Chris," said Marge.

"We don't think she needs a coffin." "Oh. Are you sure? 'Cause I've made the hole wider," I offered. "No this is fine".

Marge awkwardly passed me the bundle. "Now, if you can just lower her gently-"

"Um, well," I said, weighing my options. With the mud mountains I'd made around all sides of the grave, it was now impossible to stand close enough to do any

gentle lowering without being in real danger of falling in myself. "The hole's too deep to lower her gently.

If you want to do that, we'll need some ropes," I said. Marge was willing to sacrifice formality for practicality. "Oh, that's okay. Just drop her in.

She won't feel it." Apologising, I held the bundle as low as I could over the hole and let it go. It met the bottom with a watery splat.

Thinking of movie funerals, I said cheerfully, "Do you want to throw in a handful of dirt? A flower, maybe?" "Oh, no," Marge smiled back. "Do you want to say a few words?" I asked my wife and her mother. They looked blankly at each other and shook their heads.

I picked up the shovel again, preparing to return the mud. But something more was needed. Milestones like this are remembered by loving families. They shouldn't pass without something said to honour the dear departed. Words to signify how much she was cared for. How much she'd be missed.

Partly to lighten the mood and yet wanting to give the ritual at least a little of the dignity it seemed to warrant, I said the only cliché I could think of. "Here lies a loyal and devoted companion."

Marge's mumbling told me that sentiment may not have been entirely fitting, but there was no doubting her loss. With long faces, she and Jenny watched me shovel the mud over the still bundle.

And even though I've always been more of a "dog person", I remember shedding a tear as I pushed the clods of earth over the hole where Spotty, the last of Marge's five cats, now lay.

## RCH alumni electronic resources

### Website:

[rch.org.au/alumni](http://rch.org.au/alumni)

### Email:

[rchalumni123@gmail.com](mailto:rchalumni123@gmail.com)

### Upcoming events:

[blogs.rch.org.au/alumni/save-the-dates-2](http://blogs.rch.org.au/alumni/save-the-dates-2)



**RCH Grand Rounds:** Subscribe to receive notifications of future Grand Rounds: [rch.org.au/grandrounds/mailling\\_list](http://rch.org.au/grandrounds/mailling_list)

**RCH library:** All active RCH alumni members can access the RCH library. Request access by emailing [rch.library@rch.org.au](mailto:rch.library@rch.org.au)

*If you no longer have your letter received when you joined they will contact us to verify you are an active member.*

# Unfortunate events and unexpected rewards

The Development of a Palliative Care Service for Children  
— Clinical Associate Professor Jenny Hynson OAM

*Clinical Associate Professor Jenny Hynson OAM was our 2025 Alum-orator. Jenny was pivotal in the establishment of a statewide service for Victoria's sickest children and their families.*

*She also worked with the Royal Australasian College of Physicians to develop a curriculum for the new specialty of Paediatric Palliative Medicine and began training young registrars, some of whom now work with her in the team.*

*Jenny has completed a PhD, and has contributed to a number of major international texts and journal articles in the field of paediatric palliative care.*

*She was also a founding member of the Children's Bioethics Centre at the RCH. In 2021, Jenny was awarded the Royal Australasian College of Physicians Chapter of Palliative Medicine Award for outstanding contribution by a Fellow to the discipline of Palliative Medicine.*

*In 2024, she received a richly deserved Medal of the Order of Australia.*

*All those who heard Jenny speak at our 2025 Gala lunch were captivated by her candour, humour and humility as she took us with her along her professional journey over the last 25 years, and for those who were unable to attend this event, we have provided an edited version below.*

*(the full text of Jenny's Alum-oration is available <https://blogs.rch.org.au/alumni/save-the-dates-2>).*

## **"Unfortunate Events and Unexpected Rewards: the Development of a Palliative Care Service for Children"**

Thank you for this wonderful honour.

I would like to tell you the story of the development of a children's palliative care service in Victoria where none had existed before. It is a story of a collaborative effort to meet an unrecognised need.



*Clinical Associate Professor Jenny Hynson OAM.*

There are many people here today who were an important part of that effort. Notably, my husband Andrew who has held me through many moments of heartbreak, failure and fear.

People often say, 'I couldn't do what you do'. It is said with the best of intentions, but I have found it a bit jarring because to me, it is obvious why I do what I do.

So ... why **do** I do what I do? I feel very lucky indeed to have experienced an unfortunate event that led to something good, though I did not feel at all lucky at the time.

I was a slightly quivery paediatric resident working at a tertiary adult hospital in which there were also some paediatric wards. One Saturday morning on a round with my consultant, we had one patient left to see.

A girl dying of leukaemia. She was distressed. The consultant, a lovely and clever man, made a few remarks and then politely said he had to go and left me to it.

I watched him walk away and wondered if he couldn't bear it or if he did not know what to do. I turned back to find nurses in tears, the girl calling out in pain and her mother begging for someone to do something. I felt completely at sea.

In that moment, it occurred to me that I should call the palliative care consultant on for the adult wards. She politely told me she didn't regularly look after children but was willing to guide me through what she would do for an adult patient.

I adapted this, scaling down doses and so on. It was crude but made a huge difference. The child settled as did all those about her.

She died peacefully and her mum expressed gratitude I had not experienced before. I can still remember the child's name, the looks on people's faces, the room she was in.

I thought to myself *'we need someone who can help with palliative care in the paediatric setting. The death of a child is sad and should be sad but it does not have to be bad, traumatic, painful'*. For me it was an epiphany.

From that moment, I would appear at job interviews each year and when asked the question *'where do you see yourself in 5 years?'* I would answer, *'I plan to be a PPC physician'*. *'That's great but there is no such thing'* they would say.

I undertook rotations in paediatrics that I thought would be relevant and wrote to senior paediatricians in the UK to ask what they were up to and who I should talk to. They were just starting to nut things out themselves.

1995 David Baum Professor of Child Health, University of Bristol. *'It is a matter of great coincidence that you should be writing just now. We have just set up the first British working party to consider the provisions needed to support a national paediatric palliative care service'*.

In a response to a letter I wrote in 1995, David Hull, Professor of Child Health at the University of Nottingham wrote *'The problem with Palliative Medicine is that it embraces a number of disciplines'*.

*On the one hand it means expert management of the child's underlying problem ... on the other it means an appreciation of the grief and distress that the death of a child causes any family or society and, in that sense, demands a holistic approach'*.

I learned that part of this holistic approach would need to involve supporting staff. I could see that many were deeply affected by caring for and ultimately losing patients, and this in turn affected how they provided care.

Colleagues over the years have shared with me feelings of grief, guilt and fear as well as gratitude for the profound interactions they had with families in the darkest of times.

One of the things that has stayed with me is how sympathetic parents were to the experience of paediatricians. This is a quote from a mother I interviewed for my PhD.

*"We were very fair to the paediatrician. We both cuddled him and said, 'We know you did the best for our child. Don't ever feel awful about this. We don't hold you responsible at all' "*.

Given all of these challenges, we proposed a state-wide consultancy model in which we would honour existing relationships between families and their treating teams and work to support all involved.

At the same time, we would try to engage community palliative care and build capacity across the system through education, the creation of resources and modelling.

A submission was made to government by Doug Bryan and Robyn Schwartz. It was rejected. There was an election, the winds of fortune blew our way and the program was funded in 2000.

So, we set about establishing the service only to meet with palliophobia. By this time, I was a newly minted consultant (still quivery) appointed to the new, very tiny, Palliative Care team. We were but 2EFT. This stage was hard going.

Awkward meetings, sometimes open hostility. Late referrals. A couple of children died during our first home visit with them. But there was support too. From inspirational and sometimes influential people who would stand alongside us and trust us with their patients.

At this stage, we had two options. We could passively wait for referrals to come or we could try and understand and perhaps assist with what was happening upstream. By that I mean, the clinical decision-making process.

We were aware that colleagues sometimes wrestled with increasingly complex decisions. This was part of the reason we collaborated with others to establish the Children's Bioethics Centre at the RCH. Initially, Colin Feekery and myself, and a short time later Lynn Gillam and Hugo Gold.

Meanwhile, we needed the expertise and skills of community palliative care providers to help care for children at home. They were certainly not 'palliphobic' but they were often a bit fearful of children and the obscure illnesses they suffered from.

We offered them our support in the form of advice, liaison, joint visits and education. They have been courageous in providing on the whole, excellent care and it has been an inspiring thing for me to watch experienced community PC nurses help families feel safe in the most terrifying circumstances.

During our formative years, we had been located in the old nurses home. When the hospital moved, we asked to be co-located with all the medical teams. The symbolism of this was significant.

It said, *'Palliative Care is valued by this organisation'*. Other teams could see that we did not have horns and they started to drop by for a chat or to refer a patient. To me, this was the first of two step-changes.

The second involved advocating for a **registrar training** position. I learned something about politics here.

People advised me to have an elevator pitch so for some time I had been saying *'we need a registrar training position for two reasons 1/ sustainability and 2/ capacity building'*. I was thinking one registrar, two reasons.

But what we got was two positions! This meant we could train the next generation of specialists but we could also offer experience in palliative care to those training in other specialties.

In addition to having a new skillset, many of these trainees have gone on to become advocates within their specialties.

Sometimes looking down the road ahead it seems so long ... so much more to be done. You can forget to look back. I distinctly remember looking back at one point and seeing how far we had come.

Referrals were being made regularly and in a more timely way, and there was a sense that we were at last accepted as just another department.

There is a lot still to be done but we are embedded and integrated into the life of the hospital now, and colleagues in community palliative care regularly care for children when once this had been a rarity.

The story of the children's palliative care program in Victoria is a story of collaboration. True collaboration has to come from an honest sense that you are incomplete.

None of us involved in providing care to very sick children can do this by ourselves. As medicine becomes increasingly complicated, more and more patients will be beyond the cognitive threshold of individual clinicians or even teams. Collaboration will be crucial.

I wanted to say something particular about working in and caring for a team. It is one of the unexpected rewards I encountered along the way.

I don't think my team can ever know how much I admire them. How proud I am of them. We all share moments of strength and incredible vulnerability.

Sometimes we feel we have failed ... I love my work but like many roles in the hospital it is hard and there have been times when it has been an hour-by-hour proposition.

It's my team that has kept me going. But we take turns. Like a flock of geese. Sometimes I am the goose out the front, tackling the head winds and sometimes it is someone else.

I received a letter from a colleague after he had completed his sabbatical with us and in it he said, *'Your ability to look after one another is ... unusual. I have rarely met a team so supportive, open, empathic and insightful.'*

*It is also very unusual to be able to work in any hospital team ... and to see no evidence of hissy fits, tantrums, breath-holding attacks, bullying, undermining, passive aggression, dummy spits, drama queenery, bitching or medical thuggery.*

*You clearly don't fit in.'* He's right. In some ways, we don't fit in. I wonder if maybe that is the key to providing the care we do.

I always wanted our service to be regarded as just another department, and to a large extent, we are ... but maybe it's the differences that make the difference!

All those years ago, I happened to come across a little girl who was distressed and a team who felt unable to help her.

The experience inspired the development of a service. Reflecting on the past 25 years, there have been many unexpected rewards. Some examples include:

Learning that belief in what you are doing can bring courage and resilience.

Finding that people can survive unimaginable trauma and loss.

Seeing that moments of humour and joy can be found even in the most terrible times.

I have really enjoyed helping my nursing and allied health colleagues in the team grow and thrive.

Watching trainees thrive to the extent that the next generation is better than the one before. One has recently become my boss!

So, have I finished? Not quite. Developing a service is like walking up a mountain. You breathlessly get to what you think is the top, only to see another peak unfold before you.

As we developed our service, I thought we had arrived, but there's more to do.

Perinatal palliative care is just one example. But perhaps an even tougher challenge remains.

How do we hold on to what we have all worked so hard to achieve? It's not that long ago that there were no specialist palliative care services for children.

We are fortunate here in Victoria to have some exceptional young paediatric palliative care specialists and a robust team but having watched services come under threat in other places, I still consider the situation fragile.

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## An art career interrupted!

Dr Cliff Hosking

**Cliff Hosking's exhibition of his artwork at the November World Urology Conference.**

*Dr Cliff Hosking was appointed as the inaugural staff immunologist at RCH in 1971. He resigned in 1990 to relocate to Newcastle following his wife, Professor Trish Davidson's appointment as Director of Paediatric Surgery at the John Hunter Children's Hospital in Newcastle (which may provide an explanation to those of you wondering what a retired immunologist was doing at a recent Urology Conference!).*

I was always interested in drawing and painting from when I was first able to hold a pencil or brush. I sold my first artwork at 11 years!

I was sitting on a bench in a park copying comic illustrations when a chap came up beside me and asked me what I was doing, so I told him. He said "no you're tracing them" and I assured him that I wasn't.



He said "I'll give you a shilling if you show me that you're drawing and not tracing", which I did of course - he gave me the shilling and I gave him the drawing.

I continued to draw and paint - I recall winning a prize for painting aged about 14 years.

Once I got into Medical School my art activities were pretty much on hold, but on my first day of work I clearly recall saying to myself "When I retire I'm going to be an artist".

Throughout my working life I still practised my art, attended many in person art courses, and generally honed my skills. For the last 10 years of my career I held an annual art exhibition.

I taught watercolour painting for the last 12 years of my medical career. I guess I could be described as an artist who decided to do medicine in order to follow another passion of mine - eating!

Maybe 10 years ago some friendly and somewhat extrovert urologists in Newcastle organised an International Urology Conference in Newcastle.

They were friends who knew I was an artist, and to expand the "brand" of their Conference in an original way, asked me to put on an art exhibition at the venue.

This I did and offered a painting for a raffle to offset some of the costs of the conference.

One of the guys acted as a very persuasive auctioneer and flogged off my painting for 10 times my usual selling price. I also offered to do a portrait (for a fee) also to help with expenses.

Anyway, the same group held another conference - this time in Sydney and again asked me to participate artistically - the actual conference was on hypospadias surgery - not one of my strong points.

I hung some 30 paintings on poster screens which turned into a bit of a disaster when the screens fell over under the weight of watercolours framed behind glass, and the glass of two of the paintings broke.

A variation I introduced on this occasion, as sitting down and doing nothing for the course of the conference seemed like a waste of time, I did red chalk portraits (taking 10 to 15 minutes each) of many of the participants.

This proved popular from my and the participants' point of view. Following are a number of these together with some of my watercolours.

*(Watercolour) Sunset sailing*





Examples of red chalk portraits drawn at the Urology Conference



(Watercolour) Bush Walk



*(Watercolour) Horsehead Nebula (Courtesy of Hubble)*

# Remembering Professor Katie Allen

Professor Kathryn North AC

*Professor Kathryn North AC is Director of Murdoch Children's Research Institute (MCRI) and David Danks Professor of Child Health Research at The University of Melbourne. Kathryn trained as a paediatrician, neurologist and clinical geneticist.*

*She is recognised internationally for her exceptional scientific achievements, nationally for her contributions to policy and guiding strategic direction of the medical research sector and as a national and international leader in genomic medicine.*

*[Adapted from the transcript of Professor Kathryn North's eulogy for Professor Katie Allen, as delivered 29 January at St Paul's Cathedral Melbourne.]*

It is an honour to be asked to pay tribute to Katie.

I have always thought that Katie was brilliant – and I told her so – but after reflecting deeply on her career and gathering stories from her friends and colleagues – I wish I could tell her just one more time how truly amazing she is.

But since I can't – it is a joy and a privilege to be able to share her career achievements with you all.

But especially with Katie's family – Malcolm, Monty, Jemima, Arabella and Archie. You generously shared your wife and mother with all of us – and thus you also share her successes as your own.

Katie's brilliance was evident from an early age. A standout student at Melbourne Girls Grammar, she went on to study at Monash University, graduating in 1990 with a double degree: a Bachelor of Medical Science—partly undertaken at Cambridge—and first-class honours in medicine, alongside a Bachelor of Surgery.

In 2001 she completed her PhD at the University of Melbourne, maintaining throughout her life deep connections with all three institutions.

Monash later recognised her achievements with a Monash University Fellowship, one of its highest honours, and she was also appointed Enterprise Professor at the University of Melbourne in recognition



**Dr Katie Allen Memorial Fund**

**Supporting Pathways to  
Politics for Women**

*As part of the Pathways to Politics for Women initiative, the Dr Katie Allen Memorial Fund is now helping graduates accelerate their journey to leadership. [pathwaystopolitics.org.au/katie-allen-memorial-fund](http://pathwaystopolitics.org.au/katie-allen-memorial-fund)*

of her profound influence on research, policy and practice.

Katie spent most of her clinical career at the Royal Children's Hospital, beginning her paediatric training there in 1991. After fellowship training in gastroenterology and liver disease in Chicago, she returned to Melbourne in 1997 and began a more than two-decade association with the hospital.

She was a deeply caring physician, beloved by her patients and their families. Yet she was never content simply to treat illness one child at a time. The difficult cases she encountered in her clinic drove her to search for answers through research.

That determination led her, in 1997, to approach Professor Bob Williamson, the new Scientific Director of Murdoch Children's Research Institute, about undertaking a PhD. Williamson proposed a bold and ambitious project: investigating the use of donor stem cells to treat children with severe liver disease and liver failure.

Working largely on her own, Katie conducted pioneering studies of liver cell transplantation in mice and established a human liver cell bank. Her work eventually culminated in Australia's first liver cell transplant.

At the same time, she began investigating ways to prevent haemochromatosis, a common genetic disorder causing iron overload and liver disease. With colleague Martin Delatycki she launched a large-scale genetic screening study involving 10,000 participants.

Colleagues recall that during those years she somehow managed both groundbreaking research and family life, often bringing her young daughters, Jemima and Arabella, to meetings. Those who worked with her repeatedly remark on her extraordinary energy, work ethic and ability to juggle multiple responsibilities.

Both research programs produced influential publications in major international journals. But Katie was determined that research should lead to real-world change. She and her colleagues negotiated an unprecedented agreement with life insurance companies to ensure that people diagnosed through genetic screening for potentially treatable conditions would not face discrimination. It was the first such agreement between scientists and insurers anywhere in the world.

From the outset, Katie was committed to translating science into policy and practice. Remarkably, more than two decades ago she was already working in areas that are only now becoming mainstream in clinical medicine: population genetic screening and stem-cell therapies.

Never afraid to challenge conventional thinking, Katie soon turned her attention to another emerging health problem—food allergy. In the early 2000s, allergy research focused primarily on immunology. Katie believed that rigorous epidemiology was needed to understand why the condition was increasing so rapidly among children. The idea was controversial at the time but proved transformative.

Working with Professor Melissa Wake, she established the landmark *HealthNuts* study, a population-based investigation of more than 5,000 infants diagnosed with food allergy around their first birthday.

Participants were followed for more than a decade to identify risk factors and possible preventive strategies. The findings were striking: Melbourne was revealed to have the highest rate of food allergy in the world, with around 10 per cent of one-year-olds affected.

The research identified environmental and genetic risk factors that could be targeted through public health measures. Over time the work expanded nationally

through an NHMRC Centre for Research Excellence dedicated to understanding, preventing and managing food allergy.

Across her career Katie led studies involving more than 72,000 participants. This body of work established her, Murdoch Children's Research Institute and Australia as global leaders in allergy research.

Her findings helped shape clinical guidelines and infant feeding policies worldwide. Already, changes to infant feeding recommendations are leading to measurable reductions in food allergy in the community.

The reach of her work was extraordinary. Katie authored 423 peer-reviewed publications, cited far above the average for researchers in her field.

Her research has informed nearly 400 policy documents in more than 20 countries and contributed to over 180 clinical guidelines. It has also reached the broader community through more than 2,000 media stories across 50 countries.

Her achievements were recognised nationally and internationally. She was elected a Fellow of the Australian Academy of Health and Medical Sciences and of the American Academy of Allergy, Asthma and Immunology.

She also held an international professorial chair at the University of Manchester and served on the editorial boards of the leading journals in her field.

Beyond her scientific contributions, Katie was widely admired as a mentor. She supervised more than 30 PhD students—most of them women—and supported many more honours and postgraduate researchers.

She actively nurtured the careers of emerging leaders, including Professors Kirsten Perrett and Jennifer Koplin, who would later continue the work she had begun. Her colleagues recall that she believed in them completely and gave them the confidence to succeed.

In 2011 Katie became Director of Population Health at Murdoch Children's Research Institute, leading more than 550 researchers. In this role she expanded research into community and public health, bringing together expertise in child and adolescent health, health economics and health services research.

It was amazing how she managed to fit everything in.

Katie explained that whenever someone asked if she was busy, she would just smile and say "Not

especially” - because it was unlikely that she would ever be LESS busy than at that moment. She just gave them her attention and fitted them in.

Katie recognised that modern epidemics—obesity, mental illness, allergy and the effects of social disadvantage—required prevention and early intervention at scale.

She played a key role in linking long-running birth cohort studies involving more than 80,000 participants, creating the *Lifecourse* research program that is now used internationally. She also contributed to the development of *Generation Victoria*, a major population cohort designed to study and implement interventions across more than 125,000 individuals.

Katie believed deeply in evidence-based policy. Her later career in politics reflected the same commitment that had driven her research: the determination to translate the best science into action that improves lives.

Those who knew her remember not only her brilliance but her warmth, humour and unmistakable personal style. She was idealistic, driven and honest to a fault, with a dazzling smile and infectious energy.

Her colleagues recall the sparkle she brought to every room and the passion she brought to every challenge.

It is hard to believe that crackling, zesty, intelligent person is gone.

But Katie Allen’s legacy lives on—in the research she led, the policies she shaped, the scientists she mentored, and the millions of children whose lives are healthier because of her work. She was deeply loved, widely respected and will be greatly missed.

*Professor Kathryn North AC*



## Obituaries

### Dr Dawn Marilyn Giltinan

(28/3/1944 - 30/9/2025)

Dawn died at her home after a long illness aged 81 years. Dawn was a long time RCH sessional anaesthetist, and following her retirement her warm and friendly presence was greatly valued at Alumni functions, which she regularly attended with a group of anaesthetist colleagues before the onset of her final illness.

As an active member of Richmond Rotary for many years, Dawn demonstrated her passionate support for social justice and the disadvantaged.

Dawn was the loved daughter of Ray and Peg Giltinan (both deceased) and loving sister of Dr John Giltinan and Professor Pam Russell AM (both deceased.)

### James Camakarlis

(1946-2025)

*Written by  
Helen Camakarlis and  
Julian Mercer*

#### Biographical details

Jim was born on March 2nd 1946 in Lebanon, of Greek parents. His father, Athanase, was born on the island of Milos around 1890, and spent many years in Turkey,



near Cappadocia, fleeing to Lebanon during the 1923 exchange of Greeks and Turks.

His mother, Katerina, was born in Tsagarada in Greece, until her family moved to Lebanon. The family, including James and his two older brothers, moved to Melbourne in 1950.

## Education

Jim attended University High School, with the support of a Daffyd Lewis Scholarship, and completed a BSc (Hons) in 1968 at the University of Melbourne. This was followed by a PhD under the supervision of Professor Jim Pittard, in the Department of Microbiology and Immunology in 1973.

During his undergraduate course, he was fortunate to work with Professor David Danks on a vacation studentship at the Genetics Research Unit RCH, which ignited his interest in genetic diseases.

## Scientific and academic career

Jim's first Postdoctoral position was with Professor Donald Metcalf at the Walter and Eliza Hall Institute of Medical Research, where he worked on the purification of GM-CSF, a cytokine that has since been used globally to alleviate adverse side-effects in cancer chemotherapy.

GM-CSF also plays a role in hyperinflammation (cytokine storm) in Covid-19 infections, suggesting possible roles for both GM-CSF and anti-GM-CSF therapies.

Jim's next appointment, in 1975, was with Professor David Danks at the RCH Genetics Research Unit which later became the Birth Defects Research Institute and finally the Murdoch Children's Research Institute, where he demonstrated that Menkes Disease was caused by an inherited defect in copper efflux.

He then developed a prenatal test for Menkes disease for use in 'at risk' pregnancies.

In 1979 Jim became a lecturer in the Genetics Department at the University of Melbourne, whilst remaining a Research Associate and then a Senior Research Associate at the Murdoch Research Institute.

Jim continued his life-long interest in copper homeostasis and metallobiology. He worked closely with David Danks and Julian Mercer for decades trying to unravel the mystery of Menkes disease and how copper is regulated in the body.

The combined research groups became a recognised world centre for the molecular analysis of copper homeostasis and its disorders.

The high point was the identification of the copper-responsive trafficking of the Menkes protein and its role in the transport of copper, made with Mick Petris, one of his PhD students and JM, in 1996.

This discovery was made possible by Jim's inspired idea to select for copper-resistant cell lines, and showing that this resistance was due to increased production of the Menkes protein, allowing increased copper efflux from the cell in response to copper.

Jim contributed many other innovative approaches to the study of understanding copper homeostasis and the role of metals, with twenty-nine postgraduate students completing their PhDs under his supervision, alongside fifty-one students completing their BSc (Hons) research year.

This resulted in the publication of 131 peer-reviewed papers and eight invited Chapters. Further details about this internationally acclaimed work may be accessed via the following link: <https://academic.oup.com/metallomics/article/8/9/816/6025016>.

He was also a member of the Editorial Board of the Journal of Biological Chemistry (USA) for five years, and served on many scientific committees.

He served as Head of the Department of Genetics from 1999 to 2004, and became a Professor in the Department in 2006.

In 2006 Jim became an Honorary Principal Research Fellow at the Mental Health Research Institute, and when he retired from his position in the Genetics Department he became a member of the Florey Institute of Neuroscience and Mental Health where he continued to contribute to studies on the role of copper in neurodegenerative diseases, particularly Alzheimer's disease, until his unexpected death in 2025.

## Awards

In 2000, Jim was awarded the Australian Institute of Nuclear Science and Engineering Gold Medal for Excellence in Research. In 2007, he gave an invited lecture to the public in the Dean's lecture series at the University of Melbourne.

At the Biometals 2008 international meeting (Spain), he gave the keynote lecture of the conference and was

awarded the Igor Stojilkovic International Biometals Society award for excellence in Biometals research at the international level.

In 2016 he was awarded the David M. Danks award for 'scientific achievements in basic and/or clinical research related to copper metabolism and disease'. This international award is made every two years, and was presented at the 10th International Copper Meeting in Sorrento, Italy, in September 2016.

### Family and retirement

In 1972 Jim married Helen, a fellow scientist, and they lived for some time in Ormond College as Tutors and Directors of Studies for Postgraduate Students.

They enjoyed the company of fellow postgraduate students, and other Tutors and Visitors in the Senior Common Room, notably Sir Mac Burnet and visiting scholars. They developed a warm relationship with the Master, Davis McCaughey and his wife, Jean.

In 1975 they moved to a terrace house in Carlton, and in 1981, they moved to Eaglemont, with their 5 year-old son, Michael. Their daughter, Catrina, was born in 1984. Jim was a loving and supportive father, and adored his children, and his grand-daughter who was born in 2021.

Jim and Helen considered themselves fortunate to have the opportunity to travel, both with their children, and on their own, particularly to Europe where they sought out places in Greece that held significance for Jim.

His other interests were following current affairs, films, reading and following the Hawks, his beloved footy team. He remained a steadfast partner in Helen's retirement occupation of writing popular science, addressing the existential risks facing mankind.

## Dr Stuart Whitaker Brown MNZM Paediatric Surgeon and Paediatric Urologist

(3 October 1943–24 September 2022)

*The following is an extract from **Stuart's FRACS Obituary**  
Published online in April 2025.*

Stuart Whitaker Brown was an outstanding clinician, surgeon, colleague, innovator, collaborator, raconteur and all-round good bloke. New Zealand's first formally trained paediatric surgeon, he was strongly influential

in setting up and developing a tertiary Paediatric Surgery service at Waikato Hospital.

A reader – curious, contrary, sceptical, and insightful – who demanded facts not emotions during many robust debates, Stuart had little time for quackery, believing strongly in science, scientific endeavour and sound scientific process.

Stuart (Stu) was born in Landour India, to Royston Brown and Annie (nee Reese) who were missionaries in India and later Bangladesh. He had two siblings – an older sister, Olwyn, and a younger brother, Royston.

Stu commenced school at the Mt Hermon School in Darjeeling and when the family subsequently returned to Aotearoa New Zealand (AoNZ), attended Campbells Bay School in Auckland.

Following the family's move to Wellington he attended secondary school at Wellington Boys College and, approximately one year later following a further family move, commenced at Southland Boys High School, Invercargill.

There he was a member of the rugby 1st XV, the cricket 1st XI and in 1961 was Deputy Head Prefect. He won prizes for public speaking in both his junior and senior year.

On leaving school Stu studied metallurgy at Otago University, living for two years at Arana Hall.

There, at the end of his second year and influenced by others completing their medical intermediate, he applied for and gained entry to Medical School. While at Medical School Stu met Jill Hill, a physiotherapy student, and a close friendship developed.

Stu spent his house surgeon years at Auckland Hospital and obtaining his FRACS. In 1977 Stu and Jill married, subsequently having a family of three boys. Gaining an appointment as a general surgeon, he returned to Waikato Hospital.

There, working alongside Graeme Campbell, a general and paediatric surgeon, he developed an interest in Paediatric Surgery and in 1983 obtained a one-year Fellowship at the Melbourne Royal Children's Hospital.

Returning to Waikato Hospital in 1984, Stu joined Graeme Campbell as co-founder of today's regional tertiary paediatric surgical service. He subsequently dedicated the next 32 years of his professional life to the development of the service, retiring in 2015.

Stu played a key role in establishing and developing various clinical services including a multi-disciplinary Spina Bifida Clinic, a neonatal surgical service, paediatric endoscopy and bronchoscopy. Stu was a very able, technically skilled and innovative surgeon and was highly respected by medical, nursing and managerial colleagues.

He was thoughtful in his decision-making and an excellent teacher, renowned for some of his pithy words of advice: "You should never give a first opinion if you are afraid of a second opinion" and "Surgery occurs in planes.

Dissect in planes. Work from the good to the bad, the known to the unknown." He was never critical or judgmental, but always supportive and interested. Generous with his time, knowledge, skill and resources, he helped anyone who asked for assistance.

Stu took on a number of leadership roles. He was a co-founder of the New Zealand Paediatric Surgical Association and held governance roles subsequently. A member of the New Zealand Medical Association he served as chair of the Waikato division.

He held governance roles in the Waikato division of the Cancer Society, the Braemar Hospital and the Ministry of Health. In 2017 Stu was made a Member of the

New Zealand Order of Merit (MNZM) for services to children's health.

Acquiring land with views and ready access to the sea at Aotea Inlet, Stu built a family back in the mid 2000s. Separated from Jill he met Trish, a local café owner and a continuing friendship evolved.

Stu enjoyed windsurfing and became an avid sailor, participating in numerous off-shore races including the Sydney-Hobart, Auckland-Suva and Round the North Island races. After retiring in 2015, he made his bach at Aotea his permanent base, but enjoyed travelling with trips to India, the Greek islands, South America and Africa.

He also honed his fishing skills, focusing on marlin and snapper, as well as flounder in the harbour. Following the purchase of a microbrewery, he began a passion for brewing his own beer, named The Salty Dog.

Stuart Brown died unexpectedly, but peacefully, on 24 September 2022 aged 78 years. The brother of Olwyn and Royston, he was the loving partner of Trisha, proud father of Ben, Sam and Brad, and grandfather of Alby and Arabella.

*Dr Cam Buchanan FANZCA, Udaya Samarakkody FRACS and Brad and Royston Brown contributed to the preparation of this obituary written by Dr Allan Panting FRACS*

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# Alumni communications

## WhatsApp community

As many of you know we have recently set up a "WhatsApp community" to facilitate communication with our members.

We are aware that a number of you already use this channel to communicate with family and friends, or may use it through other groups and societies you belong to.

We are using this line of communication as a supplement to our email communication.

It is NOT intended to replace emails so the same information may be shared via both routes.

### There are two main ways you can join this group:

1. Sometimes we can add you directly to the group- this will depend on the settings you have in your personal WhatsApp.
2. If we are unable to join you directly we will send you an invite link via WhatsApp or another messaging app. When you receive this you tap on the link to accept the invitation. Note that these invites have an expiry date.

If you do not think you are in the RCH Alumni WhatsApp community please let us know on [rchalumni123@gmail.com](mailto:rchalumni123@gmail.com) and we will resend a link.

At this stage we have not invited overseas members as we are not confident that the phone numbers we have are correct. If you are an overseas member who wishes to be included please also email us on the RCH alumni address and include the exact contact number you wish to use including the overseas code.

# Laughter is the best medicine

An economic rationalist's view of Schubert's unfinished symphony

Christine Rodda AM



*By way of background, Austrian composer Franz Schubert wrote the first two movements of the Symphony Number 8 in B minor D759 in 1822. However although he had started sketching out a further two movements and lived for another six years, this Symphony remained unfinished.*

*This Symphony was premiered on 17th December 1865 in Vienna to enthusiastic audience acclaim and it was finally published a couple of years later in 1867, almost 4 decades after Schubert's death.*

*The reasons why Schubert did not ever finish this beautiful symphony remain a mystery to this day. My husband and*

*I were given this "Memorandum" when we were living in Boston Massachusetts around 1990.*

*Unfortunately we do not have the name of the person who initially penned this witticism, so cannot attribute it accordingly, however the following are some related thoughts from a management consultant.*

A Managed Care Company President was given a ticket for a performance of Schubert's Unfinished Symphony, however he was unable to attend this performance himself, so he offered his ticket to one of his management consultants.

The following morning the President asked the Management Consultant how he enjoyed the performance, and he handed the President a memorandum which read as follows:

## MEMORANDUM

For a considerable period the oboe players had nothing to do. Their number should be reduced, and their work spread over the whole orchestra, thus avoiding periods of inactivity.

All twelve violins were playing identical notes. This seems unnecessary duplication, and the staff in this section should be drastically cut. If a large volume of sound is required, this could be obtained through the use of an amplifier.

Much effort was involved playing the 16th notes (semiquavers).

This seems an excessive refinement, and it is recommended that all notes should be rounded up to the nearest 8th note (quaver). If this were done, it would be possible to use paraprofessionals instead of experienced musicians.

No useful purpose is served by repeating with horns the passage that has already been handled by the strings. If all such redundant passages were eliminated, the concert could be reduced from two hours to twenty minutes.

This symphony has two movements. If Schubert did not achieve his musical goals by the end of the first movement, then he should have stopped there. The second movement is unnecessary and should be cut.

In the light of the above, one can only conclude that had Schubert given attention to these matters, his symphony would probably have been finished by now.