



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 Graeme Edwards.

Dr Farhan Shahzad, Consultant Occupational and Environmental Medicine, Sydney

Graeme: My story is lifelong and multidimensional. My first connection with occupational medicine came through my own personal health crisis. At 4 months old, I underwent a right hemicolectomy for what was thought to be lymphosarcoma. It turned out I was replicating the small intestine, an enterogenous duplication cyst – the fourth in recorded medical history. The specimen was in the Pathology Museum at the University of Queensland and fortuitously when studying gastroenterology, the attending pathologist was my tutor! Rare, I can't help but think of the genetic consequences of occupational radiation exposure; my father, was a radio-operator in an aircraft collecting air samples flying through the Emu Plains atomic tests in the early mid 1950's! He was the first of the Australian military personnel accepted to have developed thyroid cancer as a result of his radiation exposure.

As a medical student, my other love was business and administration. I was involved in the business of education: elected to the Board and appointed to the Curriculum and Executive Committees of the Faculty of Medicine, and subsequently to the Advisory Committee when it became a School of Health Sciences.

My understanding of research was enhanced by my step-out degree in neuroanatomy and neurophysiology and subsequent post-graduate studies. While I gained a solid grounding in anatomy, physiology, and pharmacology, I kept failing various primary fellowship exams in surgery, anaesthetics and intensive care. I went through a midlife crisis, during which I disconnected from mainstream medicine, working as a part-time non-VR GP. During this time, I furthered my understanding of business design and structure and became the only medically qualified human resource management, business and strategic planning consultant accredited by the Institute of Management Consultants to provide AusIndustry consulting services.

It was the natural melding of my understanding of medicine and business through the discipline of occupational and environmental medicine that I found my niche. And it was my engagement with the Faculty and the College in policy and advocacy that gave me the tools and opportunities to make a difference - beyond the constraints of individual assessments and one by one organizational advice.

It began with the College's Education Review over 20 years ago, critically looking the resources needed to support self-directed learning in our profession and I later joined the team lead by Drs Mary Wyatt and David Beaumont during the formative phases of the Health Benefits of Good Work® project. Later, serving for a time as Chair of the Faculty's Policy and Advocacy Committee and Chair of the Faculty's Queensland Regional Committee.

Farhan: Tell us about your work with silicosis and what's your message for younger trainees or other peer occupational physicians.

Graeme: In August 2018, little did I know what was in store for me! With the support of the College, and the media profile created by the 7:30 Report, the Federal Minister for Health, The Honorable Greg Hunt appointed me to the National Dust Diseases Taskforce. This was just in time for me to work with Professor Brendon Murphy, on what we termed the silicosis epidemic. It was 'the warm-up act' for the SARS-Cov-2 pandemic.

Our colleague, Dr Rosemary Knight took the brunt of the challenges dealing with the individual workers and I want to publicly acknowledge her care and concern. As a trainee, she was performing health monitoring for two fabricating clients on the Gold Coast. Of the first seven people examined, five had silicosis! By September 2018, we had completed the health monitoring of 35 workers, and we had 12 cases of silicosis! As the Chair of AFOEM Qld Regional Committee, I wrote to the Office of Industrial Relations (the regulator) and Workcover Queensland (the statutory workplace insurer). The Minister for Industrial Relations gave a speech in parliament on 18 September 2018: since then, 1056 workers have been screened and 240 silicosis cases diagnosed. This does not count those workers who have been exposed and who are yet to develop the disease!

Silicosis is the archetypal pneumoconiosis. But it is more than that, any case of silicosis today should be seen as "system failure" at regulatory and political levels. As a trainee, if you understand the dust that causes silicosis, you have a template for all the occupational respiratory diseases, and a framework to understand the multidimensional nature of our specialty. From individual exposure history assessments, health surveillance and organizational health risk management, through to research, the structure and function of the work health and safety agencies and the politics of health risk management.

Imagine what we would now know, if what the Taskforce recommended in December 2019, and which was accepted as needed by the Federal Government in January 2020, was already in place. As conceived, the National Occupational Respiratory Disease Registry would capture case experience, pool the data, and provide valuable information to inform management at societal, geopolitical, organizational, and individual levels. Imagine what we would know if the exposure histories of those 1056 people screened, had been entered into a functional registry.

The Taskforce affirmed the need for the Registry in July 2021, and its need was again accepted by the All of Governments response in March 2022. Unfortunately, in March 2023, we still don't have a National Registry. Imagine if the registry architecture had been used to capture the case load of the COVID-19 pandemic "as it evolved". Imagine what we would now know about long COVID, if only the infrastructure was in place.

We have achieved a lot in the last 5 years because of a group of dedicated individuals supported by our College and Faculty. So my message for our registrars and my peers - we desperately need to put "health" back into work health and safety legislation and the

governance of SafeWork/Worksafe agencies in all jurisdictions. No one person can do it, so please become active in your Faculty, you won't regret it.