

UQmedicine

Winter Edition 2020

COVID-19

Planning for a **PANDEMIC**

All aboard
HMAS *Resilience*

Being fearless
one step at a time

In the
driver's seat

Our purpose

Through the education we provide and the research we conduct, the Faculty's medical, biomedical and public health endeavours aim to save lives and improve human health in material and lasting ways.

Our values

Pursuit of excellence
Creativity and independent thinking
Mutual respect and diversity
Honesty and accountability
Inclusiveness and wellbeing



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MESSAGE from the Executive Dean

As I write this editorial, I am working from home, a location many of us have become more familiar within the context of the COVID-19 pandemic. It seems in 2020 we have moved from the crisis of the bushfires over summer, to a new socially distanced world without drawing breath. This has placed considerable strain on our community, staff and students. I am delighted to report that despite these stressors The University of Queensland and the Faculty of Medicine have rallied to the challenge, which is a testimony to the quality of our people. The response of UQ and the Faculty of Medicine has been measured, empathetic and evidence-based. As a consequence, we find ourselves in very new circumstances, but still delivering on our key educational and research missions.

At the beginning of this semester we commenced our traditional, predominantly campus-based, face-to-face teaching. With growing insights into a likely pandemic, our highly able teaching teams examined the option of delivering our programs wholly online. This was achieved within four short weeks. Using our learning management system, zoom and other online resources, our innovative staff have created a learning environment that is engaging and effective. To complete this transition, we are now examining ways of performing invigilated assessments on individual student laptops. This is an extraordinary transformation in our approach to learning, and I am very proud of the collegiality of our staff and students in achieving this outcome.

The clinical teaching environment has been more challenging. The stresses of preparing for a surge in patients with SARS-CoV-2 resulted in many of our clinical placements being cancelled and, at one point, we withdrew our students to better prepare for the newly configured health system. As the growth curve of infected patients reduced, our strong relationships resulted in the reinstatement of clinical placements, albeit in new forms. I believe this crisis has strengthened our health system partnerships, which augurs well for the future.

Our research mission continues but has been affected in different ways. We have developed and implemented a strong program of SARS-CoV-2 aligned research. Professor David Paterson, in collaboration with colleagues in Melbourne, is involved in a trial testing the efficacy of currently registered medications for the treatment of SARS-CoV-2 infection. I would also like to acknowledge the global data network created and analysed by Professor John Fraser at the Prince Charles Hospital. His work is attempting to establish prognostic algorithms in SARS-CoV-2-infected patients in the Intensive Care Unit. This is a wonderful collaboration of clinicians, data scientists, IBM and many others. At a UQ level, the work of Paul Young and his team to develop a SARS CoV-2 vaccine is being watched globally as the next step in infection control. I am also aware of many other groups embarking on SARS-CoV-2-related research. Our more routine research continues, albeit in a new form. I am very impressed by the ingenuity of our researchers to maintain productivity in various ways and hope this will assist as we draw out of the pandemic response.

I believe our response to the SARS-CoV-2 pandemic is a testimony to the quality, resilience and tenacity of our staff and students. This, in a more routine way, is demonstrated in the stories of this edition of UQ*medicine*. They highlight efforts to improve sustainability in Australia's health system, the use of novel technologies to improve cancer treatments, and initiatives to improve Indigenous health care and support.

Thank you for your support of the Faculty of Medicine, and I hope that the next time you read this editorial it will have been written in my office in the Mayne Medical building.

I hope you enjoy the journey.

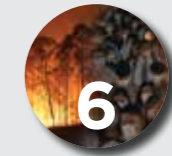
Professor Geoff McColl
Executive Dean, Faculty of Medicine



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Managing a health crisis with evidence and strategy



ALL ABOARD HMAS RESILIENCE
Guarding Australia's security and Defence health services



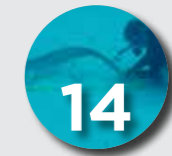
BEING FEARLESS ONE STEP AT A TIME
Creating positive change through persistence



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A SHARK'S TALE
Giving sharks a voice



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A snapshot of our most popular posts over the past six months



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COVID-19

- A PANDEMIC Revolution

by Angie Trivisonno

“Everything we do before a pandemic will seem alarmist. Everything we do after a pandemic will seem inadequate.”

“When I think about the COVID-19 pandemic, this 2007 quote made by Mike Leavitt, Secretary of the US Department of Health and Human Services, immediately comes to mind,” says Dr Centaine Snoswell.

As a Research Fellow in Health Economics with UQ’s Centre for Health Services Research, Dr Snoswell spends most her time examining ways to improve the sustainability of Australia’s health system by changing the way services are provided. The main focus of her work is evaluating the effect of telehealth and pharmacy service interventions in our health system. In 2020, Dr Snoswell’s telehealth work has been engulfed by COVID-19, a dangerous global public health emergency.

“Every preventative measure we implement and follow today, has the potential to reduce emerging COVID-19 cases needing hospital care next week. When a viral pandemic strikes, the time to act is now,” Dr Snoswell insists.

“My role involves giving decision makers the evidence they need to create an effective medical strategy to manage health crisis and resources at the same time. For example, research on the effectiveness and cost of telehealth was already available when COVID-19 erupted, so we didn’t need a lot of new information to implement the service in Australia. What we needed was rapid upskilling of our health professionals and access to appropriate technology,” Dr Snoswell explains.

It’s evident that digital technology offers Australia’s health system enormous opportunities to improve its agility and flexibility, but we’ve barely tapped into what’s possible.

“The biggest benefit we’ve gained from using digital technology during COVID-19 is the ability for medical professionals to interact with others online, rather than in-person, which reduces everyone’s risk of exposure and transmission.

“This technology allows us to rapidly transmit mass information, which is critical when preventative measures are changing every day,” Dr Snoswell says.

“It’s crucial the messages we disseminate to our front-line health professionals are brief and clear, and come in an accessible format with links to sources and more detailed advice.

“For instance, we can send information direct to a health professional’s main device, like their mobile phone or tablet. This removes the need for them to go and find a networked computer when it’s busy and they need to access information updates via an intranet or email.

“With digital technology we’ve also been able to quickly communicate information to large numbers of people and maintain social distancing measures without isolating people. Mobile phones, video-calls and chat programs have allowed us to triage potential COVID-19 cases and direct them to a testing station, where appropriate protection measures are in place for staff and other patients,” Dr Snoswell says.

“Any type of technology that we can use, like phone, text or telehealth, to reduce in-person contact during COVID-19 should be used. And, despite the urgency of this situation, where possible, clinicians and patients must use platforms that comply with privacy and security guidelines.

“In Australia, we’ve historically turned to video-conferencing when people have mentioned telehealth, but in a lot of other countries, doctors communicate with their patients through secure online dashboards, emails and other media.

“Where we can, we need to be using technologies that flip the paradigm of care – rather than one clinician being in contact with every patient individually to collect and disseminate information. We should have one clinician using digital technology to contact multiple people at the same time.

“For instance, negative test results that don’t require action could be sent via text or email to a patient, rather than using a standard phone or in-person consult.

“The COVID-19 pandemic has shaken the foundations of all Australians, and started the ball rolling for lots of immediate changes in the way we deliver health care.

“I think that sustained uptake depends on the experience of patients and clinicians during the crisis, because experience is integral to telehealth uptake. These digital interventions, and their funding, may or may not continue after this public health emergency is over,” Dr Snoswell says.

Dr Centaine Snoswell



“When COVID-19 has ended we need to review what worked and what didn’t, so we can identify training and infrastructure needs, and make sure we’re better prepared next time.

“One of the key changes is likely to be the integration of digital health training for all clinicians and continuing professional development.

“We also need to streamline health services from a one-to-one interaction to an asynchronous interaction, like remote monitoring of chronic diseases, monitoring low-risk patients in isolation and triage of potential COVID-19 cases.

“Over the next few decades, healthcare around the globe will change dramatically. We’ll see advanced artificial intelligence redesigning decision-support tools and patient triage, virtual reality reshaping medical interactions, genomics enabling precision medicine and 3D printing being more widely used for prostheses and devices.

“The changes we make now and after COVID-19 will pave the way for the integration of future digital healthcare interventions so that we can advance our quality of healthcare and the well-being of all Australians.”

QUARANTINE

QUARANTINE

All aboard HMAS *Resilience*

by Angie Trivisonno

Positivity in the face of danger and destruction is something Rear Admiral (RADM) of the Royal Australian Navy, Sarah Sharkey, exudes in bucket loads.

While the devastating 2019–20 Australian bushfires and the rampant COVID-19 global health crisis have affected many people, RADM Sharkey refuses to let these rare events cast a long shadow on our country's future.

"I'm sincerely inspired by the optimism and goodwill of people," RADM Sharkey says humbly.

"I've heard stories of people excited about the freedom of starting over again after losing homes and livelihoods, and others looking at new and innovative ways to live and work in the face of massive restrictions.



Rear Admiral (RADM) of the Royal Australian Navy Sarah Sharkey

"I love the fact that people don't stand still, and that during a crisis great ideas and amazing collaborations emerge," she says.

In December last year, RADM Sharkey took control of the Defence Department's Joint Health Command.

"I'm also the Surgeon General of the Australian Defence Force (ADF)," RADM Sharkey explains.

"I'm responsible for the delivery of health care to our ADF members in Australia, and I'm also the technical authority for the ADF's health effect more broadly.

"My work is about ensuring our uniformed Defence members receive the highest quality health care, and that Australia's defence capability is protected from a health perspective.

"This is important for our security, the protection of our national interests and the safety of the ADF's most important assets – our people," RADM Sharkey says proudly.

Within a month of starting her new position, RADM Sharkey was thrust into planning and delivering the ADF's health support response to the Australian bushfires. This was immediately followed by planning and responding to the COVID-19 health crisis.

"These two extraordinary events demanded that Defence health services, in a very short period of time, reprioritise, reshape and collaborate in ways that it hadn't done before," RADM Sharkey reveals.

"I've been enormously proud of the ways in which our teams

have pulled together and responded to these unimaginable circumstances.

"I've never consciously drawn on resilience to pursue a specific goal, but I think it has absolutely helped me endure and persevere through these challenging times," RADM Sharkey explains.

Unprecedented bushfires and global public health emergencies aren't the only difficulties that RADM Sharkey has had to battle.

"Some of the hardest periods have been implementing reforms in the way we deliver health services," RADM Sharkey admits.

"Health practitioners are by nature passionate advocates for their patients and professions.

"And health care reforms are very good at polarising parts of our health system," RADM Sharkey says.

Still, RADM Sharkey describes being a naval medical officer as a real privilege.

"When deployed, we work and live with the same people who we provide health care to, and have enormous insights into their professional and personal lives," she says.

"Being a medical officer in any Australian service is a fabulous opportunity to develop clinical and leadership skills. For example, during deployment you have to rely more on clinical assessment and judgement, rather than diagnostic supports like pathology, because they aren't as readily available as in civilian settings."

The Navy has taken RADM Sharkey on numerous exciting adventures since she graduated from The University of Queensland's (UQ) School of Medicine in the early 1990s.

"To be frank, I did medicine because it was the hardest course to get into. I thought that if I started there and didn't like it, then I could transfer to something else easier," RADM Sharkey says smiling.

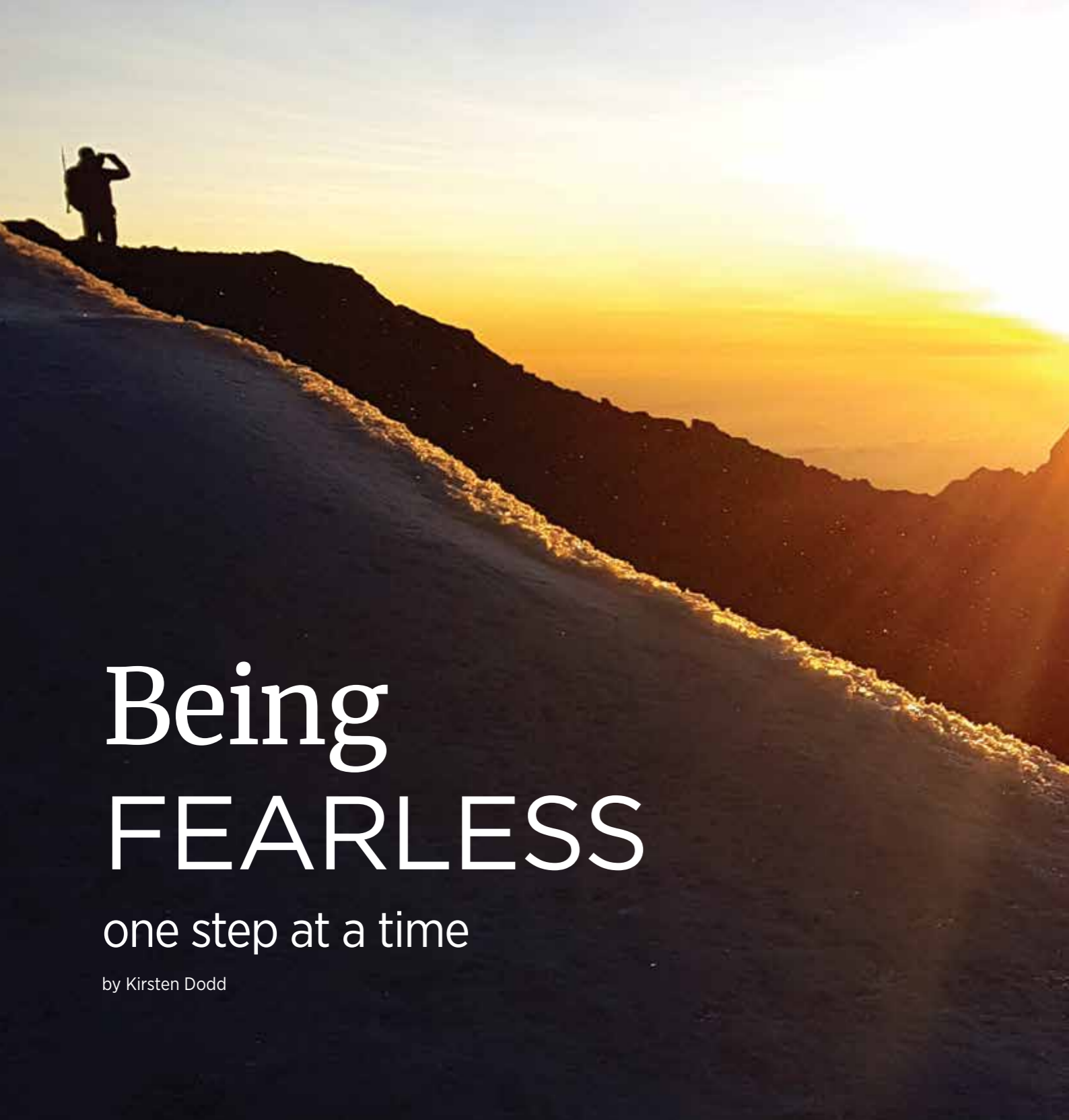
"Fortunately, I loved the UQ medicine degree," she says.

"I've had so many memorable moments, but the best would have to be working in Submarine and Diving Medicine. Delivering health care in those environments has given me some of the most exciting times of my clinical career. Working with small teams in recompression chambers and submarines, on diving platforms and rescue ships, and in remote places with limited resources has presented me with some unique and challenging moments," RADM Sharkey recalls.

And yet, it's not the Navy that RADM Sharkey lists as her greatest achievement in life. No, it's something much closer to heart than responding to an exciting call of service.

"Without a doubt, my two biggest achievements in life are being married to an amazing man, and being a mother to my four amazing children," RADM Sharkey says warmly.

So, as COVID-19 restricts our freedom and togetherness, and future bushfire seasons torment, it's with optimism and goodwill that life marches on to ensure resilience remains in Australia, this place we call home.



Being FEARLESS

one step at a time

by Kirsten Dodd



25,000 refugees crammed onto overcrowded, rotten boats.



Dr Blerida Banushi's family.



Dr Blerida Banushi in her lab.

Dr Blerida Banushi's story is an incredible tale of resilience and hard work, which starts in the ancient city of Durrës, Albania.

Growing up on the Adriatic coastline, Dr Banushi enjoyed a carefree childhood with her parents and two sisters until the fall of Albania's Communist regime.

March 1991 saw a mass exodus of people leave Albania in search of a better life. More than 25,000 refugees crammed into overcrowded, rotten boats and set sail for Italy – Dr Banushi's father was one of them.

"My parents were both teachers and their salaries weren't enough for us to survive on, so my dad moved to Italy to build a better financial future for us. We stayed behind in Albania and were growing up with my mum," Dr Banushi explains.

"When the civil war started in 1997, things became quite scary, so my parents moved us to Italy to join my father. I still attribute my extremely jumpy character to that period," Dr Banushi reveals.

"The place we moved to in Italy was small, dark and cold – a one-bedroom apartment for the five of us. I started school straight away but cried often because I missed my life in Albania.

"I remember my mum encouraging me to stay positive every night, while warming up my cold feet. That's when I began to learn that every hard time in life is only temporary – you just need to take each day as it comes – one step at a time," Dr Banushi insists.

Studying in a different language was difficult at first, but Dr Banushi quickly adapted and began to excel academically.

As she settled into Italian life, Dr Banushi balanced her love for cell biology books with a passion and talent for sport – and eventually she became an Italian javelin champion.

"My dad was an athletics instructor and trained me in javelin during high school. He taught me discipline and persistence pay off.

"I never thought too deeply about the impact my past had on building my resilient character, but I can now see that it has made me more fearless," Dr Banushi says.

After completing her undergraduate and masters studies at the Collegio Nuovo (University of Pavia) in Northern Italy, Dr Banushi moved to the UK to undertake a PhD at the University College of London (UCL).

"Towards the end of my PhD, I started to see research not just as an instrument for discovery, but as a powerful tool to make a positive impact on the lives of others," Dr Banushi explains.

"I came across the work of UQ's Associate Professor Fiona Simpson and was fascinated by her translational work with research clinicians and hospital patients. I was very excited to join her lab and apply my skills to improving the therapeutic options for cancer patients.



"In my view, resilience is something you get trained for when you have the right soil to walk through – one step at a time," Dr Banushi confides.

"My current work is focused on applying a novel technology that we developed in the lab to manipulate the surface of tumour cells in humans so that existing cancer drugs targeting tumours can interact better with the immune system. If our research proves this technology works it could be applied to many different cancers and save thousands of lives," Dr Banushi explains.

The results of Phase I of this clinical trial were recently published in *Cell* magazine and, while her colleagues were celebrating in the lab, Dr Banushi was marking the occasion by climbing Mt Kilimanjaro in Africa to raise funds for UNICEF Australia.

"The climb was hard work, but the take-home message for me was 'pole pole' – in Swahili that means 'slowly slowly'. This saying was repeated to us continuously during my trip. When we reached the summit, the head guide said, 'don't look at the summit or at the time, just focus on putting one foot in front of the other'," Dr Banushi recalls.

"Taking such small steps at the time made me think we were never going to reach the top, but at the end of six days we made it."

Now with her feet firmly planted on Australian soil, Dr Banushi is walking her own path and continuing to give back where she can.

"When I was in Africa, I volunteered in a Tanzanian orphanage. I will never forget the children's big smiles and love for learning and education. Knowing they have no opportunity to receive an education is heartbreaking to me," Dr Banushi reveals.

"I was once a child who received help with my education, and now I want to help other children.

"My life changed completely when my parents moved to Italy, and this taught me that the opportunities each person has depends enormously on the place they were born. That's why I want to help others because slowly, slowly I believe we can all make a difference."



Dr Banushi's father was an athletics instructor and trained her in javelin during high school.



Climbing Mt Kilimanjaro in Africa.



Dr Banushi volunteered in a Tanzanian orphanage.

History in the making

by Georgina Hilder

It's not every day you meet someone like University of Queensland Emeritus Professor John Pearn.

He has received every accolade you can think of, including the Order of Australia, for his outstanding contributions to Australian medicine. And yet, he's a grounded gentleman with the ability to make everyone he meets feel special.

"Paediatrics attracts a certain kind of humble lot," Professor Pearn explains.

Professor Pearn is as much a part of UQ as the red bricks that form the Mayne Medical School. He graduated with First Class Honours in Medicine and Surgery in 1964, and was then awarded a Doctor of Medicine in 1969 and Master of Philosophy in history in 2010.

As an internationally renowned paediatrician, Professor Pearn has served as a senior consultant at the Royal Women's Hospital and the Royal Children's Hospital. He's been an advocate for child safety and legislative reforms, playing a big part in the (now) mandatory pool fence law. He also established Queensland's first Medical Genetics Clinics, and for 30 years chaired the Queensland Paediatric Ethics Committee.

"Seventy per cent of diseases in children have a genetic component, and yet we know so little. If you think about it, the human genome wasn't defined that long ago – in the 1990s," Professor Pearn explains.

As well as being an outstanding paediatrician, Professor Pearn has enjoyed a second career in military medicine. As a Major General, he was appointed Surgeon General of the Australian Defence Force in 1988, and he also served as the Senior Physician and Intensivist in Papua New Guinea (1966), Vietnam (1970), and Rwanda (1994-95).

"I've always sought adventure, right from the days as a school cadet. I joined the Reserves the day I graduated from medicine at UQ," Professor Pearn says smiling.

The worst thing he has seen was the aftermath of the Rwanda genocide, where 800,000 people were killed, predominantly by swords and machetes.

"I watched the ghastly anarchy on television and thought not going simply wasn't an option," Professor Pearn explains. He immediately volunteered to run the intensive care ward at the Kigali hospital where emergency resuscitation bays had been set up amongst the rubble.

While there, Professor Pearn remembers being ambushed by about 30 Rwanda soldiers. Heavily armed, they ordered Professor Pearn and his convoy to get out of their vehicle. With firearms pointed at them, Professor Pearn stepped forward and started to explain in his best French that they were with the United Nations.

"After 30 seconds, the Army's leader lowered his gun and said in English, 'Are you trying to speak French?'" Professor Pearn recounts.

A few moments of silence passed when one of the Aussie soldiers suddenly burst into laughter, which broke the tension and caused the Rwandans soldiers to start laughing too. Luckily, Professor Pearn and his convoy made it out alive.

"Not being able to speak French probably saved my life!" he laughs.

Professor Pearn inherits his sense of duty from his father. As the only dentist in Tully during the Depression, his father treated every kid who complained of toothache even though they couldn't afford to pay.

"Eventually, he lost his practice because he ran out of money, so we moved to Ingham and then to Brisbane," he explains.

Today, Professor Pearn is an Honorary Life Member of the Australian Society of the History of Medicine, which he co-founded.

"I hold a very strong opinion that history is not an optional extra, rather, it's an essential tool for making decisions today that will very much influence the future," he insists.

As well as a long list of clinical achievements, he has devoted his career to writing, with more than 50 books and 700 published papers on medicine, the history of medicine and health. As the UQ Faculty of Medicine Historian, he is currently compiling the Faculty's history, and says he has "more projects than [he'll] ever complete."

One of Professor Pearn's favourite memories is of a patient from Katherine in the Northern Territory. An Aboriginal man walked from the bush into the local hospital with a haemoglobin count of between 2-3, where a normal reading is between 12-15.

"I'd never seen anything like it! I immediately started calling a list of blood donors, and it just so happened that the first person on the list was the head of the local meatworks industry, the biggest industry in Katherine," Professor Pearn explains.

"The man said 'Doc, I'll be right in,' and upon arrival, I took the donor's blood and gave it to the dying Aboriginal man in the bed beside him.

"I thought, here is one of the richest and most privileged people in society giving blood instantly to help one of our most underprivileged people," Professor Pearn recounts.

"This is a great place to be. What a great country Australia is."

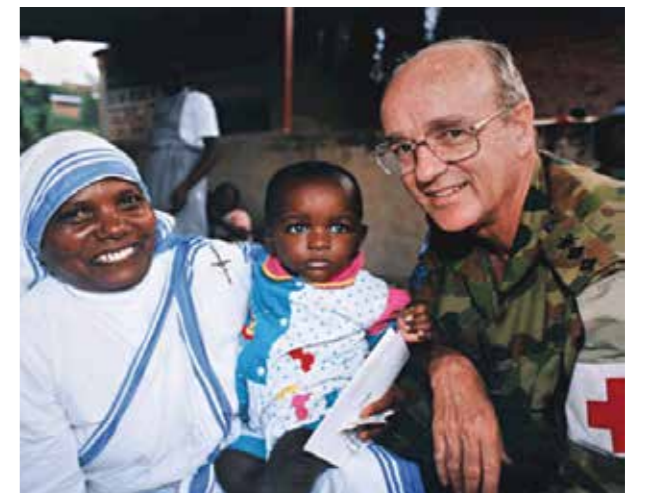
Professor Pearn's book of the history of the UQ Medical School is due to be published late next year.



Receiving the King Edward VII Cup for service to lifesaving, injury prevention and prehospital care, 2016. The ceremony took place at Buckingham Palace following a private audience with the Queen.



John Pearn winning the 2019 Masters' Gold Medal in the Line-Throw Event at the National Indoor Pool Lifesaving Championships, which he also won in 2017 and 2018.



With the Mother Superior of the Mother Theresa Orphanage in Kigali, Rwanda, 1994.

In the driver's seat

by Georgina Hilder

Looking at UQ Associate Dean of Indigenous Engagement for the Faculty of Medicine Dr Maree Toombs, you wouldn't think she has a truck licence, but you'd be surprised!

"I've always loved big machinery. My father was a mechanic and diesel fitter, so when my students needed a bus driver, I put my hand up!" Dr Maree Toombs recalls.

"My goal now is to get a multi-combination licence and drive a road train from Darwin to Adelaide: that's on my bucket list."

Dr Toombs' jovial spirit comes from a lifetime of unconditional love and belief in her abilities, especially from her mother.

"If I said 'that girl's really smart,' my mum would say 'you're smarter; you can do anything you want'. She never put us down, and I didn't realise what a gift that was until I was much older," Dr Toombs says.

The mother-of-two, and grandmother-of-one, has dedicated her career to breaking the cycle for disadvantaged Aboriginal and Torres Strait Islander people. Since 2012, Dr Toombs has led two National Health and Medical Research Council projects that focus on her passion for mental health and suicide prevention. One of the projects has been replicated in Canada, due to its overwhelming success. She is also working with a team of prominent researchers around the country to end bronchiectasis, a preventable respiratory illness prevalent in Aboriginal children.

Dr Toombs thinks she's lucky to work in a field she is passionate about. When Emeritus Professor Peter Baker tapped her on the shoulder to represent the Faculty, she couldn't believe it.

"I've been fortunate to have great supervisors and mentors in my life who've believed in me and shown me that the sky is the limit," Dr Toombs admits.

But it hasn't been a smooth ride to the top. Dr Toombs' hippie family adventure travelling around the NSW Snowy Mountains in a bright orange Millard caravan was cut short when her mother's severe mental illness forced them to set up permanent roots in Cootamundra in South Western NSW.

The town's Cootamundra Girls Home, a domestic training facility for Aboriginal girls from the stolen generation, had closed 10 years before the Toombs family arrived. This left them to experience a lot of racism in a town that didn't fully understand its role in the ongoing trauma left by the Home. In the 1970s and '80s, many families didn't feel safe identifying as Aboriginal, often posing as other nationalities to get by. The Toombs were just one of two families in Cootamundra at the time who identified as Aboriginal.

"My mum and brother have really dark skin, so they were targeted a lot more than me. But we managed to joke and have a laugh about it. If things got really bad, Mum would march up to the bully's front door, and let's just say 'that would be the end of that!'" Dr Toombs exclaims.

Feeling like a bit of an outsider, Dr Toombs dropped out of high school before completing Year 12. She then started working in a number of low-paying jobs, and her future wasn't looking good.

But, Dr Toombs's grandmother and aunty, who both appreciated their own tertiary educations, had other plans for her. With the promise of scones with jam and cream, they invited Dr Toombs to their home to talk about a bridging program for Aboriginal people at the University of Southern Queensland.

"They pretty much dragged me to the course, but it was the best thing that could have happened to me," Dr Toombs recounts.



The MOB van.



Carbal Clinic ribbon cutting.

Dr Toombs made the most of her second chance at education and successfully completed the bridging program. But others weren't so lucky: out of 28 students in the program, only two finished.

"I certainly wasn't the smartest person in the group, but I saw a lot of the other students drop out. I didn't know why, and that really bothered me," Dr Toombs says.

After working as a teacher for five years, Dr Toombs was asked to run the same university bridging program that she had graduated from. She was determined to improve Aboriginal student retention rates and was given the opportunity to enrol in a PhD to investigate the issues behind student dropouts.

"All of a sudden, I was in the hot seat and I needed to find the answers," Dr Toombs recalls.

"In our culture, the village raises the child, so you go from having lots of aunts and uncles around you with lots of support, to feeling lonely and isolated at school. It can be really hard for students."

Under Dr Toombs' leadership, the bridging program's retention rates jumped from 20 to 95 per cent. She became the first Aboriginal woman to receive a PhD from the University of Southern Queensland and was later named 'Outstanding Alumnus of the Year' for her contributions to Indigenous education.

Dr Toombs has been rolling up her sleeves ever since. In 2013, she and her mentor Professor Peter Baker commissioned a mobile clinic to provide primary health care and student placement opportunities to underserved Aboriginal communities. Called the MOB Van; it was short for Mobile Outreach Boomerang because it always came back.

"I wasn't put off when the local council told me there weren't enough Aboriginal people in the area who needed our service. I just kept going," Dr Toombs says.

Within nine months, a MOB van ended up providing health services to nearly 1000 Aboriginal people, and within 12 months, it was replaced by a State Government Aboriginal Medical Service. The MOB van has since been repurposed into a hearing health clinic for schools.

"The community rallied behind the van idea because they didn't like the conventional health care system," Dr Toombs explains.

As a Eulalie and Kooma woman, an educator and a researcher, Dr Toombs brings a unique and critical perspective to UQ's Faculty of Medicine. And, she likes to be in the driver's seat to ensure that Aboriginal people receive the health care and support they want, rather than what others think they need.

"When I write a grant, I'm very much driven by what the community wants. I do research for the community, not to the community," Dr Toombs says.



A shark's tale

by Georgina Hilder



Dr Christine Dudgeon

For someone who suffers from sea sickness, Dr Christine Dudgeon sure spends a lot of time in the ocean swimming with sharks, grabbing their tails and snipping tissue samples.

"It does seem a bit nuts when I think about it!" Dr Dudgeon laughs.

Born in Bangkok and raised in Tokyo and Canberra, Dr Dudgeon's curiosity for the marine world sprang from childhood summer holidays at the beach.

"It was my favourite time of year because I was so fascinated by animals and the ocean," Dr Dudgeon says.

These days Dr Dudgeon, a Research Fellow in the Shark and Ray and Molecular Fisheries Laboratories at the UQ School of Biomedical Sciences, spends most of her time studying the ecology and evolution of marine animals.

Dr Dudgeon and her team have studied and named four new species of Epaulette sharks, known as 'walking sharks', and discovered a leopard shark that switches from sexual to asexual reproduction - only the second demonstration of this type in any vertebrate.

"This discovery has all sorts of implications for how animal species can perpetuate and start new populations," Dr Dudgeon explains.

Dr Dudgeon's interest in ocean predators erupted after watching a television show on Australian shark hunter Vic Hislop, where he explained that he killed sharks because they kill people.

"I didn't fully understand that at the time, but I thought 'it would make more sense if we just didn't fish as much of their food,'" Dr Dudgeon recalls.

"Sharks and rays had a pretty bad reputation back then, and I felt it was unwarranted. They come in all shapes and sizes and very few species are dangerous to people."

"My first motivation for becoming a marine scientist was to be a voice for these animals," Dr Dudgeon says.

After receiving her honours degree in marine science, zoology and molecular biology from James Cook University in Townsville, Dr Dudgeon moved to Brisbane to study leopard sharks as part of a PhD scholarship at The University of Queensland.

"UQ had a strong presence in tropical marine science and marine megafauna research, so I was excited to join the community" she says.

Dr Dudgeon gave birth to her eldest child while studying her PhD, and began a postdoctoral degree while caring for two young children at home.

"My graduation ceremony was supposed to be on the due date of my second child, but she came a week early!" Dr Dudgeon recounts.

Maintaining a career and being the primary carer of two kids has been challenging for Dr Dudgeon but she juggles this by focusing on her research at night.

"Having kids is amazing. They're biology in action. They're fun and fascinating and each stage is a new adventure," Dr Dudgeon explains.

Dr Dudgeon draws her 'can do' attitude from her family, whom she describes as 'incredibly strong', especially after losing her mother to cancer when she was only 13 years old. This left her father to raise three children while maintaining a career in the Department of Foreign Affairs.

"It was extremely hard at the time, and it's still raw 30 years later," Dr Dudgeon says.

"But my siblings and I have made the most of life. My sister is an architect and designer in New York, who loves scuba diving and mountain climbing. My brother is a Warrant Officer in the Air Force and used to be part of the Red Beret sky diving team. I'm the only one who hasn't been sky diving!"

A multi-talented scientific researcher, Dr Dudgeon also plays the ukulele and had a short singing career.

"To celebrate the arrival of new koalas at Tokyo Zoo in 1984, Mum volunteered my brother, sister and I to be backup vocalists on a Heath Watts song called 'Say Hello Koala Bear'. I'm not sure how many copies were sold, but we never got any royalties!" Dr Dudgeon laughs.

Dr Dudgeon's husband, Thomas Suddendorf, has had a major influence on her research. As a UQ Professor in Psychology, he has been instrumental in opening Dr Dudgeon's mind to broader scientific questions, particularly around evolutionary concepts.

"He's made me try to understand how my research fits into the bigger picture," Dr Dudgeon says.

Collaborating with researchers in Thailand and Indonesia, regions with high levels of marine exploitation, Dr Dudgeon hopes her research can inspire people to care more about the ocean.

"We need to look after our marine life, and the best way to do that is to learn more about it so we can appreciate it," Dr Dudgeon says.



Dr Christine Dudgeon in her lab.



Epaulette sharks, also known as 'walking sharks'.



Dr Dudgeon snapping more than a walking shark.

Best of SOCIAL MEDIA

Here's a snapshot of our most popular posts over the past six months.



UQ Medicine is with MS Queensland.

The research bringing hope to those living with MS

Diagnosed with MS in her early thirties, it wasn't long before Louise lost her independence and quality of life. A UQ clinical trial has banished Louise's most debilitating conditions - vertigo, fatigue and incontinence. **This World Multiple Sclerosis (MS) Day** we're thanking **MS Queensland** and our researchers who allowed Louise to dare to dream that she'll be here for life's biggest milestones. **#MyInvisibleMS**

892 likes 47 comments

Love Comment Share

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Liked by **ochsnerhealth** and others **uqochsner**
Congratulations #uqochsner Class of 2019
#uqmedicine #uq #ochsner

uqmedicine

Liked by **brian_mallon** and others

uqmedicine Okay... everyone on the count of three say MD!! Congratulations to our outstanding @uqmedicine cohort for 2019

#uq #uqalumni #uqgraduates #doctorofmedicine

facebook

Fulfilling a childhood dream

UQ Medicine is feeling proud.

For recent UQ Ochsner medical graduate, Dr Bhumit Desai, becoming a doctor has been a lifelong dream. The path he chose for his medical degree is less travelled but one that has shaped him into a truly global doctor.

UQ Medicine @UQMedicine

A deadly mystery virus has emerged in China. What is it, how does it spread, and is there any treatment available?

#UQ's @MackayIM comments for the @Telegraph. bit.ly/38jOerV

4:24PM • Jan 20, 2020 • TweetDeck

7 Retweets 13 Likes

UQ Medicine @UQMedicine

Congratulations to A/Prof Antje Blumenthal, who has been awarded the Life Sciences Research Leader Award at the @witqd awards. Dr Blumenthal was recognised for many outstanding characteristics, including her mentorship of young scientists. bit.ly/2k9ZvaQ @Blumenthal_Lab

In photos



Giving Day success

Student callers celebrate UQ's first Giving Day last October.



Professor awarded as Faculty's 2019 Philanthropic Leader of the Year at staff awards event

Professor Nick Lavidis received the Faculty of Medicine award from Executive Dean Professor Geoff McColl.

Bronze bust installed at Brisbane's Translational Research Institute to honour Dr Jian Zhou, co-creator of the Gardasil vaccine

Dr Xiao-Yi Sun alongside the bust of her late husband, Dr Jian Zhou.



Queensland Children's Hospital Foundation (CHF) and BrisBAND3 organisers and donors toured RBWH's paediatric intensive care unit with Professor Paul Colditz to see the impact of their support in caring for fragile babies.

John Greig, Melinda Butterfield, CHF team members and BrisBAND3 musicians.



40 Year Medical Reunion fun last year

Dr Pam van de Hoef, Dr Mark Waters and Dr Murray Bingham.



Icon Group presents a big cheque to fund Professor Obermair's endometrial cancer research

Icon Group's CEO Mark Middleton and Director of Research Dr John Bashford with Professor Andreas Obermair (center).



International Women's Day event at Customs House featured women in STEMM

Dr Julia Pagan, Professor Lizzie Coulson and Associate Professor Fiona Simpson.

An anaesthetist's RENDITION

by Angie Trivisonno

Like a captivating symphony, Dr Sheena Burnell has composed her life with splendid rigour, elegant grace, sumptuous adventure and a spirited heart that has danced between lofty highs and deep personal lows.

A virtuoso in disguise, this UQ graduate and anaesthetist has explored all aspects of the human condition while removing pain from others and temporarily transporting them into the realms of a parallel world.

"I was born in Melbourne, but grew up in Brisbane," Dr Burnell recalls.

"As a child, I was intrigued by everything from ballet and music to science, and from the age of seven or eight years old I just knew I wanted to be a doctor.

"I was always drawn to literature and history, and to smart, independent women like Amelia Earhart and Marie Curie, who forged successful careers in male-dominated areas.

"My grandfather was a Melbourne writer with numerous friends in the pre-World War II art world, and my brother is a professional musician with one of Australia's best-known symphony orchestras," Dr Burnell reveals.

"I grew up surrounded by books, music and art, and had regular family discussions on subjects like politics, social issues and whatever was going on in the world. And it was always expected that I would have something interesting to say on each subject.

"I could read whatever I wanted from my mother's considerable library and ended up reading extremely widely and developing an enduring love for literature.

"We had many artist and musician friends, which enabled me to observe and appreciate people from all sorts of backgrounds," Dr Burnell recounts.

"In retrospect, I guess you could say my family was a little eccentric with no shortage of big personalities.

"Still, I thank my mother and grandfather for their deeply ingrained work ethic and sense of social justice because it has helped me immensely as a doctor," Dr Burnell says appreciatively.

In gracious reciprocation, Dr Burnell has herself helped others by generously supporting UQ's Centre for Excellence and Innovation in Anaesthesia.

In 2008, Dr Burnell moved to China where she stayed for seven years.

"I've always had a long fascination with Chinese culture and, after a very satisfying career in Australia, I thought I'd expand my horizons, even though I didn't know anyone in China at the time," Dr Burnell explains.

"I accepted a position in a Shanghai cosmetic surgery clinic, but unfortunately it turned out to be very different from the job advertisement that I replied to, and I ended up working as an over-qualified ward hostess.

"From there, things went from bad to worse, and I worked in a variety of 'interesting jobs', including as brand ambassador for a large Australian wine company and as a consultant in the Chinese senior living industry.

"After that, I was diagnosed with breast cancer and had to leave China immediately so that I could return to Brisbane for treatment. This was really hard after being out of Australia for so many years.

"I had to quickly find somewhere to live and figure out how I was going to support myself while undergoing 12 months of treatment, which included surgery, chemotherapy and radiation," Dr Burnell explains.

At the end of that exhausting experience, Dr Burnell was left with outdated anaesthesia skills and needed to re-train if she wanted to work again.

"I feel very fortunate that I was able to do my medical degree in such a highly regarded institution as UQ, and have a career that has given me life-long enjoyment, even though being an anaesthetist is not terribly glamorous!" Dr Burnell says.

"You need a hairstyle that can survive theatre caps, clothes that can be quickly removed – preferably with front fastenings in case you need to visit several hospitals in one day, and the theatre masks remove most of your makeup."

Fortunately, Dr Burnell has avenues outside the operating theatre that can satisfy her love for beauty as well as music and words.

"I've written several scholarly articles on Qing Dynasty textiles and dress accessories, trade publication articles for the wine industry in China, and magazine articles on cosmetic medicine, anti-ageing, Shanghai's Fashion Week, and the Shanghai International Arts Festival...to name a few.

"I'm also Secretary of the Wagner Society in Queensland, a supporter of Queensland Ballet, and I still travel to Cambodia for NGO projects and to China for occasional consulting work," Dr Burnell explains.

But, as with every symphony, there must always be an awe-inspiring crescendo. In Dr Burnell's case that was setting up a scholarship for young emerging artists at Brisbane's Conservatorium of Music last year.

"I'd been thinking about doing it for a couple of years, and when it actually got off the ground and I saw our first student presented with her scholarship and how much it meant to her, it was a very happy moment for me."



Dr Sheena Burnell

My INCREDIBLE life

by Kirsten Dodd



Liz Bawden, Jordan Trieger and Dr Tim Wells.

Growing up in Brisbane in the 1990s, Jordan Trieger enjoyed a typical Aussie childhood. The third of seven kids, Jordan and his siblings spent their days swimming, riding bikes, playing soccer, and hiking local bush tracks. Being active was a cornerstone of the Trieger household, but it wasn't just for fun – it was also a way to keep Jordan healthy.

Born with cystic fibrosis, Jordan's active lifestyle kept his lungs functioning well for many years, but in his mid-twenties his health began to deteriorate.

A number of infections had left scar tissue in Jordan's lungs, and over time it became apparent he'd need a transplant.

In 2018, Jordan underwent a double-lung transplant at the Prince Charles Hospital. He describes his initial recovery from the operation as astounding.

"I had an amazing early recovery – I was walking within 48 hours of the operation, and physically, I felt like my 'health clock' had been turned back to when I was 18 years old," Jordan recalls.

"My face was oxygenated, my skin had colour, and my hair and nails virtually grew overnight because my body was finally getting the oxygen it needed to function properly."

But, unfortunately, it didn't last.

Almost 12 days after the transplant, Jordan developed a life-threatening bacterial infection and, even though he was treated with antibiotics, his body failed to respond.

It seemed like Jordan was out of options until his clinician, Professor Dan Chambers, Head of Research at the Queensland Lung Transplant Service, remembered meeting Dr Tim Wells at The University of Queensland's Diamantina Institute (UQDI).

At the time, Dr Wells was investigating a new treatment for drug-resistant bacteria in chronic lung infections, known as *Pseudomonas aeruginosa* (PA).

The treatment stemmed from Dr Wells' postdoctoral research in the UK under Professor Ian Henderson, who is now Director of UQ's Institute for Molecular Bioscience.

While working with lung infection patients suffering chronic PA, Dr Wells and Professor Henderson identified several patients who produced a specific antibody that prevented their immune system from destroying the bacteria.

"By removing the inhibitory antibody from these patients with a process called plasmapheresis, which replaces poor blood plasma with good plasma or a plasma substitute, we were able to restore normal function of their immune system and lung capacity," said Dr Wells.

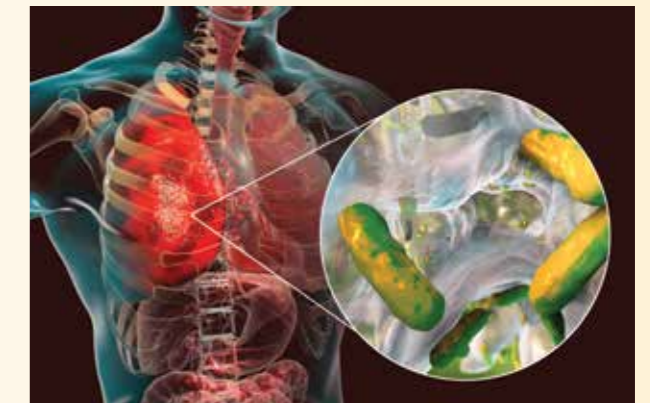
Dr Wells crossed paths with Professor Chambers when he expanded his research to include cystic fibrosis and lung transplant patients; however, it wasn't until receiving a phone call that he learned about Jordan.

"Professor Chambers called me to explain that Jordan had multi-drug resistant PA and was unresponsive to multiple antibiotics. The next day, I arranged to have samples from Jordan collected and by Monday our lab confirmed he had inhibitory antibodies," Dr Wells explains.

"Shortly after, Jordan commenced plasmapheresis. Since plasma contains all the antibodies and proteins found in blood, it was hoped the treatment would remove the 'inhibitory antibody' and allow his immune system to attack the PA bacteria.

"It was the first time in the world that a post-lung transplant recipient and cystic fibrosis sufferer had been treated using this method," Dr Wells revealed.

"Even though we had lab evidence to show that the treatment would work, we didn't know if it would work on a human being. I had some very nervous days and nights, and I know that Jordan and Liz did too. But when the results came back showing the treatment was working – well, it was just absolutely fantastic," Dr Wells recounts.



Cystic Fibrosis (CF) is a genetic disorder that mostly affects the lungs.

Jordan's transformation was incredible, and this time things just kept getting better.

Jordan's partner, Liz Bawden describes the results as almost immediate.

"Jordan started gaining his energy back, he was able to feed himself, and he excelled every day at physio as his strength returned. The best thing of all was seeing his sense of humour return," Liz recalls.

"Jordan is a very funny guy and when he started cracking jokes again, we all knew he was back in top form."

Now that he has fully recovered, Jordan and Liz are enjoying a new-found freedom in life.

"The biggest gift we've been given is choice," Liz explains.

"We can choose to leave the house and come back late, we can choose to go on a holiday, and we can choose to spend the day doing whatever we like – for Jordan, that means true independence."

"Thanks to the dedication of Dr Wells and his medical colleagues, Liz and I can now think about how our future looks," Jordan says.

"Our new reality is so remarkably different and delightful that we really couldn't be any more grateful for this new lease on life."

For the love of FRANCIS

by Angie Trivisonno

You can't help but love Francis Nona – just ask anyone in UQ's School of Public Health. Everything about him is inspirational. His depth of talent, dedication, compassion, generosity and big heart all make Francis the kind of man any mother would be extremely proud of.

Francis had a tough upbringing, and yet he can still beam a smile that warms like sunshine, spreading joy to all who encounter him.

"By the time I was 12 years old, I'd been to 13 different schools, and at times my family was homeless," Francis recalls.

"I used to think about people who lived in stable homes with enough food to eat, and I said to myself, 'this is what I want to achieve when I grow up'."

Fortunately, Francis had a lot of teachers and supporters along the way who taught him that 'education is the key to success'.

"My mother was an amazing, strong woman. She taught me strong values, and she always helped others, even though she had so little herself," Francis remembers fondly.

"My mother also knew the importance of maintaining culture and gave me the privilege of returning to my ancestral homelands so that I could be fully initiated as a Torres Strait Islander man.

"Not many people know I can speak my native language, Kalaw Kawaw Ya," Francis reveals.

Life was hard for Francis as a young boy growing up on the streets of Brisbane.

"Yes, but the experience gave me a unique perspective on how the social determinants of health can affect individuals and communities," Francis explains.

"I got my first job when I was 17 years old. I used to ride a \$10 bike 22 kilometres every day, just so I could work in a factory and support myself. That's how I developed resilience and self-reliance.

"By day, I worked full-time in the factory, and by night I went to school, until I became the first person in my family to finish high school and achieve a tertiary qualification," Francis says proudly.

"Later, I became a nurse, inspired by the wonderful nurses who provided palliative care to my mother during the end of her life.



Francis Nona

"In this International Year of the Nurse, I really want others to know how special it is to be a nurse and support people and their loved ones through the most difficult times of their lives. It truly is a great honour," Francis says humbly.

So, what is Francis doing now?

"Well, right now, I'm working on the Vice-Chancellor's Graduate Program at The University of Queensland, and I'm very excited to be studying a Master of Public Health at UQ too.

"One of the things I really love about this role is that it allows me to tailor the program to my career aspirations. I've co-developed curricula, co-supervised Honours students, co-delivered a masters course in the Master of Public Health and co-facilitated lectures. I've also had the opportunity to be a guest lecturer in a number of different faculties across UQ and do a Professional Certificate in Indigenous Research at the University of Melbourne," Francis explains.

But life isn't just about work for Francis these days.

"I'm a single father, so now I have to think about someone else too.

"When I accepted my UQ position, my son was finishing his final year of primary school at Oakey on the Queensland Darling Downs. He'd also been selected to represent the region in rugby league and shotput. I didn't want to disrupt him, so for 10 months, I commuted more than five hours a day just so I could get to work and back home again every night," Francis recounts.

"We've now relocated to Brisbane, where my son will soon start high school. We both really enjoy fishing, which is so much easier to do now that we're living closer to the coast," Francis says smiling.

And, what about his hopes for the future? Well, Francis knows exactly which road he'll be travelling down next.

"My goal is to complete my Master of Public Health and then do a PhD.

"I really want to be a future leader in academic curricula and policy development so that one day I can help improve health outcomes for Aboriginal and Torres Strait Islander people and communities."

And, that's why Francis is not just a man that any mother could love, but one that the whole of UQ's School of Public Health also adores.



Sarah Steane lab testing at UQ's Child Health Research Centre.

Go hard, Go now!

by Georgina Hilder

For Sarah Steane, research is an absolute labour of love.

"It's exciting. It's like constantly unwrapping Christmas presents every day, except 95 per cent of the results aren't the ones you want!" she jokes.

"A lot of experiments don't give you the findings you want. They're still important, but they leave you feeling a little disappointed."

Even so, Sarah's always found comfort working under a microscope.

After nearly 20 years as a dedicated research assistant at The University of Queensland, Sarah is now studying a PhD after receiving a scholarship from the National Health and Medical Research Council.

While the harmful effects of alcohol during pregnancy have been well documented, Sarah's research is unique, in that it's studying the effects of drinking only around the time of conception, which is less well understood.

"Alcohol plays a big role in Australian society and it can have long-lasting effects on unborn children," Sarah says.

"Women might drink right up to, and in the early days following, conception because they might not know they're pregnant."

Sarah is trying to determine if micronutrient supplements can prevent or reduce the impact of alcohol around conception and restore normal development.

Starting a PhD has been a lifelong dream for Sarah, but she's had to be patient, raising three children and managing three overseas moves around her career.

"I had just started my first job at UQ when I found out I was having a baby. Life's full of surprises," Sarah chuckles.

From the Yorkshire Dales to sunny Queensland, Sarah fell in love with Australia when she first arrived as a backpacker at the age of 19. She convinced her English boyfriend, now husband, to emigrate with her and they soon started a family here.

"It was like going from a black-and-white photo into colour. I didn't even know the sky could be that blue or that so many different coloured birds existed," she says.

But after five years, Sarah's yearning for Yorkshire puddings and woolly Christmases lured the family back to England for another four years before they realised they just couldn't shake the Aussie lifestyle.

"I had my youngest child in York. Having to put snow suits on three little kids so we could go down to the park was too much," Sarah recounts.

"Australia opened our eyes to a whole new world of possibilities.

My kids always joke that I think everything is better in England, but I had to move away to really appreciate it."

Now aged 18, 15 and 12 years old, Sarah's kids understand her work better and often ask her lots of questions about her PhD.

"I think they're quite proud of their mum embarking on a new challenge," Sarah admits.



Sarah Steane and children holidaying in Yorkshire Dales, 2019.



Sarah with her children when they were younger and living in England, 2008.

Sarah has inspired the whole family to love what they do, and work hard for it. Her husband is now studying a Masters degree, her daughter Molly is studying a law degree, her youngest son Ernie is working hard at high school with a keen interest in science, and her middle child Fred is doing the same in Year 10 while juggling year round cricket training and matches.

"We are all studying new endeavours this year, and I'm extremely proud of them all and their achievements," Sarah says.

Sarah's success makes studying and family look easy, but that's not really the case.

"While you can have it all, you can't have it all at the same time, and it takes lots of hard work," she says.

After high school, Sarah worked three jobs simultaneously at two major supermarket chains and a vegetable packing factory, while studying a diploma of science and engineering.

"The maths was so hard, I really struggled, but I just pushed myself and achieved a distinction!" Sarah chuffed.

"Right from primary school, I was competitive. My friend and I would stash extra homework sheets into our bags just for the prestige of winning a Mars Bar if you topped the class."

Sarah graduated from the University of the West of England in Bristol with a first class honours degree in applied biological sciences. She was one of six students to receive the accolade in her class of 200 students.

"When my brother received a first class degree, I said to myself 'I'm going to get one too'," Sarah laughs.

"It took a lot of hard work for me, unlike some of my peers who just seemed to waltz into exams and get top marks."

Sarah practised extreme self-discipline, studying six days a week with only one day off a week to see her husband. The effort was worth it. She was awarded the Alwyn Chadwick Memorial Travel Prize for outstanding academic achievement and earned a placement at East Carolina University Medical School. There, Sarah researched the regulation of glucose transporters and achieved her first author publication, which is a big accomplishment for an undergraduate.

As Sarah embarks on her latest research project, she wants other mature-aged women who may be thinking of doing a PhD to just go for it.

"My mum never had the opportunities I've had, so I feel very privileged," Sarah says.

"Education is a life-long journey and it's never too late to have a go."

Community contributions

Dr Aideen McInerney-Leo recently spoke at an event to honour women in STEMM for International Women's Day in March. As part of her address to the audience at Customs House, Dr McInerney-Leo shared a letter to her 16-year-old self.



Dr Aideen McInerney-Leo (to the far right).

Dear Aideen

A lot of well-intentioned adults tell you that this is the best time of your life. I know it depresses you to think that this is as good as it gets. This is not the case! In fact, this is one of the hardest, most stressful times of your life. But better days are coming soon, I promise!

When it comes to careers, know that there is not only one perfect career for you. You are equally happy in multiple parallel universes! Pick a career which empowers you to make a difference, challenges your analytical skills and allows you to think creatively. In your professional and personal life, listen to your gut when making major decisions as it will minimise regret later. Treasure, treasure, treasure your time with your family and friends.

A possibly surprising piece of advice is, be a lobster! At some stage, you will hear a wise rabbi tell a story about how a lobster grows, with its shell getting tighter and increasingly uncomfortable until he sheds it. He hides during this supremely vulnerable time until he grows another shell. So, when it matters, push yourself out of your comfort zone, and persevere when you feel most vulnerable. All times of personal growth are preceded by discomfort or stress.

So, Aideen, hang in there – a wonderful life awaits if you are ready to embrace it.

Sincerely

Dr Aideen McInerney-Leo
NHMRC Senior Research Fellow, The University of Queensland
Diamantina Institute

In 2010, UQ Medicine graduate Dr Benjamin Cohney and his wife established the Eric W Peet Memorial Prize in Medical Ethics in honour of Dr Cohney's illustrious mentor Eric W Peet who trained both in ENT and plastic and reconstructive surgery. The Cohneys were delighted to receive this note of appreciation from 2019 recipient Christopher Erian.

Dear Dr and Mrs Cohney



I'm very grateful to have the opportunity to thank you very much for your kind and generous contribution towards each of the winners. I really do appreciate your commitment of time and money to supporting not only the Prize, but also the UQ Medical School at large.

Indeed, being awarded the Eric W Peet Memorial Prize in Medical Ethics means quite a lot to me for a whole host of reasons; not least of which being that I am (along with my twin brother, who is also a QEII intern/UQ alumnus) keen to undertake a career in surgery. Certainly, one day I'd hope to emulate even a semblance of the esteemed careers enjoyed by both you and Mr Peet.

Your generous gift instils in me the confidence and means to further invest in my own interests in both writing and bioethics. These interests help keep me grounded as I manage my commitments as an intern, clinical researcher and tutor, as well as prepare for future examinations.

As you'd no doubt recall how arduous it can be to gain selection into a specialty training program, both the Prize and your generosity provide succour for junior doctors such as myself, before embarking upon what is likely to be a long and rewarding road ahead.

I'd like to sincerely thank you once more and congratulate you for positively impacting the lives of young medicos through your continued association with The University of Queensland. I wish you both all the best for the future and hope someday for our paths to meet.

Warm regards

Chris Erian

We want to hear from you. To be considered for publication in our next print edition, send your letter to med.alumni@uq.edu.au.

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ENDURANCE:

It's a marathon, not a sprint

by Leonie Small

After waking up from a coma, unable to speak, in the intensive care unit at the Royal Brisbane and Women's Hospital (RBWH), the first thing Dr Kerry Roper-Sakzewski remembers doing is writing on a whiteboard that doctors gave her to communicate – '1/2 Ironman, October 25?'.


"I remember the physio just laughed as I laid there connected to life support and what seemed like a thousand tubes," Dr Roper-Sakzewski recalls.

"I'd been hit by a truck three weeks earlier while on a training ride and had broken nearly every bone in my upper body. There was so much damage to my lungs, no one really thought I was going to live.

"When I started to cry, the physio very compassionately told me to try to take things one day at a time.

He couldn't guarantee that I'd walk again, but smiled and said, 'Who knows, you may prove me wrong!'"

The accident happened in June 2005. Four months later, still wearing a neck brace and bandages, Dr Roper-Sakzewski struggled as she walked 100 metres from her car to go and watch friends compete in a half Ironman.

"But a year later, I walked into my physio's room at the RBWH and handed him a photo of me crossing the finish line in my own race!" she laughs.

These days, Dr Roper-Sakzewski is focused on another kind of marathon: finding a cure for Parkinson's disease, a progressive degenerative neurological condition that affects a person's ability to control their movement.

"Current medications only manage the symptoms of Parkinson's; there's nothing that actually treats the underlying cause of the condition," Dr Roper-Sakzewski explains.

"So, part of my work in the Gordon Lab at UQ's Centre for Clinical Research is looking at how we can repurpose current drugs to fight the inflammatory pathways associated with Parkinson's.

"It's hoped that by decreasing or stopping those inflammatory pathways, we can slow or halt progression of the disease.

"Another part of my work is focused on finding biological markers so we can detect Parkinson's earlier."

When a patient is diagnosed with Parkinson's, it's thought they've probably already had the disease for about 10 years. At present, there is no test that can detect Parkinson's in its early stages.

"It's a long road but, as with all research, persistence is key," Dr Roper-Sakzewski insists.

"I guess I've always been a very driven person. I'm someone who, when I set my mind on something, will work very, very hard to achieve it," she says.

"The challenge with research is that even when I do set a goal and reach it, something else always comes along. You never quite finish. Then again, maybe that's what keeps me going!

"Having been a patient myself, dependent on medical research and staff, has given me a really good understanding of why this work is so important – not just for patients, but for their families too.


"My colleagues and I may be striving towards a 'cure' but, in reality, none of us will ever achieve that alone because our work is built on collaboration and shared knowledge," Dr Roper-Sakzewski explains.

"If I can contribute, even just a small part of the puzzle, then that is really valuable to me, and I thank the Queensland Government and Wesley Medical Research for supporting my research."

"Since having kids, I don't really have time for triathlons anymore. Now I'm into long-distance running instead, and at the moment I'm training for a 50km marathon," she says, grinning with a smile that wipes away all trace of her accident and difficult time in life.

Dr Kerry Roper-Sakzewski

**Together,
our greatest
days lie ahead**



UQ matches donations to double student scholarship support

Shannon Baker, a third-year UQ medical student, dreams of being a doctor. Professor Ian Gough AM and Dr Ruth Gough, through their generosity in establishing the Gough Family Medical Scholarship Endowment, are helping Shannon achieve her goal. Ian and Ruth utilised UQ's Create Change Scholarship Match to double their philanthropic donations and create an endowment that will provide two annual scholarships in perpetuity. Ian and Ruth are helping ensure that financial need, which may arise at any stage of the program, does not inhibit progress.

UQ's Create Change Scholarship Match will expire this year. To discuss an endowment match, contact our Advancement office.

medicine.uq.edu.au/philanthropy



My wife, Ruth, and I were supported by Commonwealth scholarships while studying medicine at UQ, and our daughters are also UQ alumni. We know there are deserving students who risk their educations being interrupted by financial hardship. To help, we've created two new annual scholarship endowments leveraging the Create Change Matching program.

– Professor Ian Gough



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