

**REMARKS BY THE HONOURABLE PETER UNDERWOOD AC,
GOVERNOR OF TASMANIA,
OPENING THE ANNUAL SCIENTIFIC MEETING OF THE
GENERAL SURGEONS OF AUSTRALIA
HOBART FRIDAY 21ST SEPTEMBER 2012**

It is a great pleasure for me to welcome you all here to Hobart for the 2012 Scientific Meeting of the General Surgeons of Australia. I see from your busy programme that you have some very distinguished speakers for the conference, some of whom have come from overseas – although I suppose technically, if you don't live in Tasmania you must have come from overseas!! However, wherever you are from, visitors are always warmly welcome in the State and I hope that those of you who have not been here before will be able to find a little time to look around our island while you are here because it is particularly beautiful in the Spring.

It seems that there has been an outbreak of medical and scientific visitors to our State this month. The day after your conference closes the Australian and New Zealand Forensic Science Society opens its conference just across town and the following week the 71st National Scientific Congress of the Australian Society of Anaesthetists will be here, so we are very fortunate to have so many people come to our State for their conferences. As I say, visitors are always welcome.

One of the things that caught my eye about your conference is that the formal name of your organisation is The Australian Society

of Specialist General Surgeons but trading as "GENERAL SURGEONS AUSTRALIA" which seems to me to be somewhat of an oxymoron - "Specialist General Surgeons"? - but I am sure that there is a good explanation for that. Indeed, it immediately occurred to me that today in the world of surgery there may be very few surgeons who are not practicing, at least primarily, in some specialty or specialties

My reading for this morning told me that the conference is focusing on the theme, Building the Future of Cancer Care; and my understanding is that that is a field of surgery that is becoming more and more specialised as the research expands and the boundaries are pushed. My background is the law so I know nothing of these very specialised areas. Each of you is an expert and as is common knowledge and what the titles of the presentations to be given at the conference reinforces, is that as each day goes by the fields of expertise get narrower and narrower and more and more specialised. As a barrister and then as a judge for many years I am very aware that expert knowledge is something that expands exponentially and consequently fields of expertise become narrower and narrower and more and more specialised. I frequently had to lead evidence from experts, and cross examine them and later, when on the Bench, listen to their evidence. Although often very detailed, the evidence was always tightly focused on the narrow issues raised by the case at hand; each case was quite different, and the trouble the lawyer has is that once the case is over he or she forgets all that he/she has just

learnt and gets on with the next case which of course, involves another, quite different, but equally narrow field of expertise.

Thus, it has been said of experts that they are people who know a great deal about very little, and who go along learning more and more about less and less until they know practically everything about nothing.

Lawyers, on the other hand, are people who know very little about many things, and who keep learning less and less about more and more until they know practically nothing about everything.

But judges are people who start out knowing everything about everything, but end up knowing nothing about anything, due to their constant association with experts and lawyers.

The Conference Web site has a page entitled Conveners' Welcome and it states amongst other things that today there will be a workshop entitled "Talking to patients when bad things happen: How to teach trainees to manage risk". I wasn't able to detect that title in the printed programme, but perhaps the topic is to be discussed in one of the listed workshops but under a different title. I refer to this issue because I have always thought that good communication between a specialist and a lay person is of fundamental importance for it has been said, quite rightly, that a word from the wise is of no use if it can't be understood. Good

communication between the expert and the lay person is always important. That applies to all professions - including the legal profession - but it seems to me with respect, that good communication between the medical practitioner and his or her cancer patient is an essential ingredient in the proper treatment of that patient.

Good communication not only conveys information but it also builds confidence and gives comfort; essential elements I would have thought in a good doctor patient relationship. As a training organisation I expect that teaching trainee surgeons how to be good communicators is high on your list. But not so long ago very little attention was given to this aspect of training surgeons who spent many years learning the techniques and the skills of their profession, believing that the outcomes of the application of those techniques - good and bad - were the only things that mattered. However, I think that it is now widely recognised that good doctor/patient communication is a necessary ingredient in a good doctor/patient relationship.

Although there is not universal agreement about this, I think that communication skills can be taught, although I have to accept that emotional literacy, a skill which is difficult to acquire, is an important element in good communication. As a general rule in every case it is necessary to first establish what stage your patient is at. What is his or her educational level? What is the patient's socio-

economic status? What kind of intellectual capacity does the patient appear to possess? Every patient is different in these respects and the surgeon's assessment of these factors will determine the manner in which he will communicate the information that he or she wishes to communicate. It goes without saying of course that the language must be simple. Depending on the content of the communication it is also necessary to assess whether the patient is highly anxious because we all know that a highly anxious listener is unlikely to fully absorb the communication. I have sentenced prisoners to terms of imprisonment and read out my reasons for those sentences only to learn later that on many occasions the prisoner was so stressed that not a word of what I said was retained and the prisoner had to ask the gaolers downstairs what sentence has been ordered.

Above all, I think that effective communication depends on the surgeon establishing empathy with the patient. Empathy has been defined as perceiving the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the "as if" condition. Thus, it means to sense the hurt or fear or the pleasure of another as *he* senses it and to perceive the causes thereof as *he* perceives them, but without ever losing the recognition that it is *as if* I were hurt or afraid or pleased and so forth.¹ [repeat]

¹ Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science*, (Vol. 3, pp. 210-211; 184-256). New York: Mc Graw Hill.

Of course, I am not suggesting that the surgeon tell the patient anything other than the facts and his or her best opinion based on those facts, but it is how those messages are delivered that will determine their effectiveness and it must not be forgotten, as I say - no matter how wise and experienced the surgeon may be a word from the wise really is of no use unless it can be understood.

But I must not forget that my job is to open your 2012 Scientific Meeting, not to harangue you with one of my hobby horses. So I now declare the conference open and wish you all a very successful, stimulating and interesting meeting here in Hobart and look forward to talking to some of you at Government House this evening.