

Honour Before Honours in Medicine



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Associate Prof Bruce Chater OAM, received the AMA Queensland Rural Health Medal for his outstanding health and advocacy services to rural medicine and the community. A long time MIPS member, he and his wife, Anne share some of their story with us.



Dr Bruce Chater is presented with the AMAQ Rural Health Medal

"An important part of medical practice, just like health, is prevention. Taking steps to ensure that you meaningfully engage patients in their care, look after them like friends (they are in rural!) and accurately assessing the risks and your skills. Even with this, as with health, we need a safety net for practice – and medical indemnity provided that piece of mind."

Dr Bruce Chater grew up in St Lucia Brisbane. His mother, Mary Chater, was a physics lecturer at the University of Queensland and his father Arthur Burnett, known as AB, was a retail chemist. Bruce attended Ironside State School before going to the Church of England Grammar School, now the Anglican Church Grammar School, also known as Churchie. Accepted into medicine at the University of Queensland, Bruce spent the next six years studying to be a doctor.

So how does a city boy end up with the Australian Medical Association of Queensland's Rural Health Medal? The answer begins more than forty years ago.

Whilst studying, Bruce couldn't decide what field of medicine to specialise in as he loved all of it. He recognised in himself a desire to be a generalist, a doctor that could do most things for most patients.

To help fund his university studies, Bruce applied for a State Government Scholarship in his final two years of medicine. This meant Bruce owed the Queensland Health Department two years' service at a hospital of their choice in consultation with Bruce and his soon to be wife, Anne.

After graduation, Bruce worked at the Mater Hospital in South Brisbane and was fortunate to have senior medical mentors who made sure, that as a State Scholarship holder, he would have the skill set needed to work in a rural setting.

In December 1980 Bruce and Anne were delighted to find out that Bruce had been appointed the Medical Superintendent with Right of Private Practice in Theodore. Bruce was heard saying "Where the hell is Theodore?" to which the Department of Health personnel manager replied – Don't worry Bruce, you'll love it" and I guess he did as he is still in Theodore today.

Having been married for ten days, Bruce and Anne arrived into Theodore on the Australia Day weekend 1981. As Bruce and Anne

drove into town, the locum handed the keys to Bruce and drove out of town. Unpacking the car with the wedding gifts and a box of groceries Anne's mother had packed for them, work began straight away at the hospital and to run a general practice, keeping in mind Bruce was the only doctor in Theodore.

Anne had a teaching transfer to the Theodore State School and had no background in running a general practice. Bruce's only background in business was from his father's chemist shop. Bruce and Anne were 25 and 24 respectively and were faced with looking after the health of the town and running a business.

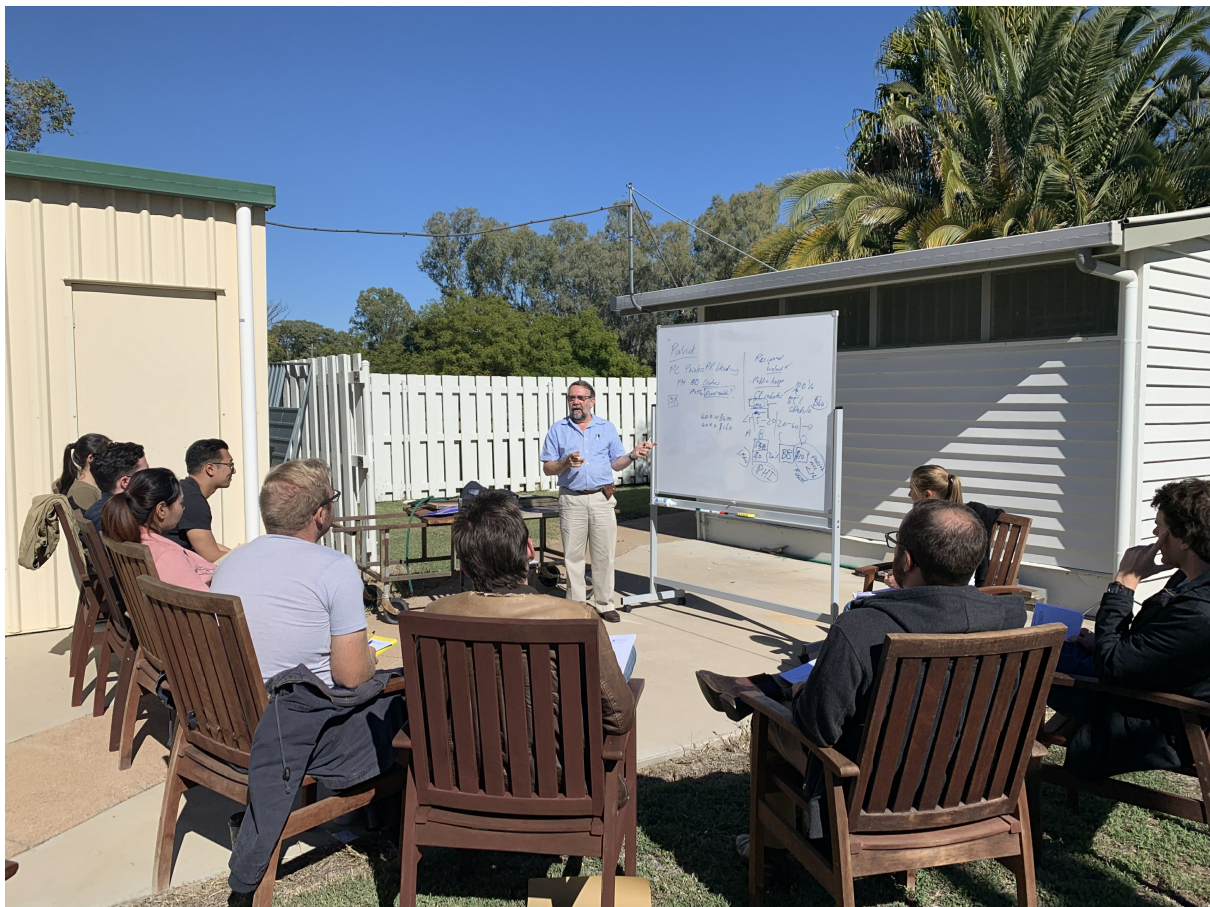
Their first general practice was in the Boulevard, Theodore and had a small waiting room, two consulting rooms, two IBM electric typewriters, an ECG machine, some instruments, a cantankerous photocopier and phones that had a handle to turn so as connect to the manual exchange. Pathology was placed into foam eskies and collected by McCafferty buses and sent to Dr Tom Lynch's pathology service in Rockhampton. Results were sent back in the foam eskies on the return bus to Theodore.

The first ten years working in Theodore highlighted the gaps in health services and conditions under which rural doctors worked. In identifying the gaps in health services Bruce studied to gain his FRACGP (Fellowship of the Royal Australian College of General Practice) and a Dip RANZCOG (Diplomat of the Royal Australian and New Zealand College of Obstetrics and Gynaecology) to safely deliver babies in Theodore. He studied back manipulation, nutritional medicine and acupuncture to ensure he could offer patients a plethora of health services. Later he gained his FACRRM (Fellowship in the Australian College of Rural and Remote Medicine) a qualification requiring advanced skills in areas such as surgery, anaesthetics, obstetrics and emergency medicine.

From an industrial perspective Bruce could see the need for a specific award for rural doctors and so worked with the AMAQ and the rural medical superintendents of Queensland to achieve this. The award that was agreed to by the Industrial Commission still stands today ensuring time off to compensate for on call rosters and weekend work, study leave and remuneration commensurate with the advanced skill set needed to be a rural doctor.

By the late 1980s early 1990s rural health was gaining momentum in the medical world and so too the political arena. Along with other colleagues, Bruce took a lead starting the Rural Doctors Association of Queensland, Rural Doctors Australia, the Australian College of Rural and Remote Medicine, the National Rural Health Alliance and, at the request of the then Health Minister Lawrence Springboard, the State-wide Rural and Remote Clinical Network. Bruce has been President/Chair and secretary in all these organisations. In addition, Bruce has been on many other boards such as the Blood Bank, the Radiation Health Advisory Board, the Clinical Senate and at the local level, Chair of the Theodore Council on the Ageing. He has also had Commonwealth appointments including grant committees and is currently on the Independent Pricing Hospital Authority which determines how Commonwealth Funding is allocated to State Health Departments.

Teaching medical students and young doctors has been a professional commitment, one which he gains great satisfaction. Medical students have been part of the scene since 1981 and continue to do so now. Bruce is the Associate Professor of Rural and Remote Medicine at the University of Queensland and holds adjunct positions at James Cook University and Monash.



Bruce is the Chair of Rural WONCA (World Organisation of National Colleges and Academies of General Practice and Family Physicians). Put simply means he is the current Chair of the International Rural Doctors Association, having been the organisations secretary for the past thirty years. Rural WONCA works with the WHO, world Governments and universities to ensure there is appropriate training for doctors going to rural areas, including isolated islands. He has written many academic papers about teaching and training and was part of writing an electronic textbook to highlight ways to train and engage medical students and young doctors in rural areas.

Bruce's commitment to his patients and to all rural patients is evident in his untiring energy and drive to ensure all rural people have

access to services and well-trained doctors. He has put himself out on many limbs to stick up for the rights of all rural communities both locally, nationally and internationally. When asked about their father, the Chater boys Adam, Ben, Cameron and Daniel can all recount the times “Dad was starting a new organisation” or “Saving maternity services (still)” or “Saving the Theodore Hospital” or “When Dad was President of ACRRM”

The 2010 flood knocked the town for a six. As the flood waters started to threaten the town, a band of local cotton farmers came to the surgery with tractors and front-end loaders determined to save the surgery. When asked why they weren’t protecting their farms, their answers were – the surgery is too important for us not to try and save it.

A wall of sandbags was placed around the surgery with a pump to keep the water level low, but the force of nature was just too strong and in the end the flood waters won out. The then Theodore Medical in Hamilton Street was thirty years in the making and after the flood all that was left was mud and slush.

During the flood, Bruce used his jet ski to visit patients at the evacuation centre and to take medication to the centre to ensure all patients who, needed to leave quickly without their medications, had their medications. Bruce was the last to leave the town and one of the first back into the town to ensure the health and safety of the volunteers and for the locals to come back knowing that rubbish would be collected, immunisations were available and to keep the Chief Medical Officer, Jeanette Young, informed as to the health status of Theodore. Post flood, Bruce and Anne rebuilt relocating Theodore Medical to the Theodore Hospital grounds.

Today Theodore Medical has four doctors, eight nursing and administration staff, is computerised, and has medical equipment to manage whatever walks or limps through the doors. A far cry from the two-room surgery and typewriters that was the beginning of a career in rural medicine.

So how does a city boy arrive with the AMAQ Medal for Rural Health? Ensuring rural patients have the same access to regional and metropolitan health services, by politically advocating for rural communities, by training and growing your own team, by providing opportunities and pathways for students to study medicine in rural areas, to have the difficult conversations with Health and Hospital Services about the delivery of services, by having exacting standards, by keeping up to date with medical advances, being part of rural community, understanding the stresses and strains of drought and flooding rains and above all, demonstrating honour before honours.

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