

Submission

No 52

INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

Name: Professor Malcolm Fisher AO

LEGISLATIVE COUNCIL
COMMITTEES

9 NOV 2007

RECEIVED

Intensive Therapy Unit
Royal North Shore hospital
St Leonards
9 November, 2007

Submission to Parliamentary Inquiry

My name is Malcolm McDougal Fisher and I am registered as a Consultant Physician in the state of New South Wales. My current position is Senior Staff Specialist in Intensive Care, Royal North Shore Hospital, Area Director of Intensive Care, Northern Sydney Central Coast Area Health Service. I am a half time staff specialist since April, and resigned as Head of the Intensive Therapy Unit in 2003 after holding that position since 1983. I am a VMO at North Shore Private Hospital. I am Clinical Professor in the Departments of Anaesthesia and Medicine at the University of Sydney. I am also employed part time as an internal medical assessor for the HCCC. I hold the qualifications MB ChB, MD, FJFICM, FANZCA, FRCA. I have been engaged in full-time ICU practice since 1975 and half time since April 2007. I have been awarded the Order of Australia for "Services to Intensive Care nationally and internationally and research into severe allergic diseases. My CV is attached.

My CV is attached. (Attachment 1.)

Firstly I would like to express my confidence in the Australian Health system and in the Royal North Shore Hospital which has been my professional home since 1977. While our hospital has strengths and weaknesses, I believe its strengths compare favourably with world benchmarks and I am proud to be a member of its staff.

Intensive Care has been well resourced and supported by the Government and the Health Department in both New South Wales and the Royal North Shore Hospital since 1998 with respect to bed numbers. Each year clinicians from the ICU advisory group work with the Health Department to allocate funding for new beds and other initiatives. The RNSH ICU has problems with maintenance, and equipment replacement, and is not unique in this regard.

The RNSH Intensive Care is the only adult unit that treats all types of critically ill patients. Of necessity we prioritise admissions. Deteriorating patients within the hospital and patients in ED have first priority. Our second priority is critically ill patients in our immediate area of responsibility (NSCCAHS) and State Wide Services patients with burns and spinal injuries. Our default area (from which we are obliged to take tertiary patients when no other beds in the state are available) includes NSCCAHS and the area north of Newcastle to the Queensland border. This is our next highest priority. We are a centre for interventional neuroradiology, trauma, neurovascular surgery, burns and spinal injuries and for some years have received numbers of interventional cardiology patients from within and out of area when we were the only hospital committed to providing such services 24 hours a day.

The standard benchmarking system used to assess intensive care outcomes in Australia is the standardised mortality ratio (SMR). The SMR at the Royal North Shore compares favourably with international and Australian benchmarks. (Attachments 2)

Because of concerns over the safety of patients in some of the hospitals in our immediate area we have instituted a system of automatic triage to RNSH, further adding to the ED load.

It is important to understand that we allocate beds on the basis of patient safety. This means our lowest priority is patients requiring elective surgery. In the absence of beds in other hospitals we take acutely ill patients from out of area in preference to elective surgery patients within RNSH even if the latter have been admitted to RNSH and booked into ICU for postoperative management. . We do not "garnishee" beds for elective surgical patients as is commonplace in some other ICUs..

The workload in intensive care units in New South Wales is very variable and is supported by an excellent retrieval and transport service, and cooperation among specialist medical staff in different units.

There are pressures on Intensive Care beds, particularly in winter.

Since January 2007 we have been unable to admit in excess of 149 referred emergency patients. 104 admissions were declined because we did not have available resources (most often nurses) at the time. A further 18 patients could be managed safely outside intensive

care, and for 27 patients, admission was declined because their outcomes would not be altered by intensive care admission.

In the same period 869 surgical patients were booked into the intensive care unit for postoperative care. Surgery was deferred at least once for 89 patients because the unit could not accommodate them safely at the time. 52 patients were sent to the wards postoperatively (some of whom would have been preferably managed in ICU). 53 were not admitted because of surgical or operating theatre factors, and 656 were admitted postoperatively as planned.

We took 93 patients from within Area and 60 patients from out of Area over that period. This is more than any other single hospital with the exception of the John Hunter Hospital taking patients from within its own Area. (Attachment 3)

I present this information to illustrate that an appropriately funded Intensive Care Unit at Royal North Shore Hospital is a major state and community resource with excellent patient outcomes. It should enjoy the confidence of the community.

An emerging problem for ICU is the increasing number of patients admitted through ED. Partly in response to ED performance indicators, these patients are given priority for empty beds in the hospital. Consequently we are often unable to discharge ICU patients because of lack of available ward beds. This 'bed block' has a domino effect, as elective surgical patients are unable to be admitted to the hospital preoperatively or to ICU after scheduled surgery. This often necessitates cancellation.

Because of bed block 30 to 50% of our ICU patients have discharge delayed up to 24 hours. For a significant number the delay is up to 72 hour.

A further problem associated with bed block is that the numbers of patients discharged from ICU after 6 p.m. has increased dramatically, as beds only become available late in the day. Discharging intensive care patients after 6 p.m. is a well recognized risk factor leading to increased morbidity, mortality and ICU readmission. Between 2006 and 2007 our readmission rate doubled to over 1%.

The major problems which confront RNSH are related to supply, demand, and efficiency. When the demand for beds exceeds the supply of beds in the Emergency Department, Wards, Operating Theatres and ICU patient safety is compromised. It is possible that efficiency of management of these beds is contributory.

This is the key issue at present. Is the current number of funded beds sufficient and their management simply inefficient, or is the current bed supply inadequate? It is my contention that while there are elements of inefficiency, the supply of beds with the requisite funding to match those beds is inadequate.

We are repeatedly told that RNSH is expensive. There are some important factors which emerge when we try to identify areas in which we could improve.

- When we have asked for information regarding areas of high cost we have been informed of difficulties in benchmarking with other hospitals because of different accounting systems.
- Areas of high cost that have been identified have usually neither withstood close scrutiny, nor been supported by data available to us. In addition there are instances where the alleged high costs have been supported by faulty data. Some costs have been overestimated by 100%. It is apparent that because of inadequate Information technology (IT) and measuring systems, coupled with our poor performance with coding, that much of the data is faulty. IT facilities in the hospital are poor and lag considerably behind other areas and hospitals. It appears to us that the IT budget is being further reduced. There are frequent breakdowns in our systems, and patient care and safety are compromised by such breakdowns, particularly when they occur in the radiology and pathology departments. Virtually all the clinical departments that have effective information systems at RNSH are departments in which enthusiasts have built their own systems.
- If RNSH is expensive the high ratio of emergency to elective patients, aging population, tertiary services, out of area patients (adequate funding) and the loss of 'easy ones' to the private hospitals are important factors. These and the inherent

inefficiencies of running our hospital so close to capacity (and even over capacity) are important factors which must be considered.

- We can identify specific areas of underfunding such as interventional radiology.
- As indicated above, we admit into Intensive care a larger number of out of Area patients than other hospitals. While we are informed that out of Area patients are funded by averaging in the RDF, there are arguments that this funding does not cover costs related to complexity.

Even accepting that they are systematic inefficiencies in usage of beds at RNSH, the majority of clinicians strongly believe that, our ED, wards and operating rooms do not have the current capacity to deal with our patient load. The very high occupancy and increasing (7-10% per annum) demands allow little flexibility in the system and lead to inevitable and frequent breakdowns, which may compromise safety, and certainly do not always permit the provision of the quality of care expected by the public and desired by the clinicians.

RNSH has provided innovative systems to try to reduce demand, in particular the 23 hour surgery ward and APAC which treats 800 patients per year who previously would have been hospitalised. They have delayed, but not prevented our current problems.

The inadequacy of the capital works and RMR budgets (often the lack of any such budgets at department level) have had major implications. Cleaning is inadequate, refurbishment is sparse and delayed, new and replacement equipment purchase is grudgingly inefficient and protracted. Staff, patients and visitors have repeatedly suffered physical conditions they would not tolerate in their own homes. What allocations there are often seem to be diverted to support under-funded clinical activity.

The issues are not new, and have been raised at both Health Department and Hospital and Area Executive level. In 2005 a delegation of doctors led by Dr Stephen Christley meet with the Director General of Health, Mrs Robyn Kruk and Mr Robert McGregor, some additional funding was provided. After this meeting, a committee was formed in which senior members of the staff met with members of the administration and tried to

resolve our problems. As well as bed numbers and equipment the following problems were identified.

- The hospital is dirty. It may be that it is so old it is not possible to keep it clean, and it may also be that this is at least partly attributable to the absence of a routine maintenance program.
- The use of trust funds for essential equipment (purchase, maintenance and replacement) has been a way of life at RNSH for many years. Since the opening of North Shore Private our capacity to do this has diminished considerably.
- The bureaucratic processes relating to budget, requisitioning, appointments, and managing unit finances are cumbersome, frustrating, and annoying and lead to a considerable time wasting for clinical managers. This is in part related to the poor Information Technology.
- Efforts at the hospital to reduce its waiting lists have been met by the restriction of surgical services with alleged re-allocation of the funding. It is currently very difficult for surgeons to operate on elective patients, and maintain short waiting lists. The majority of surgery done in the hospital is emergency surgery.
- The IT facilities (see above).

The meeting with the Department resulted in some small funding supplements. The meetings with administration were not fruitful. I cannot identify any significant improvements.

I believe that one of the major problems is the extraordinarily high turnover of senior administrative staff. (Attachment 4) This has very unfortunate consequences for the running of the hospital. By the time relationships are established between clinicians and managers, and the managers have some appreciation of the problems, they disappear. It is my perception that the majority of these people leave because they have been placed in an impossible position of trying to balance un-reconcilable budgetary demands from above with the clinical imperative to provide safe quality care. Our senior managers

reach a position where they cannot see ways of solving the problems without additional resources which are not available. They depart.

Finally, clinicians at Royal North Shore Hospital have enormous concerns over the development of the new hospital. Senior clinical staff involved in this hospital redevelopment process have expressed concerns repeatedly. Until senior clinicians organised meetings with the groups involved in tendering, these concerns appeared to fall on deaf ears.

The new Hospital will hopefully be commissioned in five years and in all likelihood will, like the current 'brown building' be 'our' hospital for in excess of thirty years. The current building was built to excess and until recently was adaptable to the many changes that occurred in medical and nursing practice. It is no longer adequate for the current demand. We are concerned that it appears that the bed numbers in the new hospital will not materially increase in spite of a annual 7-10% increase in demand. Major clinical units struggle to maintain critical workloads: some have been lost. Support of major clinical and Academic units is vital to the future of district, Area and State. Not to allow for the fostering and development of such units seems short-sighted and neglectful to those clinicians who have devoted their clinical life to them. The new hospital development must be seen as an opportunity to redress the problems which have developed in the old hospital, and not to perpetuate them, albeit in a cleaner environment.

My colleagues and I are proud of our hospital and its many world class units. We would like to work with management to restore the hospital to a state where it meets the expectations of consumers in a way more acceptable to both of us. It is difficult, however for us not to see a bleak future without immediate resource enhancement and new approaches to management.

This is my own view but is unreservedly supported by the staff in the Intensive Care Unit.

A handwritten signature in black ink, appearing to read "Malcolm Fisher". The signature is written in a cursive, flowing style.

Malcolm Fisher AO, MBChB, MD, FRCA, FJFICM

ATTACHMENT 1

Curriculum Vitae

Professor Malcolm McDougal FISHER

CURRENT POSITIONS

Head, Intensive Therapy Unit
Royal North Shore Hospital of Sydney
St. Leonards, NSW, 2065
Australia (retired 2003)

Clinical Professor in Intensive Care Medicine
Departments of Medicine and Anaesthesia
University of Sydney

Visiting Medical Officer North Shore Private Hospital

Area Director Intensive Care, Northern Sydney Area Health

QUALIFICATIONS

M.B.,Ch.B., University of Otago	1969
F.F.A.R.A.C.S.	1975
F.F.A.R.A.C.S. Endorsed in Intensive Care	1981
M.D. University of Otago	1987
F.A.N.Z.C.A.	1991
F.F.I.C.A.N.Z.C.A.	1993
F.R.C.A. (Invited)	1994
F.J.F.I.C.M	2002

EDUCATION

1950 - 1956	Waterloo School
1957 - 1958	Hutt Intermediate School
1959 - 1963	Hutt Valley High School
1961	School Certificate
1962	Endorsed School Certificate
1963	University Entrance by accreditation : Higher School Certificate Scholarship Examination : Prefect : Rugby Representative
1964	Otago University. Medical intermediate - Zoology B, Chemistry A, Physics C. Accepted Otago University Medical School
1966	Otago University - 1st Professional Anatomy C, Physiology and Biochemistry C
1967	Otago University - 2nd Professional Pathology B, Microbiology B
1968	Otago University. 3rd Professional Social and Preventative Medicine A, Pharmacology and Therapeutics B.
1969	Otago University. Final Examination Surgery A : Medicine B : Obstetrics and Gynaecology B Awarded M.B.,Ch.B.

POST GRADUATE EDUCATION

1973 Passed Primary F.F.A.R.A.C.S.
 1975 Passed F.F.A.R.A.C.S.
 1981 F.F.A. endorsed in Intensive Care
 1987 Otago University. M.D.

APPOINTMENTS

1970 Junior Resident, Wellington Public Hospital Emergency and Accident, Anaesthetics, General Medicine, General Surgery
 1971 Junior Resident, Wellington Public Hospital Cardioresenal, Medicine, Paediatrics, Ophthalmology, General Medicine
 1972 Anaesthetic Registrar, Wellington Public Hospital
 1973 Anaesthetic Registrar, Wellington Public Hospital
 1974 Jan-June - Anaesthetic Registrar, Wellington Public Hospital
 July-Dec - Intensive Care and Respiratory Physiology Registrar, Wellington Public Hospital
 1975 Jan-June - Anaesthetic Registrar, Wellington Public Hospital
 July-Dec - Senior Registrar Intensive Care Unit Wellington Public Hospital
 1976 Senior Registrar, Intensive Care Unit, Royal Adelaide Hospital
 1977 Staff Anaesthetist, Royal North Shore Hospital, Sydney
 Medical Supervisor, Surgical Intensive Care.
 Clinical Lecturer in Anaesthesia, University of Sydney
 1982 Head Intensive Therapy Unit, Royal North Shore Hospital*
 1986 Visiting Medical Officer Intensive Care. Mater Misericordia Hospital, Sydney. Resigned 1991
 1991 Clinical Professor, Anaesthesia and Medicine, University of Sydney
 1991 Retrieval Consultant, NSW Ambulance Service
 1993 President, World Federation of Intensive and Critical Care Societies
 2002 Advisory Consultant to NSW Health Department
 2002 Area Director of Intensive Care, Northern Sydney Area Health

PRIZES AND AWARDS

Gilbert Brown Prize for outstanding paper in Recent Developments Section, College of Surgeons, A.G.M., Adelaide, 1976. "Allergic Reactions to Anaesthetic Drugs"
 1986 NSW Ambulance Paramedics Award for contribution to paramedic training.
 Christer . Memorial Award of Foundation For Critical Care, USA for leadership in ethical issues in Critical Care Medicine San Francisco, Jan 1995
 Thomas J. Iberti Memorial Award for excellence in Critical Care, New York, 1995.
 Alan Gilston Medal for international services to Intensive Care, 1996
 Royal North Shore Hospital and Area Health Service Award for outstanding service, 1995
 Medical Students' Teaching Award for Best PPD session 2000
 ANZICS Medal for distinguished contribution to Intensive Care. 2002
 Order of Australia for national and international critical care, education and research into severe allergic reactions. 2003
 ANZICS Honour Roll for contribution to the practice and development of intensive care medicine. 2003
 Robert Woods Johnson Award (USA) for contribution to Peer Workgroups in End of Life Care. 2004
 World Federation of Societies of Intensive and Critical Care Medicine Distinguished Service Award for Outstanding Contribution to Intensive Care.. 2005

GRANTS, FELLOWSHIPS

Harry Daly Research Fellowship, Faculty of Anaesthetists,
 Royal Australasian College of Surgeons, 1983 - 85 Allergy to Anaesthetic Drugs.
 National Health and Medical Research Council (with B.A. Baldo) 1983-85. Reaginic Antibodies to Muscle Relaxant Drugs.
 With B.A. Baldo, Utah Foundation, 1985, Antibodies to lipopolysaccharide.
 National Health and Medical Research Council. With B.A. Baldo & J.V. Wells. 1986-1989.
 National Health And Medical Research Council. With R. Smith. 1988-1989.

REFEREE FOR THE FOLLOWING PUBLICATIONS

Anesthesiology (USA)
Medical Journal of Australia
Anaesthesia and Intensive Care
Australia and New Zealand Journal of Medicine
Canadian Anaesthetic Society Journal
Prehospital and Disaster medicine (USA)
Critical Care Medicine (USA)
Journal of Allergy and Clinical Immunology (USA)
Anaesthesia (UK)
Intensive Care Medicine
British Journal of Anaesthesia
Journal of Critical Care

EDITORIAL BOARDS

Anaesthesia and Intensive Care (Aust) 1977 - 1988
Acute Care (USA) 1989 - 1991
Critical Care Medicine (USA) 1989 - 1992 1995-
Prehospital and Disaster Medicine (USA) 1989 -
Theoretical Surgery (Germany) 1988 -1995
Patient Management 1982 -1995
Current Therapeutics 1982 -1997
Critical Care 1997-2004
Journal of Critical Care 2001-2006

ADVISER / REFEREE TO GRANTS COMMITTEES

1984 - National Health and Medical Research Council (Australia)
1987 - ANZICS Research Foundation
1989 - Medical Research Council (New Zealand)

REFEREE M.D. THESES

University of Sydney
University of Otago (N.Z.)
University of Melbourne

SOCIETIES

1. Section of Intensive Care, Faculty of Anaesthetists Foundation Member
2. Australia and New Zealand Intensive Care Society, Foundation Member
3. Society for Critical Care Medicine
4. P.E.E.P. Society
5. Western Pacific Society of Critical Care Medicine

OTHER ACTIVITIES

Honorary Surgeon N.Z. Rugby Union 1975
Coach and Manager W.C.O.B. Rugby team 5th grade 1974-75
Coach Lindfield under 10 Cricket Team 1981-82

TEACHING

Involved with practical instruction and formal teaching in Anaesthetics and Intensive Care for -

Senior Nursing Staff
Residents
Anaesthetic Trainees
N.S.W. Fellowship Course and Revision Course
Paramedic training
Dietitians
Anaesthetic Aides
Pharmacists
Northern Region (Metropolitan) Intensive Care Nursing Course
Medical Students
Medical administrators

COMMITTEE MEMBERSHIPS * continuing

- 1977-1984 Member Intravenous Feeding Club, Sydney
- 1977- Member Intensive Care Advisory Committee, Royal North Shore Hospital.*
- 1978-1980 Co-ordinator A.S.A. National Multicentre Trial on Intravenous Dantrolene.
- 1979-1981 Executive Australian Parenteral Nutrition Society (Resigned 1981)
- 1979-1981 Chairman Combined Committee on Nutritional Status of Hospitalised Patients
- 1979-1981 Member Royal North Shore Hospital Ethics Review Committee (Resigned 1981)
- 1979- Member Red Cross Working Party on use of Blood Products
- 1980-1981 Chairman, N.S.W. Branch ANZICS
- 1980 Chairman, Organising Committee 1st Continuing Education Meeting in Intensive Care
- Faculty Visitor to Tasmania
- 1980-1981 Chief Investigator National Atrax Robustus Antivenom Trial
- 1980-1982 Treasurer, Australia and New Zealand Intensive Care Society
- 1980-1996 Supervisor of Training in Intensive Care, Royal North Shore Hospital
- 1981 Australian Delegate to World Federation of Intensive Care Council, Washington
- 1981-1982 Chairman, NSW Branch ANZICS
- Chairman, ANZICS 1st Continuing Education Meeting Organising Committee
- 1982-1983 Secretary, ANZICS
- 1983-1984 Secretary, Section of Intensive Care, R.A.C.S.
- 1982 Organising Committee, Day Seminar "The First Hour of Trauma", Sydney - October
- Organiser ANZICS 2nd Continuing Education Meeting, Sydney, March
- 1982-1985 N.S.W. Ambulance Medical Advisory Board
- 1982-1985 N.S.W. Government Stores I.V. Equipment Committee
- 1983 Organiser ANZICS 3rd Continuing Education Meeting
- 1983-1984 Organising Committee - Pan Pacific Surgical Association Conference
- 1983-1986 Membership Committee, World Federation of Societies Of Intensive Care.
- 1984 Organizer, 4th ANZICS Continuing Education Meeting
- 1984-1994 Examiner, Part I FFARACS in Anaesthesia.
- 1984-1985 President, ANZICS
- 1985 Programme Chairman, ANZICS 5th Continuing Education Meeting
- 1986-1989 Retrieval and Transport Committee. NSW Health Commission.
- 1987 Chairman, Organising Committee, 7th Continuing Education Meeting in Intensive Care.
- 1988 Organising Committee, Intensive Care Section, Royal Australasian College of Physicians Golden Jubilee Meeting
- 1988-1989 Area Strategic Planning Board
- 1988-1989 N.S.W. Health Commission Trauma Committee
- 1988 Advisory Consultant on Intensive Care, Monash Medical Centre, Victoria, Australia
- 1988 Consultant to Intensive Care Design Committee, Royal Canberra Hospital, ACT, Australia
- 1988-1994 Royal North Shore Hospital Management Committee *
- 1988-1989 Royal North Shore Hospital Quality Assurance Committee *
- 1989 Chairman, Implementation Committee for Cardiac Surgery.
- 1989-1991 Chairman, Planning Committee ANZICS 1991 Scientific Meeting.
- 1989-1991 Chairman, Steering Committee, World Federation Intensive Care Meeting, 1997.
- 1989-1994 Chairman, IV Equipment Committee, Royal North Shore Hospital.
- 1989-2001 Elected Member, Council of World Federation of Intensive Care Societies.
- 1989-1993 Chairman, Committee on Intensive Care in Developing Countries. World Federation of Intensive Care Societies.
- 1989 NSW Health Department Committee on Resource Allocation.*
- 1990- Consultant, National Bioethics Consultative Committee*
- 1990-1993 Chairman, Royal North Shore Hospital Ethics Committee
- 1990-1995 Chairman, Royal North Shore Management Committee
- 1990-2002 Retrieval Consultant, N.S.W. Health Department.*
- 1990-1995 Royal North Shore Hospital Patents Committee.*
- 1993-1997 President, World Federation of Intensive and Critical Care Societies.
- 1995 AMA Working Party on Care of the Terminally Ill.
- Organiser. "Controversies in Critical Care Meeting. Sydney. August.
- 1997-2001 Congress President. World Federation of Societies of Intensive and Critical Care Congress. Sydney 2001
- 1997 NSW Burns Committee
- 1997 Visiting Professor, Toronto Critical Care Program. November 1997
- 1998 Northern Sydney Area Health Service Strategic Planning Committee
- 1997 Chairman, Northern Sydney Area Critical Care Committee
- 1998 Robert Woods Johnson International Committee on End of Life Management (USA)
- 1998 NSW Health Intensive Care Implementation Group
- 1999 Northern Sydney Area Critical Care Committee

2000	NSW Burns Committee
2001	Acting Co-Chair NSW Health Intensive Care Implementation Group
2001---	NSW Health Council
2002	Keynote speaker, Combined Anaesthesia Intensive Care Meeting, Darwin, October
2002	NSW Burns Implementation Committee
2003	NSW Health Department Spinal Injury Sub Committee
2001	NSW Health Council--
2002	Co-Chairman NSW Health Intensive Care Implementation Group Jan-July
2003	Co-Chairman NSW Health Intensive Care Implementation Group
2002	NSW Burns Implementation Committee
2003	NSW Health Spinal Injury Working Party Steering Committee
2003	NSW Health Committee on Efficacy and Efficiency
2004	South Western Sydney Death Review Committee
2005	NSW Health Intensive Care Taskforce: Co-chair
2005	NSW Health Critical Care Taskforce
2005	Greater Metropolitan Clinical Taskforce
2005	NSW Health Clinical Council
2006	Participant in NSW Upper House Inquiry into Mona Vale hospital
2007	

VISITING LECTURER/PROFESSOR

1978	Visiting Speaker. Allergic Reactions to Anaesthetic Drugs. Sheffield. U.K.
1980	Travelling Lecture to Tasmania. Australian Society of Anaesthetists Royal Newcastle Hospital. Reunion week
1981	Invited Speaker, Conference on Histamine and Antihistamine in Anaesthesia and Surgery, Munich, Germany Annual Visiting Lecturer, Royal Fremantle Hospital, Perth, W.A.
1982	Royal Prince Alfred Hospital. Reunion week.
1983	Visiting Professor - Toronto General Hospital Visiting Faculty - Mayo Clinic, Rochester, Minnesota Visiting Professor - Health Sciences Center, Winnipeg Visiting Professor - Hospital for Sick Children, Toronto
1984	Visiting Professor - South African Critical Care Society Visiting Professor, University of Nancy, France, September
1985	Invited Faculty, 4th World Congress, World Federation of Intensive Care.
1985	Visiting Professor, Emory University, Atlanta USA Visiting Professor, University of St. Louis, Missouri, USA.
1986	Invited Faculty, Biennial Conference of Critical Care Medicine. BANFF 1986. Visiting Lecturer. Health Sciences Centre. Winnipeg. Visiting Professor. University of Oregon. Invited Faculty. 7th Asian Australasian Anaesthesiology Congress. Hong Kong.
1987	Visiting Professor, Johns Hopkins University, Baltimore U.S.A. Visiting Professor, Ohio State University Medical School, Columbus, U.S.A. Invited Speaker, Society of Critical Care Medicine, Anaheim, U.S.A.
1988	Visiting Scholar, Eli Lilly, Indianapolis, U.S.A. Visiting Professor, Johns Hopkins University, Baltimore, U.S.A. Visiting Professor, University of Maryland, Baltimore, U.S.A. Visiting Professor, University of Miami, Florida, U.S.A.
1989	Invited Faculty. Ninth International Symposium in Intensive Care, Brussels
1990	Invited Faculty. European Critical Care Society. Amsterdam Invited Faculty. European Academy of Anaesthesiology. Cardiff. Invited Faculty. Association of Anaesthetists of Great Britain. Manchester. Rank Travelling Professor. United Kingdom.
1991	Invited Faculty. Annual Symposium on Intensive Care and Emergency Medicine. Brussels. Distinguished Research Scholar. Queens University of Belfast. Belfast. Visiting Professor. Intensive Care Society of Ireland. Visiting Professor. University of Lausanne. Switzerland.
1992	Visiting Professor. Queen Elizabeth Hospital. South Australia.
1993	Invited Faculty. Western Pacific Association of Intensive Care. Hong Kong, April, 1993. Invited Faculty. World Federation of Intensive Care and Critical Care Societies Scientific Meeting. Madrid, June 1993.
1994	Invited Faculty. Annual Symposium on Intensive Care and Emergency Medicine. Brussels.
1995	Keynote Speaker. SCCM, San Francisco, February 1995.
1996	Keynote speaker, ICS Meeting, Manchester, April, 1996.
1996	Keynote speaker. Intensive Care Society. Singapore. June 1996.
1996	Keynote speaker. Intensive Care Society. Mexico. September 1996.
1997	Visiting Professor, Toronto Critical care Program. November 1997.
2002	Visiting Professor. Scottish Intensive Care Society. Feb 2002.
2002	Visiting Professor Royal Darwin Hospital September 2002

INVITED PRESENTATIONS

1. 1976 Anaphylactic Shock. ANZICS Scientific Meeting, Adelaide
2. 1977 Anaphylaxis and anaesthesia. Melbourne Anaesthetic Postgraduate Meeting
3. Complications of dehydration therapy. ANZICS Meeting, Canberra
4. Management of Renal Failure. Section of Intensive Care, Melbourne
5. 1978 Intravenous feeding. Australian Hospital Pharmacists Meeting, Sydney
6. Adverse reactions to contrast media. Royal Australian College of Radiologists, Sydney
7. Anaphylaxis to anaesthetic agents. Royal Postgraduate Medical School, London, June
8. Management, incidence and prevention of adverse reactions to intravenous drugs. International Symposium on Adverse Drug Reactions, Sheffield, UK
9. Predisposing factors to adverse drug reactions. International Symposium of Adverse Drug Reactions,
10. Renal failure in intensive care. Combined meeting of RACS and RACP, Sydney
11. 1979 Use of hypertonic dextrose in nutrition in the critically ill. Annual Scientific Meeting, RACS
12. Nutrition and immunity. Combined Meeting of RACS and RACP
13. Anaphylaxis to muscle relaxants. Combined ASA/RACS Refresher Course
14. Post-operative intravenous therapy. ASA/RACS Refresher Course
15. 1980 Adverse reactions to anaesthetic drugs. New Deaconess Hospital, Boston, March
16. Allergic reactions to anaesthetic drugs. Royal Bristol Infirmary, Bristol, March
17. Nutrition in surgical patients. Royal Hobart Hospital, Hobart, October
18. Nutrition in hospitalised patients. Royal Newcastle Hospital, Reunion Week, October
19. Allergic reactions to anaesthetic drugs. Annual Scientific Meeting Tasmanian ASA and Faculty of Anaesthetists, Devonport, October
20. Rational use of intravenous fluids. AGM Tasmania ASA and Faculty of Anaesthetists, Devonport, October
21. 1981 The relevance, significance and management of malnutrition in the hospitalised patient. Royal Fremantle Hospital, Perth, WA
22. Anaphylaxis. Royal Fremantle Hospital, Perth, WA
23. Parenteral Nutrition - fact or fiction. Sir Charles Gairdner Hospital, Perth, WA
24. Anaphylaxis to anaesthetic drugs. A.S.A. Meeting, Perth WA
25. Anaphylaxis to anaesthetic drugs. Victoria Branch, Faculty of Anaesthetists, R.A.C.S., Melbourne
26. Anaphylactoid reactions to anaesthetic drugs - reactions in search of mechanisms. Sydney Allergen Group.
27. Parenteral nutrition in the critically ill. ANZICS National Meeting, Auckland, N.Z.
28. Atrax Robustus Envenomation. 1st ANZICS Continuing Education Meeting, Sydney
29. The epidemiology of anaesthetic anaphylactoid reactions in Australasia. Munich, West Germany
30. The Role of an Intensive Care Unit in the management of acute pancreatitis. Australian Society of Gastroenterology, Sydney
31. 1982 Failure of total parenteral nutrition in stressed patients. I.V. Feeding Club, South Australia
32. Snake envenomation. Royal Prince Alfred Hospital 75th Anniversary Conference, Sydney
33. Spider envenomation. Royal Prince Alfred Hospital 75th Anniversary Conference, Sydney
34. Funnel web envenomation. Repatriation Hospital Annual Reunion, Sydney
35. Anaesthesia in the Intensive Care Unit. Melbourne University Seminar on "Intravenous Anaesthetic Drugs" Melbourne
36. Adverse reactions to intravenous anaesthetic drugs. Melbourne University Seminar on "Intravenous Anaesthetic Drugs" Melbourne
37. A doctor's responsibility for health costs. Royal North Shore Hospital Annual Scientific Meeting, Sydney
38. The limitations of nutritional support. Australian Society of Parenteral and Enteral Nutrition Annual Scientific Meeting, Sydney
39. Misadventures in anaesthesia. Combined A.S.A. and R.A.C.S. Continuing Education Seminar, Sydney
40. The diagnosis of allergy to anaesthetic drugs. Australia College of Allergy Meeting, Sydney
41. When not to feed patients. N.S.W. Dietetic Association, Sydney
42. 1983 Anaphylaxis to anaesthetic drugs. Mayo Clinic, Rochester, U.S.A.
43. Anaphylaxis to anaesthetic drugs. Toronto General Hospital, Canada
44. Anaphylaxis to anaesthetic drugs. N.Z. Society of Anaesthetists, Wellington, N.Z.
45. Anaphylaxis to anaesthetic drugs. Health Sciences Center, Winnipeg
46. Anaphylaxis to anaesthetic drugs. Western Hospital, Toronto, Canada
47. Envenomation. Hospital for Sick Children, Toronto, Canada

48. The Management of Acute Haemorrhage. Symposium on Haemorrhage, Royal North Shore Hospital, Sydney
49. Management of Medical Emergencies. Australian Society of Hospital Pharmacists, Sydney, June
50. Envenomation. Mayo Clinic. Rochester.
51. Doctors responsibility for health costs. ANZICS Meeting, Adelaide, October
52. 1984 Severe adverse drug reactions in anaesthesia. ASA Post World Congress Meeting, Sydney, January.
53. Anaesthesia in the Intensive Care Patient.*
54. Management of Malignant Hyperthermia.*
55. Anaphylaxis due to anaesthetic drugs.*
56. Spider Envenomation.*
* Pan Pacific Surgical Association Meeting, Sydney, March.
57. Resuscitation in Acute Haemorrhage. Hunter Valley Anaesthesia and Intensive Care Society, Newcastle, April.
58. Visiting Professor South African Critical Care Medicine Parenteral Nutrition - Fact or Fiction. Johannesburg, South Africa, May
59. Anaphylaxis. Bloemfontein, May
60. Non-oliguric Renal Failure. Bloemfontein, May
61. Non-oliguric Renal Failure. Stellenbosch University, May
62. Parenteral Nutrition - Fact or Fiction. Grote Schur Hospital, Capetown, May
63. South African Critical Care Society Meeting, Durban, May - Anaphylaxis
64. Parenteral Nutrition - Fact or Fiction. South African Critical Care
65. Acute Massive Pulmonary Oedema. South African Critical Care
66. A Doctor's Responsibility for Health Costs. South African Critical Care
67. The Last Lecture on Crystalloid vs Colloid. South African Critical Care
68. Drug Allergy. Science vs Tradition. Medical School, University of Newcastle, June.
69. Parenteral Nutrition - Fact or Fiction. University of Malaysia, September.
70. Preoperative Skin Testing. University of Nancy, Nancy, France. September
71. Antibodies to Muscle Relaxants. University of Nancy, Nancy, France. September
72. Demonstration of an IgE Mediated Mechanism in Anaphylaxis to Anaesthetic Drugs. University of Nancy, Nancy, France. September
73. 1985 Respiratory complications of abdominal emergencies. R.A.C.S. Symposium on Abdominal Emergencies. Melbourne
74. Envenomation. Emory University, Atlanta, USA, May
75. Anaphylaxis to anaesthetics. Emory University, Atlanta, USA, May
76. Implications of anaesthetic allergy research on drug allergy. Eli Lilly, Indianapolis, USA, May
77. Allergy to anaesthetics. St. Louis University Medical School, USA, May
78. Non oliguric renal failure. Jerusalem, World Federation of Intensive Care Societies 4th meeting, June.
79. Anaphylactic Shock. Jerusalem, World Federation of Intensive Care Societies 4th meeting, June
80. Ethical issues in brain death. R.N.S.H. Reunion Week
81. 1986 Fever. ANZICS Continuing Education Meeting. Newcastle. May 1986.
82. Fluid Replacement in Shock. International Congress of Haematology and Blood Transfusion. May 1986.
83. Anaphylactic Shock. Toronto General Hospital. June 1986.
84. Anaphylaxis to Anaesthetic Drugs. Toronto General Hospital. June 1986.
85. Anaphylactic Shock. Health Sciences Centre. Winnipeg. June 1986.
86. Anaphylactic Shock. University of Alberta. Intensive Care Meeting. BANFF June 1986.
87. Anaphylaxis to Anaesthetics. University of Oregon. June 1986.
88. Responsibility for Health Costs. CNSA Meeting Sydney. July 1986.
89. Intensive Care - Is It Worth It? Concord Hospital Clinical Week. Sydney. August 1986.
90. Intensive Care - Speciality Under Threat. 7th Australasian Asian Anaesthesiologists Conference. Hong Kong. September 1986.
91. Asthma. N.S.W. Paramedics 10 year Anniversary Conference. Sydney. October 1986.
92. Anaphylaxis. N.S.W. Paramedics 10 year Anniversary Conference. Sydney. October 1986.
93. Respiratory Infection in A.R.D.S. ANZICS 11th Combined Meeting. Hobart. October 1986.
94. 1987 Prehospital Care in Severe Asthma. 7th Continuing Education Meeting, A.N.Z.I.C.S. N.S.W., Sydney. March, 1987.
95. Anaphylaxis to Anaesthetic Drugs. Johns Hopkins University. May, 1987.
96. Advances in Envenomation Research. Johns Hopkins University. May, 1987.
97. Antibodies to Small Molecules. Good Samaritan Hospital, Baltimore. May, 1987.
98. Envenomation. Ohio State University Medical School. May, 1987.
99. Anaphylaxis to Anaesthetic Drugs. Ohio State University Medical School. May, 1987.
100. Difficult Intubation. Madison Fire Department, Wisconsin. May, 1987.
101. Anaphylaxis. Herbert Shubin Memorial Lecture. Society for Critical Care Medicine Clinical Scientific Meeting, Anaheim. May, 1987.

INVITED PRESENTATIONS * continuing

102. Envenomation. Society for Critical Care Medicine Clinical Scientific Meeting, Anaheim. May, 1987.
103. Acute Pulmonary Oedema During Anaesthesia. N.S.W. Continuing Education Meeting Faculty of Anaesthetists. June, 1987.
104. Severe Bronchospasm. N.S.W. Continuing Education Meeting Faculty of Anaesthetists. June, 1987.
105. Anaphylaxis to Anaesthetic Drugs. N.S.W. Section College of Allergy. June, 1987.
106. Burns. World Federation of Surgeons Meeting. Sydney, October 1987.
107. Adverse Reactions to Contrast Media. N.S.W. College of Radiologists. Sydney, November 1987.
108. Anaphylactic Shock. Victorian Branch, A.N.Z.I.C.S. Melbourne, November 1987.
109. Clinical Aspects of Funnel Web Envenomation. Sydney Allergen Group Annual Meeting. Sydney, November 1987.
110. Management of Dying Patients. University of Newcastle. March 1988.
111. Rational Selection of Mode of Ventilation. NSW ANZICS Meeting, Sydney, March, 1988.
112. Management of the Dying Patient. St Johns Hospital, Baltimore, USA, April, 1988.
113. The Last Talk on Crystalloid vs Colloid. Johns Hopkins University, Baltimore, USA, April, 1988.
114. Envenomation. M.I.E.M.S.S., Baltimore, USA, April, 1988.
115. Bronchospasm and Pulmonary Oedema Under Anaesthesia, University of Maryland, Baltimore, April, 1988.
116. Envenomation. Elliott Ridgeway Trimble III Centenary Memorial Lecture. 180th Annual Meeting of Medical and Chirurgical Society of Maryland. Baltimore, USA, April, 1988.
117. Who Should Run the Intensive Care Unit? 180th Meeting of Medical and Chirurgical Society of Maryland. Baltimore, USA, April, 1988.
118. Anaphylactic Shock. Maryland General Hospital. Baltimore, April, 1988.
119. Anaphylaxis to Anaesthetic Drugs. University of Miami. Jackson Memorial Hospital. Florida, USA, April, 1988.
120. Anaphylactic Shock. Veterans Hospital. Miami, USA, _ April, 1988.
121. Responsibility For Health Costs. Royal Australasian College of Physicians. Sydney, June, 1988.
122. Dying in the Intensive Care Unit. ANZICS Queensland Meeting, Townsville, July, 1988.
123. Selecting Appropriate Ventilatory Support. ANZICS Queensland Meeting, Townsville, July, 1988.
124. Fair Allocation of Health Resources. Royal College of Medical Administrators. Sydney, August, 1988.
125. Trauma and Intensive Care. N.S.W. Health Commission Meeting on Trauma Services. Sydney, November, 1988.
126. Envenomation. University of Sydney Lay Course on Tropical Medicine. Sydney, November, 1988.
127. 1989 Anaphylaxis to Anaesthetics. St Thomas' Hospital, London. March 1989.
128. 1989 Drug Induced Encephalopathy. Round Table Conference of Brain Failure. Brussels. March 1989.
129. The Last Talk on Crystalloid vs Colloid. Ninth International Symposium in Intensive Care and Emergency Medicine. Brussels. March 1989.
130. Anaphylactic Shock. Ninth International Symposium in Intensive Care and Emergency Medicine. Brussels. March 1989.
131. Parenteral Nutrition. Ninth International Symposium in Intensive Care and Emergency Medicine. Brussels. March 1989.
132. Case Presentation: Asthma. With Dr D. Bihari. Ninth International Symposium in Intensive Care and Emergency Medicine. Brussels. March 1989.
133. Envenomation. Regional Meeting NSW Emergency Nurses. Hornsby Hospital, April, 1989.
134. Prehospital Treatment of Asthma. NSW Thoracic Society, Sydney, April, 1989.
135. Type of Fluid - Does it Matter? 7th Annual Graham Coupland Surgical Seminar, Sydney, July, 1989.
- 136.1990 Management of Intensive Care Units. ANZICS Continuing Education Meeting. Leura. March 1990
137. Crystalloid versus Colloid, does it matter. European Congress of Intensive Care Medicine. Amsterdam. June 1990
138. Anaphylaxis to Drugs. European Congress of Intensive Care Medicine. Amsterdam June 1990
139. Case Presentation. ARDS in an infant (with D. Bihari). European Congress of Intensive Care Medicine. Amsterdam. June 1990.

INVITED PRESENTATIONS * continuing

140. Interpersonal Relationships. Repatriation Hospital Reunion Week. September 1990.
141. Anaphylaxis to Muscle Relaxants. European Academy of Anaesthesiology. Cardiff. September 1990.
142. Anaphylaxis to Anaesthetics. National University of Wales. Cardiff. September 1990.
143. Crystalloids and Colloids. The final talk. Royal Bristol Infirmary. Bristol. September 1990.
144. Anaphylaxis to Anaesthetic Drugs. University of Birmingham. September 1990.
145. Infection Risk in Resuscitation. Association of Anaesthetists. Annual Scientific Meeting. Manchester. September 1990.
146. Anaphylaxis to Anaesthetic Drugs. University of Newcastle. Newcastle Upon Tyne. September 1990.
147. Anaphylaxis to Anaesthetic Drugs. North London Anaesthetists Society. Royal Postgraduate Medical School. London. October 1990.
- 148.1991 Anaphylaxis to Anaesthetic Drugs. Queens University. Belfast. March 1991.
149. Fever in the Intensive Care Unit. Intensive Care Society of Ireland. Dublin. March 1991.
150. Crystalloid versus Colloid. Current Status. 14th Meeting on Critical Care and Emergency Medicine. Brussels. March 1991.
151. How I Ventilate Asthmatics. 14th Meeting on Critical Care and Emergency Medicine. Brussels, 1991.
152. Anaphylactic Shock. 14th Meeting on Critical Care and Emergency Medicine. Brussels. March, 1991.
153. How Much Sedation is Enough. 14th Meeting on Critical Care and Emergency Medicine. Brussels. March, 1991.
154. Workup of the Patient with Fever. 14th Meeting on Critical Care and Emergency Medicine. Brussels. March, 1991.
155. Anaphylaxis during Anaesthesia. University of Lusanne. March, 1991.
156. Withholding and Withdrawing Care. Australian Coroners' Annual Conference. Sydney. April, 1991.
157. People Management. Royal Australian College of Surgeons. Annual Scientific Meeting. Sydney. May, 1991.
158. Withholding Care. Section of Intensive Care, Faculty of Anaesthetists Annual Scientific Meeting. Sydney. May, 1991.
159. Funnel Web Spider Bite. Emergency Medicine Meeting, Tweed Heads, N.S.W., August 1991.
160. Clinical Aspects of Snake Envenomation. Emergency Medicine Meeting, Tweed Heads, N.S.W., August 1991.
161. Assessment of New Technology. Annual Scientific Meeting. Lismore, N.S.W. Nov. 1991.
- 162.1992 Management of the Dying Patient. Queen Elizabeth Hospital. Adelaide. February, 1992.
163. Fever in the Intensive Care Unit. Regional ANZICS Meeting. Adelaide. February 1992.
164. The Diagnosis of Anaesthetic Allergy. Queen Elizabeth Hospital. Adelaide, February 1992.
165. Cardiac Crises in Anaesthesia. MacGill Annual Symposium, Westminster Hospital, London, December 1992.
166. The Role of Parenteral Nutrition in Critical Care. Riverside Critical Care Meeting, London, December 1992.
167. Anaphylaxis to Anaesthetics. Sumavit University, Thailand. December 1992.
168. Anaphylaxis to Anaesthetic Drugs. Royal Society of Medicine. London, July 1992.
169. Fever in the Intensive Care Unit. Guys Hospital. London, July 1992.
170. Rational Use of Artificial Ventilation. North Thames Intensive Care Society. London, July 1992.
171. Epidemiology of Anaesthetic Anaphylaxis in Australasia. University of Nancy. Nancy, France, July 1992.
172. Snake and Spider Bite. Australian Herpetological Society. Australian Museum. July, 1992.
173. Antibodies in the treatment of sepsis. ANZICS Annual Scientific Meeting, Auckland, October, 1992.
174. Antibodies in the treatment of sepsis. ANZICS Continuing Education Meeting, May 1992.
175. Ethics in reality. Royal Australasian College of Physicians Meeting, Sydney, May 1992.
- 176.1993 Monitoring. Western Pacific Association of Intensive Care. Hong Kong, April, 1993.
177. Ethics and the Law. Western Pacific Association of Intensive Care. Hong Kong, April, 1993.
178. Anaphylaxis: Science versus Art. College of Anaesthetists Meeting, Sydney, May 1993.
179. Why do asthmatics die in Intensive Care? World Federation of Intensive and Critical Care Societies Scientific Meeting. Madrid, June 1993.

INVITED PRESENTATIONS * continuing

180. Care of the dying patient. World Federation of Intensive Care and critical Care Societies Scientific Meeting. Madrid, June 1993.
181. Fever in Intensive Care. World Federation of Intensive Care and Critical Care Societies Scientific Meeting. Madrid, June 1993.
182. Is autonomy a valid concept in Intensive Care? World Federation of Intensive Care and Critical Care Societies Scientific Meeting. Madrid, June 1993.
183. The doctor as manager. World Federation of Intensive Care and Critical Care Societies Scientific Meeting. Madrid, June 1993.
184. Managing with a shrinking budget. World Federation of Intensive Care and Critical Care Societies Scientific Meeting. Madrid, June 1993.
185. Dealing with Stress. Health Care Association Meeting, Sydney, August 1993.
186. Anaphylactic shock. Emergency Medicine Meeting, Tweed Heads, August 1993.
187. Snake Bite. Emergency Medicine Meeting, Tweed Heads, August, 1993.
188. Spider Bite. Emergency Medicine Meeting, Tweed Heads, August 1993.
189. Anaphylaxis to drugs. Therapeutic Goods Department, Department of Health, Canberra, August, 1993.
190. The Ethics of rationing. Annual Conference. Health Services Association NSW, Sydney, September, 1993.
- 191.1994 Anaesthesia and anaphylaxis. Australian Society of Clinical Immunology and Allergy. Perth, March 1994.
192. The treatment of anaphylaxis. Australian Society of Clinical Immunology and Allergy. Perth, March 1994.
193. Care of the dying patient. Annual Symposium on Intensive Care and Emergency Medicine. Brussels, March 1994.
194. Intravenous fluids in resuscitation. Annual Symposium on Intensive Care and Emergency Medicine. Brussels, March 1994.
195. Prevention of asthma deaths. Annual Symposium on Intensive Care and Emergency Medicine. Brussels, March 1994.
196. Cost benefit of sedation in ICU. Annual Symposium on Intensive Care and Emergency Medicine. Brussels, March 1994.
197. Anaphylactic shock. Annual Symposium on Intensive Care and Emergency Medicine. Brussels, March 1994.
198. Asthma and anaphylaxis. University of Strasburg, Strasburg. March 1994.
199. Rationing of Care: A Clinical Dilemma. ASA-ANZCA Combined Meeting, Gold Coast, July, 1994.
200. Care of the Dying Patient. ASA-ANZCA Combined Meeting, Gold Coast, July, 1994.
201. Anaphylaxis and Anaesthesia. ASA-ANZCA Combined Meeting, Gold Coast, July, 1994.
202. Anaesthesia for the ITU Patient. ASA-ANZCA Combined Meeting, Gold Coast, July, 1994.
203. Aetiology and Diagnosis of Sepsis. Riyadh Military Hospital, Saudi Arabia. October 1994.
204. Management and Prevention of Sepsis. Riyadh Military Hospital, Saudi Arabia. October, 1994.
205. Anaphylaxis. Grote Schur Hospital, Capetown, South Africa. December, 1994.
206. Care of the Dying Patient. Grote Schur Hospital, Capetown, South Africa. December, 1994.
207. Anaphylaxis. Orange Free State University, Bloemfontein, South Africa. December, 1994.
208. Care of the Dying Patient. Orange Free State University. Bloemfontein, South Africa. December, 1994.
209. The Clinician Manager. Orange Free State University. Bloemfontein, South Africa. December, 1994.
210. Severe Sepsis. Orange Free State University. Bloemfontein, South Africa. December, 1994.
211. Management of Trauma. Orange Free State University. Bloemfontein, South Africa. December, 1994.
212. Intravenous Therapy. Orange Free State University. Bloemfontein, South Africa. December, 1994.
213. Why Asthmatics Die. Orange Free State University. Bloemfontein, South Africa. December, 1994.
214. Care of the Dying Patient. National Summit on Euthanasia. Canberra, November 1994.
215. Intensive Care: Speciality Without Frontiers. Keynote address. Society for Critical Care Medicine, San Francisco, February 1995.
- 216.1995 The Realities of Rationing. Society for Critical Care Medicine, San Francisco, February 1995.
217. Care of the Dying Patient. Society for Critical Care Medicine. San Francisco, February 1995.

INVITED PRESENTATIONS * continuing

218. Advance Directions. NSW Council on Aging. Sydney, February 1995.
219. Anaphylaxis. Police Medical Officers Scientific Weekend. Blackheath, February 1995.
220. Critical Care: Expanding the Dimensions. ANZICS Continuing Education Meeting. Sydney, March 1995.
221. Critical Care: Present and Future. Mt Sinai Hospital, New York. Critical Care Congress. March 1995.
222. Role Of Cytokines in sepsis. WPACCM Scientific Meeting, Kuala Lumpur, April 1995
223. Anaphylactic shock. WPACCM Meeting, Kuala Lumpur, April 1995
224. How to feed the critically ill patient. Kuala Lumpur, April 1995.
225. Euthanasia. NSW Parliament Forum on Euthanasia. September 1995.
226. Recent developments in anaphylaxis. Hong Kong College of Anaesthetists, Hong Kong. September 1995.
227. Chest compression in asthma. European Society of Intensive Care. Athens, October, 1995.
228. Crystalloid is best. European Society of Intensive Care. Athens, October, 1995.
229. The Future of Intensive Care. ANZICS Annual Scientific Meeting, Brisbane, October, 1995.
230. Recent Advances in Anaphylaxis. Annual Scientific Meeting Australian College of Emergency Medicine, Perth, W.A. November 1995.
231. Recent advances in Intensive Care. Annual Scientific Meeting Australasian College of Emergency Medicine, Perth, W.A. November, 1995.
232. Euthanasia.. NSW Parliament House. February 1996.
233. Dying in Intensive Care. Sydney Adventist hospital Annual Ethics Symposium. Sydney. March 1996.
234. The diagnosis of anaesthetic anaphylaxis. World Congress of Anaesthesiology. Sydney. April, 1996.
235. The immunotherapy of Sepsis. World Congress of Anaesthesiology. Sydney. April 1996.
236. Care of the Dying Patient. Intensive Care Society Annual Congress. Manchester, UK. April 1996.
237. Intensive Care: A question of Survival. Intensive Care Society Annual Congress. Manchester, UK. April 1996.
238. Euthanasia. Young Lawyers Annual Conference, Sydney May 1996.
239. Expert Witnesses. Australian Medical Association Annual Congress, Canberra, May 1996.
240. Expert Witnesses. North Queensland Medical Society. Rockhampton. July 1996.
241. Fluid therapy in Intensive Care. ICS, Singapore. June 1996
242. The Pharmacology of Sepsis ICS, Singapore. June 1996
243. Care of the Dying Patient. Mexican ICS. Vera Cruz. Sept 1996
244. The Pharmacology of Sepsis. Mexican ICS. Vera Cruz. Sept 1996
245. Does SIRS Exist? Mexican ICS. Vera Cruz. Sept 1996
246. Intensive Care in Trauma. Mexican ICS. Vera Cruz. Sept 1996
247. Subarachnoid Haemorrhage. St Francis Medical Centre. Pittsburgh. Sept 1996
248. 1996 Care of the Dying Patient. St Francis Medical Centre. Pittsburgh. Sept 1996
249. Care of the Dying Patient. Hospital for Special Surgery. New York. Sept 1996
250. The Case against Euthanasia. Australian Federal Parliament. Sept 1996.
251. Medicine, bureaucrats and the Return of the Chainsaw. St Vincents Hospital, Melbourne, Oct 1996
- 252 1997 Care of the Dying Patient.. Australian Society of Health, Law and Ethics Annual Conference, Canberra, Nov. 1996.
253. Care of the Dying Patient. Victorian ANZICS Meeting. May 1997.
254. The Chainsaw School of Management. Victorian ANZICS Meeting. May 1997.
255. Care of the Dying Patient. American Association of Critical Care Nurses. National Teaching Institute. Orlando. May 1997
256. Management of Organ Donors. World Congress of Intensive Care Ottawa July 1997.
257. Anaphylaxis Update. Australian Society of Anaesthetists ASM. Hobart. October 1997.
258. Scientific aspects of Anaphylactic Shock. Royal College of Anaesthetists Critical Care Meeting. London. November 1997 .
259. Anaphylaxis to Anaesthetic Drugs. St Michael's Hospital.
260. The Chain Saw School of Management. Wellesley Hospital, Toronto. Nov 1997
261. Sepsis: Notes of a handwasher. Toronto General Hospital, Toronto. Nov 1997
262. Why asthmatics die and how to stop them. Hospital for Sick Children. Toronto. Nov 1997
263. Care of the Dying Patient. Critical Care Meeting. Toronto. Nov 1997
264. Designer Drugs are illogical in Sepsis. Critical Care Meeting. Toronto. Nov 1997
265. Closed Intensive Care Units are preferable. Critical Care Meeting Toronto. Nov 1997
266. Anaphylaxis to antibiotics. ASA NZSA meeting Dunedin October 1998.

267. Management for Clinicians: Winning. Pan Iberian Critical Care Meeting. Quito. Ecuador. June 1999
268. Errors in trauma management. Pan Iberian Critical Care Meeting. Quito. Ecuador. June 1999
269. Oxygen Consumption: The Importance of Warm Feet. ICS/Riverside Group Meeting. London. December 1999.
270. The Angry Relative. ICS/Riverside Group Meeting. London. December 1999.
271. Fever in the ICU. ICS/Riverside Group Meeting. London. December 1999
272. Anaphylaxis during Anaesthesia: APICE meeting, Trieste, Nov 2000
273. Intensive Care: Specialty without Frontiers. APICE meeting, Trieste, Nov 2000
274. Fever in the ICU. APICE meeting, Trieste, Nov 2000
275. Creating Environment for End of Life Care. WPACCM Meeting Singapore Nov-Dec 2000
276. Advanced Medical Directives. WPACCM Meeting Singapore Nov-Dec 2000
277. Mistakes in Trauma Management. WPACCM Meeting Singapore Nov-Dec 2000
278. Anaphylaxis during Anaesthesia. Brooke Army Medical Centre. San Antonio. Feb 2000
279. Antivenom Therapy: What is the Evidence. SCCM Meeting San Francisco Feb 2001
280. The Angry Relative. SCCM Meeting San Francisco Feb 2001
281. Ethical Issues in End of Life Care. SCCM Meeting San Francisco Feb 2001
282. End of Life Decision Making. Medicolegal Society. Sydney. March.2001
283. The Ethics of Resuscitation. Australian Trauma Society. Hobart Sept 2001
284. Errors in Trauma Management. Australian Trauma Society. Hobart Sept 2001
285. End of Life Decision Making. NSW Medicolegal Society. Sydney August 2001
286. Anaphylaxis to anaesthetic drugs. University of Southern California. USA. 2001.
287. End of Life Decisions. Voluntary Euthanasia Society. Sydney. July 2001
288. God, ethics and medicine. Catalyst for renewal. Sydney Sept 2001
289. Dying: An international perspective. WFSICCM World Congress, Sydney. Oct 2001
290. Dying in Intensive Care. Scottish Intensive Care Society. Stirling. Scotland. Feb 2002
291. Research; the Good, the Bad and the Ugly. Scottish Intensive Care Society, Stirling. Scotland. February 2002.
292. Dying in Intensive Care. St Vincent's Hospital. Dublin. February 2002
293. Dying in Intensive Care. Addenbrookes Hospital. Cambridge, U.K. February 2002
294. Medicolegal Annual Scientific Meeting. Brisbane. May 2002
295. Managing the Dying Patient. Combined Rural Emergency Medicine & Intensive Care Meeting. Tamworth. September 2002
296. Medicolegal aspects of anaphylaxis. Australian College of Emergency Medicine Meeting. Wellington. N.Z. September 2002
297. Dying In Intensive Care. Combined Intensive Care Anaesthesia Meeting. Darwin. October 2002
298. Medicolegal aspects of anaesthetic anaphylaxis. Combined Intensive Care Anaesthesia Meeting. Darwin, October 2002
299. Research: the Good, the Bad, the Ugly. Combined Intensive Care Anaesthesia Meeting. Darwin. October 2002.
300. Can we tell what patients really want. SCCM Annual Scientific Meeting, San Antonio, Jan 2003
301. Anaphylaxis to anaesthetic drugs. Novartis Foundation International Symposium. London. Feb 2003
302. Do you want everything done? Woolongong Hospital. August 2003.
303. Adverse reactions to contrast media. Radiology Conference. Gold Coast.. August 2003.
304. Anaphylaxis. ANZICS Conference. Cairns. September 2003
305. Effects of Winter Planning. NSW Parliament. July 2003
306. Why is it getting harder? SCCM Congress San Antonio. Feb 2004
307. End of life Care in the ICU. SCCM Congress San Antonio. Feb 2004 .
308. The Clinician Manager . Management Course for Leaders. Sydney Feb 2004
309. End of life care in the ICU. San Antonio. Feb 2004
310. A Clinicians View of Finance. Heath Finance Leaders Forum. Sydney march 2004
311. Diagnosis of anaesthetic anaphylaxis. World Congress of Anaesthesiology. Paris. April 2004
312. Managing death in ICU-Why is it getting harder? St George Hospital Symposium. May 2004
313. The Clinician Bureaucrat. Australasian Critical Care Conference. Sydney. June 2004
314. Managing End of Life Care Traumacare Conference. Sydney. August 2004
315. End of life Care in the ICU. SCCM Congress. January 2005 Phoenix Arizona.
316. Should ICU care be rationed. SCCM Congress. January 2005 Phoenix Arizona
317. Geriatric Intensive Care. World Congress of Intensive and Critical Care Medicine, Argentina. August 2005.
318. Measurement of Quality in ICU. World Congress of Intensive and Critical Care Medicine, Argentina, August 2005.
319. Dying: A Worldwide Perspective.. World Congress of Intensive and Critical Care Medicine, Argentina, August 2005.
320. Quality: A road to walk. World Congress of Intensive and Critical Care Medicine, Argentina, August 2005.
321. Managing End of Life Care: NSW Health Seminar. August 2005.
322. Why we are the best. ANZICS AGM Adelaide October 2005
323. What Medical Schools don't teach you. Hastings, NZ February 2006

- 316 Managing Death in ICU. Hastings Hospital Feb 2006
- 317 Why is end of life care getting harder. Societies of Intensive Care of Scotland and Ireland, Dunblaine February 2006
- 318 Management and Warfare. Southampton Anaesthetists Group. Feb 2006
- 319 Anaphylaxis to anaesthetics. Bristol Royal infirmary Feb 2006
- 320 Why is end of life care getting harder. University of Wisconsin, USA April 2006
- 321 Anaphylaxis to Neuromuscular blockers, University of Chicago April 2006
- 322 Research , the Good , The Bad, and the Ugly. Hospital for Sick Children, Toronto October 2006
- 323 End of Life Care. Sunnybrook Hospital , Toronto October 2006
- 324 Non beating Heart Donors-A slippery Slope. Candian Critical Care Society Meeting , Toronto October 2006
- 325 End of Life Care-Getting Harder. Annual Scientific Meeting ACEM November Sydney 2006

NAMED LECTURES

1. Anaphylaxis. Herbert Shubin Memorial Lecture. Society for Critical Care Medicine Clinical Scientific Meeting, Anaheim. May, 1987.
2. Envenomation. Elliott Ridgeway Trimble III Centenary Memorial Lecture. 180th Annual Meeting of Medical and Chirurgical Society of Maryland. Baltimore, USA, April, 1988.
3. Rank Travelling Professor, United Kingdom, 1990.
4. Thomas Iberti Memorial Lecture. Critical Care: Present and Future. New York, USA, March 1995.
5. Alan Gilston Lecture. Critical Care: A question of survival. ICS Meeting. Manchester, UK. 1996.
6. Inaugural ANZICS Oration. From plastic surgery to the Piano Accordion .ANZICS AGM. Perth. October 2002.

ORIGINAL SCIENTIFIC ARTICLES FOR REFEREED JOURNALS

1. Fisher MM. Use of Ketamine Hydrochloride in the treatment of severe convulsions. *Anaesth Intens Care* 1975;2:266-269
2. Fisher MM. Anaesthetic difficulties in neurofibromatosis. *Anaesthesia* 1975;30:648-651
3. Fisher MM. Severe histamine mediated reactions to intravenous drugs in anaesthesia. *Anaesth Intens Care* 1976;3:180-192
4. Fisher MM. Severe histamine mediated reactions to althesin. *Anaesth Intens Care* 1976;4:33-37
5. Fisher MM. Intradermal testing after severe histamine reactions to intravenous drugs used in anaesthesia. *Anaesth Intens Care* 1976;4:97-101
6. Fisher MM. Blood volume replacement in acute anaphylactic cardiovascular collapse related to anaesthesia. *Brit J Anaesth* 1977;49:1023-1026
7. Fisher MM. Ketamine hydrochloride in severe bronchospasm. *Anaesthesia* 1977;32:771-772
8. McLeave DJ, Fisher MM. Efficacy of high volume low pressure cuffs in preventing aspiration. *Anaesth Intens Care* 1977;5:167-168
9. McLeave DJ, Fisher MM. Dextrostix revisited. *Anaesth Intens Care* 1977;5: 258-261
10. Fisher MM. Anaphylactic reactions to gallamine triethiodide. *Anaesth Intens Care* 1978;6:62-66
11. Fisher MM, Hallows RJ, Wilson RM. Anaphylaxis to alcuronium. *Anaesth Intens Care* 1978;6:126-129
12. Fisher MM. Acute life threatening reactions to contrast media. *Australasian Radiology*. 1979;22:365-374
13. Fisher MM. Intradermal testing. The results of five years' experience. *Anaesth Intens Care*. 1979;7:58-65
14. Worthley LIG, Fisher MM. The management of pulmonary fat embolism syndrome with oxygen, diuretics and fluid restriction. *Anaesth Intens Care*. 1979;7:136-142
15. Fisher MM, Dicks I. Blood volume replacement in acute anaphylactoid reactions. *Anaesth Intens Care*. 1979;7:375-378
16. Fisher MM. Reaginic antibodies to drugs used in anaesthesia. *Anesthesiology*. 1980;52:318-323
17. Fisher MM. Anaphylaxis to muscle relaxants: Cross sensitivity between relaxants. *Anaesth Intens Care*. 1980;8:211-214

18. La Forest M, More D, Fisher M. Predisposing factors in anaphylactoid reactions to anaesthetic drugs in an Australian population: The role of allergy, atopy and previous anaesthesia. *Anaesth Intens Care*. 1980;8:454-462
19. Fisher M, Munro I. A computer programme for nutritional surveillance. *ANZJ Surgery*. 1980;50:512-515
20. Marshman R, Fisher M, Coupland G. Nutritional status and postoperative complications in an Australian hospital. *ANZJ Surgery*. 1980;50:516-520
21. Fisher M, Carr G, McGuinness R, Warden JC. Atrax *Robustus* envenomation. *Anaesth Intens Care*. 1980;8:410-417
22. Fisher M, More DG. The epidemiology and clinical features of anaphylactic reactions in anaesthesia. *Anaesth Intens Care*. 1981;9:226-235
23. Fisher MM. The diagnosis of acute anaphylactoid reactions to anaesthetic drugs. *Anaesth Intens Care*. 1981;9:235-241
24. Fisher MM. The prevention of second anaphylactoid reactions to anaesthetic drugs. *Anaesth Intens Care*. 1981;9:242-247
25. Hayden L, Johnston D, Ramsey Stewart G, Fisher M. Transthoracic subclavian catheterisation. *Anaesth Intens Care*. 1981;9:53-56
26. Fisher MMcD, Raftos J, McGuinness RT, Dicks IT, Wong JS, Burgess KR, Sutherland SK. Funnel web spider (*Atrax Robustus*) antivenom, 2. Early clinical experience. *Med J Aust*. 1981;2:526-529
27. Tynan R, Fisher M, Ibels L. Self poisoning with propranolol. *Med J Aust*. 1981;1:83-84
28. Fisher M, Chan MYC. Anaphylaxis to both decamethonium and suxamethonium. *Anaesth Intens Care*. 1982;10:153-156
29. Fisher M, Pennington JC. Anaphylaxis to local anaesthesia. *Brit J Anaesth* 1982;54: 893-894
30. Fisher MM. The epidemiology of anaesthetic anaphylactoid reactions in Australasia. *Klinische Wochenschrift*. 1982;60:1017-1020
31. Sinosich M, Fisher M, Tiesner B, Grudzinskas JG. Influence of time, temperature and coagulation on the measurement of C3, C3 split products. *Journal of Immunological Methods*. 1982;55:107-111
32. Fisher M, Munro I. Life threatening anaphylactoid reactions to muscle relaxants. *Anesthesia and Analgesia*. 1983;62:559-564
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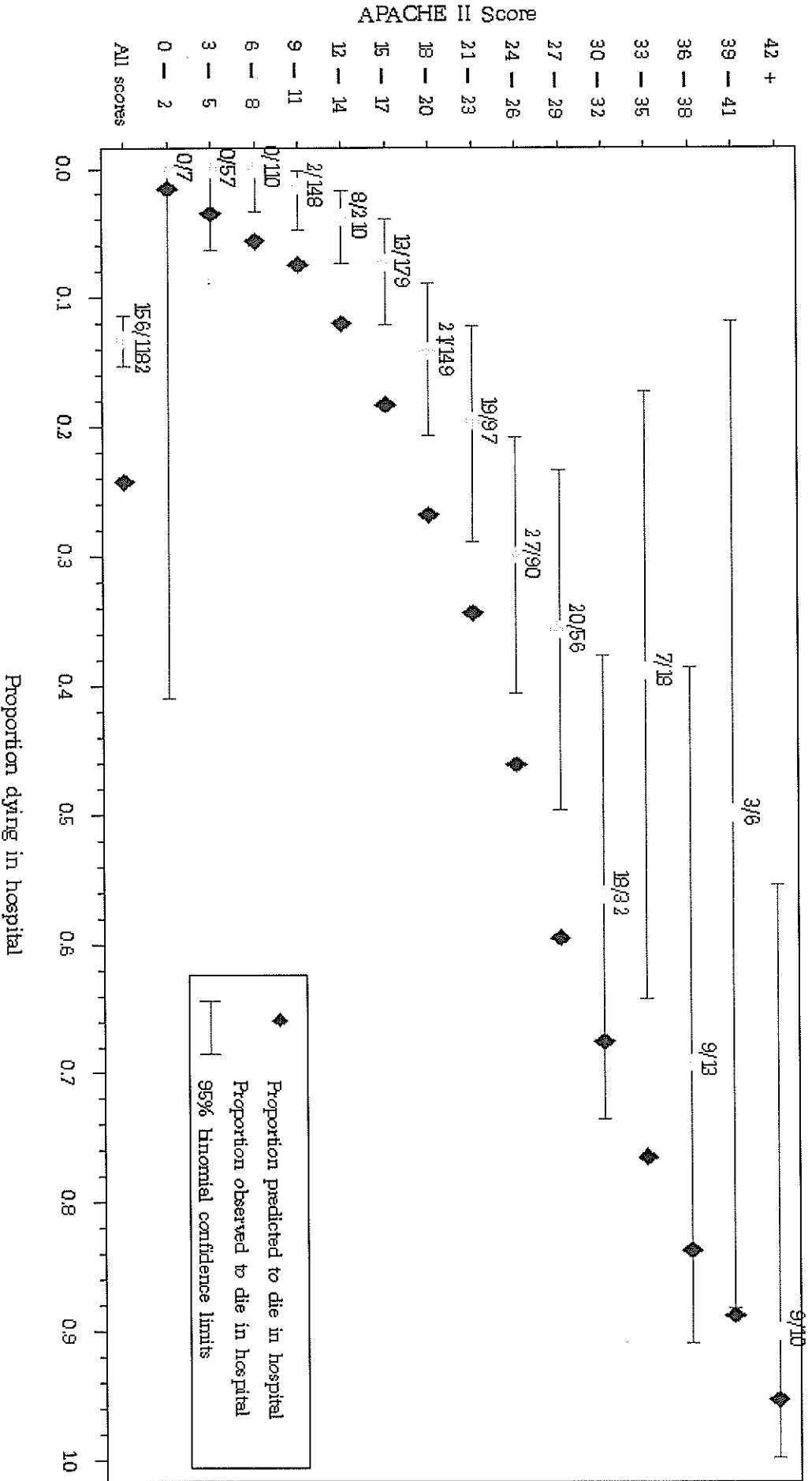
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ATTACHMENT 2 2007 TRANSFERS RECEIVED			
	TOTAL	WITHIN AREA	OUT OF AREA
NS/CC AHS			
GOSFORD	0	0	0
HORNSBY	55	38	17
MANLY	8	7	1
MONA VALE	3	3	0
RNSH	153	93	60
RYDE	0	0	0
WYONG	0	0	0
OTHER	0	0	0
TOTAL	219	141	78
SWAHS			
AUBURN	0	0	0
BLACKTOWN	71	64	7
BLUE MOUNTAINS	1	0	1
HAWKESBURY	0	0	0
MT DRUITT	0	0	0
NEPEAN	124	86	38
WESTMEAD	87	54	33
OTHER	0	0	0
TOTAL	283	204	79
SESAHS			
BULLI	0	0	0
POWH	89	50	39
ST GEORGE	118	60	58
ST VINCENTS	16	2	14
SHOALHAVEN	4	3	1
SUTHERLAND	2	2	0
SYDNEY	0	0	0
WOLLONGONG	25	25	0
OTHER	7	2	5
TOTAL	261	144	117
SWSAHS			
BANKSTOWN	28	26	2
BOWRAL	0	0	0
CAMDEN	0	0	0
CAMPBELLTOWN	24	21	3
CANTERBURY	0	0	0
CONCORD	76	38	38
FAIRFIELD	0	0	0
LIVERPOOL	68	64	4
RPAH	93	17	76
OTHER	0	0	0
TOTAL	289	166	123
NCAHS			
COFFS HARBOUR	0	0	0
GRAFTON	0	0	0
KEMPSEY	0	0	0
LISMORE	0	0	0
PORT MAQUARIE	1	1	0
TWEED HEADS	0	0	0
OTHER	0	0	0
TOTAL	1	1	0
GWAHS			

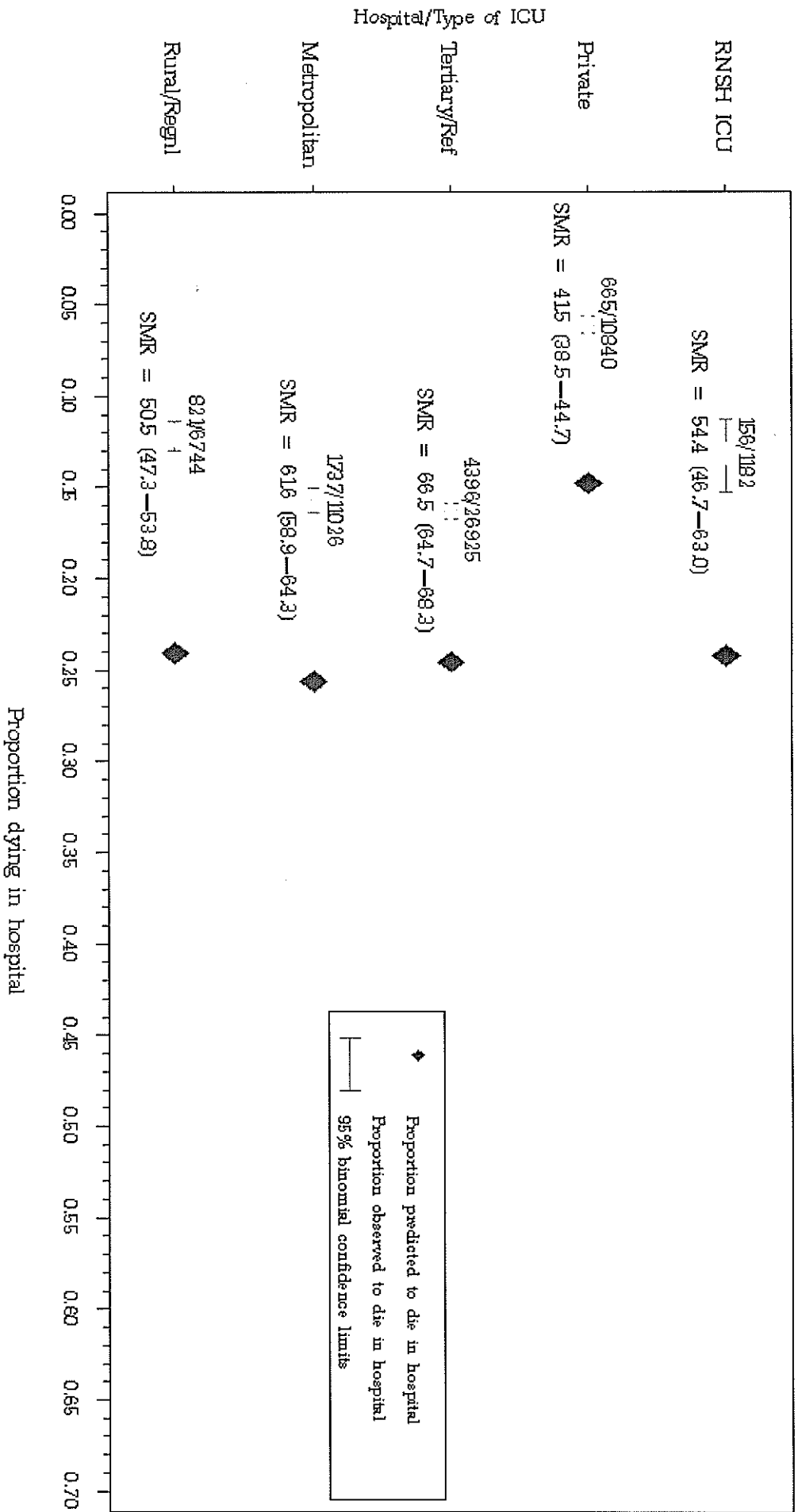
Attachment 3

Observed vs APACHE II Predicted Hospital Outcome for ICU patients
 Royal North Shore Hospital
 ICU admissions from Sunday, 1 January 2006 to Sunday, 31 December 2006



Predicted mortality calculated from APACHE II scores and diagnosis categories - model published by Knaus WA *et al Crit Care Med* 1985;13:818-829
 Note: Patients aged < 15 yrs or with ICU stays < 8 hours with unknown outcome of their stay in hospital (incl transfers out) have been excluded.
 Produced by the ANZICS ICU Outcomes Reporting System
 Monday, 19 February 2007

Observed vs APACHE II Predicted Hospital Outcome for ICU patients
 Royal North Shore Hospital and pooled data
 ICU admissions from 01/01/06 to 31/12/06



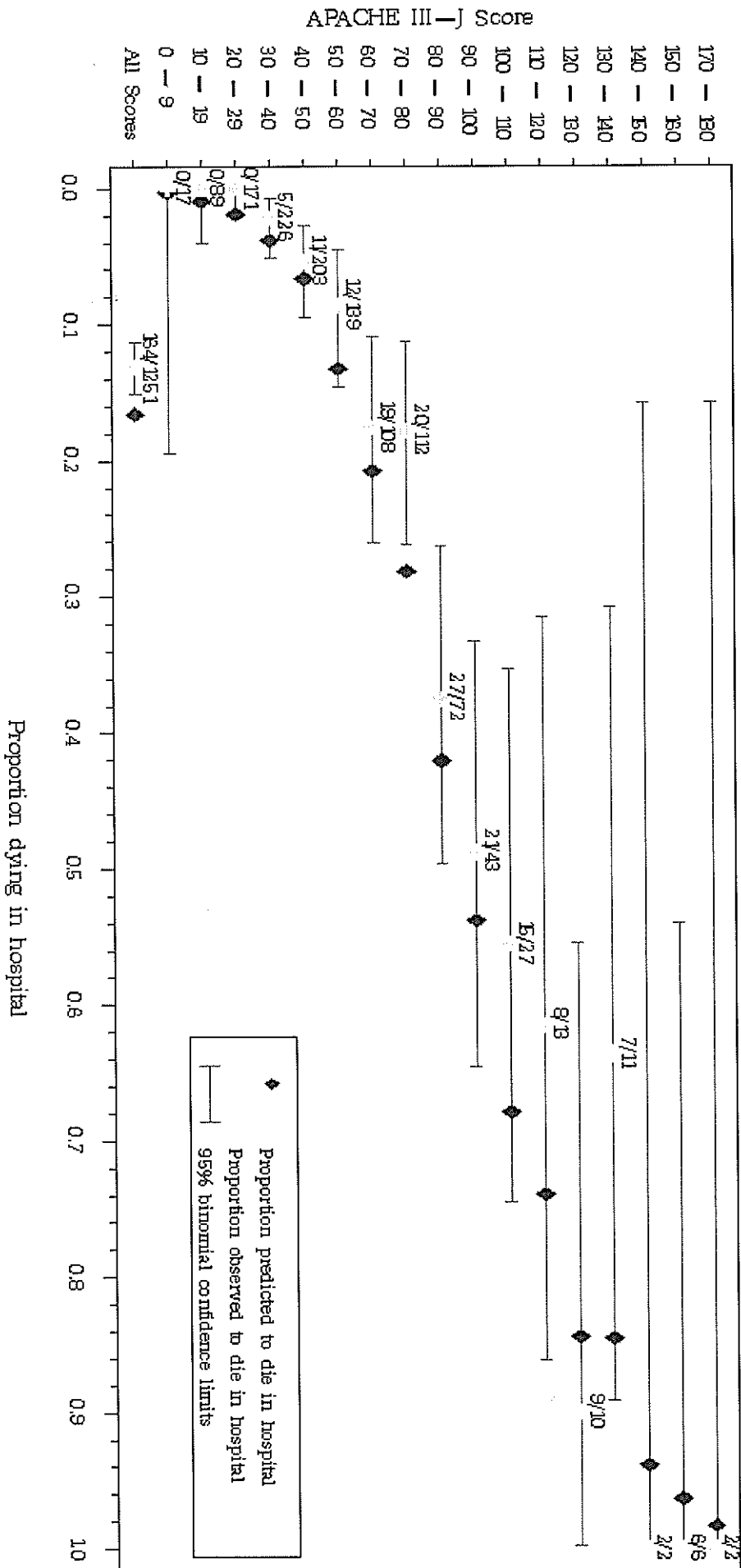
◆ Proportion predicted to die in hospital
 Proportion observed to die in hospital
 95% binomial confidence limits

Predicted mortality calculated from APACHE II scores and diagnosis categories using the model published by Kraus WA *et al.* *Crit Care Med* 1985;13:813-829
 Note: Patients aged < 16 yrs or with ICU stays < 8 hrs or with unknown outcome of their stay in hospital (incl transfers out) have been excluded.
 Produced by the ANZICS ICU Outcomes Reporting System

Observed & APACHE III-1 (R) Predicted Hospital Outcome grouped by APACHE III-1 (R) Score
 Royal North Shore Hospital

ICU admissions from Sunday, 1 January 2006 to Sunday, 31 December 2006

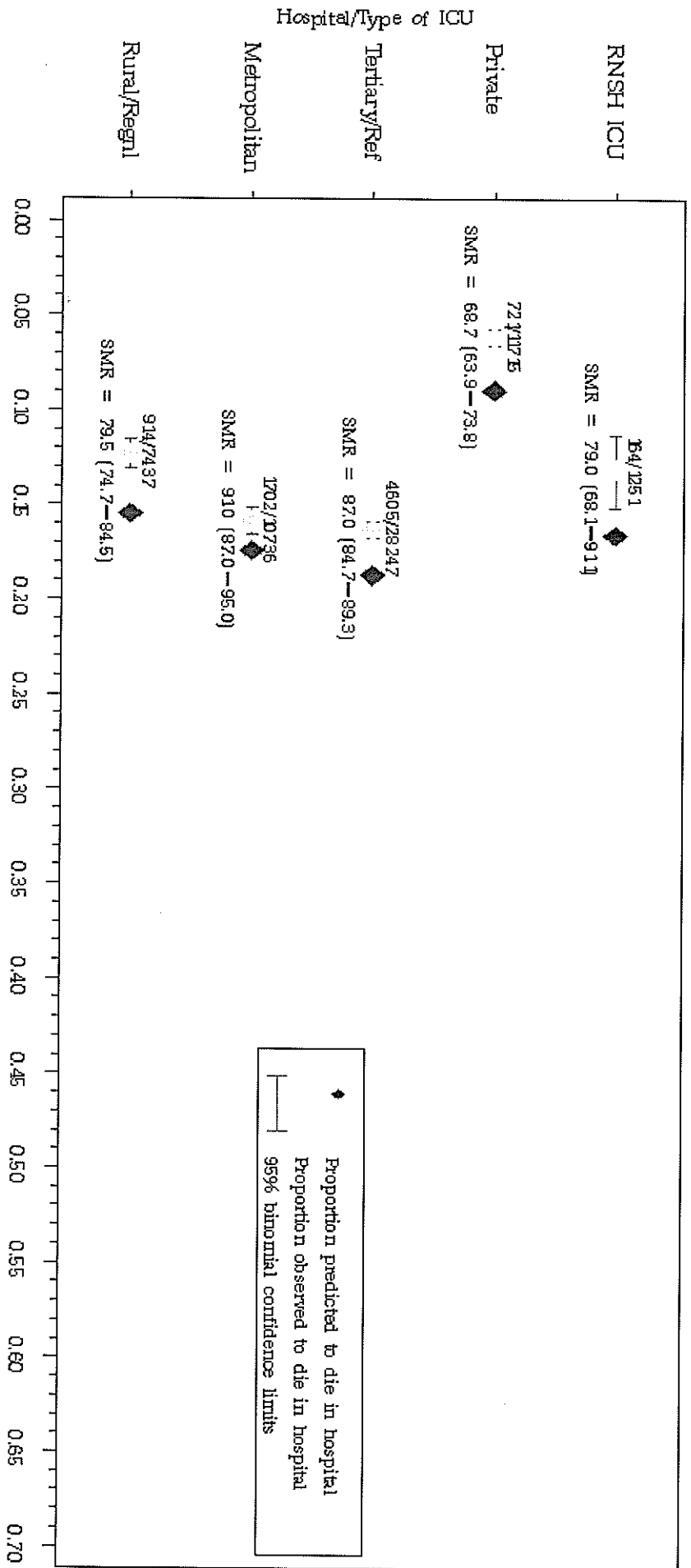
Note: Patients aged < 16 yrs or with ICU stays < 4 hrs or with unknown outcome of their stay in hospital (including transfers out to another ICU) have been excluded



Predicted mortality calculated from APACHE III scores using the APACHE III-1 algorithm (<http://www.apACHE-web.com/public/hospmortality.xls>)
 and diagnostic categories from the model published by Kraus WA, Wagner DR, Draper EA *et al*. *Chest* 1991; 100:159-36.
 Code to enable calculation of APACHE III-1 (R) mortality probabilities developed for ANZICS APD by Peter Bisho W
 (R) APACHE is a registered trademark of Corax Corporation, Kansas City, Missouri, USA

Observed vs APACHE III-1 (R) Predicted Hospital Outcome for ICU patients
 Royal North Shore Hospital and pooled data
 ICU admissions from 01/01/06 to 31/12/06

Note: Patients aged < 18 yrs or with ICU stays < 4 hrs or with unknown outcome of their stay in hospital (including transfers out to another ICU) have been excluded.



Predicted mortality calculated from APACHE III scores using the APACHE III-1 algorithm (<http://www.apache-web.com/pub/links/hospitalmortality.xls>) and diagnostic categories from the model published by Kraus WA, Wagner DR, Draper EA et al. Chest 1991; 100:16B-36.

(R) APACHE is a registered trademark of Case Computer, Kansas City, Missouri, USA

Attachment 4

Executive appointment information for NSCCAHS and RNSH Executive positions

NSCCAHS Area Executive

January 2005 to present (amalgamation of NSH and CCH to become NSCCAHS).

Chief Executive

There have been 3 incumbents. One incumbent acted for 9 weeks.

Director of Clinical Operations

There have 2 permanent appointments to this role and one acting (therefore 3 in total)

Director of Nursing and Midwifery

There have 2 permanent appointments to this role and one acting (therefore 3 in total)

Director of Population Health, Planning and Performance

There have 2 permanent appointments to this role and one acting (therefore 3 in total)

Director of Clinical Governance

There has been 1 appointment and is the current incumbent

Director of Workforce Development

There has been 1 appointment and is the current incumbent

NSAHS (former NSAHS from January 2003- December 2004) POSITIONS GONE WITH MERGER

Chief Executive

One permanent appointment and had been in this position since March 1997

Director of Finance and Corporate services

One permanent appointment and had been in this position since September 2000
INCUMBENT TOOK AREA POSITION-NOW GONE.

Director of Nursing, Community and Extended Care

One permanent appointment and had been in this position since January 1999

Director of Area Planning and Infrastructure

One permanent appointment and had been in this position from August 2002.

Director Clinical Services and Innovation

One permanent appointment and had been in this position since October 2000.

RNS Hospital Executive (for the period 2002- 2007current)

General Manager

There have been five personnel in the role of General Manager at RNSH; this includes 3 permanent appointments and 2 acting appointments.

Director Medical Services

There have been 2 different personnel in the DMS role at RNSH, this includes the current incumbent.

Director of Nursing

There have been five personnel in the DON role at RNSH; this includes 3 permanent appointments and 2 acting appointments including the current acting DON.