

Gordon Clunie Eulogy

The death of Gordon Clunie marks the passing of probably Australia's most influential ever academic surgeon. His influence extended well beyond academic surgery to include the very fundamentals of medical education, health planning and international or global health.

Eulogy such as this can only just scrape the surface of his considerable achievements - achievements that were not for himself but for the **greater good of the institutions** of where he worked, and for the Australian and international community.

I first met Gordon Clunie in 1978 when he had been appointed as the second James Stewart Professor of Surgery at The University of Melbourne, located at The Royal Melbourne Hospital. He was born in Fiji, educated initially in Fiji and subsequently in Scotland and after commencing and academic career in surgery in Edinburgh – particularly in transplant surgery and transplant immunology he moved to The University of Queensland where he was appointed as a Professor of Surgery in 1973. His clinical work was at the Princess Alexander Hospital, where he headed the kidney transplantation unit.

The environment into which Gordon Clunie arrived in Melbourne could

be best described as hostile. Not only was he an **outsider**, – in what was essential a very **parochial** medical environment, but he had taken up a position which other surgeons at the time had thought was rightfully theirs.

It needs to be remembered at that time in Melbourne, and to some extent still continues, surgery was essentially a private practice discipline with the archaic honorary system having only just been replaced with paid sessions for the attending surgeons.

Bill 'ESR' Hughes, a collectoral surgeon at The Royal Melbourne Hospital had recently been appointed as Professor of Surgery at Monash, and there had been intense lobbying by private practice surgeons for the prestigious James Stewart chair.

In addition, Gordon Clunie was a “**real platinum plated academic surgeon**”, a surgeon who had undertaken and published serious research and had no real interest in private practice. A combination of these factors had resulted in a very difficult environment for Clunie when he arrived.

He had a very difficult early start, particularly as there were considerable machinations and lobbying regarding the positions of the Head of

Division of Surgery at the hospital, a position that Professor Clunie had considered essential that he obtain, if he was to make meaningful changes within the hospital.

Professor Clunie soon established himself to be above the low level petty hospital politics. He was a quiet thoughtful man, with a considerable intellect. In the words of **Theodore Roosevelt**, he was a man who truly **'Spoke softly but carried a big stick'**.

The Hallmark of his subsequent time at The Royal Melbourne Hospital and University of Medicine truly was that **of exercise of intelligent forethought and decisive action.**

His achievements in Melbourne where many - and perhaps can best be artificially compartmentalised into those that occurred at The Royal Melbourne Hospital, University of Melbourne and the many outside organisations in which he was involved but of course overlap.

The characteristic hallmark of his involvement was that he undertook a scrupulous research into the topic that was to be considered and this involved very careful listening, and then making very decisive decisions -

and he spoke with **a gravitas and an authority** that was very rarely questioned.

THE ROYAL MELBOURNE HOSPITAL

I will start with this involvement at The Royal Melbourne Hospital. As indicated, the time of his arrival, the environment was difficult, and academic surgery was a **small niche area** within what was essentially a surgical discipline dominated by private practice surgeons.

There is no doubt that he transformed the environment at the hospital, and over the period of 1978 -1995 his contributions extended **well beyond** the development of the Department of Surgery into a strong academic department, but also involved considerable contributions to **clinical care** at the hospital, **teaching programs, research organisation** and the **administration** of the hospital, not just in its day to day activities but also in terms of future planning.

ACADEMIC SURGERY

Gordon Clunie had **a clear vision for** academic surgery at The Royal Melbourne Hospital. He saw the need to develop the Department of Surgery into **a vibrant academic** department, involving both basic science and clinical research, as well as integrating its activities into the hospital. He **recruited** strongly into the department, and was able to considerably enhance the already excellent basic research in transplantation immunology - that was his own particular specialty. However, he had envisioned the department with a much broader reach, and without doubt his two major coups were to recruit **John Ludbrook**, an NHMRC Professorial Fellow - who had an outstanding program in cardiovascular research, and attracting the **Ludwig Institute** of cancer research not only to the hospital and to The University of Melbourne, but establishing it as an institute within the Department of Surgery.

This was clearly his vision – to bring the highest quality basic science research into the department – and ensure that surgeons- who had previously **considered as lesser beings** by their physician

colleagues – had the opportunity to work directly with the highest quality scientists – understanding the basic principles of research method - and applying it to their disciplines.

The combination of Gordon Clunie and Tony Burgess was formidable, with Tony being the brilliant scientist and Gordon, who was really the **master of persuasion**. I was certainly one of the many surgeons who was the beneficiary of this considerable combination.

As part of Professor Clunie's plan for research, he strongly encouraged sessional surgeons to be involved in research programs and he did this by creating a number of part-time positions within the department. His strategy was to mainstream research within the hospital, to embed it in the hospital and was responsible for the development of the administrative structures at The Royal Melbourne Hospital, to enable this vision.

CLINICAL

Gordon Clunie was able to carry the surgeons with him, because they saw he was an excellent surgeon with considerable clinical skills - and more than anything his patients loved him. As a result, he was able to

overcome perhaps **the biggest hurdle** for an academic surgeon, ensuring that other surgeons respected his surgical abilities.

As Gordon Clunie said the academic surgeon has the **double difficulty** - competing with the private practice surgeon to establish surgical credibility - and then competing with the scientists to not only establish scientific credibility- but to also obtain the grants necessary to continue their research.

ROLE IN THE HOSPITAL

As much as Gordon Clunie's role as an academic surgeon was essential in developing the vibrant programs within the Department of Surgery, his **influence generally within the hospital** was possibly even more profound.

At the time - possibly could be argued even still, The Royal Melbourne Hospital was under considerable challenges – with a **hostile political environment**, funding cuts and extremely difficult industrial situation.

As David Campbell states 'threats from every direction...".

Gordon Clunie formed part of a very influential group of clinicians and administrators who steered the hospital through what was a very difficult environment.

The others included **Richard Larkins**, the late **Michael Luxton**, **David Campbell** and **John Tribe** – as well the Presidents of the hospital Tom Hurley and Dame Margaret Guilfoyle. On discussion with most of these, they remember Gordon for his outstanding contributions to the hospital and especially to the critical role he played in the establishment of a number of essential projects for the survival of the hospital.

What was particularly special about Gordon – and the others that I have mentioned, was that none of them had a vested interest in any of the projects, but they realised that each was essential for the growth and indeed the survival of the hospital – and for the benefit of the community.

Some of these included:

- Development of the **private hospital**
- Development of the hospital **master plan**
- Development of the **helipad**

- The redevelopment of **Essendon Hospital** from an obstetric unit into a rehabilitation hospital and elective surgery hospital for The Royal Melbourne.
- The development of the **clinical business unit** at The Royal Melbourne Hospital – which was then a revolution in the organisation of hospital and medical structures – and was a forerunner of the present divisional structure of the hospital.
 - The development of the **Neurosciences** as a separate clinical entity.
- The development of The Royal Melbourne Hospital **Research foundation**, subsequently became The Research Office, headed by Angela Watt
 - mainstreaming of research into the hospital.
- Gordon particularly understood the critical importance of relocating the Peter MacCallum Clinic adjacent to The Royal Melbourne Hospital, so the cancer patients could benefit from the environment of a major university teaching hospital and the patients at The Royal Melbourne Hospital would have access to radiation therapy services. Indeed, it

could be argued that much of the groundwork for the comprehensive cancer centre – VCCC could be credited to Gordon Clunie.

John Tribe recalls the critical role that Gordon played **for issues relating to the university and hospital**, but also especially the **hospital and medical staff** in general, he stressed the importance of this role, particularly in the context of annual budget cuts which were under the guise of the recently introduced case mix funding, and he was an important conduit between the management and the staff.

ROLE AT THE UNIVERSITY

At the time Gordon Clunie was appointed Dean of the Faculty of Medicine at the University of Melbourne, he had already been Deputy Dean for a long time – since 1986. He was Dean for only 2 years – but his achievements were considerable during that short period – and I can only guess that as a very **acute observer**, he had studied the landscape well during his time as the Deputy Dean, and understood very clearly what needed to be done – the critical issues – to transform the medical school - and he had a very clear agenda.

He is perhaps best remembered as the Dean responsible for what was then an **unprecedented revolutionary remodelling** of the **medical curriculum** which resulted in 1999 of a graduate entry pathway to the medical course, in the dual entry course and inclusion of the research component for undergraduate students. The restructuring of the curriculum and its **innovative teaching methods**, including **self directed learning**, was a considerable achievement – considering that most medical faculties had been concreted into a curriculum more than 50 years old. I always thought that it was seemingly an **extraordinary paradox** a man that seemed to be extremely conservative was able to introduce such revolutionary change – but probably underneath it all he was not at all conservative but a **quiet revolutionary** in his own way.

It is also of note that together with Sue Elliott, who was then the Associate Dean within the faculty he wrote an editorial in Chiron in 2005 emphasising “...that no medical curriculum can be static, but must reflect the changing needs of the student population and the wider community...it must remain dynamic, innovative and informed by the best available medical and educational evidence...”

He was also responsible for other critical initiatives for the faculty including the establishment of the:

- Department of Rural Health in Shepparton
- The Faculty Education Unit
- The Centre for Study of Health of Society – that was a joint initiative with the Faculty of Arts and
- a creation of a Chair of General Practice.

He was responsible for the introduction of

- the school of post graduate nursing,
- and the addition of two floors to the top of the tri-radiate building – no mean feat in what was very difficult financial circumstances.

In addition, it must be emphasised that a particular feature of the processes that were undertaken by Professor Clunie was the way it **built bridges between** what was previously separate **departments** of the Faculty, and this had considerable flow on effect in research productivity.

During his time as Dean he also introduced the concept of **internationalisation of the medical programs** – in teaching and

education, research and clinical programs. The new undergraduate program was designed to encourage students to undertake the study abroad and he implemented close links with educational institutions in Asia and the South Pacific. He was responsible for the establishment of the **Australian International Health Institute**, which subsequently morphed into the Nossal Institute – and was the basis for **global health programs** undertaken by the University of Melbourne.

He had a very significant role personally in **international affairs**, as a member of the Australian Development Assistance Bureau - supporting a number of AusAID programs, including the medical education program in Shandong province in the People's Republic of China, where many of us spent time including Professor Larkin and myself, and as Chairmen of the College of Surgeons International committee - the development of the College Pacific Islands program.

Of course, he had a particular and special interest in the design and delivery of postgraduate education programs through the **Fiji School of Medicine** and **University of the South Pacific** – a project that was particularly dear to him due to his origins in Fiji.

Professor Clunie truly understood the importance of the international collaborations, not only in Asia, the South Pacific, but also Europe and North America. He was an outstanding host for the numerous international visitors – a task that he took extremely seriously, as his son David remembers personally meeting the international guests at the airport and driving them to their hotel.

EXTERNAL CONTRIBUTIONS

Gordon Clunie also made considerable contributions in senior positions with many external bodies. Examples of some of these

He was a:

- member of Council of the Royal Australasian College of Surgeons
- Editor in Chief of the Australian and New Zealand Journal of Surgery
- Served on the Anti-cancer Council of Victoria and held senior positions as the **senior medical advisor** on the Anti-cancer Council of Victoria...
- Member of the National Health and Medical Research Council
- and the Australian Medical Council Accreditation Committee.

- He served on numerous boards of several medical research institutes and teaching hospitals.

In his many and diverse roles Gordon Clunie demonstrated outstanding leadership and administrative skills and played a seminal role in strengthening the structures of the university, hospital and organisations that subsequently considerably benefited the Australian community and beyond. He was a man of the **utmost integrity** with an **extremely clear and precise vision** of what needed to be done and how to achieve it. He was that rare person, **who was able to translate vision into action, and action into a result.**

He published widely, with multiple publications on fields of kidney transplantation, immunosuppression, endocrine surgery and medical education.

AWARDS

His awards were many, including:

- the Sir Louis Barnett medal and inaugural research award of College of Surgeons.

- and he was awarded one of the inaugural Brownless medals of the Melbourne Medical School in 2012.
- But actually, he remained a committed academic throughout his career - and I can well remember him collecting and organising his numerous publications for presentation to the University of Edinburgh for the award of the most prestigious Dr of Science from that university - just before he vacated his position as Professor of Surgery.

But overriding all this, Gordon Clunie was a most **humane person**, with a **deeply caring spirit**. He could not abide injustice or pettiness – he had no time for fools or charlatans – he was quickly able to sort out the real people from the pretenders and he was a man whose loyalty had no limits.

I know that personally as do many other surgeons, owe a great debt of gratitude to Gordon Clunie – not only for **establishing the environment in which academic surgery**

could flourish – but also his advice, guidance and support over many years.

His considerable legacy is evidenced by the many flourishing institutions – not only at the hospital and university that he has been associated with, but also countless doctors, nurses and allied health professionals that have benefited from his involvement – as has the Australian community and further.

Gordon Clunie **was a giant amongst men and his legacy lives on.**

Both personally and on behalf of The Royal Melbourne hospital and University of Melbourne I convey my sincerest condolences to Professor Clunie' family, Jess his wife, David, Pamela and Louise his children, and his grandchildren. Your loss is enormous, and our thoughts and prayers are with you.