CHANGING THE CANCER LANDSCAPE – CANCER COUNCIL VICTORIA WITNESS SEMINAR

Friday 11 November 2005

Participants

Ms Pam Adams
Ms Adrienne Anstee
The Hon Mark Birrell
Dr Ron Borland
Ms Pat Dobson
Dr Michael Drake
Ms Susan Fitzpatrick
Mr Brian Fleming
Professor Richard ('Dick') Fox
Dr Nigel Gray
Mr Peter Griffin
Professor David Hill
Professor Bruce Holloway
Mr David Hume
Dr Tom Hurley
Ms Beverley Lovegrove
Ms Woody Macpherson
Mr John Nankervis
Ms Sue Noy
Ms Nicole Prosper
Mrs Sue Rawlyk
Ms Dorothy Reading
Dr Ruth Redpath
Ms Michelle Scollo
Ms Judith Watt
Dr Ann Westmore

Others who provided input after the meeting; Professor Gordon Clunie, Ms Adrienne Holzer

Changing the cancer landscape

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Introduction

David Hill[1]: I'd like to thank you very much for coming and giving up a day to help us construct – or reconstruct –the history of aspects of the Cancer Council[2] during its first sixty years, from 1936 to 1996. We're 70 next year, and that's been something of a prompt to get on with this. The other trigger has been, if I may say, the fact that none of us is getting any younger and the longer you leave it the less opportunity there is to do something like this. So let's be thankful we're all here to tell of our experiences. There are others I wish were here but couldn't be, and some of them are pictured on the wall. Anyway let's get underway and I'll now hand over to our Vice-President and immediate Past President, Dr Ruth Redpath.

Ruth Redpath[3]: Can I just add a welcome on behalf of our President, Peter Griffin[4], who hopes to join us a little bit later.

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[1] **Professor David John Hill** AM, PhD FAPS (b.1942) joined the Anti-Cancer Council of Victoria in 1962 as a part-time storeman while completing an Arts degree at the University of Melbourne. Shortly after, he was appointed Assistant to the Public Education Officer, Tony Brown, and a few years later, Public Education Officer.
Mentored by Dr E.V. ('Bill') Keogh, the Council's medical adviser, he came to appreciate the importance of an evidence-based approach to developing and evaluating cancer-related behaviours such as acting on early warning signs of cancer and responding to cancer hazards such as smoking.
During the late 1960s, he began part-time studies in psychology at the University of Melbourne culminating in the award of a PhD in psychology in 1985.
As Director of the Council's Public Education programs he increasingly incorporated behavioural studies into the formulation and evaluation of programs on cervical screening, breast self examination, early detection, tobacco use and sun exposure.
With Nigel Gray, he began publishing studies of national smoking prevalence data in 1974, commencing the provision of the only national assessment of trends in smoking behaviour for two decades.
Subsequently, an interest in early detection and treatment of breast cancer led to the start of a series of cancer registry-based management surveys in collaboration with Graham Giles, Ian Russell and others.
In 1976 he was invited by the International Union Against Cancer (UICC) to lead a project on doctor involvement in public education about cancer and, in 1984, to lead a project on behavioural science applications in cancer prevention.
He resumed an active role in the UICC in 2006 following election to the Board and to the position of President-elect, to take office in 2008.
With the expansion of the Council's programs under the Directorship of Nigel Gray, he began full-time behavioural research as founding Director of the Centre for Behavioural Research in Cancer in 1986. He was appointed Director of the Council in 2002 and a Professor in the Faculty of Medicine, Dentistry and Health Sciences.
- Personal communication, David Hill to Ann Westmore.

[2] The Anti-Cancer Council of Victoria, established in 1936, was re-named Cancer Council Victoria in January 2002. Both titles were used interchangeably during the seminar.

[3] **Dr Margaret Ruth 'Ruth' Redpath** AO, MB BS FRCS FRCR DMRT MAMA (b.1940) trained in medicine at the University of Melbourne and in surgery and radiation oncology in London. She was Consultant Radiation Oncologist at St Bartholomew's Hospital, London and the Hospital for Sick Children, Great Ormond Street, 1975-82.
After returning to Melbourne in 1982 and while working as a radiation oncologist at the Peter MacCallum Cancer Institute 1982-1990, she was assisted by Anti-Cancer Council staff to establish palliative care services at Dandenong District Hospital and the Monash Medical Centre plus an academic unit in palliative medicine at McCulloch House, 1982-95.
She was appointed the first Chair of the Palliative Medicine Study Committee of the Victorian Cooperative Oncology Group in 1988.
She was a member of the Executive Committee of the Anti-Cancer Council, 1992-2005 and was its President, 1998-2005.
- Personal communication, Ruth Redpath to Ann Westmore.

[4] **Mr Peter John Griffin** BCom ASIA (b.1939) gained experience in investment banking, funds management and stockbroking before joining the Board of the Anti-Cancer Council in the early 1990s. As well as chairing the Board for a year, he was also a member of the Council's Finance Committee (and its Chair for seven years), Medical and Scientific Committee, and Appeals Committee. In 2005 he was elected President of the Council.
He also served on a number of organisations associated with health care. These have included the Council of the Australian Cancer Society, where he played a key role in substantial organizational change, the Board of the Victorian Breast Cancer Research Consortium (VBCRC), and as a Director of the Murdoch

In Peter's absence, I'll launch a new publication about the Council. I've been given a quote: David McCullogh said that a nation - and that would also apply to an organisation - that forgets its past can function no better than an individual with amnesia. Sadly, many of us know what individuals with serious amnesia are like, and that's sad, but an organisation that loses its memory is also sad and I'm sure some of us have had experience of that – there's a rootlessness and a purposelessness that can set in when people forget their past.

We were very fortunate that our Past President, the late Allan Dick[5], whose attention to detail was meticulous, wrote for us *Fighting Cancer: Anti-Cancer Council of Victoria, 1936 to 1996*[6]. It is a history of the Council from 1936 to 1996 – the first 60 years.

More recently Professor Robert Burton[7], the previous Director of the Cancer Council, invited Dr Ann Westmore[8] to write the scientific history of the Council, in particular the story of research funding by this Council, which is of course quite a unique story.

Now I don't know how much you know about Ann, but I will read this. She's an Honorary Fellow in the University of Melbourne Centre for Health and Society. And with that expertise she has produced a volume which it gives me great pleasure to launch today. I want to congratulate Ann for the hard work and expertise that she's put into *Gaining Ground against Cancer*[9], a companion to *Fighting Cancer*, and to thank her for that.

Leading on from that, we're talking about history today and we're going to participate in an exercise which puts history in focus in a different way. Oral history is very interesting and I'm sure some of us have had experience of it in our families, or know of people who've put their reminiscences on tape or on paper. I know I have some very precious recollections from my family and in a sense we are the family here today and we're going to reminisce together about the Cancer Council and its history. So again thank you all for coming.

Children's Research Institute. He has also been a Director of various public and private companies and community groups.
- Personal communication, Peter Griffin to Ann Westmore.

[5] **Mr William Allan ('Allan') Dick** AO, BCom FCA (1922-2004) served in the AIF during World War II and studied commerce at the University of Melbourne before taking partnerships in accountancy firms, Fuller King and Co (1951-60) and Arthur Andersen and Co 1960-65. He later worked as a consultant to McKinsey and Co. (1965-68) and was a partner with Irish Young and Outhwaite 1969-73, and was also associated with BA Australia, EC Heath Insurance Group and Pacific Carpets International.
He joined the Anti-Cancer Council's Executive Committee in 1955 and was President, 1982-98.

[6] W. Allan Dick, *Fighting Cancer: Anti-Cancer Council of Victoria, 1936 to 1996*, published 2001.

[7] **Professor Robert Charles Burton** MB BS BMedSc PhD MD BA FRACS FRACP FAFPHM (b.1943) was Director of the Anti-Cancer Council from 1995-2001. After training in medicine at the University of Melbourne (graduating in 1967) he did a Bachelor of Medical Science degree (1971) and gained qualifications as a physician (MRACP 1971 and FRACP 1976) and a surgeon (FRACS 1972).
While working as a vascular surgeon at the Royal Melbourne Hospital, 1974-77, he undertook research towards a PhD at the Walter and Eliza Hall Institute (1977) and a Melbourne MD (1978).
He did a Postdoctoral Fellowship at the Massachusetts General Hospital, Boston, 1977-81, and in 1981 was Assistant Professor of Surgery at Harvard University and was awarded the Alan Newton Prize by the Royal Australasian College of Surgeons.
He was Professor of Surgical Science at the University of Newcastle, NSW, 1981-95 and Professor of Surgery at the John Hunter Hospital, NSW, 1989-92. He was also a Visiting Scientist at the International Agency for Research on Cancer, 1992-93.
- *Who's Who in Australia 2000* and *Medical Directory of Australia 2003.*

[8] **Dr Ann Westmore** PhD (b.1953) is an Honorary Fellow in the University of Melbourne Centre for Health and Society. She is responsible for the conduct of the Witness to the History of Australian Medicine seminar program and the content of the online historical compendium of the University's Faculty of Medicine, Dentistry and Health Sciences (www.cshs.unimelb.edu.au/umfm)

[9] Ann Westmore, *Gaining Ground against Cancer*, The Cancer Council Victoria, 2005.

Ann Westmore: Thanks Ruth. I'd like to start by saying a few words about today's Witness seminar, and show a few slides to get us into an historical frame of mind.

The German poet and playwright, Goethe, once said that 'Talent develops in quiet places, while character develops in the full current of human life'. The comment goes to the heart of what emerged as I probed the development of the research role of the Cancer Council in writing *Gaining Ground against Cancer*. Essentially, I found talented Australians being supported and nurtured by the Council, and the character of researchers being burnished to brightness on the world scientific stage.

There was a period of hesitancy at the very beginning. In the decade or so after 1936 there was a great debate between Sir Hugh Devine[10] and Dr Rutherford Kaye Scott[11] on the one hand, and Drs William Penfold[12] and Thomas Cherry[13] on the other, about how the Council should spend the considerable amount of funds it had raised in a public campaign.[14] Should the money be allocated to research, or to efforts to improve existing treatments for cancer like surgery and radiotherapy? And, in the event that it was used to fund research, should it tackle really meaty

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[10] **Sir Hugh Berchmans Devine** Kt, MD MS FRACS FACS (1878-1959) studied pharmacy before medicine, graduating in the latter from the University of Melbourne in 1907 with the Beaney Prize in Surgery. He was a resident at the Melbourne Hospital and was then invited to join the surgical staff at St Vincent's in 1908.
He undertook surgical training in 1911 in Europe and the US before establishing a thriving surgical practice in Melbourne and gaining the degree of Master of Surgery at the University of Melbourne (1913). As Surgeon to Inpatients at St Vincent's, 1915-1945, he mainly did abdominal, urological and orthopaedic surgery and wrote several textbooks and many journal articles. He served as President of the Royal Australasian College of Surgeons, 1939-1940.
- Ivo Vellar, 'H.B. Devine, a great Australian, 1915-1945', in *The Doers; History of Surgery at St Vincent's Hospital, Melbourne, 1890s-1950s*, pp. 101-107; John Horan, 'Sir Hugh Berchmans Devine, surgeon', *Australian Dictionary of Biography*, 8, 296-297.

[11] **Dr Rutherford Kaye Scott** MD MS FCRA FRACS FFR DTRE (1903-1991) studied medicine at the University of Melbourne graduating in 1927. He then gained experience as a radiotherapist and surgeon, working at the Melbourne Hospital as Honorary Associate Assistant In-Door Surgeon, 1932-34, Assistant Radiotherapist, 1928-34 and Honorary Radiotherapist 1934-54. He was also resident tutor in medicine at Ormond College 1934-35.
He continued his work as a radiotherapist, working as Honorary Radiotherapist at the Austin Hospital, 1942-65, and Consultant Radiotherapist at the Royal Melbourne Hospital (from 1954), the Peter MacCallum Clinic (from the 1950s) and the Austin Hospital (from 1965). He was the first Medical Director of the Cancer Institute (to 1954) and was Foundation Warden of the Royal Australian and New Zealand College of Radiologists.
- *Medical Directory of Australia 1951, 1964, 1972* and *1990.*

[12] **Dr William James Penfold** MB CM (1875-1941), a medically-qualified bacteriologist trained in Edinburgh, Berlin and Vienna, was the foundation Director of the Commonwealth Serum Laboratories, 1916-26 and of the Baker Research Institute at the Alfred Hospital, 1926-38. He was described by the highly-regarded Australian pathologist, Dr Rupert Willis, as "one of the best scientific brains we had ever had" in Australia. Willis, who became Professor of Pathology at the Royal College of Surgeons, London, also spoke of Penfold's "love of truth" and "meticulous scientific accuracy".
He retired from the Baker Institute in 1938 after a severe stroke, but retained an active involvement in medical research until his death three years later.
- Willis RA, Shutze H, 'Obituary', *Journal of Pathology and Bacteriology*, vol 54, 1942, pp. 267-276 and A. de Q Robin, 'Penfold, William James (1875-1941)', *Australian Dictionary of Biography*, vol 13, Melbourne University Press, 1988, pp.197-198.

[13] **Dr Thomas ('Tom') Cherry** MB MS MD (1861-1945), a pathologist, bacteriologist and agricultural scientist who trained in Melbourne, London and Aberdeen. was appointed first lecturer in bacteriology at the University of Melbourne in 1900.
From 1905 to 1910 he worked as Victoria's director of agriculture, and from 1911 to 1916 as Foundation Professor of agricultural science.
After serving in the armed forces during World War I, he worked into his seventies as the University of Melbourne's John Grice Cancer Research Fellow 1921-34, devoting much time and effort in an unsuccessful attempt to establish a link between tuberculosis and cancer.

[14] Op cit *Gaining Ground against Cancer*, pp.7-9.

subjects such as the prevention of cancer and the identification of its causes, or should it set its sights lower, being content to fill the gaps in existing research findings?

After World War II, the Council was propelled into action by a generous bequest from theatre owner, George Carden[15] who was responsible for the Carden Cancer Research Fund, and by the clear view of people like the Council's medical advisor, Dr Bill Keogh[16], along with members of

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[15] **Mr George Frederick Carden** (1872-1945) was a theatre owner and Melbourne City Councillor who left a handsome bequest of £70,000 (equivalent to well over $1 million in 2005 terms) to the Anti-Cancer Council of Victoria.
The bequest was sparked by a casual conversation in 1942 between Carden and Charles Herschell, a filmmaker and member of the Council's publicity committee. Carden had lost his wife to cancer and mentioned his interest in doing something that would help in the search for a cancer cure.
Herschell suggested that Carden meet with key figures on the Council's fund-raising committee, Dr Bernard Zwar and Sir Russell Grimwade. In addition, he later met with two leading English cancer specialists, coincidentally visiting Melbourne, who impressed him with their outlook and enthusiasm.
The interest on Carden's bequest gave rise to the Carden Cancer Research Fund and the promise of a bonus should the research lead to "the discovery of the cause and cure of cancer".
In 1953, on its second attempt to fill the position of Carden Research Fellow, the Council through its Carden Trust Standing Committee offered the position to Dr Donald Metcalf, a University of Sydney medical graduate. He took up Fellowship in 1954 and was still Carden Research Fellow more than fifty years later, having made monumental strides in understanding major aspects of cancer and in developing a bold new supportive cancer therapy with Colony Stimulating Factors (CSFs).
- Op cit *Gaining Ground against Cancer*, pp.13-23.

[16] **Dr Esmond Venner ('Bill') Keogh** DCM MM, MB BS FRACP (1895-1970) was studying first year agricultural science at the University of Melbourne when World War I started. Soon after, he enlisted as a stretcher bearer with a field ambulance. He was at Gallipoli from the landing through to the evacuation and, after returning to Australia, he re-enlisted and served in France where he was wounded in the neck and hand, requiring six months hospital care. He was decorated twice during the war and, on returning home, worked in the public service as a clerk and on a dairy farm in Gippsland.
He entered the medical course at the University of Melbourne in 1922 and graduated in 1927. He joined the Commonwealth Serum Laboratories, and was posted as Medical Officer to numerous branch laboratories from Kalgoorlie in Western Australia to Rockhampton, Queensland. In 1934, he was invited to take charge of CSL's fledgling research department, during which he collaborated closely with colleagues at the Walter and Eliza Hall Institute of Medical Research and the Melbourne Hospital.
With the outbreak of World War II, he served with the Australian Army as Adviser in Pathology and later Director of Hygiene and Pathology. He played a vital role in organising research on drugs to treat malaria that was a crucial factor in the ultimate success of the Allied war effort in New Guinea.
In the post-war period, from 1946 to 1949, he was Director of Research at the Commonwealth Serum Laboratories and, from 1950 to 1955, he was Director of the Victorian Health Department's Tuberculosis Branch.
He joined the Executive Committee of the Anti-Cancer Council in 1950 and in 1955 was appointed Medical Adviser and Secretary (until 1958 when a full-time Secretary, Miss Ruth Hair, was appointed). He also took over the direction and control of the Victorian Cancer Registry on the retirement of Dr Robert Fowler in 1955.
By the mid-1960s, he was taking a close interest in research linking smoking and lung cancer. A smoker himself, he gave a paper in 1965 on the epidemiology of lung cancer and its relation to cigarette smoking and, in 1967, he reviewed research into the tar content of cigarettes and made representations to groups including Victoria's Public Health Commission on smoking and health issues.
He retired as the Council's Medical Adviser in 1968 and was co-opted to the Medical and Scientific Committee. He also served on the Public Education and Appeals Committees in the late 1960s.
A colleague with an international reputation in clinical research, Dr (later Sir) Ian Wood, described him as; ". . . a man of wisdom and understanding. He had high intelligence and constantly planned in the world of science for the welfare of his colleagues and the community. He was dogged and forceful in his endeavours – and usually successful. He was skilled in research either by his own hand or planned for others to perform under his guidance. Much of this was achieved by Keogh in quiet seclusion which he enjoyed. He vigorously avoided public acclaim for his achievements, often arranging for the credit to be conferred on others. . . It is the opinion of many who knew him well that in the field of practical medicine he probably achieved more for the health of the Australian people than any other person, past or present."
- Lyndsay Gardiner and Geoffrey Serle, 'Keogh, Esmond Venner ("Bill") (1895-1970)', *Australian Dictionary of Biography,* vol 15, Melbourne University Press, 2000, pp.7-10 and Lyndsay Gardiner, *E.V.Keogh; Soldier, Scientist and Administrator*, Hyland House, 1990.

the Carden Trust and those consulted for impressions of candidates for the Carden Fellowship[17]. They shared the conviction that Melbourne could and should tackle the meaty subjects in cancer research. In other words, they should not simply confirm findings from Europe and North America, but undertake innovative research locally. Keogh, in particular, was a 'big picture' person who backed this approach at the Council, and he was also very good at advising and reassuring researchers trying to make their way in the local environment as well as in overseas centres of excellence.

One of the best examples of the talent nurtured and supported by the Council is the Carden Fellow for over fifty years, Don Metcalf.[18] He has added a whole new chapter to modern understandings of haematology and helped develop a treatment that has proved invaluable to more than 5 million cancer patients worldwide. Letters that survive in the Council's archives give a strong sense of Keogh's mentoring role and of Metcalf's responsiveness to the support provided.

John Colebatch[19] was another of the small army of talented and determined individuals to benefit from the support that the Council provided to researchers during the past fifty years. He

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[17] The eminent scientists consulted included Professor Peter MacCallum, Professor Frank Macfarlane Burnet, Professor Roy Wright, Sir Howard Florey, Professor Hugh Ward, Professor Edgar King and Professor J.W. Cook from Glasgow.

[18] **Professor Donald Metcalf** AC, MD BS BSc FRCPA FRACP FAA FRS (b.1929) studied medicine at the University of Sydney (1946-53), interrupting the course to complete a Bachelor of Science (Medical) degree that cemented his interest in experimental pathology and cancer research.
In 1954 he started as the Anti-Cancer Council's Carden Fellow in Cancer Research, working at the Walter and Eliza Hall Institute. While still Carden Fellow, he undertook further research studies in the US and UK (1956-58) and was appointed head of the Cancer Research Unit and Deputy Head of the Hall Institute, 1965-96.
A much decorated medical researcher, he has been awarded numerous prestigious prizes including the Robert Koch Prize (1988), Lasker Award (1993), Kovalenko Medal (1994) and the Victoria Prize (2000). He has also been a professional leader, serving as President of the International Society of Experimental Hematology (1977) and Chairman of the International Union Against Cancer's Programme in Experimental Oncology, 1972-82.
In 2004 he celebrated 50 years as Carden Fellow.
Op cit, *Gaining Ground against Cancer*, pp.41-49, *Who's Who in Australia 2000* and personal communication, Don Metcalf to Ann Westmore.

[19] **Dr John Houghton Colebatch** AO, MD FRCP FRACP DCH (1909-2005) was a pioneer of chemotherapy for childhood leukaemia in Australia. After graduating in medicine from the University of Adelaide in 1933, he worked at the Children's Hospital, Melbourne then trained as a physician in London in the late 1930s. During a course in haematology conducted by Dr (later Dame) Janet Vaughan (1899-1993) at the Hammersmith Hospital in 1938 he learned to perform marrow puncture of the sternum and conducted research on normal bone marrow in children hospitalised for problems unrelated to their bone marrow.
He returned to Australia as World War II was declared and re-joined the Children's Hospital, working as an Outpatient Physician and in private practice. Around 1947 he read US reports of a new treatment said to extend the lives of children with acute leukaemia for several months. In October~~,~~ 1947, he started working with several drug therapies and, during the next decade, sought to evaluate which chemicals in what dose and for what duration, best reduced the symptoms of leukaemia.
In 1953 he established a Haematology Research Unit at the hospital and, by 1959, was able to report definite evidence that chemotherapy increased the survival time of children with leukaemia, sometimes for up to three years or more. From 1960 onwards, the duration of remissions increased, giving rise to expectations that, in some patients, remission would continue.
As Physician to Inpatients at the hospital, 1957-67, he obtained grants from the Anti-Cancer Council and other bodies to continue his studies and to investigate the organisation of clinical trials in multiple research centres simultaneously. He then organised a nationwide trial of chemotherapy in childhood leukaemia, the first formal randomised clinical trial of any kind conducted in Australia.
He retired from medical practice in 1976 and continued to play an active role in organising collaborative trials of chemotherapy in Australia for many years through his work with the Anti-Cancer Council.
Personal communication, John Colebatch to Ann Westmore and see Witness Seminar on the Department of Paediatrics at the Royal Children's Hospital.
www.chs.unimelb.edu.au/programs/jnmhu/witness/seminars.html

performed groundbreaking studies of chemotherapy for childhood leukaemia both in Melbourne and overseas. I could go on with examples of others the Council supported as it moved into the areas of research on cancer surveillance, education, prevention and clinical trials.

Today is a rare opportunity to reflect on these events and the influences underpinning them. Please don't be backward in coming forward with your recollections. Feel free to add your thoughts to those of others at any time during this seminar, the whole idea of which is to have a conversation or discussion.

There will be a transcript of today's proceedings and you'll all be circulated with it so that you can check that what you've said is accurate. You might want also to add or subtract something to it. The whole process might have caused you to remember something else that was relevant. So you will have an opportunity to do that. Then after we get your feedback and that of others who could not be here today, the transcript will be uploaded to the web where it will be available to interested people, including historians of the present and future. So it then becomes a document that anybody can look at in analysing the Council's remarkable success in its various roles.

Let's begin by briefly introducing ourselves and stating our relationship with the Council.

Participants

Ruth Redpath: My background is in cancer radiation oncology and palliative care. I'm now retired, but continue as a Board member and Vice-President of the Council.

Susan Fitzpatrick[20]: I was first employed by the Cancer Council to work with Professor Richard Lovell with the Victorian Co-operative Oncology Group (VCOG) in 1983. And when he retired I took over, and now manage the Centre for Clinical Research in Cancer (CCRC) as well as the VCOG.

Michelle Scollo[21]: I was Director of the Quit Campaign in Victoria between 1988 and 1995.

Pat Dobson[22]: I've worked in oncology ever since 1947 when I was the first radiation therapist at both Epworth and the Alfred Hospital, and for my last 15 working years to 2001 as the Cancer

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[20] **Ms Susan Ann Fitzpatrick** (b.1957) worked in health administration roles in the University of Sydney Medical Faculty, the Royal Prince Alfred Hospital and at the Sacred Heart (now John Fawkner) Hospital before joining the Anti-Cancer Council in 1983. She worked closely with Professor Lovell until his retirement in 1995, and was then appointed Executive Officer of the Victorian Cooperative Oncology Group (VCOG) and the Centre for Clinical Research in Cancer (CCRC) at Cancer Council Victoria.
- Personal communication, Susan Fitzpatrick to Ann Westmore.

[21] **Ms Michelle Scollo** BBSc Grad Dip Comm Hth, Cert HIH Econ (b.1960) graduated in behavioural sciences from La Trobe University in 1980 before working in health promotion and completing a Graduate Diploma in Community Health (1983). After further studies, she was appointed Director of Quit Victoria, 1988-96, taking the campaign from a $1 million to a $4 million operation employing more than 20 staff. Since 1996, she has been a consultant, co-director and senior research officer with the VicHealth Centre for Tobacco Control and its predecessor organisation, conducting research on the economic impact of smokefree policies in the hospitality industry, and developing major national policies for tobacco control in Australia.
In 2005 she was named inaugural winner of the Nigel Gray Award for Achievement in Tobacco Control in Australia.
- Personal communication, Michele Scollo to Ann Westmore.

[22] **Ms Pat Dobson** (b.1931) was a radiation therapist and radiographer with over 30 years experience when she joined the Cancer Council as its first Coordinator of Cancer Support Groups in 1986. She remained in the position until 1998 at which time she became Research and Development Officer, Patient Services Development Unit.
After retiring in 2001, she began a doctorate in public health at La Trobe University on the topic "Development of a Network of Rural Self-Help Cancer Support Groups, 1986-1998".

Council's first Cancer Support Groups' Coordinator. I'm now at La Trobe University, completing a professional doctorate in public health, researching the development of the network of Victorian cancer support groups.

Dick Fox[23]: I am Director of Haematology and Oncology at the Royal Melbourne Hospital. I've been associated with the Cancer Council since I was appointed Chairman of the Victorian Cooperative Oncology Group (VCOG) in 1987. I was on the Council's Executive Committee from 1991 to 2003 and chaired the Medical and Scientific Committee from 1998 until 2001.

Pam Adams[24]: I was co-opted by Bev Lovegrove and she and Adrienne Holzer[25] invited me to begin the Council's country units, keeping contact with them and keeping them in contact with the Council here. It developed and has been one of the joys of my life.

Bev Lovegrove[26]: I worked here from 1980 as Secretary to John Nankervis in the Appeals Unit of the Council. Later, I was appointed Appeals Officer and then Appeals Manager. I retired in 1997, quite reluctantly after a major illness, and I'm delighted to be back here today.

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[23] **Professor Richard Mark ('Dick') Fox** BSc(Med) MB BS PhD FRACP (b.1940) studied medicine at the University of Sydney, graduating in 1964. After completing a PhD in Medicine (1971), he undertook post-graduate studies in haematology at the University of California, and the Hammersmith Hospital, London, 1971-73.
He moved to Melbourne as Senior Lecturer in Medicine at Monash University, 1974-77, before returning to Sydney to become Deputy Director of the Ludwig Institute of Cancer Research and Associate Professor and then Professor of Cancer Medicine at the University of Sydney and the Royal Prince Alfred Hospital, 1977-84.
He moved permanently to Melbourne in 1985 when he was appointed Professor/Director of the Department of Clinical Haematology and Medical Oncology at the Royal Melbourne Hospital, a position he continued to hold at the time of the seminar. He also chaired the hospital's Human Research Ethics Committee, 1992-2002 and was Acting Director of its Research Foundation, 1994-1998.
Beyond his hospital roles, he chaired the Victorian Cooperative Oncology Group, 1987-1992; was a member of the Anti-Cancer Council's Executive Committee, 1991-2003; a member of the Medical and Scientific Committee, 1987-2005, and its chairman, 1998-2001. He also chaired the National Cancer Research Grants Steering Committee of the State Cancer Councils from 2004.
He was active in a number of other cancer organisations, as Chairman of the Medical Oncology Group of Australia, 1987-88; Chairman of the Scientific Advisory Committee of the Peter MacCallum Cancer Institute, 1989-93; President of the Clinical Oncological Society of Australia, 1990-91; Vice-President of the Australian Cancer Society, 1992-95, and its President, 1995-98.
- Personal communication, Dick Fox to Ann Westmore and *Who's Who in Australia 2000*.

[24] **Mrs Pamela ('Pam') Adams** had just retired from working in promotions and public relations with a large textile company when she was approached by Bev Lovegrove and Adrienne Holzer to become the Anti-Cancer Council's Country Liaison Officer in 1980. She and Bev had previously collaborated on several large fashion parades to aid cancer research.
Another aspect of Pam's voluntary work with the Council involved visiting breast cancer patients. A cancer survivor herself, she shared her experiences with women coping with the sorts of anxieties she had once felt, providing support and reassurance.
- Personal communication, Pam Adams to Ann Westmore.

[25] **Ms Adrienne Joy Holzer** BA (b.1942) was in the first intake of students to Monash University, graduating with a Bachelor of Arts degree in 1964. During the following decade she worked as Administrative Assistant in the Vice-Chancellor's office.
She joined the Anti-Cancer Council in 1975 as Secretary to the Council, and continued in the role until her retirement in 1992. After a period overseas she was recruited by the Ludwig Cancer Research Institute to do consulting work on a number of projects.
- Personal communication, Adrienne Holzer to Ann Westmore.

[26] **Mrs Beverly Lovegrove** joined the Anti-Cancer Council in 1980 as Secretary and Personal Assistant to John Nankervis, the newly appointed Community Relations Director. In 1984 she was appointed Appeals Officer, followed some years later by Appeals Manager, in which position she oversaw major fundraising events. She retired in 1997.
- Personal communication, Bev Lovegrove to Ann Westmore.

Sue Rawlyk[27]: I left here 16 years ago and before that I worked for 21 years as a general secretary. By the time I left I was working mainly with grants for cancer patients and support for families affected by cancer.

Judith Watt[28]: I was Director of Quit from 1995 to 1999, holding the position after Michelle [Scollo]. I bring greetings from my husband Steve Woodward[29], who can't be here today. He was Director of Action on Smoking and Health (ASH), based here from 1984 to 1988.

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[27] **Mrs Sue Rawlyk** was appointed to provide general secretarial duties and as Personal Assistant to Anti-Cancer Council Social Worker, Betty Dow, in 1968. Her work centred on providing secretarial support for patient welfare activities with Miss Dow and then with Barbara Donnelly and, in particular, liaising with Social Workers in hospitals and the community. She retired in 1989.
- Personal communication, Sue Rawlyk to Ann Westmore.

[28] **Ms Judith Watt** BA (b.1955) has worked in the area of tobacco control since 1988 when she was the first full-time coordinator of the UK's National No Smoking Day campaign. While Executive Director of Quit Victoria she was also a member of the Ministerial Tobacco Advisory Group, 1996-1999. She initiated and helped to develop the National Tobacco Campaign, the first co-ordinated media campaign involving all jurisdictions. The campaign has been used extensively internationally. In 2001 she established the SmokeFree London program and ran campaigns for comprehensive smokefree legislation in the UK. From 2003 to the date of the Witness seminar, she was involved in developing international tobacco control grants programs.
- Personal communication, Judith Watt to Ann Westmore.

[29] **Mr Steve Woodward** BSc(Hons) (b.1955) followed an honours degree in microbiology at the University of Western Australia with a study of Wittenoom asbestos miners. From there he moved to the Cancer Foundation WA to direct the Australian Council on Smoking and Health. From 1983 to 1994, he was Executive Director of ASH (Australia), where he led campaigns for seven private members' bills and government bills in federal and state parliaments to ban tobacco advertising, and to increase recurrent government expenditure on programs to reduce smoking, funded by increases in tobacco taxes. He also organised successful initiatives to ban smoking on domestic airlines and in federal government offices; and provided litigation support to several high-profile cases including a successful prosecution of the Tobacco Institute over its misleading and deceptive conduct. He later led campaigns to ban tobacco advertising in the UK, which resulted in a manifesto pledge by the incoming Labour government to pass legislation. In 2000, he was awarded a World Health Organisation Gold Medal in recognition of his contribution to tobacco control.
- Personal communication, Judith Watt to Ann Westmore.

Brian Fleming[30]: I'm an ex-cancer surgeon. My beginnings were with the Clinical Oncological Society of Australia (COSA). The first meeting of what was to become COSA was held in 1969. Then from COSA, I went to the Australian Cancer Society, and then Nigel Gray got me involved with the Anti-Cancer Council of Victoria, as it was then, where I was Chair of the Executive Committee after Tom Hurley[31] and Max Whiteside[32].

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[30] **Mr William Brian ('Brian') Fleming** AM, MB MS FRACS FACS FRCS (b.1927) studied medicine at the University of Melbourne, graduating in 1949. He trained in general surgery at the Royal Melbourne Hospital, mentored by Dr Howard Eddey, and became a head and neck surgeon. He was head of the hospital's Head and Neck Service, 1980-81, and Chairman of the Division of Surgery, 1975-83. He was also a Consultant Surgeon at the Peter MacCallum Cancer Institute, 1964-91.
His first association with the Anti-Cancer Council was as Robert Fowler Travelling Fellow in 1970. He joined the Anti-Cancer Council in 1981 as a member of the Executive Committee, which he later chaired, 1992-99. He was also Vice-President of the Council, 1989-92.
He played an active role in hospital and professional activities, serving as a member of the Board of Management of the Royal Melbourne Hospital, 1983-91; as Inaugural President of the Clinical Oncological Society of Australia, 1974-76; and as President of the Australian Cancer Society, 1983-86.
His achievements were recognised when he was awarded the Australian Cancer Society's Gold Medal in 1992 and the Royal Australasian College of Surgeon's inaugural Head and Neck Medal in 1997.
- Personal communication, Brian Fleming to Ann Westmore.

[31] **Dr Thomas Henry 'Tom' Hurley** AO OBE, MD BS FRACP FAMA (b.1925) graduated in medicine from the University of Melbourne in 1947 and, after doing postgraduate work in London and Cleveland, was appointed an outpatient and then inpatient physician at the Royal Melbourne Hospital (RMH), 1953-90. After successfully applying for the Anti-Cancer Council's Robert Fowler Fellowship in 1966, he established the RMH Special Haematology Clinic (1970), which later became the Department of Medical Oncology. His involvement with the Council continued as a member of the Executive and Medical & Scientific Committees, and as Chair of the Executive Committee, 1980-86.
He acquired a broad knowledge of health care and its institutions in Australia through his varied roles as President of the Board of Management of the RMH (1985-93), council member of the NHMRC (1966-81) and Chairman of its Medical Research Advisory Committee (1975-81), board member of the Walter and Eliza Hall Institute (66-94), Director of the Menzies Foundation (1993-99), and member and Chair (1986-88) of the Commonwealth Serum Laboratories.
- *Who's Who in Australia 2000* and personal communication, Tom Hurley to Ann Westmore.

[32] **Dr Maxwell George ('Max') Whiteside** MD BS FRACP FCPA (1927-2000) trained in medicine at the University of Melbourne (graduating 1949). He worked as a Clinical Assistant and Associate Physician at the Royal Melbourne Hospital (1954-62), and in teaching and research at the University of Melbourne Pathology School becoming a Lecturer in Pathology (1953-55) and gaining a Melbourne MD (1954).
He added research experience to his credentials through work at the West Middlesex and Hammersmith Hospitals, London, and further developed this aspect of his skills set as a Research Fellow in Haematology at the Royal Women's Hospital, 1958-60.
He started to make his mark in haematology at this time, and gained positions as an honorary physician at both the Women's and Alfred Hospitals. He was later appointed head of the Haematology and Medical Oncology Unit at the Alfred Hospital, 1974-87. He joined the Department of Medicine at St Vincent's as a Senior Haematologist in 1989 and was Honorary Consultant Haematologist, 1993-1999 when he retired.
He was closely involved in the establishment of clinical trials for cancer treatment in Victoria, serving as Chairman of the Victorian Chemotherapy Co-operative Group 1977-81 and as Chairman of its Breast Protocol Sub-Committee 1977-78.
In 1992 he gave the Haematology Society of Australia's Carl de Gruchy Oration during which he reminisced about the development of haematology in Australia and de Gruchy's role in it.
- Personal communication, Ursula Whiteside to Ann Westmore.

John Nankervis[33]: I was Community Relations Director of the Council back in the dark ages when we were in Jolimont. It was the era when we first started the Slip Slop Slap campaign, and the support groups, and a whole lot of other things most of which have fizzled out but, I'm sure, have been replaced by other worthy things.

Woody Macpherson[34]: I'm currently head of the Research Management Unit here at the Cancer Council but I started in the mid-1990s as Secretary to the Council, which at that stage included the research role I have now, the formal functions of the Secretary to Council and the Human Resouces personnel-type functions. Back then, we only had 100 staff. We now have over 300 staff and so the personnel function is much larger.

Tom Hurley[35]: I was a physician on the staff of the Royal Melbourne Hospital. I was appointed the Robert Fowler Fellow of the Council in 1966, went overseas and looked at the provision of services for haematological malignancy and came back to the Royal Melbourne where I established a clinic in 1970. I was on the Medical & Scientific Committee of the Council for some years, Chairman of the Executive Committee during the 1980s, and I'm now retired.

Mark Birrell[36]: I first got involved with the Anti-Cancer Council when I was President of the Young Liberals. I met Nigel then and I had more to do with the Council as Shadow Minister for Health from 1985 to 1989.

David Hume[37]: In the 1970s, Nigel managed to convince me that I should come on to the Finance Committee and I think I attended a maximum of two meetings before the Chairman died

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[33] **Mr John Nankervis** (b.1924) had a long-standing interest in fund-raising for organisations involved in cancer treatment and research, stemming from his daughter's development of childhood leukaemia and his role as a District Governor of Lions International.
In 1979 he was appointed to the new position of Community Relations Director for the Anti-Cancer Council, continuing in the role until 1984 when he retired and volunteered to help with country speaking trips.
- Personal communication, John Nankervis to Ann Westmore.

[34] **Ms Wendy Mary ('Woody') Macpherson** BSc(Hons) (b.1957) worked in administrative and human resources roles for the Victorian Government and the University of Melbourne before joining the Anti-Cancer Council as its Secretary in 1994. In this role, she managed the Council's statutory committees, research funding, human resources and legal activities.
In 2000 when the Council's expanding research activities necessitated the creation of a Research Management Unit, she was appointed head of the Unit. She was responsible for managing all administrative aspects related to biomedical cancer research funding programs (grants, scholarships and fellowships), the Human Research Ethics Committee, and consortia and other activities managed by the Council on behalf of government and The Cancer Council Australia.
- Personal communication, Woody Macpherson to Ann Westmore.

[35] Tom Hurley. See earlier footnote.

[36] **Hon. Mark Alexander Birrell** BEc LLB (b.1958) studied economics and law at Monash University and simultaneously became a member of the Young Liberal Movement, later serving as its Federal President, 1982-83. In 1983 he gained a seat in the Upper House of the Victorian Parliament and served as Shadow Minister for Health, 1985-89. When the Liberal Party came to power in 1992 he was Government leader in the Legislative Council, 1992-99, Minister for Conservation and Environment, and Major Projects 1992-96, and Minister for Industry, Science and Technology 1996-99.
His first contact with the Anti-Cancer Council occurred in 1978 or 1979 when he was collecting policy ideas and facts to propose policy motions at meetings of the Young Liberals and Liberal Party about tobacco advertising and public education campaigns.
- *Who's Who in Australia 2000* and personal communication Mark Birrell to Ann Westmore.

[37] **Mr David Hume** B.Com (b.1923) was involved in his family's engineering company, Hume Steel Ltd, for the best part of two decades from the early 1940s. During this time he was also an RAAF pilot (1943-45) and a commerce student at the University of Melbourne (1946-49). He then became a member of the Melbourne Stock Exchange, 1963-76, and served as a director of various companies, 1977-2005.
He joined the Finance and Executive Committees of the Anti-Cancer Council during the 1970s, and chaired both committees, 1978-96. He was also a major contributor to several sub-committees, including those dealing with superannuation and to post-Nigel Gray succession planning.

and I arrived at the next meeting and they said, David you've become Chairman! So I stayed nearly 20 years and was on the Executive and on the Australian Cancer Society with Dick Fox and others. I had 20 marvellous years here, I learnt an enormous amount and I retired when Nigel [Gray] retired, and I was able to con Peter Griffin to take my job which shows that when you can get someone with more brains than you've got to take the job then you've done the job properly.

Bruce Holloway[38]: I became Professor of Genetics at Monash in 1968 and was nominated by the University to be its representative on the Medical and Scientific Committee. Obviously, I must have done something right because they made me Chairman of that in 1977 and I stayed there until 1985. Between 1980 and 1985, I was on the Executive so I had nearly 20 years with the Anti-Cancer Council.

Nigel Gray[39]: I was here from 1968 to 1996, having officially trained as a paediatrician. But I had a background in infectious disease epidemiology and it's that which made me look at the figures

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At a national level, he contributed his business acumen to the Australian Cancer Society, of which he was a member 1979-96.
- Personal communication, David Hume to Ann Westmore.

[38] **Professor Bruce William Holloway** AO, BSc(Hons) PhD DSc FAA FTSE (b.1928) studied science at the University of Adelaide (graduating in 1948) before working as a plant pathologist at the Waite Agricultural Research Institute in South Australia, 1949-50. After two years study at the California Institute of Technology where he gained his PhD (1950-52), he worked as a Research Fellow at the John Curtin School of Medicine, Australian National University (1953-57). He was Senior Lecturer then Reader in Genetics at the University of Melbourne, 1957-68, during which time he gained his DSc (1966). He was foundation Professor of Genetics at Monash University, 1968-93. Over this period, he was involved in major developments in scientific research infrastructure and funding.
He joined the Anti-Cancer Council's Medical and Scientific Committee in 1969, and was its Chairman, 1977-85. The experience "gave me a valuable insight into how to manage a research grant program". He was also a member of the Council's Executive Committee, 1980-85.
From 1982 to 1985 he chaired the Peter MacCallum Cancer Institute Research Committee, so was able to compare and contrast the two different systems of funding cancer research.
In 1983 he helped establish and chaired the National Biotechnology Grants Program and, with the founding of the Industrial Research and Development Board in 1986, he was involved in further decisions about funding biotechnology projects.
After retiring in 1994, he was appointed director of the Master Class Program, ATSE Crawford Fund, and was appointed Emeritus Professor at Monash University.
- *Who's Who in Australia 2000* and personal communication Bruce Holloway to Ann Westmore.

[39] **Dr Nigel John Gray** AO, MB BS FRACP FRACMA (b.1928) graduated in medicine from the University of Melbourne in 1953 and trained at Mooroopna General Hospital, Fairfield Infectious Diseases Hospital, the Royal Children's Hospital, Melbourne, and as DHA Fellow of the Walter and Eliza Hall Institute at the Royal Melbourne Hospital. He held the Cleveland Fellowship of the Royal Melbourne Hospital at Western Reserve University, Cleveland, and a Fellowship in the Department of Pediatrics at that University (1958-9). He served as Deputy Superintendent of Fairfield Infectious Diseases Hospital, 1960-64, and Assistant Medical Director, with a period as Acting Director, at the Royal Children's Hospital, 1964-68.
As Director of the Anti-Cancer Council, 1968-94, he spearheaded the development of policy positions and advocacy in many areas of cancer prevention, treatment and research. He is best known for challenging high tar levels in cigarettes; the whole gamut of tobacco advertising at federal and state levels; and for leading the public and political campaign for the Victorian Tobacco Act of 1987, which established the Victorian Health Promotion Foundation (VicHealth). He was Deputy Chairman of VicHealth, 1987-96.
He was an important player in tobacco policy and associated legislative activity in Australia for several decades and in June 2006 was appointed Honorary Senior Associate with the Cancer Council Victoria.
He was a Council member of the Australian Cancer Society for many years from 1969 and was a member of the Council and of the Finance Committee of Monash University, 1971-87.
At the international level, he chaired the International Union Against Cancer's (UICC) tobacco program, 1974-90, in the process organising some 75 international training workshops, and was a member of its Council and Executive Committee, 1980-86 and 1990-2000, serving as UICC President, 1994-98. He was a member of the World Health Organisation's (WHO) panel of Cancer Experts 1973-90 and its Expert Committee on Smoking and Health in 1978; was a Scientific Council member of the International Agency for Research on Cancer (IARC), 1981-84, and its Chairman 1983-84. From 1996 to 2003 he was a Senior Research Fellow with the European Institute of Oncology (Milan) and was appointed Scientist with IARC, 2003-06. Since 2001, he has been a member of the Tobacco Regulation Committee of WHO.

when I first arrived and wondered what we could do about cancer. I have to say there was precious little at that time in history. There was the Pap Smear and there was self-examination of the breast and then there was this huge problem of tobacco. So I would have been negligent if I had done anything but become a tobacco specialist, and I've continued with that ever since.

Ron Borland[40]: I'm currently the Nigel Gray Distinguished Fellow. I've been at the Council since 1986 when I was the first professional appointment joining David in the Centre for Behavioural Research in Cancer and have been doing work on skin cancer control, a little bit with patients, but primarily on tobacco-related issues ever since.

Michael Drake[41]: I was a diagnostic pathologist with a special interest in cell and tissue pathology and I suppose cell pathology was my major interest. My main contact with the Anti-Cancer Council was through the Victorian Cytology Service which conducted the cervical cancer screening program and I represented Prince Henry's Hospital on the Council and its Scientific Committee. I was Director of the Cytology Service at its beginning and remained there for longer than I can remember - 23-24 years. I've now totally retired

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In 2000, he was awarded the first Luther Terry Medal for individual lifetime achievement by the American Cancer Society, and in 2005 won the Joseph Cullen Prize from the International Association for the Study of Lung Cancer. He was also awarded Honorary Doctor of Laws degrees from both Melbourne and Monash Universities.
- *Medical Directory of Australia* vol. 23, 2003, *Who's Who in Australia 2000* and personal communication, Nigel Gray to Ann Westmore.

[40] **Dr Ron Borland** MSc, PhD (b.1951) completed training as a psychologist at Monash University before working at the Royal Park Psychiatric Hospital, 1976-78. He gained further experience in Papua New Guinea 1978-80, including stints as Acting Chief Psychologist.
He undertook a PhD at the University of Melbourne, 1980-86, while simultaneously working as a Tutor and Senior Tutor in Psychology.
In 1986 he joined the Anti-Cancer Council, becoming the first behavioural scientist appointed to the Centre for Behavioural Research in Cancer. He was appointed Deputy Director of CBRC in 1990, and Director/Co-Director of the VicHealth Centre for Tobacco Control in 1999.
In 2004 he was appointed Nigel Gray Fellow with the Tobacco Control Centre Victoria, enabling him to devote himself to full-time research on behavioural aspects of tobacco use and on the effects of tobacco control policies.
- Personal communication, Ron Borland to Ann Westmore.

[41] **Dr Michael Drake** AM, MD BS FRCPA FIAC FRACP FRCPath (b.1928) undertook his medical training at the University of Melbourne, graduating in 1953. He trained a resident medical officer at the Royal Melbourne and Royal Children's Hospitals before spending two years as a medical officer with the Victorian Department of Mental Hygiene, 1956-57.
He gained experience in pathology as a Registrar Pathologist at Prince Henry's Hospital, Melbourne, 1958-59, and Clinical Assistant in Neuropathology at the National Hospital for Nervous Diseases, London, in 1960.
He extended his skills in cytopathology while working as a Post Doctoral Fellow at the Johns Hopkins Hospital, Baltimore, in 1961, before returning to Prince Henry's Hospital as a Specialist in Surgical Pathology and Cytopathology in 1962.
An interest in teaching saw him become a Lecturer with the College of Nursing Australia, 1962-82 and a Member of its Education Committee. He also became Consultant pathologist to the Melbourne City Coroner in 1962, a position he retained until 1987.
He was Director of the Victorian Cytology Service, 1965-87 and Director of Anatomical Pathology at Prince Henry's Hospital, 1972-87. He was also Chairman of Senior Medical Staff, Chairman of Medical Council and a Board Member of Prince Henry's.
Active in professional affairs, he was Founding President of the Australian Society of Cytology, 1970-74, and Chief Executive of its Council in 1970. He was also President of the International Academy of Cytology, 1989-92 and a member of Council of the College of Pathologists of Australasia for six years.
- *Who's Who in Australia 2000*, *Medical Directory of Australia 2003* and personal communication, Michael Drake to Ann Westmore.

Sue Noy[42]: I joined the Council in 1984 as the Public Information Officer and stayed for almost 10 years, during which time my role became much more focused around the Sunsmart and Slip Slop Slap campaigns and generally watching them develop from a small program to an enormous program.

Dorothy Reading[43]: I think I joined the staff here in 1986 when I was the Coordinator of the Quit campaign and like David Hume I think I helped appoint someone who was much smarter to do it which was Michelle [Scollo] and then took over the running of the Education Unit for quite a number of years. A couple of years ago I went part time and I now rejoice in the title of Senior Strategic Consultant.

David Hill: A lot of people think I've been here so long that my mother must have written my job application when I was born. I did actually have some earlier contact through a student job before I settled into a full time job about 1966 and rejoiced in the arrival of Nigel as the Director in 1968. Professionally I got intrigued by the possibilities for a scientific approach to public education about cancer, as we called it then, and subsequently undertook studies in psychology and behavioural science through to the PhD level whilst working. I've never regretted any of that, and I'm still here.

Adrienne Anstee[44]: I came to the Council in 1977 when David was Director of Public Education and I was his Personal Assistant. I retired three years ago. My working life here spans 24 years and it's been astonishing to see how the Council has grown and been so successful over those years, and I feel very privileged to have had that experience.

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[42] **Ms Susan Noy** BA (b.1957) was appointed the Anti-Cancer Council's Public Information Officer in 1984 and, during the following nine years, drew on her varied background in recreation and leisure services, adult and community education, and history and its interpretation, to establish the Cancer Information Service and to develop the Council's public relations, campaign publicity and publications. When the skin cancer campaign dramatically expanded in the late 1980s, its management became one of her main responsibilities.
After leaving the Council in 1992, she worked in health promotion, communications, and professional development.
- Personal communication, Sue Noy to Ann Westmore.

[43] **Ms Dorothy Jean Reading** BA Dip Ed (b.1945) obtained Arts and teaching qualifications at the University of Melbourne before teaching French and English for six years. She then helped establish Readings bookshop in Lygon St Carlton and, after selling it in the early 1980s, went farming in the Bendigo area. She also started freelance writing. On returning to Melbourne, she worked as a research officer with a union and government departments.
She joined the Anti-Cancer Council in 1986 as head of the Quit Campaign and contended with the tumultuous events surrounding the passage of the Tobacco Act the following year. In 1988 she became the Council's Director of Education, remaining in the position until 2003 when she became Senior Strategic Consultant.
- Personal communication, Dorothy Reading to Ann Westmore.

[44] **Ms Adrienne Anstee** (b.1944) worked in several administrative roles at Monash University before joining the Council and becoming Personal Assistant to David Hill in 1977. She continued in this role for 25 years becoming well acquainted with the Anti-Cancer Council in the process, particularly in the areas of Public Education and Behavioural Science. She became a volunteer with the Council's Breast Cancer Support Service (now Cancer Connect) in 1998 and, after retirement in 2002, served as a volunteer on the Committee of the Lymphoedema Association of Victoria. She was a member of the Consumer Advisory Committee at the Peter MacCallum Cancer Institute, 2002-05.
One of her enduring memories is of 'Nigel Gray, sometimes several times a week, spontaneously padding over to David's office, often in socked feet, to run an idea by him or ask his opinion about something'. She wonders if the pattern for the informal ease of communication between staff, and the widespread 'open door' policy that continues, was in part due to Nigel and David's example.
- Personal communication, Adrienne Anstee to Ann Westmore.

Nicole Prosper[45]: I've probably been here for a shorter time than any of you - I've been here eight years. I joined the organisation as Personal Assistant to Robert Burton and five years ago I succeeded Woody as Secretary to Council.

Establishing the character of the organisation

Ann Westmore: Thank you everyone. Might I add at this point, thanks to Nicole for doing so much to make today happen because she's actually done most of the footwork.

Now, a number of you joined the Council in the 1960s so perhaps I could ask those of you who did to look first at the direction set by Dr Bill Keogh particularly, and others who you might want to mention, to make this a somewhat unique organisation.

David Hill: I was just thinking about my first knowledge of the Anti-Cancer Council. I was still at school and it was The Cancer Campaign 1958 - I imagine most people who were in Victoria at that time would remember that, because it just was everywhere. It infiltrated every nook and cranny of the State, I think, and I remember the slogan of the campaign which in a way seems a bit tragic now: 'One More River to Cross'. It was that sense that we were just about there.

The other thing that I'm sure I can beat Nigel to the punch in saying is that I don't think we can possibly overestimate the importance of Bill Keogh in setting the direction of the organisation, which really seemed what was needed to get on the right track in bringing cancer under control. I've had lots of academic teachers but for sheer one-to-one mentoring, he would be absolutely principle in his influence on my thinking.

Ann Westmore: Can you or others elaborate on that one-to-one mentoring?

David Hill: Well, before it was the mantra it is today, Bill brought an evidence-based approach to everything. Whatever the question, Bill would ruminate and he'd play around with, 'Well, what's the evidence that this proposition or that proposition can be supported, and if we don't have the evidence, how might we go about collecting some evidence?' You absorb that kind of influence if you're young and impressionable, and you see that it starts to yield benefits in practical issues that you're dealing with day-to-day.

Nigel Gray: I might add a bit about Bill. He was one of the arch-manipulators of the 1960s and that's how Melbourne was run in those days. He mentored Don [Metcalf], he mentored David [Hill], he mentored me. I used to go and see him every week – we lived in the same block of flats accidentally for a while. But he had organised my job at Fairfield [Infectious Diseases Hospital], he organised my transfer to the Children's [Hospital] and, without telling me until he'd had the job made available, he organised my transfer here. He'd known for years I was going to be the new Director but I hadn't. And it came about.

Bill taught me one-to-one and he inflicted on me the view that science has to guide everything. He didn't make me as good a scientist as he made David. But he left me with the guiding

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[45] **Haydée Nicole ('Nicole') Prosper** BA(Hons) MA (b.1950) studied French, French literature and French history at the Universities of Middlesex and London before working at Melbourne and La Trobe Universities where she tutored in the French and History Departments and worked as a Research Assistant. In 1994 she was Executive Assistant to the Chair of the Australia Council.
In 1997 she joined the Anti-Cancer Council as Executive Assistant to the Director, Professor Robert Burton, and in 2001 she was appointed Secretary to Council.
- Personal communication, Nicole Prosper to Ann Westmore.

principle that science drives everything and he assisted in that until I became established as Director, at which point he didn't want to talk to me much about "shop" for a year or two because he didn't want to continue to influence the way things went. Then things got better again after I'd jumped my first few hurdles, and he was willing to talk to me again about the job. And he was a constant influence, exactly as David summed it up.

About Bill's initial role at the Council. I think he took it at the instigation of Kevin Brennan[46], didn't he?

David Hill: I'm not sure about that. It's not unlikely.

Ann Westmore: I think he may have been the Health Department representative on one of the Council committees early on. He'd been in charge of the Tuberculosis section, after the war having played a major part in the army research activities during the war.

Nigel Gray: Just recollecting, at that time, we still had the after effects of World War II and Melbourne was run by a 'club' which had been formed during the War, and the medical staff who staffed the military came back to Melbourne and took over the hospitals. So they were still integral in the way everything was done in the '60s.

That's why Bill had such good networks – he'd been integral in the experiment to test penicillin as prophylactic in skin grafting with [plastic surgeon] Bennie Rank in the Middle East. He'd been instrumental in designing the experiments that Rod Andrew did that demonstrated that atebrin worked in malaria prophylaxis and, I think, in some malaria work that Neil Hamilton Fairley did.[47]

Ann Westmore: And Tom, you came on board not long after that with a grant. Did you feel there was a discernible scientific approach at that stage?

Tom Hurley: Yes very much. I couldn't really add anything to what David and Nigel have said about Bill. He was an outstanding character. He was behind an outstanding appeal, wasn't he? It was a milestone in Australian history.

What hasn't been said about him was his self-effacement. He never pushed himself, he was always in the background, he was never grandstanding and he was utterly devoted to the science of what he was doing.

Quite apart from Bill as a character, beyond Victoria what happened to the Cancer Councils of Australia at that time was interesting. I was on the National Health and Medical Research Council (NHMRC) during the 1970s and what struck me was the ease with which Victoria seemed to build its cancer registry compared with the large state just to our north. It had two cancer registries, which was quite a striking feature. The fact was that everybody who admired Bill realised he was the man who could do the job. It was one of the things that made a difference to the Victorian scene.

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[46] **Dr Kevin Brennan** MB BS DPH FRACP (1901-1972) was Victoria's Chief Health Officer and Chairman of its Public Health Commission, 1952-66, and a close friend of Bill Keogh's. He first met Keogh around 1933 when both men were involved in the establishment of a chalet for tuberculosis cases in Bendigo.
- B.P.McCloskey, 'Brennan, Kevin'*, Roll of the RACP,* vol.1, Royal Australasian College of Physicians, 1988, pp. 32-3, and op cit *E.V. Keogh; Soldier, Scientist and Administrator*, p.41.

[47] See Tony Sweeney, *Malaria Frontline; Australian Army Research During World War II*, Melbourne University Press, 2003.

John Nankervis: On a slightly different tack. Bill, together with Nigel, inspired me to get out into the community and try to involve more people, and we had the idea of forming what were then called Cancer Crusade Units, much to David's horror I suspect. They're now called support groups.

The new Secretary I'd just employed, not Beverley, came with me on the first visit I made, I think it was to Portland. When she came back she instantly resigned! Beverley had no such scruples and she came with me on every one of them. We had to get out into the community and involve large numbers of people in country towns, working not just to raise funds but for cancer education and patient support.

One interesting thing – I used to cart 'Weary' Dunlop[48] around on speaking engagements and those of you who remember him will recall that he tended to lean forward in his zeal and as he spoke he got further and further over the lectern. And I had to judge the right moment to grab him by the back of his coat and return him to upright. [laughter]

David Hill – I can't remember what I thought about the groups. But I know what I think now, which is that they have been a great success. You mentioned the Portland group which has recently celebrated its 25th year. There's at least a couple of people in Portland who have stayed with that group throughout that period, and they've collected some hundreds of thousands of dollars.

John Nankervis: Beverley and I formed seventeen [volunteer units]. I don't know how many have been formed since then. But it was a lot of fun.

David Hill: Can I pick up on something that Tom said. It's a thought I haven't quite had before. But it is the case that from say 1960 the Council was putting a lot of money into cancer research, certainly compared with other States and compared to the previous situation. And we now know that Victoria is very dominant in winning grants for its medical research – Victoria got 42-45% or so of the project grants that NHMRC gave to cancer [in the last allocation] and that's not atypical. Victoria gets about 40% of everything that the NHMRC spends, when it should be 25% on a population basis. So it's possible that the sort of supporting of research talent in this state [that the Council has provided] has been one of the things that has built Victoria's strength in medical research. So that's a pure jump from one observation to another. I don't know if anyone's got any comments on whether that might be a credit we could claim.

Ann Westmore: I would suggest that Bill Keogh and the Council contributed to building Victoria's strength in medical research, and that there were some other important players, such as Professor Roy Wright[49] at the University of Melbourne.

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[48] **Sir Edward 'Weary' Dunlop** CMG OBE, MB MS FRCS FRACS FACS (1907-1993) qualified as a pharmacist in 1928 before embarking on a medical degree at the University of Melbourne, graduating in 1934. In 1938 he went to London to do postgraduate medical studies. These studies were cut short by the outbreak of World War II and, in 1939, he enlisted, later serving in North Africa, Crete and Greece before commanding a hospital for war casualties in Java in 1942. Captured by the Japanese, he was imprisoned in Changi Prisoner of War camp, Singapore, and was deployed to help build the infamous Burma Railway. On his return to Australia after the war, he resumed his surgical career. He was a surgical representative of the Royal Melbourne Hospital on the Anti-Cancer Council for several years before becoming Chairman of the Executive Committee, 1974-80 and President, 1980-82.
- *Who's Who in Australia 1988* and Sue Ebury, *Weary; The Life of Sir Edward Dunlop*, Penguin Books, 1994, pp.616-617.

[49] **Sir Roy Douglas ('Pansy') Wright** AK, DSc MB MS FRACP (1907-1990) chaired the Executive Committee of the Cancer Institute 1948-71 and was Medical Director for a period between 1970 and 1972.

In *Gaining Ground against Cancer*, I've quoted extracts from some fascinating letters about the process of appointing the Carden Fellow that I found in the University of Melbourne Archives. One of the people who was interested was Henry Harris, a University of Sydney medical graduate who was working at the Dunn School of Pathology at Oxford. When he heard about the Fellowship he wrote to Professor Wright and said; 'I hope you realise that whoever takes this job is going to need good accommodation and equipment and all that sort of thing, and I hope that the Cancer Council realises they're going to have to make the funds available for this.'[50]

And Professor Wright replied that he'd got the best he could 'out of a bunch of drongos' and he hoped that what he'd helped organise would get a satisfactory person to start on the work. But he also said he appreciated that Harris wanted these facilities and so forth, however 'you might perhaps find out what the Dunn Laboratory was like in 1937 when Florey was scratching for the odd £30 to buy a respiration pump. The laboratory is probably one of the few well equipped ones now and it's because I want to see such well equipped laboratories in Melbourne that I take the interest I do in what might be called the jungle warfare of this city.'

There's no doubt in my mind that the drive and mentoring of people like Keogh and Wright helped to advance medical research, certainly in Victoria. Although they were having an impact on attracting funding for research in the '40s and '50s, there was not yet the sort of dominance [in terms of Victoria's grant-winning ability] that we now see.

Supporting new initiatives

Michael Drake: Can I make a personal comment about Bill Keogh. I was fortunate that Bill was a close friend of John Funder[51] (not the contemporary John, but his father) who was my boss at Prince Henry's and also my mentor. Bill used to drop in at least once a week in the late afternoon to have a drink with John and I was fortunate to usually be invited to join them.

I must say at that stage he was quite an inspirational person. He had a great ability to encourage individuals, like myself, and being relatively young I found that enormously helpful. But also he was a great facilitator. In the early years when we had a lot of problems with developing the cytology service - financial problems to which I'll refer later - Bill would listen to the problem and he would say quietly 'well leave it to me', and then it would happen.

I was never sure quite how he did it but I assume it had to do with the networking that Nigel referred to. He seemed to be able to resolve most of our problems, which was very impressive. I remember his ability to deal with you one to one and to inspire you to do something.

Ann Westmore: Michael, could you just elaborate a bit more on that. What form did that personal encouragement take?

Earlier, he was Professor of Physiology at the University of Melbourne, 1939-71, Dean of the Faculty of Medicine, 1946 and 1950-52 and Dean of the Faculty of Veterinary Science, 1945-62. He later served as Deputy Chancellor of the University, 1972-80 and Chancellor, 1980-89.
- http://www.chs.unimelb.edu.au/programs/jnmhu/umfm/biogs/FM00012b.htm

[50] op cit, *Gaining Ground Against Cancer*, pp.16-17.

[51] **Dr John Francis Funder** BSc MB BS FRACP MCPA (1911-1999) studied science and medicine at the University of Adelaide, graduating in 1935 and 1938 respectively. He held positions at the Walter and Eliza Hall Institute and the Commonwealth Serum Laboratories and was appointed Pathologist and Chairman of Pathological Services at Prince Henry's Hospital, Melbourne, in 1951. He was the father of Dr John Watson Funder (b.1940), Director of the Baker Medical Research Institute, 1990-2001.
- *Medical Directory of Australia 1966* and *1974.*

Michael Drake: I suppose it was persuading me to take the opportunity that I had really stumbled into. Both Bill and John Funder were remarkable people. They were extraordinarily self-effacing and with great ability. I think Bill and John chatting with me about the possibilities of establishing a cytology service probably helped me make up my mind to do so.

Ann Westmore: Was anything similar established anywhere else in Australia at that stage?

Michael Drake: Not really, no. New South Wales had a fairly rudimentary service and curiously Hobart had one from way back, but that was more of historical interest.

Really the only well-known cytology service was in British Columbia. Perhaps I could use that as an illustration. Vancouver offered a prototype of cervical cancer screening and I said to Bill, when I decided that it was something I'd like to start, that I'd really like to go to Vancouver to see how it was done. And Bill suggested I apply for the Robert Fowler Travelling Fellowship, which I did, and it was awarded to me. And that was enormously helpful just to get it off the ground. But again I think it was Bill's wonderful capacity to inspire individuals to do something.

Ann Westmore: The issue of overseas travel and what that meant to people certainly came up a number of times in the research that I did, looking particularly, say, at Don Metcalf and John Colebatch. Are there others who, like Michael, felt that overseas experience was supported by the Council and that it was invaluable to them?

Brian Fleming: Yes, I would agree, totally. The Council helped me through the award of a Robert Fowler Fellowship in 1970. I'll tell you how I got into cancer surgery. I worked at the Royal Melbourne Hospital as a surgeon when, as has been mentioned before, 'the club' consisted mainly of ex-servicemen. At least six of my teachers had been prisoners of war. They included 'Weary' Dunlop, Bert Coates[52], and Howard Eddey[53], a very good head and neck surgeon. Then, the Peter MacCallum [Cancer Institute] in 1964 advertised for two assistant surgeons. I was one of those appointed, and Neil Johnson[54] was the other. We weren't asked what we would like to do, somebody up in a high office tossed a coin and said, 'You're head and neck, and Johnson will be breast'. I then had the good fortune of continuing to work with Howard Eddey at the Royal Melbourne Hospital and with 'Weary' Dunlop at the Peter MacCallum Cancer Institute.

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[52] **Sir Albert Edward 'Bertie' Coates** Kt OBE, MB BS MD MS (1895-1977) served at Gallipoli before training in medicine at the University of Melbourne, graduating in 1924. He lectured in anatomy until appointed honorary surgeon to out-patients at the Melbourne Hospital in 1927, and to inpatients in 1935. In a distinguished career, he worked as a leading Melbourne surgeon before and after serving with the Australian Imperial Force during World War II, including a period as a prisoner of war.
- Rohan Webb, 'Coates, Sir Albert Ernest', *Australian Dictionary of Biography,* vol.13, pp.452-454.

[53] **Professor Howard Eddey** CMG, BSc MB BS FRCS FRACS FACS (1910-2004) graduated in medicine from the University of Melbourne in 1934. After returning from war-time incarceration as a Prisoner of War, he developed his expertise in head and neck surgery and was Dean of the Royal Melbourne Hospital Clinical School, 1965-67. He was the University's Professor of Surgery at the Austin Hospital 1967-75. He was Dean of the Austin Clinical School, 1971-75, a member of the hospital's Board of Management, 1971-77 and Vice-President of the hospital, 1975-77.
An outstanding teacher, he was involved in surgical education in Australia and South-East Asia for many years.
- *Plarr's Lives of the Fellows Online* http://livesonline.rcseng.ac.uk/biogs/E000053b.htm

[54] **Dr Neil Johnson** MB MS FRACS FRCS graduated in medicine from the University of Melbourne in 1949 and was Assistant Surgeon at the Royal Melbourne Hospital (RMH) and Research Scholar in Pathology at the University of Melbourne, 1952-54. He was Surgeon to Out-Patients at the RMH in 1960 and Sub-Dean of the RMH Clinical School in 1963. He joined the Austin Hospital's surgical staff in the 1970s.
- *Medical Directory of Australia 1968* and E.W.Gault and Alan Lucas, *A Century of Compassion; A history of the Austin Hospital*, Macmillan, 1982, p.294.

And then the Cancer Council sent me around the world. I was away for 15 weeks and visited all the head and neck cancer centres and that was something that Nigel facilitated. He wrote to various units around the world, in America, Sweden, Britain and Hong Kong. It was organised that I would get some of my training, of all places, in Port Moresby because the surgeon there was dealing mainly with mouth and tongue cancers caused by betel nuts and so forth. He was the most experienced person in the removal of tumours in the mouth and reconstruction and I spent six weeks with him. You might be interested to know that the Robert Fowler Fellowship involved being away for 15 weeks, and was worth $3000. You wonder how you managed in those days. So I met all these people and then I was very well established in the head and neck field when I got back, as a result of the Council.

David Hill: Brian, do you remember a surgeon called Victor Stone[55]?

Brian Fleming: I remember the name, but not him.

David Hill: Does anybody? I mention him because he was very interested in the Anti-Cancer Council and was on the Education Committee, and drove a lot of the promotion of early diagnosis. I remember he lived, or had rooms, in St Kilda Road or down that way. I just thought somebody might remember him. He was a significant person.

Pat Dobson: I remember him from Epworth and the Alfred when I was Pat Pearce and working with Doug Pearce in our private radiotherapy unit.

Tom Hurley: I could say something briefly which was triggered a moment ago and that was the Peter MacCallum advertising for an assistant surgeon.

And I think the relationship of the Peter MacCallum Cancer Institute and the Anti-Cancer Council of Victoria really was quite important in the 1960s, 70s and 80s. The Peter MacCallum as you all know was set up after the Second World War following a recommendation that radiotherapy services should be centralised because they were so expensive.[56] It was a very good decision.

At that time, treatment of cancer really involved surgery and radiotherapy which was not as effective then as it is now. And when the Peter MacCallum was set up, it was set up as a radiotherapy facility run by radiotherapists. Then, as conditions changed and other modalities

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[55] **Dr Victor S. Stone** MB BS FRCS FRACS graduated in medicine from the University of Melbourne in 1924 and trained as a surgeon in England. On returning to Melbourne, he was Honorary Surgeon to the Cancer Wards at the Austin Hospital, Honorary Surgeon to Out-Patients at Prince Henry's Hospital and the Austin Hospital and an Austin Hospital Staff representative on the Anti-Cancer Council. He was a strong believer in the importance of early diagnosis of cancer and served on the Council's Public Education Sub-Committee for many years.
- *Medical Directory of Australia, 1951*.

[56] In 1945, following a visit and report by English radiotherapist, Ralston Patterson, a group of doctors made representations to the Victorian Government for a centralised radiotherapy facility. These negotiations led to the Cancer Institute Act of 1948 and the first meeting of the **Board of the Cancer Institute** in April 1949. In 1950, an outpatient clinic in central Melbourne named the Peter MacCallum Clinic opened. It was named in honour of Professor (later Sir) Peter MacCallum, Professor of Pathology and Dean of Medicine at the University of Melbourne and Chairman of the Anti-Cancer Council who was one of those pressing for the facility.
In 1986, the name of the facility was changed to the Peter MacCallum Cancer Institute and, eight years later, it moved to the site of the former St Andrew's Hospital in East Melbourne. Later still, it was re-named the Peter MacCallum Cancer Centre.
- http://www.petermac.org/petermac/history/main.htm; op cit, *A Century of Compassion; A history of the Austin Hospital*, p.133; and personal communication, Tom Hurley to Ann Westmore.

became available, particularly chemotherapy, it became apparent that if the teaching hospitals were going to maintain an interest in the treatment of cancer, they would have to establish their own cancer clinics to compete, if you like, with the Peter MacCallum.

I was fortunate in getting the support of the Anti-Cancer Council through the Robert Fowler Fellowship in 1966 with the purpose of going overseas to see how other hospitals dealt with the problem of providing the various cancer modalities - surgery, chemotherapy and radiotherapy. And that was a very valuable experience. I was overseas for six weeks and the support I received was very helpful.

It was clear that the integration of radiotherapy, chemotherapy and surgery was really critical to the effective treatment of patients with cancer. It was also important that teaching hospitals maintained a position in the treatment of cancer. This thinking was behind the establishment of the Special Haematology Clinic at the Royal Melbourne Hospital in 1971. This became the Department of Clinical Haematology and Medical Oncology in 1985 and provided integrated and comprehensive care for patients with cancer at that hospital. The help of the Anti-Cancer Council was crucial in the late 1960s and early 1970s.

Neutral territory

Nigel Gray: It may be a good time to look at the Peter Mac and the Anti-Cancer Council and the relationships between cancer specialists around Melbourne. It's good to have people here who can comment.

I was very conscious of the tensions around the town and I jump momentarily to the late 1970s. Max Whiteside came and suggested setting up a Victorian oncology group because he said, 'They'll come and meet around your table which is neutral but they won't talk to each other at their own tables', and that was blatantly true.

But it was also, as I saw it, that the Council had good relationship with the staff of the Peter Mac and they were integral to our scientific committees. There was always the feeling that, because they had their own research funds too, they were sending their better people to us [to be funded] and they were funding their weaker people with in-house funds. This could probably have been said about any of the larger research institutes.

But the relationship was actually very good. People like George Hodgson[57] from the Peter Mac were among our most valuable committee members. And as I recall it, the general hospitals dominated the Board of the Peter Mac and one of the reasons for that was to ensure that the Peter Mac didn't subsume cancer treatment. For example, there was pressure not to do too much surgery at the Peter Mac. The relationship between the Peter Mac and the general hospitals was quite competitive but, since we weren't into cancer treatment we were neutral in that debate.

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[57] **Professor George Stewart Hodgson** MB BS MD obtained his medical degree and MD (1948) in Chile before working as an emergency medical officer in London (1949). He did a resident medical officer year at the Concepcion Regional Hospital (1950) and lectured at the University of Concepcion (1951-55) and the University of Chile, Santiago (1956-58).
A period followed as a Research Fellow at Cal Tech Pasadena (1959-60) and at Oak Ridge (1960-61) before he was appointed Director and Head of the Department of Science at the International University Chile, 1963-64. He was Staff Specialist at the National Institute for Medical Research, London, 1965-66, and Professor of the Faculty of Science at the University of Chile, Santiago, 1966-68.
He moved to Melbourne in 1969, becoming Director and Head of Research at the Peter MacCallum Cancer Institute, 1969-89. He was an Honorary Assistant at the Ludwig Institute in 1990.
- *Medical Directory of Australia 1993.*

From the Council's point of view, when I came here, Dr Tom Lowe[58] was the Chairman of the Executive Committee. Tom didn't really want me [as Director of the Council]. He wanted a part-time GP because he thought really that the only thing the Council should be doing was funding research. And he wouldn't sign the first report I wrote for the Executive Committee because he thought there was too much in it about tobacco. We actually got on quite well despite these differences of opinion.

But a little while later, and I doubt that there's much paperwork anywhere in support of this, what in effect was a takeover bid for the Council was made by 'Pansy' Wright and Tom Lowe on behalf of the Peter Mac. They thought there should be one cancer body. And the bid came in the form of a suggestion that we should sell our building and come to the Peter Mac where there was space in their recently acquired building.

It was clear to me that the Cancer Registry and our research funds would be a very attractive prize for the Peter Mac as constituted under 'Pansy', but that our standing as a neutral body with the general hospitals would be ruined. Tom Lowe had just been made Chairman of their board. So I thought, and I said to Tom, that I thought he was in a conflict of interest. We had a discussion about that and he agreed that he would stand down [from the Anti-Cancer Council] in due course.

It wasn't acrimonious but you could see that there was a conflict of opinion and that the idea of a takeover by the Peter Mac seemed, particularly to me, untenable. And I think our scientific committee wouldn't tolerate the idea, just as the general hospitals wouldn't tolerate the Peter Mac taking over the whole of cancer management at that time. This background has probably got no real documentation.

Ann Westmore: What time was all this happening?

Nigel Gray – It would have been in the early 1970s. At the time, 'Pansy' Wright had taken the job as Director of the Peter Mac. He did a lot of good for them. But I think they cooked it up between them [Wright and Lowe]. I'm not sure whether they ever went to the Peter Mac Board or how far it was discussed, but it was a very real event.

Ann Westmore: Did you respond by saying you weren't interested? What happened at your end?

Nigel Gray: I doubt it went to their Board and I doubt if it went to ours. I would have discussed it with Bill [Keogh], Allan Dick and the members of the Executive Committee. I don't think it ever went any further. I should think that I put the kybosh on it by telling Tom he was in conflict of interest.

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[58] **Dr Thomas Edward Lowe** CBE, MB BS MD DSc FRACP FRCP (1908-1990) was Director of the Baker Medical Research Institute and the Alfred Hospital Clinical Research Unit, 1949-73. He "exerted a tremendous influence post-war on the development of medical research when Australia was just emerging from being scientifically pubescent," according to Professor Rod Andrew, foundation Dean of Medicine at Monash University.
Lowe chaired the Anti-Cancer Council's Executive Committee, 1966-74, and was also prominent on the boards of management of the Peter MacCallum Cancer Institute, National Heart Foundation, and Monash University.
- *Medical Directory of Australia 1974* and Rod Andrew and Alf Barnett, "Thomas Edward Lowe (1908-1990)" in Rod Andrew and Alf Barnett (eds) *In Their Day; Memoirs of Alumni The Baker Medical Research Institute*, Hyland House, 1992, pp.170-176.

John Nankervis – We were out in the community, walking something of a tightrope. I don't know if the two Boards were conscious of it but when we got talking to people in the community, in country towns and so on, this question came up a lot as to whether they should be supporting us or whether they should be supporting the Peter Mac, and why weren't we one, and what was the difference?

Nigel Gray: Yes, that was a constant question when, in fact, we were everything but cancer treatment. And they were cancer treatment. It was quite clear in the early days that as everybody else expanded, not unnaturally they expanded their operations and they ran education programs. And they had that marvellous nursing service, quite a lot of whose activities were organised through our social worker, Betty Dow.[59] We were very closely related. So, in many ways, the relationship with the Peter Mac as such was really very good. We didn't have conflicts in working relationships. The takeover bid was just an event at a particular time. 'Pansy' was always friendly to us – in fact he was the originator of the idea that we should fund a history of Bill Keogh, which to my mind turned out very badly but was set up in a spirit of considerable good will.

Ann Westmore: But wasn't there tension between the Council and the Peter Mac for longer than that?

Nigel Gray: There was probably some inevitable tension over research funds but, of course, we weren't involved in the politics of whether they should have cancer surgery. That never came to the surface around our table. There were debates about research funding, but I don't remember any personal difficulties with any of their Directors.

David Hill: There have been times I think when we've limited the amount or the number of grants that Peter Mac has been eligible for.

Nigel Gray: Yes, well, that was the function of the Scientific Committee which would take that view.

Woody Macpherson: More recently, the Peter Mac wasn't specifically singled out. There was a general limit of three grants per institute that applied to everyone, including the Peter Mac. Earlier it might have been different.

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[59] **Miss Betty Dow** BA Dip Soc Stud studied arts and social studies at the University of Melbourne before becoming Chief Medical Social Worker at the Royal Melbourne Hospital. She joined the Anti-Cancer Council in 1972 where she carried out a pilot study into the economic and personal impact of death from cancer on affected families. She later administered the welfare fund and advised on a wide range of personal and family matters aggravated by cancer.
According to Sue Rawlyk, Betty Dow "initially organised a program of financial assistance to patients and their families – working through applications from Social Workers at the Peter Mac and the other public hospitals, as well as from the community. This was meticulously documented and identified areas of need for many families such as difficulties with transport costs and so on.
"She also set up the Breast Cancer Support Service. There was a Mastectomy Association, however Betty felt support and information should be in the hands of professionals, hence the involvement of nurses delegated from hospitals to attend seminars at the Council, regularly run by Betty, and also involving some of the breast surgeons. A Volunteer Visiting Service was also established, although Betty was not as enthusiastic about this, and some surgeons opposed the idea."
After she retired in 1979, Barbara Donnelly took her place, followed by Susanne Baxandall.
- Personal communication, Sue Rawlyk to Ann Westmore and *Annual Reports of the Anti-Cancer Council of Victoria, 1972-79.*

Nigel Gray: It applied to the Walter and Eliza Hall Institute too, and the relationship was much more personal and delicately balanced. But we had Gus Nossal[60] to deal with, so it was a fairly easy thing [to manage].

Dick Fox: I think Tom summarised a whole lot of issues. But I think what's happened, if I could put this into context, is that the problem and frequency of cancer in our community over the last 50 years has just gone up enormously, and we're getting increasing numbers - about 50% every 15 years, reflecting the ageing community.

So the issue or the problem has just become greater and greater. And it's really impossible for a centralised institute to actually cope with that, considering the size of Melbourne. So we need to disperse. Also, with the introduction of multimodality therapy, which Tom alluded to, you really have got every patient virtually getting a mixture of surgery, radiotherapy and chemotherapy. When you break up the institutional relationships, and the patient has to go to a number of institutes for part of their therapy it makes it very difficult. So I think the whole issue has evolved and changed.

Brian Fleming: I think, too, the Council made a very good decision when it first appointed Nigel, as a medical person, a Medical Director of this Council, because he immediately brought the rest of the profession into thinking that this particular Council could be the base for cancer development through training and everything else.

He was also very influential in the development of the Clinical Oncological Society of Australia (COSA). It just so happens that the radiotherapists and Sydney surgeons who were interested in head and neck cancer decided in 1967, I think it was, to meet in Sydney at the time of the Australian Cancer Society (ACS) meeting. They also invited the interested Melbourne surgeons. And the ACS organised the venue and provided the support and so forth. Then a group of breast surgeons decided that they wanted to do the same sort of thing and so they had a meeting with us [head and neck surgeons] when we met in Melbourne.

And then the clinical oncologists decided that they would meet at the same time as us as well. And the ACS was supporting this by providing venues. Then we decided that we wanted to form a multidisciplinary society which was called COSA and we wanted to stay within the ambit of the ACS. Nigel was on the Council of the ACS at the time and he was very supportive in suggesting that even though COSA might develop as a separate organisation it would still be part of the Australian cancer network in general.

And so we had a meeting at the Peter MacCallum with the Royal Australian College of Physicians about the time the medical oncology group was getting started. There was a group that suggested that COSA should be an independent body, but luckily the majority decided that they wanted to stay within the ACS and it's been in that situation ever since.

This organisation is a member of the ACS and so is COSA, as are all the other State cancer organisations. And so the profession has been kept in the cancer fold, if you like, ever since that particular time and I think that we've got to thank Nigel from that because I got the impression that he persuaded the other States and members of the Cancer Council that this was the way we should go.

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[60] **Professor Sir Gustav Nossal** AC CBE Kt, BSc(Med) MB BS PhD FRCP FRACP FRCPA FRCPath FRACGP FRSE FTSE FAA FRS (b.1931) was Director of the Walter and Eliza Hall Institute of Medical Research and University of Melbourne Professor of Medical Biology, 1965-96.
- http://www.chs.unimelb.edu.au/programs/jnmhu/umfm/biogs/FM00083b.htm

Nigel Gray: Your memory is better than mine. I think that's right. There was a debate and it was a point of discussion. Certainly I, and a few others, felt very strongly we all ought to be together.

Brian Fleming: It's very unfortunate actually that, since that time, the surgeons seem to have left COSA, with the development of the various specialist societies. Now the head and neck group within COSA doesn't meet, or very rarely meets, and there is now an independent head and neck cancer group.

Ann Westmore: In what ways has that made a difference?

Brian Fleming: I don't know. I stopped being a surgeon in 1991. It's a long time ago.

Ann Westmore: The situation with the Peter MacCallum seemed to be resolved. Did that then help in establishing a better relationship within treatment organisations. Has there been any benefit from that earlier experience?

Nigel Gray: It's worth recalling pretty proudly that the Victorian Co-operative Oncology Group [and its predecessor the Victorian Cooperative Chemotherapy Group] was the brainchild of Max Whiteside. It first met around the table and it was an amiable meeting until Gordon Sarfarty[61] said, 'Well, really, you should all be sending your patients to me'. And that caused a bit of an explosion. But the beneficial effect of it was that the members of the group decided to think about how they might come together. Because at that stage all sorts of sub-specialties were giving a bit of chemotherapy here and there. Chemotherapy wasn't a specialty.

Arising out of that, I was sent down to the Health Department to offer to run a committee to look at the coordination of chemotherapy in Victoria. And there's a report somewhere, written by a sub-committee of the Anti-Cancer Council, that suggests there should be a number of cooperative units around the city.[62] In other words, it suggests that there should not be centralisation of chemotherapy. Now I didn't dictate any of that. It was done by a working party. And the conclusion was almost self-evident. It was a question of whether all the patients were going to have to come in to one place in the middle of town or whether there should be facilities they were handy to. So it was a transport question as well as other things, but that decision made itself, and that group went on from strength to strength because I think they could see they could be influential here, which they were. They dictated policy.

Susan Fitzpatrick: The report was initiated in about 1978 and it was adopted by the Victorian Health Commission in 1982.

Ann Westmore: So by this stage the Cancer Council was seen as somewhere you could go for an objective opinion?

Brian Fleming: We were neutral.

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[61] **Dr Gordon Alfred Sarfarty** MB BS MD FAIM graduated in medicine at the University of Sydney in 1954 and gained his MD at the University of WA in 1965. He was Head of the Endocrine Research Unit at the Cancer Institute, Melbourne, in the late 1960s and was later appointed Director of the NSW Cancer Council.
- *Medical Directory of Australia 1974, 1990* and *1996.*

[62] 'Report on Rationalisation of Chemotherapeutic Oncology Services in Victoria', 1982.

Nigel Gray: Early in the 1970s I was very careful to be professionally neutral because it was obvious that there was a change in tensions around town between different interests as people came and went. And our neutrality was very important.

Brian Fleming: Those tensions were between the north and south of the Yarra.

Nigel Gray: Well, that's the simplest way to put it.

Susan Fitzpatrick: As Nigel said when the Victorian Cooperative Chemotherapy Group was first established, its role was to bring together clinicians who were starting to practise in chemotherapy and oncology, because no such group existed. They represented all the various hospitals that were setting up chemotherapy practices.

But three or four years later, in about 1981, they changed the name to the Victorian Cooperative Oncology Group, broadening the specialty to be multidisciplinary and ensuring that it was representative of all the services that were providing cancer treatment facilities. And today it still exists and it's growing stronger all the time. It continues to be seen as a good neutral place to come and meet and discuss all the various issues. I was only speaking to somebody yesterday who said that the ability to come here, to a neutral setting where parochial ideas are left outside, is of great benefit. And the model has been adopted and adapted by several other states in the last ten years.

Ann Westmore: Is there more to the genesis of the VCCG? Max Whiteside has been mentioned. Was he discussing with other people the need to overcome local differences?

Nigel Gray: People give me credit for doing a lot of things that I was told to do by someone else. But Max suggested it [the VCCG] and it was easy enough to issue the invitations asking people to come. However Max insisted that I should chair the meeting as he represented a hospital and would not have been seen as neutral.

Susan Fitzpatrick: A role of the VCCG that should be mentioned was to stimulate collaboration in clinical research by centres that typically worked on their own and were small. By bringing everybody together it meant that you had a number of centres where research could be conducted with greater numbers of patients. And it could facilitate discussion and generate ideas in collaborative research in chemotherapy.

Ann Westmore: At this stage, clinical trials were becoming important. Brian, you were nodding…

Brian Fleming: I was just about to say that this was the time that clinical trials were being conducted and the idea of the Victorian Cooperative Oncology Group, which was mainly [composed of] medical oncologists, was to further these trials. So I think that was the stimulus for the group.

Dick Fox: I think the most important trials at that time would have started around about 1978-79, before I came to Melbourne. A relevant development was the establishment of the Ludwig Institute for Cancer Research[63], which worked internationally to set up some very large adjuvant

[63] The **Ludwig Institute for Cancer Research**, founded in 1971 by American shipping magnate and investor, Daniel K. Ludwig (1897-1992) established a branch in Melbourne during the 1970s. The core objective of LICR branches is to improve the understanding and control of cancer through laboratory and clinical investigations.

breast cancer trials in the late 1970s. As well, the Australia and New Zealand Advanced Breast Cancer Group got involved. There were some other groups as well but they were the two developments that got it going.

At that time, one of the key issues in getting clinical trials started was the appropriate recording of outcomes, and the Council was funding data managers to go around the various hospitals. Later that was changed so that the data managers could actually be located in the individual hospitals and this was funded by the Cancer Council. I think that started in about 1987 or 88 and I think that has continued to be an absolute key issue in keeping clinical trials going.

Historically, Melbourne has been the largest contributor to breast cancer trials of adjuvant treatments in Australia and it's been an extremely significant contributor to what was the sequel or successor to the Ludwig international trials, based both in Europe and Boston.

Influencing cancer policy

David Hill: Nigel's triggered me to a theme about this organisation....you know we always say that probably one of the key thing we should do is to be equipped to be effective in influencing cancer policy. We do have official status – there's an Act [of Parliament] that set the Cancer Council up, but it might be good to reflect on our successes and failures and the strategies for effectively influencing government policy that an organisation like the Council has or can adopt.

Nigel and I have probably said it's good to have the Act. Our annual report to Parliament is a mechanism for getting visibility. In the event I'm not sure that anything other than being able to develop authoritative and credible positions gets you far with government but I just throw this on the table to see if anybody can contribute to the thinking of the ways we've gone about it and whether the strategies have been successful. And I think that might lead us quickly into tobacco and we perhaps want to think whether we are quite ready to go to tobacco, but as a generic proposition – if Mark Birrell has any comments –how do you gain influence?

Nigel Gray: In terms of how cancer policy is made it became apparent, I think in the 1970s, that there was a vacuum in the Health Department in terms of cancer policy and there was an opportunity to make cancer policy and we, in fact, often made cancer policy. The people in the Health Department were usually happy about it as they got up-to-date advice with the expertise of the town behind it.

I can exemplify this with one good example. When David [Hill] and I went to see David White[64] and out of it came the Victorian Tobacco Act, the reason for our visit was to formally recommend to him mammographic screening because the time had come for that. We went there with that advice because we were pushed by surgeons, particularly Ian Russell[65], Stewart Hart[66] and a few

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[64] **Hon David Ronald White** BCom BA MBA FCPA (b.1944) was the ALP member for Doutta Galla in the Victorian Legislative Council, 1976-96. During this time, he was Minister for Health, 1985-89, and held a number of other ministerial portfolios.
- *Who's Who in Australia 2000.*

[65] **Dr Ian Shearer Russell** AM, MB MS FRACS FRCS undertook medical training at the University of Melbourne, graduating in 1956. He spent several years as a Resident Medical Officer at the Royal Melbourne Hospital, 1957-59 before embarking on a career in surgery. He gained surgical experience at the Royal Melbourne Hospital, the University of Glasgow, and the Memorial Hospital, New York, as well as the Peter MacCallum Clinic and the Royal Women's Hospital.
He was appointed Director of the Breast Service at the Royal Melbourne in 1981.
- *Medical Directory of Australia 2000.*

others who had been reading the literature and were on our breast cancer committee. It was clear that the time had come [for a mammographic screening program] – the Swedish trials were in. So we went down to see David White and he agreed with all of that. But that would have gone nowhere if there had been no money. And he then wanted to talk about tobacco. We then went through the process of getting the Victorian Tobacco Act. The Health Promotion Foundation[67] was set up and its first grant was $200,000 ---- mammographic screening. But if you go back through history I think you'll find many occasions where one of our working parties said to me it was time for this to happen and I went along to the Health Department and they welcomed that.

David Hume: Nigel, was that the same time when you went to Mark Birrell and he came on side so you had the Opposition and the Government all speaking with one voice on this matter.

Nigel Gray: Yes. But David [Hill] and I had been talking to Mark since [he was about] the age of 19 when he was with the Young Liberals and put forward a motion to ban tobacco advertising. How old were you?

Mark Birrell: Yes, 18.

Nigel Gray: It was a bit of a shock for the Young Liberals.

Mark Birrell: And I hadn't smoked, largely because my father, who was an anaesthetist, told me you can't do anything wrong in life except to smoke.

I've actually never thought of whether the Cancer Act was a vehicle – the Annual Report to Parliament, without crushing anyone who's written it, may never have been read. That's an aside, rather than a reflection on it. But the things I wrote down thinking about this were that, as an outsider, I always found the Anti-Cancer Council optimistic, idealistic, willing to use public policy debate, and persistent. That sense of having seen the future and being able to predict the public policy changes that should be made, even if they weren't conventional wisdom or accepted or seen as a high priority.

And I think if you're looking for ideas in public policy you look for ideas like that in organisations. I think that's why it's been successful. It's certainly across policies in a whole range of cancer treatment areas as well as tobacco, I don't think it matters what [political party] tag you wore in Parliament. You either were or weren't interested. And Nigel and I found out that no matter what tag you wore in Parliament sometimes the tobacco industry had more control than others.

From an external point of view, there was always a sense that the Council would persist and had an idealistic approach and that was appealing to so many people who wanted good policy input. There was also a sense that at the core of whatever the Anti-Cancer Council proposed was rich science and objective argument that then led it to having an edgy policy position. I always liked that sequence and that added to credibility. If it had come across as a more evangelical approach

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[66] **Dr Stewart Alfred Hart** MB BS FRACS trained in medicine at the University of Melbourne graduating in 1969. After Resident Medical Officer training at St Vincent's Hospital (1970-72) he gained experience in breast surgery at the Queen Victoria, St Vincent's, Preston and Northcote Hospitals in Melbourne and at Hackney Hospital, London. He was appointed Surgeon and Director of the Breast Clinic at the Monash Medical Centre in 1979. He became Director of Monash Breastscreen Service in 1993. He joined the Board of the Cancer Council in 2003 and represented Cancer Council Victoria on the Board of Cancer Council Australia.
- *Medical Directory of Australia 2000.*

[67] Victorian Health Promotion Foundation (often referred to as VicHealth).

that was backed up with a bit of the science, I think it would have had less resonance or less carry over a period of decades.

I've enjoyed hearing the discussion about the early roots of the organisation and the fact that it has been scientifically and medically driven – and if it hadn't, I don't think it would have had been that ongoing success, but it had such rich credibility. Underlying all that somewhere was that this was an organisation that decided to use law reform and public policy debate as one of its instruments for achieving worldly objectives. There'd be hundreds of organisations in Melbourne, let alone thousands in Australia, that didn't twig to that, that just hadn't worked that out or had become despondent. Sadly, some groups come to believe that 'the forces', whoever they are, or someone else determines these things. Whereas this organisation firstly twigged that it was useful using public policy, and secondly stuck with that approach over a long period of time.

The history is worth recording because I can't think of an organisation that's been more successful in having a visionary objective and then implementing it and then moving on to yet another bloody missionary objective. From my point of view the Tobacco Act was the high water mark in actually consolidating all of that in a policy sense and then working internationally on legislation that the Council and others stood for. That was a mixture of a lot of seeds being planted early on and then just that great thing in politics - timing - just the right time, and there's a whole story behind that. But in that sense it did work very well.

John Nankervis: The Cancer Act was invaluable to us [working] out in the community. It gave a credibility to us that possibly other people didn't have. I always had a copy in my hand whenever I addressed a meeting. And that was enormously beneficial to us in fund raising and gaining community support for other aspects of our work.

Ann Westmore: Did people ever ask you about it?

John Nankervis: I produced it and waved it around and said, 'We operate under this Act of Parliament' and it all flowed from there.

Michelle Scollo: I think stability has been a big factor in the Council's effectiveness. People stayed in their jobs a long time and could be relied upon to do things. Community organisations knew they could always rely on the Anti-Cancer Council resource centre to provide brochures and despatch equipment for community events. Unlike the public sector since the early 1980s, things 'stayed the same' long enough to become streamlined.

Ann Westmore: Mark, you said there's a whole story behind the timing of the Tobacco Act. Would you care to elaborate?

Mark Birrell: I think to get such a large change through [the Victorian Tobacco Act, 1987] when there was either a group of people who were disinterested, which is always a problem with new policy - just getting the apathetic on side - or when tobacco companies were still very strong. It almost sounds quaint talking about tobacco companies being strong now but, you know, they were.

Ron Borland: And still are.

Mark Birrell: Yes, sort of. But nothing like the omnipresence or the influence that they had. So they had a very powerful voice that was certainly weakening in the mid-1980s but nothing like it is now. And the timing was good. David White, being there, being a Health Minister who was a

cut above the average. Any Health Minister, I think, deserves a medal - I was wise enough to never become a Health Minister, but to be a Shadow Health Minister was difficult enough - but anyone deserves a medal for just getting through that job. But if you also have the ambition to introduce new policy beyond that, which he had. So he deserves credit for having the ambition beyond just getting through the waiting lists and all the crises that are a monthly occurrence.

Then you had people on our side [the Liberal and National Parties] who were interested and you had people who weren't, also on our side, but weren't able to dominate the debate. Then you had the crazy behaviour of the tobacco companies who thought that this was all something that they could quickly beat and didn't realise that there was an underlying group across Liberal, Labor and National Parties who said, 'This is the moment', and took it.

On the day in our party room [when the Tobacco Bill was discussed] there was a very strong group of people, particularly a number of pharmacists amongst our colleagues, who just said 'No, this is the chance. Let's do something.' There were no doctors in Parliament at that time otherwise I'm sure they would have been on side. But people with relevant training were chipping in. The work that had been done by the Anti-Cancer Council in setting a mood and also its militant arm, groups like BUGA UP[68], you know the unofficial 'We don't know who they are but…'. That had an edge to it and I think that edginess in policy debate helps.

And one of the things which I can disclose now that happened at the time is that I put up a motion, having got the Shadow Cabinet behind it, and we had a debate in our party room and it was overwhelmingly carried. But the mood of the day was such that we almost went a step further and it shows the assertiveness of the cigarette companies. They were still running these full-page advertisements promoting cigarettes. We almost need to capture that imagery because it will disappear - those full-page ads aimed at kids, aimed at selling cigarettes. And on the very morning of the vote in our party room, that was a Tuesday morning, in *The Sun*, there was a full-page colour advertisement, I forget the brand, but I think it was Alpine, of what was clearly a teenage girl with a packet of cigarettes tucked in her pocket or tucked in the side of her bikini.

The imagery was one that people opened up in the party room and there it was as if this cigarette company was saying 'Well, up you. We're even going to put in a colour ad of the most egregious example of advertising on the very day that you're discussing it.'

So to take advantage of the moment I also moved another motion which was going to amend the Tobacco Act so that we also banned tobacco advertising in newspapers, an explicit ban and difficult to enforce because of State laws. That motion was only defeated by one vote. It would have caused a complete eruption outside the room if we'd taken it that extra step. But I think it was an example of how the public had just caught up on the tactics of the tobacco companies. The mood had just moved. This wasn't the 1960s or the 1970s.

Now you couldn't have done that unless the Anti-Cancer Council had set the debate - the terms of it scientifically and in terms of public policy - and therefore others were prepared to take it [forward]. The greatest tribute to it all, I guess, is that that legislation has been repeated all over the world. And it led to things like the Health Promotion Foundation and obviously it had great champions in people like Gus Nossal. You needed that imprint of authority that individuals like him gave it as well.

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[68] **BUGA-UP**, short for Billboard Utilising Graffitists Against Unhealthy Promotions, was formed in the late 1970s. Members of the group spray-painted billboards promoting cigarettes to undermine their persuasive power. See http://www.abc.net.au/gnt/history/Transcripts/s1082085.htm

John Nankervis: Notwithstanding all that, I suspect that the Anti-Cancer Council had the tobacco companies a bit bluffed. Now I spoke at dozens, maybe hundreds, of public gatherings at schools and Rotary Clubs and never once did they put up a speaker against me or have anyone there to ask me awkward questions. It was always my fear that this would happen, but never once did it happen.

David Hume: It certainly didn't stop them suing the jolly backside off David [Hill] and others about the place though, did it?

Brian Fleming: It [the Council's setting of the scene] certainly had an impact. I've kept a copy of the Corporate Affairs Plan of Philip Morris Australia 1992, and I quote;
'The problem: Australia has one of the best organised, best financed, most politically savvy and well-connected anti-smoking movements in the world. They are aggressive and have been able to use the levers of power very effectively to propose and pass Draconian legislation. The industry has been reactive and aggressive in tone but generally lacks thought. However the antis…have kept the focus on health issues. The implications of Australian anti-smoking activity are significant outside Australia because Australia serves as a seedbed for antismoking programs around the world.'

And then under the heading, 'The need'; 'Create sufficient counter causes in Australian political life that the antis lose their ability to legislate and to regulate at will. Take advantage of political shifts in Australia which reflect severe economic problems and a growing sense that politically the shift is not doing much.'

David Hill: Brian, isn't that the same document that lays out a strategy to nobble the Executive Committee of the Anti-Cancer Council? They are some of the juicy bits.

Brian Fleming: Yes, [quoting] 'Put pressure on selected Anti-Cancer Council board members and generate press coverage of distortions'.

Nigel Gray: Just to go back momentarily to what Mark said earlier. I think one reason why the Victorian Cooperative Oncology Group was successful was that they would come down and influence us and make policy, and I think clinical trials is a good example. The funding for the clinical trials came as a result of their endeavours. I think they actually perceived that they could and did have influence, not just on Anti-Cancer Council policy, but they could send us down to the government with a brief. That's where the report on chemotherapy practices arose, and that's where the visit on mammographic screening arose, and various other issues.

Dick Fox: I think it's important in that regard that when Nigel kept on referring to the Cancer Council as being neutral, it was far from being neutered.

Ann Westmore: Well, some here today must have a picture of how this tobacco activity developed, particularly Nigel.

Nigel Gray: If you go back to 1968, I had a little [knowledge of] infectious disease epidemiology, I didn't have and still don't have cancer epidemiology in terms of numbers. I plotted out the crude death rates of tuberculosis and lung cancer and motor car accidents. Tuberculosis was going down and the other two in parallel were rising fast.

It became obvious to me that, firstly, I was the only full-time paid medical person in Australia whose job it was to do something about cancer control. Secondly, the big target was tobacco. We would have been negligent if we didn't attack that. And I had difficulty with Tom Lowe who, at that stage, wasn't persuaded that cigarettes caused either cancer or heart disease. That was a transient difficulty. He wouldn't sign the Executive Committee report because he said it had too much about tobacco but he did consent to me writing a tobacco report in the Annual Report, so I produced a smoking supplement for the Annual Report. I signed that and he didn't object to that. He was quite fair-minded about it, but he wasn't going to sign it himself.

But the more you looked at the evidence, the more it became apparent that tobacco was an overwhelming problem and getting worse, and was going to continue to get worse and that it had to be the number one priority. Certainly that wasn't easy because I thought it was a negative for fundraising as well as a negative [message], rather like a carping mother-in-law. And I often felt that [apprehension] when I was talking to the clubs that John [Nankervis] talked to. I often felt that I was somebody's carping mother-in-law because there were a whole lot of smokers in the room, and there was always a feeling of embarrassment.

Now I think in retrospect that that appraisal was wrong, but it was my appraisal at the time. By the early 1980s I was persuaded that it was a plus and that we were seen as a courageous and useful organisation battling against a big evil. But that was a much later conclusion. I think it is true, as Mark [Birrell] said, that we were persistent, and we also did have a huge wealth of science. So the tobacco industry was actually easy meat, and it got easier when they produced John Dollison,[69] who was their cleverest, most articulate and aggressive spokesman because it meant we got more publicity. We couldn't fail to beat them up on television because all the facts were on our side and we were believed and credible. So although the process took time and persistence, we were always on a winner in the public debate.

Ann Westmore: Were those facts being generated locally as well as from elsewhere?

Nigel Gray: Both.

David Hill: I think, going back to what Mark said too, they [the tobacco companies] did help a bit by going over the top with the advertising. I remember we did a small survey in the late 1960s I suppose. We hired three or four university students to watch commercial TV at night and transcribe the content. There were no video recorders then. In that way we got data on the distribution of cigarettes ads on Melbourne TV, and we worked out that there was one every twelve minutes.

I don't think, these days, anything gets that degree of saturation. So those sorts of excesses did help us a bit in the public eye. That was data of course, and I think it led us into the campaign at that time, in 1970 or 1971, a series of ads with Warren Mitchell, Miriam Karlin and Fred Parslow.

Nigel Gray: That was very interesting because that was very early. We were then promised a health warning by John Rossiter, who was Victorian Health Minister.[70] He was a man of good

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[69] **Mr John Dollison** was Executive Director of the Tobacco Institute of Australia in the mid-1980s.

[70] **Sir John Frederick Rossiter** KBE, BA (1913-1988) taught English and was an Army Captain during World War II. He joined the Victorian Parliament as MLA for Brighton in 1955 and, until his retirement in 1976, filled a number of ministerial portfolios, including Minister of Health, 1970-73.
- *Who's Who in Australia, 1980.*

will and he wanted to give us a health warning, but Henry Bolte[71] wasn't having a bar of that and said, 'No'. And we thought we had a promise, so our executive committee was quite angry.

I can recall going to the Executive Committee and the Finance Committee and asking for $50,000 to run an advertising campaign, and that was actually 20% of the reserves of the Council which were about $250,000. David Hume wasn't Chairman of the Finance Committee at that time, John Larritt was, and he and Pat Ramsden[72] were in favour of it. So was Allan Dick. It was a very serious and courageous decision as the money was a large proportion of our reserves and we were taking on an industry that was, at that time, respected and part of the Establishment.

David and I then had six months of glorious sport because we rang up Miriam Karlin and Warren Mitchell, who were both in town (but whom we hadn't met), and who worked for nothing. Miriam recruited Fred Parslow. We made those 25 advertisements in two half-days of filming. And they were quite simply brilliant because they were brilliant people. John Bevins[73] wrote some scripts and it cost us peanuts to make them.

So we had then had the ads and we realised after we had them, and this is quite an important element, that there were three grades of advertisement. There was the attention-getting advertisement like Alf Garnet's 'cough'. There was Miriam Karlin standing with her foot on the coffin showing a cigarette packet in a black box. The cigarette packet was labeled Oxford. [The joke was] there was a real brand called Cambridge. Now that was "knocking copy" which the television industry usually disallowed, but it was not libelous. The third one, which was libelous, was made by Fred Parslow. He was smoking handsomely like the Marlboro Man. Peter Best[74] wrote us a jingle which was a knock-off of the Marlboro jingle. Bill Hare[75] gave us an x-ray of a lung cancer to the right side of the chest and we put all that into an advertisement that said 'Come to cancer country, where the flavour is'.

We got a free opinion from Judge Bill Kaye[76] that this was slander of title, which is a form of libel, but he was confident that the tobacco industry would not take us to court because he knew their advisors, which I didn't, and he throught they would ignore us because we would soon run out of money. Now armed with that opinion, I came back to the Executive Committee and they agreed to show these libelous advertisements, knowing they were libelous, which was an extraordinarily courageous decision. We took 'Cancer Country' down to Channel 10 to Wilf

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[71] **Sir Henry Edward Bolte** GCMG (1908-1990) was Premier and Treasurer of Victoria, 1955-73.

[72] **Mr Patrick John Vance ('Pat') Ramsden** CBE FCA (b.1906), a partner in Wilson Danby & Giddy Chartered Accountants, was a member of the Council and of the Finance Committee of the Anti-Cancer Council. His son, businessman and racing identity, Andrew Ramsden, was Chairman of the Anti-Cancer Council's Appeals Committee, 1988-98.
- *Who's Who in Australia 1980.*

[73] **Mr John Bevins** was an advertising copywriter who ran an independent advertising agency, John Bevins Pty Ltd. He helped create a number of highly successful social marketing campaigns including Quit for Life and Random Breath Testing.
In 2001 he was awarded the inaugural Advertising Federation of Australia mediallion for his contribution to the advertising industry, primarily through his work as Chairman of the AFA Ethics Working Party.

[74] **Mr Peter Best**, a talented composer, was a songwriter in a band in the 1970s who went on to write a number of memorable advertising campaign jingles such as Slip Slop Slap, Uh-Oh Razzamatazz and Care for Kids, and the scores for several movie hits such as 'Crocodile Dundee I and II', 'We of the Never Never' and 'Doin' Time for Patsy Cline'.
He won the 2006 International Achievement award at the 2006 APRA-AGSC Screen Music Awards, and was described as "A consummate lyricist and tunesmith…and arguably Australia's most prolific film, television composer".

[75] **Professor William Samuel Calhoun ('Bill') Hare** AO, MD BS DDR FRCR FRACR FRACP DDU was Professor of Radiology at the University of Melbourne, 1965-88.

[76] **Justice William Kaye** BA LLB (b.1919) was appointed a Victorian Supreme Court Judge in 1972.
- *Who's Who in Australia 1980*

Barker[77], whose kid was in cubs with mine, [and he was] sweating, shaking and white, I kid you not, when he saw it. He said, 'We can't show that'. So we said, naturally, we'll have to discuss this in the press and we went away.

But the real joke was that the advertisement was shown eleven times, twice by Wilf's station by mistake, because we had sent it out to the people who organised the programming we'd paid for in advance, and Wilf didn't think to go down and stop them. So in fact it was shown on several commercial networks and, of course, the ABC made a meal of it. So it was shown eleven times, which was probably more than we could have afforded.

That was a lovely piece of history, and to finish it, Sir Macfarlane Burnet[78] wanted to make an advertisement. He didn't write a script, he did it off the cuff. He made a one minute advertisement which we labelled the 'grand-father advertisement' because it was to promote our respectability before we became disreputable with 'Alf's cough' and Miriam Karlin making love to Fred Parslow and coughing over him. In the grand-father advertisement he [Burnet], with his own script, said 'television is hooking teenagers on tobacco'. And the Chairman of The Herald and Weekly Times which owned Channel 7, Keith Macpherson,[79] ordered that it be taken off.

Now, I had a good friendship with Ron Casey[80], who was head of Channel 7, who rang me up to tell me that Mac Burnet had been censored and this happened the day before he was due to finish anyway. So *The Herald* [newspaper, owned by the same company] made a huge headline of this censorship of our Nobel Prize winner which was quite accidental and gave us extraordinary publicity. And that percolated into the Federal arena. And I think those advertisements really were the reason why the Federal Parliament took up the issue and passed the Abolition of Advertising on Radio and Television Act in 1975. Now the industry was shrewd about that federal legislation. They "persuaded" the Country Party to add an amendment at the last minute which excluded "accidental and incidental" advertising, that is billboard and tram signage, which allowed the tobacco industry to buy sport in a wholesale fashion. That was the beginning of that process, which lasted until 1987 and the Victorian Tobacco Act, when we had to buy sport back. It was notable, and still is, that sport was both insatiable for money and was for sale.

Ann Westmore: You mentioned a number of advertisements in that discussion. Did you go to the advertising agencies or were they coming to you by that stage?

Nigel Gray: Phillip Adams,[81] who had the Marlboro account, gave us specifically good advice on the generalities of advertising and taught us quite a bit about it. He found us Alex Stitt[82] and Peter

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[77] **Mr Wilfrid John ('Wilf') Barker,** FAIM (b.1928) was a media and market consultant who held many positions in the Australian television industry including General Manager of Channel 10, 1980-86.
- *Who's Who in Australia 2000*

[78] **Sir Frank Macfarlane Burnet** OM AK KBE, DSc MD BS FRCP FACP FRCS FRSE FAA FRS (1899-1985) was Director of the Walter and Eliza Hall Institute of Medical Research and University of Melbourne Professor of Experimental Medicine 1944-65. In 1960 he shared the Nobel Prize in Physiology or Medicine for his work on the concept of acquired immunological tolerance.
See University of Melbourne Faculty of Medicine, Dentistry and Health Sciences Online Compendium. (www.cshs.unimelb.edu.au/umfm)

[79] **Sir Keith Duncan Macpherson** Kt (b.1920) was General Manager of The Herald and Weekly Times Ltd, 1968-70, and later Chief Executive and Chairman of Directors of the company. The Herald and Weekly Times owned Channel 7 in the 1970s.
- *Who's Who in Australia 1988*.

[80] **Mr Ron Casey** AM MBE (1927-2000) started as a panel operator at radio 3DB to become a well-known broadcaster and, eventually, Managing Director of HSV Channel 7 from 1972 until 1987.

[81] **Mr Phillip Adams** (b.1939) started his working life as an advertising copywriter and in the 1970s became a partner in the advertising firm, Monohan, Daman, Adams. Subsequently he worked as a broadcaster and writer.

Best and he persuaded Peter Best to write the jingle for Slip Slop Slap [skin cancer television advertisement]. Peter had already done our 'Marlbro' jingle.

David Hill: I remember going down there with Nigel to visit Phil Adams when tobacco advertising was a big part of his business, Monohan Daman Adams, and he showed us a whole floor of his building and said, 'There's the reason I can't actually give this up, all these people's jobs depend on it, they're all working on tobacco accounts' but he said, 'I'll help you in every other way possible' which, as Nigel described, was generic sort of help. And, certainly, when we got into the skin cancer area they, of course, were the major creative forces in creating Sid Seagull and Slip Slop Slap. That would have been about 1980.

Sue Noy: Just picking up on your comment Nigel about feeling a bit uncomfortable giving talks knowing there were lots of smokers in the audience. One of my first jobs when I came to the Council was related to moving from Jolimont to here. As public information officer I had the task of designing a sign alerting people that this is a non-smoking building. The wording had to be very polite and I agonised over it. I just find it really interesting because people now would not imagine that the Cancer Council would have even agonising over the wording of the sign saying you can't smoke in our building. But at the time, it just wasn't as clear as it is now. The Council itself has shifted from being not exactly apologetic, to now being absolutely clear on this issue.

Dorothy Reading: Can you recall the wording of the sign?

Sue Noy: It had a 'Please' in it, I'm sure. (Laughter) From memory it was something like, 'Please respect our decision to make this a no-smoking building'. It was something like that, very soft.

David Hill: My view on that is that it would be quite a good position for us to say we don't think it's consistent with our objectives to employ people who smoke. We would do that if we were forced to by a court decision. It's almost a business decision that we could make. That would be OK if we had to do it, but I don't think we should go out of our way to do it.

Support services for those directly affected by cancer

Sue Noy: I'd like to raise the issue of the connection with patients, both in relation to the Council's role in patient support services and also developing information resources for patients.

David Hill: Well, Sue, you really got us underway with the telephone service. Why don't you tell us about that?

Sue Noy: The job description David had written in 1984 included setting up an information service and doing the public relations for things like the Slip Slop Slap campaign and the Annual Report, and very many other things. There was a need to have a more coordinated approach to handling calls from people with cancer, or relatives or friends.

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[82] **Mr Alex Stitt** (b.1937) created many well-known advertising campaigns and characters. After training in graphic design at Royal Melbourne Institute of Technology he met Bruce Weatherhead at Channel Nine's animation studios and, in 1964 they founded the graphic design firm, Weatherhead and Stitt. During their 10-year partnership they designed advertisements, books, games, toys, film posters and titles.
After the pair went their separate ways in 1974, Stitt created Norm, the couch potato, for the Life Be In It campaign.
In 2002 the Australian Graphic Design Association inducted Stitt and Weatherhead into its Hall of Fame.
- James Button, 'Graphic designers who challenged the norm', *The Age*, 10 November 2002

Initially, it was still fairly amateurish, I'd say, in that I had no medical background and we were answering calls which we would refer to other people within the Council who might be able to answer them with more knowledge. Many of them went to the patient welfare area. We employed a woman who had done four years of medicine and who became a terrific asset for a couple of years. She had a lot of talent but also had that medical background and had a pretty good understanding of what she didn't know as well as what she did know.[83]

I think the other aspect that worked really well was linking with members of the Victorian Cooperative Oncology Group and setting up a specialist panel. So when we got a question that we had no way of answering, we could contact people on that group who would either give us some information or direct us to the right person or provide a letter or whatever, so that we could actually go to that next level of connection with the medical specialists.

And we started developing more printed information. So that if we were working on a fact sheet on bowel cancer, it went to the GI group [VCOG Gastrointestinal Cancer Committee] and a couple of people would take it on as a joint project with us so that nothing went out on bowel cancer that hadn't been approved by that group as well. So it was really about trying to become more professional about the way we responded to patients who wanted information, and we were also more consistent with the information we provided. So that was where it was through most of the 1980s, or mid-80s to the end of the 1980s and early 1990s, at which time the Cancer Information Service was set up as a more specialised operation, with nurse counsellors as well as working in a dedicated area.

Dorothy Reading: I think that there was a similar approach to defining what the best service would be to the process that has been described before by Brian [Fleming] and Michael [Drake]. It was to look at the best model overseas and elsewhere within the country, and glean from them plans for a very robust service which, like the rest of the organisation, was very data-based and collected data as it went along so that it could analyse what it was doing. I think that's one of the unique aspects of the organisation, certainly from my perspective.

I can remember coming into the organisation and surmising that you could actually ask questions and expect to get answers. It would take a bit of work to define the question and to work out how you were going to answer it. But there was a sense of delight that real information was possible and that you could measure what you were doing to move forward. That approach was an aspect of not just the medical and scientific endeavours of the organisation but also the education endeavours, the tobacco control endeavours, the patient services – I think it was a really unifying factor across the organisation and a very special attribute of it.

Ron Borland: I agree. I think that's one of the things that really sets this organisation apart. It may have started off taking medical and scientific information and using it. But it now takes all kinds of information, from the individual level right through to the social and population level, and tries to use the same kind of systematic approach to try to understand the information that has been systematically gathered and to make a decision based on it. And that's something that developed here before the theories suggested it. I can recall a famous book by a guy called

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[83] She was **Sally Gamble** Grad Dip Hth Ed (b.1960) who was Resource Officer with the Council's Education Unit, 1984-89. Among many projects, she compiled *The Cancer Word Book; Your guide to the language of cancer* (1988). She later moved to Benalla where she became involved in community programs and was appointed Director of the Tomorrow Today Foundation.
- Personal communication, Sally Gamble to Ann Westmore.

Lawrence Green called *Health Promotion Planning*.[84] I read it and realised it was basically what we were doing. The approach we have taken here has been incredibly potent in furthering cancer control.

Dorothy Reading: It did actually extend into other areas too and I'm sure Bev [Lovegrove] will remember. When I joined the organisation, David [Hill] I think was responsible for analysing what were known as the pink slips.[85] But there was the same kind of analytical and data-driven approach to fundraising.

Bev Lovegrove: One thing that perhaps we could discuss after lunch was a directive about ethical fund-raising and it involved tobacco, alcohol and asbestos. There was a lot of discussion about this which influenced our appeals to certain groups such as the corporate groups.

More on developing the character of the organisation

Brian Fleming: I've got another issue that might also be raised later. Although we had a Cancer Act, when I came on to the Council, there was very much an aversion to accepting government money, because it would probably affect donations from the public. During my period as Chair of the Executive Committee, the Commonwealth Government began taking an interest in funding cancer research and the Council decided it must support this venture and pursue possible contracts, and did so without dissent. I'd like to know, what's happened to funding since those times, since the Commonwealth entered into cancer research and the Victorian Government asked the Cancer Council to look after $30 million for breast cancer.

David Hill: It's certainly a generic issue. We should come back to it and there's no doubt we are now an organisation that's about half funded by charitable donations and about half funded by government money – either in research grants or contracts to do cancer work for government.

John Nankervis: My understanding was more that we took this line [resisted accepting government money] because we didn't want to be beholden to government and we could pursue the line of research that suited us rather than the popular line of research. And that was always our approach to it.

Nigel Gray: I think that was fair enough. We took a grant for the cancer registry; we took 50 per cent of it, I think. But the policy really was that we were a non-government organisation and that if we were going to be a lobby group, particularly a forceful one, we couldn't be taking money from government on the one hand and being rude to them on the other.

Dorothy Reading: It's not so hard it turns out. (Laughter)

Nigel Gray: Well, I guess that's true. But things have changed. I'm talking about 10 to 30 years ago. But then there came a time when the Federal Government decided to delegate a whole lot of responsibilities which they'd previously held and someone had to take the contracts. So I would have endorsed the decisions that have been made by Robert Burton and David [Hill] and others to

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[84] Lawrence Green and Marshall Kreuter, *Health Promotion Planning; an educational and environmental approach*, Mayfield Pub Co, 1991.

[85] The Council used a system of pink and blue slips to identify, differentiate and monitor donations from new and existing donors.
- Personal communication, David Hill to Ann Westmore.

take the government contracts. But I think what Brian has said was historically correct. But the world has changed.

Dick Fox: I think the other issue we should discuss later is the State' Government's so-called STI (science, technology and innovation). An example of that is tissue banking which requires the cooperation of all the major medical centres in Melbourne. It brings us back to a VCOG-type of arrangement where this is the neutral body which can actually organise that, which would otherwise create a very difficult administrative process. But I guess it's a different form of funding again. It's an example that will probably keep on rolling through the system.

Dorothy Reading: It's also true that the point Nigel made about the Commonwealth government made also applied in the State too. There was a deliberate policy in the late 1980s to outhouse certain activities. And so the Quit campaign was run here, and the Pap Screen recruitment program. It was decided not to run them within the bureaucracy, a sensible decision I think. We tendered for those activities that were in our special area of expertise and, by and large, we got them.

David Hill: That point that Dick made about the Tissue Bank is quite interesting because that's actually not something that we initiated. In fact, we seeded some money into tissue banking on a limited scale, and then this idea of going for broke and getting a large amount of money for this cancer research infrastructure arose. And when I say 'we', that's the whole scientific establishment, I suppose. And somewhat to my surprise, and to Woody Macpherson's I suspect, we were asked to be the administering organisation to put in and sign off on the grant application which was not written to any significant extent by people inside the Cancer Council. And so we found ourselves now as the administering organisation.

The fact that people came to the Council to agree to do that role does reflect a lot of what's been said earlier today about the neutrality and the ability to administer enterprises without actually taking them over. The Victorian Breast Cancer Research Consortium, which Ruth [Redpath] might like to talk about because she's been Chair of the Board, has been an organisation where the money ($30 million dollars over ten years) went into our bank account, but it really just goes straight out again and it's governed by different mechanisms from our own.

Ruth Redpath: Yes it has a Scientific Committee which includes the Directors of all the medical research institutes of Melbourne, including our own – the Cancer Control Research Institute. But its Management Committee or Board, has some members of that Committee on it, but comprises mostly members nominated by our Board here. And so that Board is advised by the scientific community but we have the corporate governance oversight of the stewardship of the resources the government has given us. So it's been an interesting cooperative thing there that we've steered but not governed in one sense.

Woody Macpherson: It's a good example of the Cancer Council bringing people round the table, but it's also been an example of where, for the very first time, all the medical research institutes are sitting round this table working towards the same thing. The medical research institutes heads often seem embattled in the same way as we've heard with, say, VCOG. They're competing against each other and it's been delightful to work with them, all heading towards spending this breast cancer research money on the best research.

Ruth Redpath: And not necessarily the money being spent in their institute either, the money only going to about half of nine or ten institutes. And yet the Directors of those institutes still come and participate and contribute to the discussions and direction.

Dorothy Reading: I'd like to raise a point that occurs to me as a result of what Ruth has said. I think the Council is relatively flexible and non-bureaucratic, so it's possible to have an idea suggested that requires a completely different sort of governance and a different set of people and quite a different activity from what was ever done before. There isn't an instantaneous reaction that says we don't do things that way which, I think in quite a lot of other places, there would be. So we do things in very different ways.

Ruth Redpath: Yes

Bruce Holloway: Can I just follow up on that point? In the course of the last thirty or forty years, I've come to interact with a large number of different organisations, federal governments, state governments, international organisations, large companies, NGOs and I'd have to say that the Anti-Cancer Council is the best organised and most efficient organisation I've ever had to deal with. That struck me from the very early days.

The fact that it can attract such a wide range of busy and highly involved people, and get them when they want them, demonstrates that whatever they're doing, they're doing right. I wonder what it is? You've just expressed a sort of free-wheeling approach. In some organisations, it's the free-wheeling that can lead to chaos. Clearly that hasn't led to chaos in this case. I'd be interested to know what it is about the administration of the Anti-Cancer Council that has persisted for so long and has been so successful in attracting highly active, prominent and effective people to contribute to the work of the Council.

Nigel Gray: I have an idea that it's because I didn't have any professional management skills. The only management skills I developed David Hume and Allan Dick taught me over many, many hours on the white board in my office drawing structures.

David Hume: Nigel was also a very excellent listener.

John Nankervis: He also had the ability to pick the right people and leave them to do the job they were there to do.

Pat Dobson: Yes, and [there was] the freedom to explore new ideas and we were able to use our skills. I think the patients and relatives realised that, they really appreciated it. They felt that they were part of a team. We were a team and they were part of it.

Bev and I used to talk with them, especially in country areas, and that could mean phone calls of 40 minutes. There's a great deal of respect and, I think, affection for the Cancer Council, and I think that comes from the sort of management structure that happened as you went along. It worked. It also came from reporting and recording where and when you did things. We were very accurate.

Michelle Scollo: When I started in 1988 I'd come from a public sector job and I recall thinking at the end of the first week working here that I'd made more decisions in one week here than I'd made in seven years previously. You had the authority.

Pat Dobson: The ability to make it happen. Yes, I think that's right. They used to call us the 'make it happen people'. You didn't take ages and ages, nor was there red tape, to get a decision. It'd be, 'Yes, it's a good idea' or perhaps 'No, it isn't'. I think the community certainly appreciated it.

Bev Lovegrove: Can I make an observation of Nigel's leadership? He was a challenger – a gentle challenger – and most of us took up the challenge. Many times I thought, 'I can't do this', but somehow or other a little prod or a memo came, and eventually good things happened as a result. He seemed to recognise different things in different staff, and he was very good at giving that treatment to us all.

Judith Watt: Can I add something about the national and international levels, particularly in tobacco control? To be effective, you sometimes need to operate at these levels because you're dealing with trans-national companies operating globally. I think one of the things that this organisation has been able to do is to be generous to other jurisdictions, in order to facilitate those activities. For example, Michelle had organised a national number for the Quitline, which was owned and organised by Victoria.

When I took over from Michelle, I had come from the UK and was not familiar with how things worked here. But I quickly worked out that, in order to be more effective in Victoria, we needed to have a national campaign. To do that, we would need to get the Commonwealth around the table. It was actually on my third day in the job, sitting round this table at a meeting of the Tobacco Action Group chaired by Nigel, that this first occurred to me.

Because it was my third day in the job, it was a bit daunting for me, but my good colleagues at Quit had prepared all of the material and I stood up on behalf of Victoria and started the meeting by explaining, 'Well we have this program, and we have produced this resource. We have these workplace campaigns and this schools campaign, and we have these television campaigns', and sat down. And then one by one all the other jurisdictions did the same, and then the Commonwealth stood up and said that they were doing something a little different too. And I just sat back and thought, 'Wow, there are nine different television campaigns in this country'.

But it was because of the flexibility and the generosity and the leadership that David [Hill] gave that we were able to get the Commonwealth to run a national campaign for many years, which this organisation was responsible for making happen. Many other people were, of course, involved from around the country. But it could not have happened had Victoria not had the driving vision, the flexibility and also the generosity.

So, for example, in order to deal with the myth that 'smokers are different in Queensland than they are in Melbourne', we arranged to have our campaign materials pre-tested in Queensland. And my committee turned a blind eye to spending Victorian dollars in other jurisdictions, understanding that this would grow the [financial] pot and get the impact here as well as nationally. And then internationally, our [anti-smoking] campaign ran in thirty countries.

David Hill: I think there's a bit before that that's actually relevant to the way we've operated. The main reason that [inclusiveness] was possible was that Steve Woodward who's a consummate advocate and strategist had actually not made the mistake that people can make of ignoring the Opposition.

Steve had had good connections with Michael Wooldridge[86] and that was at a time when there'd been years and years of [Federal] Labor Government and the Liberals weren't in power federally.

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[86] **Hon. Michael Richard Lewis Wooldridge** BSc MB BS MBA FAMA FAFPHM FRACMA (b.1956) trained in science and medicine at Monash University, graduating in 1978 and 1981 respectively.
He was a Resident Medical Officer at the Alfred Hospital, 1984-85, a Tutor in Anatomy at the University of Melbourne in 1985 and a member of the AIDS liaison committee, 1987-90.

My recollection is that the stage was set in terms of entrée to Michael Wooldridge by Stephen Woodward working as director of ASH [Action on Smoking and Health], out of our offices here.

And ASH really ought to get a mention here because it was an organisation which started in Western Australia and then Steve sort of moved it around the country, didn't he, where the action was needed. He went to South Australia for a while, here for a while and seeded the Tobacco Act in that period, and then on to Sydney. Nigel will remember, too, a gentle rap over the knuckles we got from Tom Roper when Labor got into power here in 1982. We were accused of not having paid enough attention to the Opposition. It wasn't a fatal mistake because Tom Roper was actually keen on tobacco control and was the first Victorian Health Minister to put money into any sort of campaign.

Nigel Gray: Yes, that's right. The origins of the Quit campaign, which could have gone very wrong because Tom Roper came into power, wanting to do something and I think allocated a quarter of a million dollars to tobacco, and there it was in his Department. We were funding the Quit campaign and here was the Government about to do something which could easily have become competitive.

The guy who had charge of it [in the Victorian Health Department was Dan Russell, a real chain smoker. He'd been put in charge of tobacco control. Fortunately, he moved on and his place was taken by Linda Stephens, whose place in history is quite interesting. She was a bureaucrat like no other bureaucrat I ever met. She immediately perceived that we had the expertise and the track record and therefore we needed a coalition, and she developed the word 'out-housing' for it. And in fact there's a letter, still, which I wrote to Tom Roper [87]confirming the substance of discussions whereby we would cooperate, pool all the funds and have the Quit campaign, and the government would nominate a couple of people to the Board but and I think we dominated the Board. But it could have gone quite wrong if it hadn't been for the change of personnel and the advent of Linda Stephens and the broadmindedness of Tom Roper.

David Hill: And that had far-reaching implications for the day-to-day functioning of Quit, actually, which is out-housed to the Cancer Council. A bane of most [government-funded] organisation's lives in doing media campaigns on television, in particular, is the requirement to add that dreadful tag of every advertisement saying 'written and authorised by the Federal Government Canberra', and it's an awful killer we think. But because the tobacco campaign is funded partly by us but mostly by Vic Health to Quit Victoria which is part of this organisation, we actually get away without doing that, which is mighty nice.

BREAK

David Hill: Let's consolidate this into one conversation again. Ann has quite a list of suggested topics that we must try to attend to in the remaining couple of hours, so let's go.

A long-standing member of the Liberal Party, he joined the Federal Parliament as Member for Chisholm in Victoria in 1987.
He was Deputy Leader of the Opposition, 1993-94 and Minister for Health and Family Services, 1996-98, when he retired from Federal politics.
- *Who's Who in Australia 2000* and *Medical Directory of Australia 2003*

[87] **Hon. Thomas William Roper** BA (b.1945) was the ALP member in the Victorian Legislative Assembly for the seat of Coburg from the mid-1970s to the early 1990s. He was Victorian Minister for Health 1982-85, having been Shadow Health Minister 1976-82.
- *Who's Who in Australia 2000*

Ann Westmore: A number of people have mentioned Allan Dick, Bill Kilpatrick, also John Colebatch and Dick Lovell, and there may be others. So let's start now with perhaps some of these people and their influence on the Council.

John Nankervis: John Colebatch was regarded as a very austere character. I shared an office with him for some time, him and his eleven filing cabinets. When he retired, we cast around for what we'd give him as a suitable retirement gift. We discovered that his hobby was throwing frisbees. We found a frisbee and had it gold-plated and mounted in a frame and we presented it to him for Christmas. I'm sure somebody took a picture of him with it – I wouldn't know what happened to it.

Nigel Gray: The circumstances of his appointment [as inaugural Executive Secretary of the Victorian Chemotherapy Co-operative Group in 1976] are again very interesting and I think much of this won't be in the archives. He was busy treating leukaemia and trying to prove that leukaemia was treatable at the Children's [Hospital]. My uncle, Stanley Williams,[88] was the senior paediatrician at the Children's and I was working there for some years and John was treating patients but Stanley and one or two others wouldn't refer their patients to him because they believed the treatment for leukaemia was morphine, and they thought that he was prolonging pain. It was amicable, I have to say, extremely amicable. But there was this difference of opinion. And then John got a few results and they changed their minds and started referring patients, but he found that his leukaemia work was occupying too much of his time and his private practice was falling apart. The question of employing him at the Children's arose and Vern Collins wouldn't do it because he hadn't yet, at that time, made the concession. So Bill Keogh went to see Vern Collins as I recall and certainly Bill made the offer of a W.J. Kilpatrick Fellowship for John Colebatch and funded the Children's for that. So John Colebatch's future at the Children's was secure and, about that time, he started winning [that is, the treatments he was using proved increasingly life-sustaining] and he won over the other staff.

Ann Westmore: And so Bill had become convinced that the evidence was good enough to suggest there was going to be some long term gains for patients?

Nigel Gray: Yes, and Bill's prime advisor was Stanley Williams. John [Colebatch] persuaded them by weight of results. He actually got some long-term remissions quite early and later, or course, cures.

John Nankervis: He was an extraordinary detailed record keeper. He treated my daughter in the old Children's Hospital and I'm sure he had a tome this big, just about her. Everything that was said was written down.

David Hill: He had a fairly rapid turnover of secretarial support. About every fifth time around, one would stick for a while.

Dorothy Reading: Didn't John then come here and become VCOG's Executive Secretary?

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[88] **Dr Stanley William Williams** MD FRACP (1905-19) studied medicine at the University of Melbourne, graduating in 1929. He was appointed Medical Superintendent of the Children's Hospital in 1935 and, after serving in the Royal Australian Army Medical Corps 1939-45, he became an Honorary Physician to In-Patients at the Children's Hospital where he served for many years.
- *Who's Who in Australia 1980*and *Medical Directory of Australia 1957.*

Susan Fitzpatrick: He became the Victorian Chemotherapy Cooperative Group's[89] Executive Secretary in 1977. He was appointed by Nigel Gray and was the first to hold the position and he continued in that role until Dick Lovell took over in 1982.

Dorothy Reading: A lot of the discussion earlier about the strength and importance of VCOG presumably can be attributed to the foundation work of John Colebatch.

Susan Fitzpatrick: Particularly his involvement in establishing the Trials Secretariat which was the forerunner to our cancer trials management scheme, but it provided a centre for development of clinical trials and the running and coordination of clinical trials for Victoria, and also [put in place] visiting trial data managers out to hospitals.

But interestingly, I found in my records today a note from 1976 when the Cooperative Group was just formed. It says;

> *'As a pump-priming exercise, the VCCG provided grants to general hospitals toward improving and increasing their facilities for cancer chemotherapy. The grants were made generally on a tapering basis over three years and provided assistance towards employment of medical oncologists or chemotherapists, as they were known in those days, medical social workers, oncology nurses and trained secretaries. In approximately equal proportion, hospitals included: the Alfred, Austin, Prince Henry's, Queen Victoria, Royal Melbourne, St Vincent's and Geelong. A total of $200,010 was provided between 1977 and 1980.'*

The Council's input into developing services in hospitals is another really important aspect of our history. Not just in research but also in treatment services.

Ann Westmore: Does anyone have any more to add on John Colebatch? If not, a few people mentioned Bill Kilpatrick[90] and thought he should be mentioned in terms of the fundraising of the Council. How important was he in that role?

David Hill: It's before my time, but he was the Chairman of the 1958 Appeal and was responsible for recruiting Don Chipp[91] to run the door-knock. We always thought it was the first door-knock ever done. It was incredibly comprehensive and it had all sorts of fabulous fundraising features like, somebody who had rung in and said 'I've got 10,000 pounds, I think, which was a heap of money and if someone knocks on my door, I'm going to hand it over'. So you had all these collectors out there wondering [if they would find this person] and sure enough, he turned up in Emerald or somewhere in the Dandenongs apparently.

I remember him [Kilpatrick] as a – swashbuckling is not quite the right term – but a very energetic person, a 'must do', 'can do' sort of person. But one thing I do remember is, and I don't

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[89] In 1981 the Victorian Chemotherapy Co-operative Group's name was changed to the Victorian Cooperative Oncology Group and in the following year Professor Lovell took over from Dr Colebatch as VCOG Executive Secretary.

[90] **Sir William John Kilpatrick** KBE CBE, FAIM (1907-1985) was a successful businessman who was active in fund-raising for many charitable organisations during his lifetime. He was President of the Australian Cancer Society for periods during the 1960s and 1970s, Chairman of the Anti-Cancer Council's Cancer Service Committee for several years from 1958, and Chairman of the International Union Against Cancer for a period from 1961.
- *Who's Who in Australia 1980.*

[91] **Hon. Donald Leslie Chipp** AO, BCom (1925-2006) was, in 1958, making his way in public relations after successfully marketing Melbourne for the 1956 Olympic Games. In 1960, he gained pre-selection for the Liberal seat of Higinbotham, remaining a member of the Liberal Parliamentary Party until 1977 when he resigned and formed the Australian Democrats. He won a Senate seat and remained in Parliament until his retirement in 1986.

know how often this ever came out, but the chemistry between Bill Kilpatrick and Allan Dick was absolutely terrible. I remember being at a meeting in Bendigo and in whatever roles they both had at that time, we had gone up to Bendigo for a public meet-and-greet and all that sort of stuff, and I remember Bill Kilpatrick was speaking to the group and Allan was standing next to me, absolutely seething with resentment. And I never knew exactly what it was but I always knew that for whatever reason, the chemistry between those two characters was not particularly good. And then of course, he had this vision to set up the Australian Cancer Society and was undoubtedly the creator of it.

Nigel Gray: Allan would have had a role in that too and I think they might both lay claim to the title but Bill Kilpatrick I think was the major force. He was on the Executive and he used to spend a lot of time with me. There were various things he wanted me to do around town, most of them to do with raising money.

But he gained a position on the Finance Committee of the International Union Against Cancer (UICC), and he got together with the American Cancer Society and put the UICC's affairs in reasonable order in the 1970s. He was active as a member of the UICC Finance Committee and they were doing nothing about tobacco and he insisted that they start a tobacco program. So they agreed to start a tobacco program and he then insisted that they appoint me. Then he told me after that. I was given $50,000 and the mandate to develop a tobacco program for the UICC and I'd been overseas twice, I knew nothing about international tobacco. So that's a whole story in itself. Basically, Bill Kilpatrick started that program and the UICC became a force in the field as a result of that. And he did that from the Finance Committee.

Ann Westmore: So had he become convinced through work that the Anti-Cancer Council was doing in Victoria that tobacco was an important issue to tackle?

Nigel Gray: Undoubtedly. He took advice and always took good advice, and he used to listen to it and go and do things. He was a doer but trod on toes along the way and I'm not surprised the relationship with Allan was as David described. They were very different personalities.

Ann Westmore: That probably introduces Allan and a number of people said that they would like to say something about Allan. So this is a good opportunity to develop that discussion.

David Hume: Allan Dick was a remarkable fellow. When I said earlier that Nigel Gray was a very good listener, and someone said, 'He'd need to be with Allan'. Well, that's true. But nevertheless, Allan had an extremely good brain and he was very much devoted to this place and he had a huge influence on it over the years, perhaps no more than when he became President, and he actually read the Act [that established the Anti-Cancer Council]. And he came to me as Chair of the Finance Committee and said, 'David, you and I have responsibilities we don't understand properly, I'd better read you what the Act says'. So he actually turned around the way we did lots of things to make us compliant with the law.

I had enormous respect for Allan. As Nigel said, Nigel used Allan and me as a little coterie, I suppose, to look at various problems around the place. Allan was always very heavily putting into those things. And of course we all remember the enormous amount of work he did in writing his book about the Council. We both had vineyards growing wine grapes and so shared this interest. So I remember Allan very fondly.

Ann Westmore: David, can you remember specifically in what ways things changed after Allan drew your attention to the Cancer Act?

David Hume: We were running this place our way, if you know what I mean, but it wasn't really according to the law. We had responsibilities to report to Parliament and do it in certain forms that we weren't doing. And so we had to change our format around somewhat so that we could completely comply with the law. It's a moot point because, of course, if we hadn't done that, we'd probably never have been caught out anyway.

Nigel Gray: Well I think Allan was really very important all through. He was important in the Australian Cancer Society, important here.

The closest thing I ever had to having a problem with Allan was that his responses were not always predictable. But in terms of giving me advice, which he was asked for a great deal, he and David Hume would teach me simple management principles which I would scribe onto the white board in my office, to work out where we went. At one stage he tortured me, or tormented me, by requiring me to write a strategic plan. Now I was an opportunist not a strategist. It was a painful experience and I don't think we stuck to it anyway. It did happen and it certainly made me do some thinking that I hadn't done about the way the organisation was run. One thing it didn't teach me was the difference between a goal, a mission and a strategy, but it did teach me how to meld something together.

David Hill: I think you may have partial selective memory here because I would claim that you largely handpassed the role of working on this with Allan to me. (laughter)

Dorothy Reading: Many of us shared in it.

David Hume: Ann, there's one other thing I just thought of. I think that my memory is correct here but its along these lines. Allan said to me one day 'David, would you please take home our superannuation scheme and read it. And when you've read it, would you think about it and tell me what broad ideas you've got.' And I think I went back to Allan and said 'Well, I've read it, Allan, and I think we're in the wrong bus'. And so he said 'Well, I think so too. Why do you think so?' So I told him what I thought, and he said 'Well, I think like that too'. With a group of people, we remodelled our superannuation scheme and thank goodness we did because we really were on the wrong bus completely. So that's another thing Allan did for us.

Nigel Gray: He found some experts in the field who taught us about super and then guided us through setting it up properly.

David Hill: It was a huge benefit for all the staff I must say because the timing was right and we had really appalling prospects with the way our super was. I don't suppose the staff particularly know that, but David Hume and Allan had great responsibility for that improvement.

Nigel Gray: Super was basically 5% of salary and it went up to 13% with partial contributions from the members.

David Hill: It was also the way it was invested I think.

David Hume: I think if I ever had a disagreement with Allan and with Nigel - I might say, in principle - it was that the charter of this place was that we should spend the money when we got it. My Scottish background said to me 'you shouldn't spend the money when you've got it'. And that philosophy persisted and it led us into really a lot of financial problems, because we were often budgeting ahead really in the hope that we were going to get the money to meet the budgets

and sometimes it didn't happen. And sometimes we had to cut programs, which was a terrible thing to do but at the time there wasn't really an alternative. And near the end of my days fortunately we were able to bring in a little shock absorber between receiving the money and spending the money, and I wish we had done it a lot earlier. There was a classical case in another state which didn't spend the money at all and they had huge amounts of money in the bank, which we never saw – we didn't have it. We only had debts. So somewhere in between all those things, it was a balance that we only partially achieved.

Peter Griffin: The shock absorber is still there. It's just that it's a lot bigger because the turnover is a lot bigger.

David Hume: There was nothing that used to eat at me more than having to say to Nigel, because by this time our inheritance grants had grown exponentially and they formed about 45% of our total income and we couldn't guarantee that people were going to die for us. And so a number of times, I said to Nigel, 'I'm sorry Nigel but this is all pointing the wrong way, you've got to do something', which was never a happy ending at all, ever.

Peter Griffin: The bequests are still a very large percentage, which is a testament to the organisation and the people who have been running it over the years.

Nigel Gray: I think what David [Hume] said is important and I should add something because David's the reason why we were solvent when I left. There was always a difficulty finding a balance between my desire to spend and David's desire to have a reasonable amount in reserve, and we quite often operated on three months [money supply in reserve] and David thought six months was the minimum and he preferred twelve [months]. Mostly we had about six months money supply in reserve but we did get down to three months at one stage.

David Hume: I think we drew the line through three, Nigel. When it was three we said we've got to do something.

Nigel Gray: But we did always have this friendly conflict over my spending ability. And while we're on Allan Dick, I think I should recall that in the mid 80s, which was a good time financially, we had not just some good bequests, the money was coming in well from everywhere. And Allan shocked me at a Finance Committee meeting by looking at me and saying, 'Well Nigel, we're awash with money. What plans have you got to spend it?'

Peter Griffin: Fortunately, we've been able to repeat that position very recently. And we [the Board] asked the same question of David [Hill].

Nigel Gray: I went away and I talked to David [Hill], and so David became a behavioural science unit[92] and handed over what was a scientific education program, and Graham Giles became an epidemiology unit.[93] And we did that with the support of the Scientific Committee which I think

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[92] The **Centre for Behavioural Research in Cancer** (CBRC) was established in 1986 following recognition by the Anti-Cancer Council that behavioural research was crucial to its aims, yet was not being fostered adequately through normal grant-giving mechanisms. It used simple and effective principles of behaviour change to improve the quality and effectiveness of Victoria's cancer control programs in areas such as smoking uptake and cessation, sun protection, and early detection of breast and cervical cancers. - op cit *Gaining Ground against Cancer*, pp.35-36.

[93] The **Cancer Epidemiology Centre** (CEC) was established in 1986. It took on the administration of the Victorian Cancer Registry, collaborated on national and statewide surveys of cancer treatment and developed special interest registries. After a pilot study in 1988, it undertook the Health 2000 study to examine the impact of the Mediterranean diet on cancer rates in Australia.

was generous because it was money that they could have otherwise laid claim to. But they agreed that the balance was right and that those were good things to do. As it turned out, apart from Michael Russell's unit in London, I think David's was the first behavioural science unit in the world. I'm not sure when I first heard the word behavioural science. I can vividly remember Dick Lovell[94] joining the staff [in 1983] and three months later, sitting in my office over a cup of tea, saying, 'Nigel, do you think behavioural science is a science?' And he came back about six months later and ate his words, volubly.

Dorothy Reading: Dick [Lovell] did ask hard questions and it was one of the reasons he was of such great value around the organisation.

Nigel Gray: Well, he came to us because of Tom Hurley's suggestion.

Dorothy Reading: Did he?

Tom Hurley: That's true. He'd retired from the Chair of Medicine at the University of Melbourne. He was the right sort of person to take over VC0G (the Victorian Cooperative Oncology Group) at that time.

Nigel Gray: He was a super administrator which is why Susan [Fitzpatrick] became such a super administrator, and he was a very wise head to have around the place.

Dick Fox: I thought it was fantastic when I was here in the Chair for a while. Dick [Lovell] did not have a background in cancer, he was involved in general medicine, heart disease, hypertension and so on, but he understood from two or three decades of the Melbourne scene exactly where problems or opportunities might lie. He had this incredible political insight and he was an incredible help to VCOG.

He had a fascinating background, having trained with Lord Moran[95] who was Churchill's physician, and he wrote a wonderful book on Moran who was Churchill's doctor when he was Prime Minister of England during the Second World War. More or less as a hobby, Dick wrote *Churchill's Doctor*.[96] The book was launched downstairs and I have a signed copy. He'd also been a naval officer in the British Navy during the War. He told me that he was on a British Naval ship which was the first ship into Singapore a couple of days after the Japanese

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- op cit *Gaining Ground against Cancer*, pp.34-35.

[94] **Professor Richard Robert Haynes ('Dick') Lovell** AO, MD MSc FRCP FRACP (1918-2000) was the first Professor of Medicine at the University of Melbourne, appointed 1955. He was based at the Royal Melbourne Hospital and remained in the position until 1983. He played an important role in establishing the modern form of epidemiology, playing a leading role in one of the first multi-centre clinical trials, and in introducing the statistical method called meta-analysis.
He also broke new ground in helping establish the Medical Research Ethics Committee of the National Health and Medical Research Council.
Prior to coming to Melbourne, he graduated in medicine from St Mary's Clinical School, London, in 1941 and served as a naval surgeon during World War II. His major area of research interest was high blood pressure, its prevention and treatment.
After his retirement, he worked part-time organising the Anti-Cancer Council's Victorian Cooperative Oncology Group and as part-time convenor of Continuing Education for the University of Melbourne Faculty of Medicine.
Richard Larkins, 'Obituary: Richard Robert Haynes Lovell', *Chiron*, vol 4, no 3, 2000, pp. 46-47. See also the University of Melbourne Historical Compendium to the Faculty of Medicine, Dentistry and Health Sciences at www.chs.unimelb.edu.au/umfm

[95] Charles McMoran Wilson (later **Lord Moran**) was a physician at St Mary's Clinical School in London during the time that Lovell undertook his medical training.

[96] Richard Lovell, *Churchill's Doctor; A Biography of Lord Moran*, Melbourne University Press, 1993.

surrendered. So he saw at first hand Singapore and Changi and was one of the first doctors into that scene. He had some fabulous memories and experiences.

Tom Hurley: I think probably, one of the things that Dick brought to this organisation was a background in epidemiology. He actually was one of the fathers of epidemiology in this country. In the immediate post war period, epidemiology was virtually an unknown science. Dick and his unit at the [Royal] Melbourne [Hospital] did an enormous amount to establish epidemiology and it was very relevant to what the Anti-Cancer Council was doing.

Nigel Gray: I think I'd better put this on the record, too. We had the meeting to decide whether or not Graham Giles and David [Hill] would be set up and that was OK, and then we sent Graham overseas and he came back with the holy grail – he wanted a cohort study. And that meant David Hume had to undertake to fund $20 million over 20 odd years, some ridiculous sum as it seemed at the time. We put a scientific committee around the table - of basic scientists - and Bruce Armstrong, Dick [Lovell] and I made the case for setting up a cohort study, which was a 20 year study involving 44,000 people. There was a fairly generous attitude in the meeting, but they really needed to be persuaded that this junior person with a limited publication record should be given all this money. And of course if you look around the world, the only way you get a cohort study is to give it to a junior person who's going to survive long enough to complete it. But this is what we were on about and Barry Firkin was in the Chair and he was opposed to it. And Dick finally, in a way I'd never seen before, said 'Barry the basic reason you're opposed to this is that you don't know anything about epidemiology'. And Barry was the Chair of the Committee and went pretty red in the face, but he accepted it and they approved it. So Graham got his budget and his cohort study and it was, I think, Dick's insult which was quite integral in swinging the mood, because in fact they all recognised that it wasn't their trade. And Bruce Armstrong had given his wise guidance but it was Dick's intervention I think that persuaded them to take a punt. And it was a punt. It turned out to be brilliant, but it was a punt.

David Hill: Graham, who's not here because he's spending some time at IARC (the International Agency for Research on Cancer] in Lyon, reminded me the other day that someone fairly eminent at that time was quite strongly of the view that there wasn't much point in collecting blood from those people [in the cohort study]. Do you remember that debate Nigel? Now, of course, it's the most precious resource to have.

Nigel Gray: We never quite had enough money to collect as much blood as Graham rightly wanted.

David Hume: Are you happy with the result, Nigel, after all these years?

Nigel Gray: Yes. Graham's reputation is made and it's only going to get better and better. The cohort study is starting to yield now and, in the next 10 years, it's going to give us all sorts of insights.

David Hume: Well, I have to be honest and say that I was one of the severe doubters because I had to balance whether I thought we should spend this very, very long-term money, and we had lots of short-term things we wanted to do and we weren't doing them. But anyway, wisdom prevailed and we did it. And I'm delighted to hear that you're pleased with the result.

David Hill: David, I should say, it has turned from being a liability in the sense that we had to find the money, to being an asset, because it attracts money now. We still have to spend money on it, but it's certainly bringing a lot in, in grants and in other ways.

Dick Fox: I think it's worthwhile noting that a similar situation is beginning with the tissue bank now, which attracts a STI [Science, Technology and Innovation] Grant, but the continuation of that will eventually fall away from the government to other sources. It's going to be a tremendous long-term resource.

Woody Macpherson: I'm glad you think that because, when I have tissue bank headaches as it's such a big project, I think, 'If we hadn't started the registry right back, we wouldn't have what we've got now. And if we hadn't started EPI and behavioural science, we wouldn't have what we've got.' I hope we can say we've started the tissue bank and it's really good to have. But it will be ten years before we can say that.

Tom Hurley: I'd like to say something that perhaps people don't generally recognise. That is, the Anti-Cancer Council up until the late 1970s and early 1980s, in terms of research, was largely a reactive body. It reacted to applications to fund and support research from outside bodies. In the 1980s, we decided perhaps it should be a more proactive body. We deliberately set up two very active units which hadn't existed before, one run by David Hill and the other by Graham Giles, which have been very successful.

But I think it was almost a quantum change in the way the Council went about organising scientific activities. It changed from being a reactive body to being a proactive body, and it's been an enormously successful exercise.

Nigel Gray: I think that was perceived by the Scientific Committee. Gordon Clunie[97] was Chair at the time, and I always thought that it was a fairly generous response they gave in accepting the need for those two units.

Ann Westmore: The background always has to be though, doesn't it, that you have to have the money to be as flexible and innovative and, as I think was mentioned earlier, to be generous to other jurisdictions to enable things to happen. So, having the funding gets back to the fundraisers and people on the committees, who then manage the resources wisely. It all has to be working for you to be able to take initiatives.

Bev Lovegrove: Ann, can I say that the first gift of a blood analyser for the Council's Health 2000 project[98] was sponsored with a gift of $10,000 from Le Manna Bananas. Pat Le Manna was a member of Lions and had shown interest earlier in the Lion Laboratory.

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[97] **Professor Gordon James Aitken Clunie** DSc MB ChB ChM MD FRCS FRACS (b.1932) graduated from the University of Edinburgh medical school in 1956. He worked as a House Officer at the Royal Infirmary, Edinburgh, 1957-58, and spent 1958-60 as House Officer and then Registrar at the Bangour Hospital, Scotland. He worked at the Royal Victoria Infirmary Newcastle, UK, 1961-66 and was a lecturer in surgery at the University of Edinburgh 1963-67.
He moved to the University of Queensland in 1967, working as Reader in Surgery, 1967-73 and Professor of Surgery, 1974-78. He was James Stewart Professor of Surgery at the University of Melbourne from 1978 until 1995, when he became Dean of the Faculty of Medicine, Dentistry and Health Sciences (until 1998). He was appointed Emeritus Professor of Surgery and joined the Anti-Cancer Council as Senior Clinical Consultant in 1998, having been a member of the Medical and Scientific Committee, 1981-88, and its Chair, 1985-88.
- *Medical Directory of Australia 2003.*

[98] The Cancer Epidemiology Centre established the **Health 2000** project, also known as the Melbourne Collaborative Cohort Study, in the early 1990s. Its aim was to study prospectively the role of diet and other lifestyle factors, and common genetic variants, in chronic diseases, including cancers of the prostate, breast and bowel. Between 1990 and 1994, 41,500 people aged 40-69 were recruited to the ongoing study.

David Hill: I remember when we started the [EPI and CBRC] units and Gordon Clunie was the Chair of the Medical and Scientific Committee at that point, we didn't have an absolute instruction but - it may be worth checking this with Gordon - he was very keen for us not to try for NHMRC grants. I think the reasoning there was that we wouldn't want to upset anybody by competing against them for Federal research funds, whereas now of course we really run the units by funding the core salaries [and not even all the scientists are funded by us], with the actual research being done mostly with grant money. We probably wouldn't have been too confident in the very early days in getting an NHMRC grant in competition with the established disciplines. But it was Gordon's view that it would be unwise even to be having a go at that time.

Ron Borland: That's my recollection. We weren't allowed to do anything like that, and that changed a few years after we were set up. I think the money was a bit tight and suddenly the word came out, actually it would be a good idea if you went out and got some money. By that stage, I think, behavioural science in relation to medicine had enough credibility that we were able to be competitive in those fields.

Ann Westmore: Ron, you were keen to talk about bridging the link between clinical medicine and population health. Is this a good time to mention that?

Ron Borland: I think it is. I think there's a big culture gap between clinical medicine and the population perspective, which you see very much in a lot of other areas – the drug and alcohol field is bedevilled by that. I think the Council's played an important role because it's deeply steeped in, and understands, clinical medicine. But because it's not a clinical institution, it's an institution trying to serve the community, it has taken on a very strong population focus and that capacity to bridge those two perspectives is really very important in helping us to do the kind of work that we do. It gives us the sort of scope to be looking at the implications of a public policy for health, which is a very novel way of thinking about health, or it used to be. Nowadays, it's kind of obvious to people around this table because we've done it, we've seen how successful it can be. But I think that one of the first places around the world that really did that kind of thinking systematically was here.

Ann Westmore: Why was that?

Ron Borland: I don't know why. I can speculate. I think it's partly because we weren't within a clinical institution and the pressures of clinical medicine weren't a dominating force. We're in an organisation that was trying to provide generic services to an entire population. But we were grounded with a medical and scientific committee and the access to people who were deeply grounded in that perspective, so we couldn't go off doing stuff completely on our own, we had to maintain those linkages and I think we've done that pretty well.

Ann Westmore: Any other comments on why that might be?

Judith Watt: I talked a bit earlier about the considerable national and international roles that this organisation has played, and Nigel talked about being shoe-horned into this UICC position. During my first experiences of working on tobacco in the UK and living internationally, you could see the influence of Nigel personally but also behind him, the comprehensive approach that was taken within this organisation that was reflected through him on the international stage. So this organisation became the envy of other countries, as well as other jurisdictions here in Australia.

. When David created the World Conference for Cancer Organisations, which is now happening every three years or so, it was precisely to draw attention to the fact that cancer organisations have so many other programs, as well as research. And sadly, I actually can't think of any other organisation that has got this comprehensive approach. People look at this place and say 'that's why it works', because you've got people from the different units working together.

It was thrilling for me to work somewhere that you can actually talk to epidemiologists like Graham, behavioural scientists like David, have access to media experts through the Media Committee and all there within the one organisation. Maybe that's partly a function of being in a small, affluent State, because bigger jurisdictions or bigger countries struggle more, I guess, to have things under the one roof. In other states that hasn't happened.

Dick Fox: When I was the Victorian Cancer Council representative on the Australian Cancer Society, with Robert Burton at the same time, the NSW government made an unprecedented attack on the NSW Cancer Council, by putting up a person they wanted. That created a most vigorous and nasty debate and, I think we're seeing still the outcomes of that approach. What we're seeing in Victoria is the total opposite, where the state government supports the Council.

Ron Borland: Can I just throw in one speculation about the issue we were talking about before, about population health. I wonder if Allan Dick had quite a significant role in that, having come from a management consulting perspective he began to draw on experiences from business and from other aspects of public life into the health promotion field, he applied a strategic sense to problems and how to solve them rather than seeing them as clinical problems that needed solving.

David Hill: It's an interesting proposition because I think Allan was here so long and was always at the meetings and – I agree with Nigel – he could take you by surprise on positions. But as well as bringing that business approach, he had the other dimension that he brought without really being sanctimonious, an ethical kind of dimension. You often found that, not that we were really doing anything unethical, but it was quite instructive I think at times to have that almost corrective view coming to the table that I honestly don't think the rest of us had thought about.

He was a pervasive influence and he brought some new thinking – we joked about the strategic plan and I did actually learn a lot from him. I have a view about what's a goal and what's an objective now, although not everyone would agree. I think there's something in what you say, Ron.

Ethical issues

Ann Westmore: Just before lunch, Bev had a question about a directive about ethical funding which she asked Nigel about. Do you remember that at all Nigel?

Nigel Gray: I can remember the issue but I can't remember what we decided about alcohol. It was easy with tobacco and asbestos – we decided not to approach them [when fund-raising] and not to take money from them. That was the policy decision. I think we decided that we wouldn't approach alcohol but we wouldn't reject their offer. I think that was the decision we made, rightly or wrongly.

Bev Lovegrove: We actually looked at the companies that were owned by tobacco companies as well, which was a lot of the wine industry. Sir Laurence Muir[99] was heading up that[review] at that time and so we sat together and then prepared a paper for Nigel on corporate groups that were suitable to fund-raise from. We also got input from senior staff members who had further knowledge, looked at many corporate publications and finance records, and finally thought we had a clean list to fund-raise from.

The issue had broader implications, too. The Council had a small flow of income from various cook books and there came a point in the mid-1980s where it was decided that it should not be seen to foster unhealthy eating. I was asked to find a cook or chef to support our 'prudent diet' and I approached Gabriel Gaté. The rest is history.[100]

Ann Westmore: Did the initiative for producing a clean list of companies from which to fund-raise emerge from a general community concern about unethical corporate bodies?

Bev Lovegrove: I think the tobacco issue really started it and then the James Hardy asbestos issue caused some discussion at higher levels such as the Council's executive.

Nigel Gray: I think it was an almost inevitable outcome of the way the debate was going over tobacco. Asbestos was pretty obvious too. It [the debate about ethical fund-raising] was also happening in other places like the Monash University Council. In the early 1980s, I think it was Kevin Westfold[101] who didn't want to take money from the tobacco or the alcohol industries.

Tom Hurley: The Walter and Eliza Hall Institute had had a ban on tobacco support since the 1960s. It may well have been due to Macfarlane Burnet.

David Hill: Dorothy and I struggled to develop a philosophical position a few years ago, and it's actually very difficult. If a product is an outright carcinogen, it's easy - you're not going to take money from the industry that produces it. But some substances are more complicated, alcohol, for example. It can be a carcinogen but it can also have health benefits. Also, I think if you start to bring in other agendas, about other social ills, that don't have anything to do with cancer, it becomes very difficult. We basically said that you have to become very pragmatic. If gambling got so incredibly on the nose and you felt tainted by taking money from Tattersalls – which we have done – then you'd have to make a pragmatic decision about whether the association was damaging.

Dorothy Reading: We did have quite an interesting exercise, that was discussing donations in relationships with some gambling outlets, which we realised was going to be tricky. But we managed to deal with it by saying we were very happy to talk to them and our idea was that all of their venues and outlets would go smoke-free, and then we'd enter into this relationship with

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[99] **Sir Laurence Macdonald Muir** Kt VRD, LLB FSIA FAIM (b.1925) served in the Royal Australian Navy, 1942-46, before studying law at the University of Melbourne, 1947-49, later becoming a sharebroker and partner in Ian Potter and Co. (subsequently Potter Partners), 1960-80. He joined the Anti-Cancer Council in 1978 and was a member of the Executive Committee, 1978-80, and of the Appeals Committee, 1978-93, chairing it from 1978-80.
See *Who's Who in Australia 1998.*

[100] In a fruitful collaboration between the Council, publisher **Anne O'Donovan** and French-born chef **Gabriel Gaté**, a series of cook-books hit the book shops with the Council's seal of approval based on "the prudent diet ". This emphasised less fat, more fibre-containing foods, plenty of fresh fruits and vegetables, less salt and sugar.
Titles included ***Gabriel Gaté's Family Food***, ***Smart Food*** and ***Good Food Fast***.

[101] **Professor Kevin Charles Westfold** (c.1921-2001) was Dean of the Faculty of Science and Deputy Vice-Chancellor at Monash University.

them. But there are other goals and it wasn't the gambling but in fact it was a place where enormous amounts of smoking took place among patrons. It was only many years later that smoking was restricted in gambling outlets, although we were trying some time ago [to encourage outlets to ban it].

Bev Lovegrove: There were companies which were anxious to be associated with the Council, and which were also in the news. And one of those was Esso, which had been in trouble about petrol spillages. We had a corporate appeal for funding to support the familial polyposis register to the tune of $10,000 and that continued for a number of years.

David Hill: Pharmaceutical companies get complicated too, at times. We were looking at a drug company which was interested in sponsoring the Cancer Information Helpline, and I had the gut feeling that this would not be a good idea. When we put it to the test, we began with a fairly empirical approach and surveyed oncologists to see what they thought about it.

It was an interesting study because we were doing it serially and after we got to ten who all said it would be a terrible idea, we knew that it was a terrible idea and we didn't ask any more. We do, particularly in Susan Fitzpatrick's area, take smallish amounts of money [from pharmaceutical companies] for practical things like supporting a workshop or a meeting. But the test for me of any sponsorship is to think myself into the situation where, if we disagreed publicly or privately with a sponsor, could our scruples cost someone their job, someone who was employed as a result of that sponsorship. That's the practical test that I apply, and we haven't let ourselves get into that position.

The contribution of volunteers

Judith Watt: There's another aspect of fundraising that I think should be mentioned. When I came here and discovered the best room in the building was the room where volunteers worked, it made a huge difference to me as Director of Quit. It made me very conscious that the money I was spending had been donated and was the result of volunteers' efforts. I've worked with other charities where you never saw a volunteer, but here they're very central. That's a good way of operating.

Pam Adams: I can enlarge on that too because when I first joined the volunteers, the incredible amount of enthusiasm that I struck was quite beyond my expectations. One of the things Bev first taught me was that although I know nothing about medical affairs, I can convince people that their money is going in the right direction. I felt I was able to do that and go out honestly and confidently, and talk to people right across Victoria and discuss the ethics of the Council.

We started out with just a handful of groups that gradually grew to 17. There are now 36. And I can tell you that, last year, there were over 1100 volunteers in different groups around Victoria, and they raised $700,000. The money is coming from people who are working their guts out and, I have to say that, because there are only a handful of them in each township. They're working for many causes, not just for the cancer cause. And when it comes to cancer, they are out in the street in all weather doing Daffodil Days, Biggest Morning Teas or working on Relay for Life, and their enthusiasm never fails.

One of the difficult things is, we're not getting the younger people as much as we once did. And this is where Hazel Maynard[102] is working very hard at trying to get the younger groups to support the older ones. The Relay for Life often comes about as a result of them having somebody enthusiastic in the district who will take that role on. They will often offer their services for specific things as they come up during the year. I think that they're coming through now, more regularly than they used to, and some of the younger people, like the young marrieds and even school children are coming into the scene, perhaps doing one or two special activities a year. It might be two big things or some function at school.

An interesting example was when one of the schools in Knox decided to make the teachers dress up in any old thing and took them down to the local shopping centre and sold them off to the highest bidder. They'll come up with things like that and I went down and collected the cheque for $500 for that particular day, and I thought 'not bad going for one school to do that on one occasion'. And that's what makes it all worthwhile.

John Nankervis: There's a more important aspect to this than the money they raise. To use a professional fund-raising term, you prove they love you. We've got all those people in the community who are kindly disposed towards the Cancer Council and all it stands for, and I think that's as important as the money we get from those sources.

Pam Adams: And I think another important thing, too, is that since we have this connection with the country, they have the feeling that they're not a distance from us. They are connected, and every one or two years there is a conference for the support groups. People come from all over Victoria to attend, and they don't feel remote in their particular country areas. They feel connected and they feel they are part of the system here, and they know that we do care. That's the important thing.

Pat Dobson: Yes I think that's true. And I think that for the cancer support groups, the regional meetings that we used to have on average two or three times a year, were important in bringing together groups in each district to hear from speakers and to get to know each other.

Pam Adams: Wherever possible, we try to link the support groups with the fundraising unit and, in this way, there's no disharmony between the two.

Pat Dobson: The support groups mostly take part in the big things, like Daffodil Day, because it lets patients and relatives know of support groups in the area. The groups grew from when I started in 1986, from 18 to about 191 today. We called them groups and services – some were providing almost a one-to-one service before some of the palliative care services were established in rural areas.

The cancer support groups were quite small – they were often only 10-15 people maximum. We did a membership survey in 1990/91 on who was joining and what they were looking for. The relationship with the Cancer Council over those years was very close and they knew they could get information, get some advice on who had a speaker and they travelled long distances. When I started, some of the groups weren't talking to us but we are now on excellent terms.

Pam Adams: Following on from that, several of the fundraising groups are coming up to 25 years and some current members are original members. In addition to that, they not only do

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[102] **Ms Hazel Maynard** was Coordinator of Volunteer Groups (also known as Events Volunteer Coordinator) at the Cancer Council, 2001-2006.

fundraising but because they are personalities in their own areas, they are also educating in a certain way. They supply material to the schools and we provide anything we have that will help or provide back-up.

Dorothy Reading: I think some of these comments give a really clear impression of how labour-intensive that type of fundraising is and how many people are involved. Have we got any current notion of the numbers involved throughout the State?

Pam Adams: As I mentioned, there are 1100 across the state at the moment.

Bev Lovegrove: There are many other groups as well, involved in the Relays for Life, for example.

Dorothy Reading: It must be many thousands.

Pam Adams: Yes, absolutely.

John Nankervis: It gives us a potency that is not obvious.

David Hill: To pick up on John's point, it does give us a potency that's not self evident probably. I had a slide giving a profile of the Council to the Minister for Health[103] that showed all the people who volunteer for us in Relay and so on. It was unstated, but quite clear, that she and her advisers were thinking, 'We don't want to get off-side with that lot'.

Pam Adams: They are really the face and profile of the Cancer Council in country areas.

John Nankervis: When I first went into a town, my first contact was with the town clerk or the shire secretary. I asked for a list of the most involved people in the town, the people who were on the hospital committee and so on. And I got a list of the busiest people in the town. And they were the people who we approached and who formed the nucleus [of our fund-raising groups]. So our influence went beyond the Cancer Council into all the other fields they were involved in, because they all became cancer conscious.

Dorothy Reading: What period are you talking about there John?

John Nankervis: I'm talking around 1979. We got an enormous amount of support from the shire councils and in most cases they supplied us with an office and a telephone. Initially I spent four or five days just visiting these important and busy people of the town, and then I'd go back with Beverley and set up a meeting chaired by the mayor in the Town Hall. So we got all this free assistance from the municipal authorities.

Bev Lovegrove: Can I just go back to the bequests for a moment given that 40% of the Council's income is still coming from this source, and the networks in the community from volunteer work. Do we know what proportion of bequests are influenced by the volunteer effort?

Peter Griffin: We intend doing more research into the whole bequest phenomenon.

Ann Westmore: I suppose much of that bequest money goes into a variety of areas.

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[103] **Hon. Bronwyn Pike** was appointed Victoria's Minister for Health in 2002.

John Nankervis: Well the bequests are often earmarked to particular areas.

Judith Watt: In some cases, bequests have been earmarked by donors for advocacy purposes, and Nigel and others have ensured that is where the dollars go.

Pam Adams: Another point that I'd like to raise in relation to that conference that David organised (the World Conference for Cancer Organisations), is the number of people who approached me during that conference from countries with sophisticated cancer services who said they had nothing like we have in terms of volunteers and what goes on around the country. They were literally picking our brains to try to take back information about what we did in country areas.

Dick Fox: Across the whole board of cancer organisations within Australia, we in Victoria have the highest proportion of volunteers.

Research management

David Hill: At this point, I'd quite like to make sure we cover research management in the sense of how we have gone about dispensing our research funding. We have introduced the history of the two research units but there's also that other process that covers the allocations of the Medical and Scientific Committee, the allocations in the clinical area to support clinical trials, and so on. Bruce Holloway was Chair of our Medical and Scientific Committee for some time while he was a professor at Monash University, and I wondered about his perspective on the Council's research management approach.

Bruce Holloway: I was about eight years on the committee and then Nigel asked me one day would I like to be Chairman. I'm sure this was a very courageous decision because among all the Chairmen of the Medical and Scientific Committee I'm the only one who was a non-medical graduate. All the others have been medical graduates.

I have to say that I did have some curious conversations with medical members of the committee and also with people outside who wanted to be quite sure that I wasn't going to bias the decisions towards science and against clinical research. And I think it took a few years before it was clear that there was going to be no great change in the way in which the committee operated, but in fact we did make quite a number of changes. I can remember redesigning the grant application form and we did make a number of changes to the way in which grants were given. I'm going back thirty years so my memory isn't perfect. I think that when I started most grants were for one year only and there was an expectation that people would continue to get funded.

This meant that indeed you were doing an assessment on probably only 6-8 months' work by the time we looked at them. I think we did bring in three year grants while I was Chairman and that gave us problems with David [Hume]. And we had a number of discussions on that because we were committing sums of money and also I think we tended to give fewer and bigger grants. So there were some changes during the time I was involved and I think that they contributed to the continuation of the research because people could plan ahead and plan their research on a much larger scale. I remember also that we did make one change, in which we actually removed Nigel from any role in allocating grants, with his approval. So Nigel was an independent member of the committee and could speak for or against any grant. But he was not involved in the process of saying yes or no or how much to any particular grant.

I think that the research program pattern today is entirely different and I wonder whether Don Metcalf could exist today as a single individual [researcher]. First of all in research, there is so much collaboration, there are so few individual workers and the trend of research funding bodies is against individual workers. I'm not convinced that that is a good pattern. I think if a person is good enough and can work on his or her own, that should be funded. I know of organisations that almost insist that researchers work in groups rather than as individuals. So I think that the way in which research is being done does have to be recognised by the Council today and it shouldn't be afraid to go back to the Metcalf pattern if it believes that's going to be a worthwhile end, which it was.

David Hill: Did you have much debate about the relative merits of putting out much bigger dollops of money for things that we'd now describe as research programs?

Bruce Holloway: Yes, that was a big topic for discussion because we were concerned with our ability to identify a larger grant [recipient]. There was no experience of that.

And the other thing that concerned me then, and still concerns me today, is that I still don't think there's an adequate method of measuring impact of research. If somebody comes up with a good idea on that, it's going to help organisations like this very much indeed. You can use some measures like publications, number of graduate students, or number of invitations to speak at meetings, how many kilometres you've travelled attending conferences, and things like that. But how you estimate it if you put in $X over Y years, what is Z, the impact one, two, five or 10 years down the track. If you want a long-term research project I definitely support funding that way. How you're going to measure all this – I don't think it's been done yet.

David Hill: It's quite interesting. It is being done at NHMRC level, and a couple of people on its research committee are working on a method. You may or may not be surprised to know that a very slender majority of scientists like it, they would much rather do what they've always done.

Bruce Holloway: Yes. I've been involved in research management and almost the enemy of research management is the scientist because they believe 'I know what I'm doing. Don't interfere, just give me the money. Go away, and I'll tell you when I've finished'. I used to be one of those so I know what it's like. But it's simply not the best way of doing research. And the best way is with management, and one of the hardest things is knowing when to stop a grant. There's nothing in the book that says how to stop a grant. I mean you can cut funding, but that may not be the best way. To actually stop funding a project deliberately because it's not working is not an easy thing to do.

David Hume: The same rule applies in business. It's a brave businessman who knows when to stop losing money.

Ann Westmore: There must have been points, say, in Don Metcalf's years when there would have been grave doubts about whether he was going to be producing anything. As he says himself, there were times when he wasn't finding what he was looking for.

Nigel Gray: The answer to that is that when Don was appointed an arrangement was made between the Executive Committee and the University of Melbourne {David: query WEHI} over Don's funding. And Don's funding was always a decision of the Executive Committee. The Scientific Committee just endorsed it, they didn't actually vote on it or discuss it. I would go and negotiate with Gus [Nossal] and talk to the Chairman of the Scientific Committee. That would be

the decision, and there would then be a recommendation to the Executive. So the Scientific Committee noted it but didn't decide it. But I don't think they ever minded that.

Don was supportable even when he didn't think he was being successful, because he was always so persuasive and plausible.

Bruce Holloway: I think there are two issues here. First, research is a risky business. If there is no risk element in research you shouldn't be doing it. So you then have to judge what percentage risk is involved. Are you going to go for the 100% risk where success is unlikely but benefits are enormous, or something in between. That presumably is the task of the Medical and Scientific Committee to make risk assessments. And it has to be accepted that things will go wrong. You can't have every horse winning the Melbourne Cup, 23 of them are going to lose. But that doesn't mean they aren't good horses and won't succeed in another arena.

The other thing is time. Some projects are clearly short term and others are clearly long term. Do you have the strength as an organisation to stay with a long-term project. And for longer projects you're increasing the risk. I think these are the sort of quantitative measurements that an organisation can make. And once you've made the decision and eventually the project fails, there should be no recriminations or fine the victim or anything like this. You'll find that there are good scientists who make errors of judgment or find that what they've proposed is incorrect. That's research. And once that goes out of research, then you're funding the wrong thing.

Brian Fleming: A friend of mine who worked in a laboratory in the pharmaceutical company, Smith Kline French, said that if they made one drug that was successful every decade, the company would survive. That was the aim of their research.

Bruce Holloway: That was a risk assessment.

Helping establish specific cancer-related services

Ann Westmore: There is one area that we haven't mentioned, which is palliative care. I know that Ruth was keen to talk about the Council's role in that.

Ruth Redpath: I think the establishment of palliative care in the 1980s is a wonderful example of how this Council facilitated a whole lot of things. As people have talked and using various adjectives about the Council and I was sort of ticking them off in my mind as ones that were functioning in the dealings that I had in those early days of palliative care: flexibility, generosity, neutrality was a very important one too, and risk taking and so on.

And perhaps if I may be just a wee bit personal in telling this story – you'll forgive me - but in fact palliative care was really started as a grassroots thing out in the community, often with just lay people with no medical or nursing background at all. They wanted services for the care of the terminally ill, so there were little groups springing up in the late 1970s/early 80s with this kind of idea. Some of them were nursing inspired, because nurses were fed up with poor terminal care in hospitals. And there was nobody really of any particular clout to get government funding or influence the development in a professional sort of way.

Bruce my husband was approached, because he had some free time having stepped down from major responsibilities and he was seen as a high-profile person who was interested in the field. He was told to get cracking. It so happened that he'd just married me and I'd just come back from

England as a radiation oncologist, with obviously some experience in the field but no particular training or expertise. I think Bruce must have rung up Nigel's secretary and said 'I want to talk to you about palliative care. We've got to start palliative care in this town'. And Nigel and Tom [Hurley] and Adrienne Holzer, who's not here today – she's on the Ghan – we had lunch together in either 1982 or '83 round in Jolimont.

I felt it was quite extraordinary, the hearing we got. Here was a laymen, who knew nothing about it and me, who really knew nothing about it and who had just come back from England, so nobody knew me. A big risk was taken in that somebody commissioned – and I'm not sure if Dick Lovell was involved - but certainly a committee was put together to enquire into the need for palliative care services in this town and it was under the auspices of VCOG. It had on it Health Department people, people from Peter Mac. It was chaired by Professor Ross Webster, who was I think Chair of Community Health or General Practice. He was somebody from outside this organisation. That report[104] was about 12 pages of duplicated paper – it cost $3,000 if I remember rightly – I wasn't involved in it. But that report was the very first thing that happened with palliative care.

Then I got involved with setting up the palliative care service out in the community with absolutely no framework on which to operate and I knew nothing about public health policy or anything. But what I found was I could come in here and I could ring up Graham Giles and say 'I need some statistics about how many people die every year or how many die of this or how many die at home or in hospital.' That type of stuff. So we could get some sort of sense of where we were going. So I was probing for statistics and got very good service.

I found myself looking for information and I got to know Susanne Baxandall[105] and the team in her department were helping with all sorts of policy things as well as educational resources. In fact, staff from here spoke at some of the first prospective staff meetings – nobody was trained. There was no training in palliative care at all. So this organisation helped provide that.

They provided a network too. They put us in touch with all sorts of other people who could help us. One very precious thing was $5,000 a year for three years seeding money, which was given to us and we had absolutely no dollar at all assured at Dandenong. We didn't have anything to pay nurses with. The only assured income for three years was $5,000 a year and we treated it like gold. Then as the services around Melbourne got going - I've actually bought with me copies of the correspondence that I dug out last night. It's very interesting, because I wrote to Nigel at the end of 1987 or 88, I think it was, saying there were three doctors working in the palliative care sector here in Melbourne and we want to find somewhere to meet on mutual ground, for peer support and educational opportunities and so on.

The long and short of that is that, I have a series of letters from Nigel and Dick Lovell and so on, the Palliative Medicine Study Committee was formed under VCOG. And so there was a facilitation going on there. All the time through the late '80s there were the working groups that were influencing government policy and again various people, Susanne Baxandall in particular,

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[104] Victorian Cooperative Oncology Group, Anti-Cancer Council of Victoria, *Palliative care in Victoria: report of a sub-committee*, 1984.

[105] **Ms Susanne Baxandall** RN MSW researched and activated community based cancer services while working for the Council from 1984 to 2001. With Karen Todd, she was a key person in the original development of the Living with Cancer Education Program and she co-authored with Prasuna Reddy, *The courage to care: the impact of cancer on the family*, David Lovell Publishing, 1993. She was Honorary Secretary of the Victorian Oncology Social Workers Group and, after leaving the Council, she became Advocacy Coordinator with Diabetes Australia Victoria.

but others as well, were on those government working parties. And again they provided resources and expertise and so on which were influential. I thought that story was worth telling because it brings together a whole lot of strands we've talked about today.

Nigel Gray: Ruth makes the point that organisations like this can be a vehicle for enthusiasts and I think that's a good example of something that we didn't drive, you [Ruth] drove. We were merely a vehicle. I later did that with the UICC and tobacco. But in this situation we were a convenient vehicle and quite suited to the purpose. Ruth, you started that. It only needs one volunteer.

Ann Westmore: I wonder if another example is the Victorian Cytology Service?

Michael Drake: I think it's relevant to talk briefly about it because this Council did play a big role in getting it launched, both politically and of course financially. In fact, the finance was quite vital at one stage.

If I can very briefly and supply some background. The first big mass screening service for cervical cancer by cytology was set up in Vancouver, a province of British Columbia, which is not unlike Victoria although the population is about half Victoria's. The service was set up in the early 1950s and quite a lot of people visited to see how it was working. One of the people who went to Vancouver was Lance Townsend, who was then Professor of Obstetrics and Gynaecology at Melbourne University.[106] He came back enormously enthusiastic about it and started to work on politicians and also communicated closely with Bill Keogh, who was convinced it was a good idea.

The problem arose that there were no cytopathologists around. The Royal Women's Hospital had appointed a cytopathologist, Gillian Jacob, who was a graduate of Cambridge University and came to Victoria via Zimbabwe. She was eventually sent, on the suggestion of Lance Townsend, to Vancouver to look at the scheme and was also enthused about it. On the way back from Vancouver, very tragically, the plane crashed and she was killed. So that when Lance got some backing for the cytology unit he found that Royal Women's didn't have a cytologist. He then took the concept to the Peter MacCallum, which seemed to be the other logical place. One of the pathologists who was responsible for cytology recoiled in horror and said it would be impossible as they might get a hundred smears a week and it would be difficult to deal with.

I actually stumbled into cytology. I'd been doing neuropathology. I wrote to John Funder Senior, John Francis Funder, the current John Funder's father. I said I wanted to go to America when I finished in England and that I might do renal pathology. He wrote back and said, 'Would you be able to look at this new fangled thing called cytology.' So to cut a long story short, I ended up at Johns Hopkins [Medical School], and worked there for several months in cytology and then visited most of the big units in America.

Somebody commented earlier on the cost structure. In those days, money was pretty tight. I was there on an honorarium and I used to travel at night in Trailways buses and sleep all night, and in the morning I'd go to the Greyhound bus station to have a shower because they had better toilet

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[106] **Sir Sydney Lance ('Lance') Townsend** Kt VRD, MB BS MGO DTM&H FRCS FACS FRACS FRCOG FRACP FACMA FAustCOG (1912-1983) was Professor of Obstetrics and Gynaecology at the University of Melbourne, 1951-77 and Dean of the Faculty of Medicine 1971-77. In 1978 he was appointed the University's Assistant Vice-Chancellor.
- See his entry in the University of Melbourne Historical Compendium to the Faculty of Medicine, Dentistry and Health Sciences; www.cshs.unimelb.edu.au/umfm

facilities. Then I'd visit a hospital and that night I'd get back on the Trailways bus and visit the next city because money was not freely available.

I came back to Victoria and I was pretty enthusiastic about cytology. I persuaded the Board of Management at Prince Henry's Hospital and they persuaded the Hospitals and Charities Commission that we could provide teaching facilities in cytology in Victoria and also, particularly for rural areas, to provide a temporary diagnostic service until we'd trained the pathologists and technologists. I set out on a whistle stop tour and I suppose it was that activity that got to Lance Townsend's ears, but I suspect it was more his discussions with Bill Keogh and Bill Keogh's discussions with John Funder. It was a real network then.

I was summoned to a meeting in the Manager's Office with Bill Keogh, John Funder, Lance Townsend, Milton Grey (President of the Board of Prince Henry's) and John Lindell, then Chairman of the Hospitals and Charities Commission, At this meeting, it was suggested that the cytology service could be established at Prince Henry's. One of the points Lance raised was whether we could manage 100 smears a day or a week. I was a bit young and brash and said, 'Give us a thousand smears a day and provide us with the staff, and we'll be able to do that'. A few years later we were getting over 3,000 a day! Cytology, unlike most pathology, can't be automated. It's very labour-intensive and every smear has to be stained and scrutinised.

But we did get started and the actual unit was formed by an Order in Council in December 1964 and sprung into action, I thought rather prematurely, in January 1965. There were really horrendous problems which at the time seemed quite insuperable. One of the big problems was that there were no staff whatsoever. There were virtually no cytopathologists in Australia. I was still doing histopathology, so I was kind of loaned quarter-time to the Victorian Cytology Service, and there were no technologists. We were fortunate having one trained technologist who came back from England and joined us and she was quite invaluable.

The worst thing, however, was there were no training facilities or qualification for cytology. Initially we employed ten school leavers or Matriculation graduates, selected for their scientific interest. They were quite good but then it was a bit like St Trinians. They were rather over enthusiastic. But the worst feature was the big wastage because cytology requires an intelligent, almost obsessional person. But the work itself tends to be rather repetitive and pretty boring for many people, and we required all sorts of teaching activities to keep them enthused.

The real breakthrough for basic screening – if you can call it that - was when I advertised in the local newspapers for married women who wanted to come back into scientific work and who were suitably qualified. I was absolutely swamped in response. There were hundreds of applicants. We were able to select a lot of people with previous laboratory and scientific experience; they were just a wonderful group. We ran two shifts, a morning and an afternoon shift with half an hour at midday for teaching activities to bring them all together. And we had virtually no wastage whatsoever.

The other problem was that of a pathologist. As I say, it was fairly stressful as a quarter-timer to cope with the mounting workload. And we just had to train the people to do that. I suppose a lot of the activity was setting up the training activities and unit. We formed an Australian Society of Cytology, which I have to say with some pride is now a very large and very active society, and within that we had a teaching program. We established a Certificate of Cytotechnology, Australian Society of Cytology. But it had no academic status and for the young people who wanted to do cytology, a degree or diploma was preferable.

I got appointed to the Advisory Committee of the Royal Melbourne Institute of Technology, however we had to work very hard to get cytology included in what was then the Diploma of Medical Laboratory Technology. At that stage it incorporated histology, microbiology, haematology and biochemistry, and the biggest opposition I had was from histology. Among the histologists there were people of considerable status in the town and I think they regarded cytology as a bit of a myth really. There is still a tendency among histopathologists who say it is hard enough to diagnose malignancy with a slice of tissue, it's impossible with a group of cells, but that really misses the whole point.

So it was possible after a great deal of fairly vitriolic and aggressive cross-talk in the Advisory Committee to introduce Cytology I, and to do that we had to make it an option with biochemistry, which didn't cheer up the biochemists very much. Ultimately we were able to achieve it, mainly by the death of one of the main opponents. We introduced anatomical pathology and made cytology part of that. Ultimately with Cytology I and Advanced Clinical Cytology it was possible to graduate with a Bachelor of Applied Science, majoring in Cytology

The only other big problem was that of space because Prince Henry's was not over-endowed with space and the Pathology Department was bursting at the seams. It was really only through the cooperation of John Funder and the Board that we were able to progress. We took over in the basement, which housed the more or less subterranean mortuary and pathology museum. It wasn't a terribly salubrious atmosphere. We firstly took a big room, which was filled with potted specimens that had arrived over half a century. One memorable specimen was an arm that had been disarticulated at the shoulder. Somebody had put it in a cylindrical pot with a lid on it and every time anyone lifted the lid the hand would come up. It was rather gruesome. Anyway, we gradually emptied the room out. That rapidly overflowed, so we catalogued all the museum specimens and then packed them in a compactus right up the corridor, and had the glass cabinets removed and we put our staff in there. The problem was ultimately solved when the hospital built a multi-storey building on the grounds and we were given a whole floor.

The actual education of the medical profession and the women of Victoria was quite a major challenge and that's where the Cancer Council did an enormous amount of work, and still do, through running many public meetings, meetings with the Country Women's Association etcetera and a number of television activities and so on.

The last point I'll make is a financial one; an area in which the Cancer Council was critical. When the Unit was set up, the Cancer Council promised £25,000 per year and the Hospital and Charities Commission likewise. However, the Government failed to provide any money whatsoever with the result that we rapidly went into debt, being sustained entirely by the Cancer Council and loans from Prince Henry's Hospital. However, after about three years, the Health Department took over from the Hospitals and Charities Commission and we were more adequately funded.

To a large extent we were the victim of our own achievements. We prided ourselves on processing smears economically, initially doing so for about 85 cents per specimen. This was just a fraction of the Schedule Fee and hence we were always competing with great difficulty with the private pathology services. Despite many attempts, we were never able to convince the Health Department that it would be economical to fund us adequately – at least in the years that I directed the Service.

I no longer follow the statistics, but I have no doubt that the screening program is achieving

its objective of decreasing cervical cancer mortality. And, of major importance, the Cytology Service had made, and continues to make, a major contribution to the teaching and practice of diagnostic cytology in Australia.

Sue Noy: I just wanted to make one point. Looking at it from the outside – I wasn't very involved in the campaign - in the way the Pap smear reminder service was established and promoted and linked into the cytology service, it always struck me as one of the neatest collaborations between a state service and an education program coming from an NGO. I just think it's an interesting example of collaboration.

Ann Westmore: How was the reminder service established?

Dorothy Reading: It started in 1987, so it's been going for a bit more than a decade.

It's an example of the State being very collaborative, I think, and it saves a lot of overlapping or duplication. There is still a cytology service that reads the Pap tests and does a lot of other things as well. There are a lot of GPs and gynaecologists who take the Pap test. And then there's a whole community information/education/recruitment program which happens here. And at that time, a cervical cytology registry was set up as well.

I was bemused to hear that New South Wales had two cancer registries at one stage because more recently it had seven cervical cytology registries, and that causes a lot of problems. But we only ever had one of each here and those people meet together and plan their activities together.

It still happens that the Cancer Council which runs the community education/ recruitment program might, for example, with a great deal of discussion and collaboration with the cytology service, plan a media campaign, which has been overwhelmingly successful. The cytology service probably wishes it had never agreed to it because I think it makes a thousand Pap tests a day look like a holiday.

Michael Drake: We always knew when you were active because we would get swamped the next day.

Dorothy Reading: It is a very collaborative approach and it is also research-based. The community education/recruitment campaign relies a great deal on the work of the education unit and the behavioural research centre on testing or trialling everything. I think there would be no question nowadays that this is a scientific activity.

Sue Noy: There was another component of it that I liked and that was a very well thought-through strategy. It involved a quality control aspect that ensured the Pap smears contained appropriate cell types and provided feedback to doctors about this.

Dorothy Reading: That aspect is not handled here. But the registry as well as being a service to women is also a service to the providers, and provides them with personalised reports on their own practice and their own activity. And that feedback is an educational activity that changes practice and quality of outcome.

Michael Drake: I quite often approached individual medical practitioners if their smears were of poor quality. Indeed occasional practitioners submitted regularly virtually cell-free specimens. It was essential, therefore, to visit the individual practitioner for a "quiet chat", telling them what

the problem was and how their technique could be improved. It was not always easy although most were receptive to my visits.

David Hill: One of the many reasons I feel warmly about Michael Drake is that he was very cooperative in any studies we did to measure public response to communication. I remember a few occasions when we tested communications designed to get women to have Pap tests, or cell tests, as we used to call them. We got several quite good studies done - long before the Behavioural Research Unit was established - testing responses to different ways of communicating, including early television advertisements. So there was a lot of collaboration quite early on.

Judith Watt: Creating the right environment for collaboration to happen has been important. David had a great idea when we secured Federal backing for the National Tobacco Campaign and we were faced with how to brief the creative agency. They'd already had a lengthy document to which they'd responded and then they'd been appointed. But then there was the job of actually teaching them about the impact of smoking.

The thing we did was to get the ad agency people, the creative types, together with the medical and scientific experts in a room with some wine and some nice food and just get them talking. We did that in Melbourne and in Sydney. After the first half an hour of the medical and scientific experts telling the ad agencies how to produce an ad - because they'd been running around with these ads in their heads for so many years that they wanted to see on television - they started to talk about what smoking does, and what actually happens [in the body]. It was that creative process that sparked the ideas for the National Tobacco Campaign and allowed it to have an evidence-based approach.

More on the contribution of volunteers

Woody Macpherson: To go back briefly to the question of volunteers because I think there's another sort of volunteer that the Cancer Council right through its history has actually relied upon, and we still do. I think when we first started we probably didn't have any staff at all, it was all done by honorary committee members. I just want to emphasise that we continue to rely on the expertise of an enormous number of volunteer committee members, who come and help us assess our grants and make sure our research is ethical, the committees Susan talks about, our Board, everyone.

Right through our history I think we've relied on that expertise. I know we're not unique there, but I think one of the things I've probably always done and we've been encouraged to continue, is to respect the fact that those people come and give their time maybe for a sandwich, maybe for a cup of tea. The homework I send out to some people is enormous on some of our committees, and I think it's a big part of the organisation.

And Bruce [Holloway] might be interested to know that only last night we approved 19 grants, most of them for three years, but some of them one year. And the reason we're giving out the one year ones is that the whole time-table of NHMRC funding has changed such that the applications will close in May. We're hoping that our one-year grants will help them get some more data and go back to the NHMRC. So, we're still doing the same thing, but with a slightly different strategy this year.

David Hume: When I first came here, the majority of people who came to work here everyday were volunteers. They handled the letters, did all the banking, they did everything for us. It was incredible. Sometimes there were over a hundred volunteers.

Nigel Gray: We never had any trouble getting volunteers. Almost every person we ever asked to do anything did it.

Bruce Holloway: I think the other side of that coin is that you treated your volunteers very well. I know several other organisations that treated their volunteers appallingly. My experience is that you treated me very well and I was delighted to come back.

David Hume: And the other good thing is that we were always sure to get a good turnup at the Annual 'Generous' Meeting. (laughter)

Susan Fitzpatrick: Without wanting to state the obvious I think this organisation is outstanding in being able to draw people from different disciplines from across the sciences to collaborate in lots of different ways. David, you'll recall Dick Lovell supported the management surveys, and you were bringing epidemiology and medical clinicians/ surgeons together to look at the management of their patients in a cohort and using the cancer registry. At COSA just yesterday, Mark Elwood,[107] from the National Cancer Control Initiative, reported that Australia is unusual in its ability to do these surveys to improve management in cancer control. There are about 50 surveys internationally and we've counted up that we've done 20 odd surveys here in Victoria and we initiated that activity.

David Hill: We can do that because of having the Cancer Registry, it's a fabulous asset for the organisation.

Susan Fitzpatrick: But it's also because we've got all the different research groups within the one organisation. We are able to talk across specialties.

Michael Drake: The advent of computers revolutionised data management within the Cytology Service. By the time we acquired a computer, we had accumulated about 600,000 patient records, every one of which had to be accessed daily and matched up with the incoming tests. Our reliance on a card system made this task extremely difficult but the acquisition of computer facilities made an enormous difference to the management of data.

Bruce Holloway: Collaboration has been the key feature of the Council right from the beginning, not only in terms of research but also to all the other resources. And I don't think that happened by chance, but by skill and intent. To that you add communication, which is focused on the end-user, after all the end-user is the patient or the potential patient or the future patient. So the collaboration and communication are really the two key features of what's been going since the Council started. And sometimes that's lost among other things. It's the end user who is the ultimate beneficiary of all this activity.

Pat Dobson: Communication is so important, too. And I take your point, Nigel, about the palliative care services. I never started a cancer support group; they wanted to start and phoned us. And I felt co-ordinator was a funny term; I felt I was an advisor or, in modern terms, a mentor.

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[107] **Professor Mark Elwood** MD DSc MBA FRCP FAFPHM was Director of the National Cancer Control Initiative from 2000 to 2006.

I started in about 1986 and by about 1990 the other states were coming to us for advice. So we helped them - Queensland, New South Wales, South Australia and Western Australia.

There was a lot of interaction and then when the Living with Cancer program was developed, Karen Todd[108] and Susanne took it to Singapore, Philippines, UK, etc. So we have been able to assist others, and I do think that communication between the groups and ourselves was of real value, particularly the cancer information booklets that were available.

Bev Lovegrove: One more thing that I'd like to come back to is the Annual Report as it is now. The last one was a magnificent document and has improved out of all sight.

David Hill: I've already got some things out of today's seminar that I didn't expect. I thought there would be so many reminiscences that we haven't captured anywhere else and that's been the case. My only regret is that we haven't heard all I want to hear from so many otbher people. But there is a process for adding further information to the transcript. Thanks everybody.

[108] **Ms Karen Todd** was Cancer Services Social Worker and Co-Convenor of the Rural Social Workers Action Group. She worked at the Anti-Cancer Council, 1996-2002.