

**OPENING REMARKS BY THE HONOURABLE PETER  
UNDERWOOD AC, GOVERNOR OF TASMANIA TO OPEN THE  
ANNUAL SCIENTIFIC MEETING OF THE AUSTRALASIAN  
COLLEGE OF EMERGENCY MEDICINE, HOBART,  
MONDAY 19<sup>TH</sup> NOVEMBER 2012**

Good morning everybody! As the Governor of Tasmania I am very pleased to be able to welcome you all to Hobart for the 29<sup>th</sup> Annual Scientific Meeting of the Australasian College of Emergency Medicine. In the last few weeks there has been an epidemic of medical conferences held here in Hobart. There has been the general surgeons conference, the anaesthetists conference, the forensic scientists, the emergency nurses, the Burns Association, the Council of Ambulance Authorities and now it is our pleasure to be hosts to your College's Scientific Meeting. We Tasmanians are a hospitable lot and love to have all these visitors to our State - although all the receptions at Government House that so often go with these conferences are making a big dent in my wine cellar!

For this meeting I am told that we have delegates from all parts of Australia and New Zealand and I think, from other countries as well. I hope that those of you who are visiting Tasmania for the first have put aside, or will be able to put aside a little time to have a look around our island State which is always particularly beautiful at this time of the year.

I was talking to a doctor friend of mine the other day about your conference and he told me that he had been to Japan recently and spoken at a conference of what sounded to me like doctors with

interests akin to those of your College. Of course he had to deliver his paper through a translator who advised my friend that the delegates usually appreciate being told a joke during the course of the presentation. So my friend decided he would tell the delegates a medical joke that he had used before. Unfortunately it was a rather long and complicated joke, but my friend duly told it slowly in English. The translator waited until he had finished and then said no more than a dozen words in Japanese and the whole audience burst into laughter. When thanking the translator after his presentation my friend asked him how he had been able to translate his joke using so few words. The translator said "oh well, your joke was a bit long and complicated so I just told them that our esteemed speaker had just told a joke and would they all laugh please" - and they did - and so did you!

I see from your programme that this year's meeting is entitled, "The Art and the Science of Emergency Medicine" and I was most interested to see included in your very distinguished list of presenters Jane Clarke and Brian Ritchie from the Museum of Old and New Art or MONA, as the acronym has it. I have to tell you that MONA is the most brilliant thing to happen in Tasmania for a very long time. It is attracting visitors from all over the world who come here just to visit MONA. You must not leave the State without catching the boat just across the docks from here and taking a short journey up the river to look around MONA.

Intrigued by the title of your meeting and by the fact that Brian and Jane will be presenting at it made me look at the connection, if any, between art and science, particularly medical science.

I found that pursuits in both the arts and the sciences are strongly influenced by the emotions of the individuals who undertake them, as well as by numerous social and aesthetic influences. I found that creativity is one of the common drivers of all human beings, and its importance in scientific work, in art and in the evolution of modern society in general cannot be overlooked. For example, Nobel Prize winners Roald Hoffman and Jean-Marie Lehn called attention to the importance of creativity in the science of chemistry, particularly in relation to the synthesis of new molecules and materials, with wholly new properties that have not previously existed on earth, as a most obvious expression of the similarity between explorations in chemistry and the creation of a new piece of art or writing. Like art, science, including of course, medical science, seeks to bridge previously disparate areas of knowledge, allowing scientists to look at materials and data in new and different ways, and to make unexpected associations that lead to new discoveries. In science, as in art, it is necessary to tap into imagination and creativity in order to rise above the accepted knowledge and practice to create new models and theories that can stimulate or accommodate new knowledge<sup>1</sup>

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<sup>1</sup> “Art & Science, looking in the same direction” by Maria Clara F Magalhaes & Rosa Maria Oliveira: <http://www.iupac.org/publications/ci/2006/2802/2802-pp4-8.pdf> accessed 13th November 2012

Art and medicine share creativity in common. “Many studies recognise creativity as a cognitive ability separate from other mental functions, and particularly independent from the complex abilities grouped under the word intelligence. Although intelligence – the ability to deal with or process large amounts of data – favours creative potential, it is not synonymous with creativity.<sup>2</sup>

“... creativity involves the ability to synthesize; that is [to sift] through data, perceptions and materials to come up with combinations that are *new and useful*. A creative synthesis is useful in such varied ways as producing a practical device, or a theory or insight that can be applied to solve a problem, or a work of art that can be appreciated.”<sup>3</sup> But to be really effective that creativity needs a dose of self-confidence and a willingness to experiment; try new ideas and to make mistakes. And that proposition applies to art and to medicine with equal force.

Peter Campbell from the Nuffield Curriculum Centre in London wrote<sup>4</sup> that although some links between science and art are obvious, “there is a much more fundamental connection between art and science. In a sense, perceiving and thinking about the world are one process ... [and] visual perception is vital to both art and science.” Now I understand that for this meeting abstract papers were sought on any of the “Key developments in health and policy in

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<sup>2</sup> Cited , “The Rise of the Creative Class”, Richard Florida p11, & footnotes p354 ISBN 1 86403 256 1.

<sup>3</sup> Supra at 31.

<sup>4</sup> “Seeing and seeing: visual perception in art and science” 2004 IOP Science – Physics Education Volume 39 Number 6 at page 473.

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Australasia in recent years affecting the practice of emergency medicine” and authors were asked to identify “how to deal with these changes and explain how they will impact in coming years both at a clinical and an administrative level.”

I have no doubt that as these topics are addressed over the four days of this meeting in order to see what the science of emergency medicine will look like in the future each of you will each be called to embrace creativity, demonstrate self-confidence and exercise imagination, to enable or empower you to look past today’s knowledge and practice without reservation and to fully consider new models and theories that can stimulate or accommodate new knowledge, which - as you will no doubt shortly hear - is exactly what David Walch, the owner of the Museum of New and Old Art, and his curators have so successfully done.

And now it is with pleasure that I declare this Scientific Meeting open.