



This series provides insight into the careers of retired and actively serving occupational physicians. The interview series has supported a collaboration amongst our peers in developing projects on compiling the history of occupational medicine. On this occasion, I had the pleasure of meeting Dr Bruce Hocking.

Dr Farhan Shahzad, Consultant Occupational and Environmental Medicine, Sydney

Farhan: Thanks for joining us. Please give us an insight into your career and for you to tell us about your personal life and your career.

Bruce: I graduated from Med school in Melbourne in 1965 and soon after set off to work in the Pacific Islands. Initially, I worked in Vanuatu in a small Mission hospital on an island in Vila Harbor. My experiences slowly broadened my thinking from a very narrow view of disease that I'd been taught in Med School to seeing illness in a social setting – see photo. These days, it comes up in biopsychosocial aspects of people with workplace injuries.



This exquisite tapa cloth was given to me by a family to show they did NOT hold me responsible for the death of their teenage daughter (who died of valvular heart disease)!! Attribution of causes of misfortune is very important in many societies.

On my return from Vanuatu, I became quite interested in public health. I attended the School of Public Health and Tropical Medicine in Sydney for a year. Professor David Ferguson was there and ran a course on occupational medicine which was my introduction to the specialty.

I went on to work as a lecturer for four years at the very fledgling medical school in Papua New Guinea and began increasing my interest in occupational health safety matters in that country. Whilst on sabbatical, I attended the University of Dundee which had a postgraduate course in Occupational Medicine. I got a good introduction into toxicology, ergonomics, noise, and radiation.

I returned to Australia in 1978 and joined Telecom Australia as their first Chief Medical Officer until 1995 when I commenced private consultancy practice.

In 1995, I became second President of the Faculty of Occupational Medicine. I've retained an ongoing interest in that Faculty and am also very supportive of ANZSOM. I think it's going to be increasingly

important to us in occupational medicine as a vehicle for both ongoing education and collegiality with various occupational health workers at future meetings. I think ANZSOM is going to become the specialist society, equivalent of other special societies within the College of Physicians.

Farhan: Please share your achievements and career highlights?

Bruce: Whilst I was at Telecom, there was the notable, so-called 'RSI epidemic' in Australia in the mid-1980s. I wrote one of the key papers on that called "*The RSI Epidemic in Telecom Australia*" in the MJA of 1989. The crucial thing about that paper is the quantitative documentation of cases of RSI as acknowledged under workers' compensation regarding the relationship between keystrokes in the people who had the condition. Conventional thinking is that RSI is somehow related to people doing repetitive strain work which isn't so. People with the highest incidence of RSI were the telephonists who were doing the least amount of keywork whereas other jobs with high keystroke rates had lowest incidence of RSI. There was an inverse relationship between RSI and keystroke rates. In my opinion, the epidemic was due to a mixture of technological change causing deskilling of jobs combined with iatrogenic confusion.

I also had a major hand in the introduction of introducing a total ban on workplace smoking at Telecom Australia which occurred in the early 1990s. Opportunity arose from a workers compensation case of a non-smoking bus driver who developed lung cancer due to passive smoking. As a result of that and partially due to great credit of the senior management at Telecom, I was able to work out a policy which was applied throughout the organisation. This was a first in Australia for a major company. We worked with the Victorian Anti-Cancer Council and surveyed people both before and after the ban to show it was effective and acceptable.

I've had an extensive involvement with medical standards particularly Assessing Fitness to Drive. Again, it was a matter of seizing an opportunity, in this case the bus tragedy in Kempsey which killed 41 people. People around Australia in regulatory areas and other areas began to sit up, take notice and say, "*we can do better than this.*" Fortunately, with Fiona Landgren, we were approached to assist with developing a new medical standard for drivers. This in turn became the basis of the national rail medical standards and several other standards for safety critical workers.,

I also feel pleased about having been involved with the non-ionizing radiation area particularly with regards to radiofrequency fields. Fortunately, during my time at Telecom Australia, I worked with some first-class engineers who very patiently explained the physics of electromagnetic fields, particularly radiofrequencies. I've been able to get my head around enough to speak about health standards, the application of those standards into the workplace and the result is that after about 20 or 30 years of involvement with these standards, the most recent standard has been fairly well written now in the relevant chapter for application in the workplace.

Farhan: What message do you have for our trainees and Fellows?

Bruce: The key thing is for trainees to go into workplaces to see what actually happens. When you're in the workplace, talk to the people who are doing the job – not just management. Talk to the person who's injured and ask them to show you what happened. "*Oh, is that what you were doing at the time? Has that actually been corrected so it's not going to happen again?*" and then talk to the person about what can be done about their return to work or discuss alternative duties. Include photographs in your report for the requester of the report so that it's documented, It's concerning that trainees have not

spent hours going into workplaces whilst in training. I think the idea of the directly observed field sites (DOFS) for occupational medicine has probably been undercooked within the faculty as a requirement for people before they qualify.

With regard to the future, I think we should give more attention to the occupational health implications of climate change. There are obvious implications for emergency services personnel. But also the change to decarbonised technologies, such as hydrogen fuel or use of rare earths for their electromagnetic properties, should be assessed for hazards. Similarly the restoration of ecological systems, particularly low footprint food production, should also be assessed for unexpected hazards.

I'm hoping that at future ANZSOM conferences, there will continue to be a stream of looking at the impacts of occupational health safety aspects of managing climate change and restoration of ecological systems that I would like to be part of.