

Professor Fiona Stanley AC
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UNIVERSITY OF MELBOURNE GRADUATION ADDRESS

Chancellor, Provost, Distinguished staff and guests of the University of Melbourne, families and friends of the graduands, and most importantly graduands.

Warmest congratulations to you and your families on achieving this success today. Graduation ceremonies are truly joyous occasions.

I would like to acknowledge the traditional owners of the land on which Melbourne University stands, the Wurrundjeri people of the Kulin Nation and pay my respects to their elders.

Thank you for the great honour of bestowing an Honorary degree of Doctor of Medicine on me. To have received this from such a prestigious university is amazing; my husband Professor Geoffrey Shellam who did both his undergraduate and PhD training here at Melbourne is thrilled for me too and I thank him for his support. I realise that this honour is an acknowledgement also of all my colleagues with whom I have worked over the last 30 years in child health, development and well being.

I believe that there are three attributes of a graduation address – firstly I have to inspire you, the graduands; secondly I have to make some statement on research or education or some aspect of society which can be quoted by the university in their media statements; thirdly I have to be humorous and somehow this has to make sense and be interesting for your families and friends as well. Perhaps I have really had to earn this Honorary Doctorate, Chancellor!

To inspire you is easy. There has never been a time when you, as new graduates knowledgeable about health and disease, were so needed. You will be facing enormous challenges with exciting new tools and ways of thinking to address them. Mental health problems, obesity, heart disease, diabetes, cancer, asthma and allergies and still infectious disease, which we arrogantly thought when I was a young graduate, to have solved. Then along came HIV/AIDS to burst that balloon of complacency and arrogance! New infections are around the corner as organisms adapt to changes in human and climatic situations.

Australia has a developed world pattern of disease – an aging population pyramid and increases in the degenerative disorders; how to care best for our aged; low rates of infections but high and increasing rates of chronic disease which are related a lot to both lifestyles and genetic risk; and the biggest challenge of the 21st century – mental ill health which is increasing dramatically in children and youth with little evidence that it reduces with age. And in our developed world, the behaviour problems, youth disengagement, social inequalities impact hugely on the health and well being of the whole of the population. Our Aboriginal people provide Australia with the challenges of both developed and developing country profiles – a young population; poverty, malnutrition and high rates of preventable infections, as well as the chronic diseases and mental health problems seen in broader Australian society but at much higher levels.

The levels of problems, not just in Aboriginal Australia but across the board, demand a preventive response – not only because it is the most cost-effective way (we simply cannot afford to treat 16% of young people with mental health problems), but because it is also humane. And of course, being a researcher, I would have to say how important research is to the solution of these health problems – finding preventive solutions doesn't just help one or two patients. They help the whole world. Can you imagine the feeling of excitement when Professor Carol Bower and I, after implementing the world's first folate campaign to reduce spina bifida and related defects, watched the rates fall so well? Can you imagine my anguish when I see articles lauding the medical miracles of resuscitating and keeping alive a 24 week foetus, with no-one asking the question – why was this baby born so early and can we prevent preterm birth? Not only do we want to reduce the costs of Neonatal intensive care, we want to avoid the trauma, disabilities and problems being 24 weeks at birth presents.

Australia has a great track record in health and medical research; Ian Fraser has developed a vaccine for cervical cancer – we need you to develop the “vaccines” for preventing mental health problems. Such problems are complex, they involve both genetic and environmental risks and protective factors, they influence other challenges of modern society such as homelessness, domestic violence, substance abuse, crime and child abuse and neglect. We just have to get better at prevention. How exciting that will be!

If you decide that clinical care is the best career for you, you still must appreciate the value and importance of research. You must demand of researchers, the evidence base for your care. That evidence base is not only good practice it is truly caring for your patients. Always ask “what am I doing this for and could I do it better?” Never believe that you know it all – you/we don't.

That was the inspiring bit! Now on to the comment on current research or education or training which the media can pick up if they want. My message here is about COLLABORATION. It allows me to thank the University of Melbourne for hosting our ARC/NH&MRC collaborative research network on children and youth called “Future Generations”.

Over the last 4 years, the University has provided accommodation and support in the Department of Paediatrics for this unique collaboration. We are concerned about the levels of problems affecting our children and young people in Australia. We call it “Modernity's Paradox” – as Australia grew more prosperous and had more knowledge about child development than ever before, yet we were measuring rising rates of problems in children and young people which were of enormous concern. Problems like the ones I listed earlier have all been rising - particularly mental health and behavioural problems, obesity, child abuse, educational under achievement, substance abuse and aggressive juvenile crime, child abuse and neglect – all at levels which shocked us. These increases had occurred over the last 30 years and coincided with major changes in those economic, social, family and community factors which have such an important influence on child development. This was our key and collaboration was to be our method. The collaboration we set up – the Australian Research Alliance for Children and Youth – brought together researchers across many disciplines (health, economics, psychology, sociology, politics, and so on) and

we recruited policy makers and practitioners. We wanted new ways of working and new ways of thinking to bring innovative solutions to these major social problems facing Australia.

My plea is that we have to get serious about supporting collaborations and rewarding them. At the moment, most institutions in government, in education and in research, policy and practice, work in silos. This is despite most common and serious problems in today's society from climate change to child abuse and mental health demanding "joined up" approaches. We need urgently to think up ways to cajole people out of their narrow silos and to reward them for collaborating across stupid divides. The solutions to most problems in health will come from areas outside the health departments and hospitals in which you will be working. They will come from economic and social interventions, from changes in lifestyle, from political will and from such things as housing and transport. So my suggestion is that in all our research and educational institutions, we must look seriously at how we collaborate, how we address problems collectively and how we reward people for getting out of their comfortable silos which are so ineffective in managing these issues. We will need to reward teams more than individuals, look at track records in very different ways and so on.

And now to the humour! I was desperate a few days ago, wondering what on earth I could say that was humourous at a medical graduation at the University of Melbourne. I had nothing. Then suddenly one of my wonderful colleagues from Harvard University, who is a neuro-epidemiologist with a great sense of humour sent me "the Doctors Opinion of the Financial Bail- out package" proposed by the Bush Administration. So, in the current financial crisis (which is not a joke), I offer this advice to the Chancellor – you will be pleased, Sir, that this does NOT come from the Harvard Business School!

"The allergists voted to scratch it, and the dermatologists advised not to make any rash moves. The gastroenterologists had a sort of gut feeling about it but the neurologists thought the administration had a lot of nerve, and the obstetricians felt they were labouring under a misconception. The ophthalmologists considered the idea short-sighted; the pathologists yelled "over my dead body" while the paediatricians said "oh grow up". The psychiatrists thought the whole idea was madness, the radiologists could see right through it and surgeons decided to wash their hands of the whole thing. The pharmacists thought it was a bitter pill to swallow, the plastic surgeons said "this puts a whole new face on the matter". The podiatrists thought it was a step forward, but the urologists thought the scheme would not hold water. The anaesthetists thought the whole idea was a gas and the cardiologists did not have the heart to say no. In the end the rectal surgeons left the decision up to some a***holes in Washington."

Hence my final bit of advice is to have a highly developed and well practiced sense of humour and of fun – you will then be a delight to your patients and to your colleagues. Laughter is the best medicine.

I thank the University of Melbourne for this wonderful honour. I wish you all the best of careers in this challenging world of ours.

Thank you.