



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 John Cross.

Dr Farhan Shahzad, Consultant Occupational and Environmental Medicine, Sydney

**Farhan: Thanks for joining us, please tell us about yourself?**

**John:** I graduated from Sydney University in 1970 then hawked my stethoscope around Australia. I worked in Tasmania and NZ before settling in Adelaide in 1972 into what I call “womb to tomb medicine” and loved it until it became extinct in the Cities around the mid 1980’s. Up till then GPs around Australia delivered kids, did our surgery, anesthetics, house-calls and our own after-hours work. Specialists and Medicare were the disruptors and history will dictate if they were a positive influence.

I developed the first private (that I know of) Industrial Medicine practice on a tertiary campus. In the 80s, TAFE was the principal educator in all sorts of trades. I branched out at Regency College of TAFE. I was able to see the medical problems associated with the trades; butchers and the apprentices weren't wearing metal guards on their wrists and cutting tendons regularly; chefs were also burning themselves; welders were getting ‘flashes’ and Fume fever and thus fun at work and stimulation was back on the agenda. A preventative approach was initiated - like metal and chain guards for the wrist and fingers, water tubs for burns and educational presentations. By the 1990’s with company/management support these injuries became rare events. TAFE became a fertile ground for me as I became a lecturer part-time in Epidemiology to the Food Industry. Meanwhile I still worked in GP land as well, because seeing conditions as they first present allowed detective work and fantastic diagnostic challenges. If I could not resolve an issue at least I could do a good referral letter.

Looking for like-souls in Industrial Medicine, I came across ANZSOM. Here, I met Richie Gun and Andrew Langley and they were quite excited about what I was doing, and they encouraged me to think about specialising. So enrolling at Adelaide Uni (GDPH) was a fascinating time as by then 2 of my 4 kids were also on Campus. My FAFOEM, by examination, was awarded in 1994.

With my GDPH, Epidemiology and Occupational & GP Medicine expertise, I was appointed the Medical Officer in Charge of the Bureau of Medical Inspection (BMI) in Broken Hill. In association with that, I was Chairman of the Pneumoconiosis Board and Chairman of the Lead Board. I also became involved with NIHL.

These positions were to administer the oldest OHS legislation in Australia on Dust & Lead and required an independent Chair to oversee the Employee Medical Officer & the Employer Medical Officer members of the Board. Thus, my position as an independent practitioner was formally approved by the Barrier Industrial Council, Pasminco and the NSW Government.

In the 1990's, I had a Specialist Practice in NSW, a General Practice in Adelaide as well as the TAFE Practice.

This all continued until the BMI was taken over by the NSW Dust Diseases Board in 2003 and this triggered a major change. I left behind all 3 models and became a Remote Medicine practitioner.

My first bush trip saw me as SMO, at Derby Hospital in the Kimberley which also used to control Broome Hospital and was pivotal to the whole of the Kimberley Health. In this role, I found medical education was in great demand and there was still the existence of the 'womb to tomb' medicine so I agreed to become the Medical Director for the Kimberley in 2008. However, as this was a long-term position, I could not take it up with the development of Family Health issues.

On my return to Adelaide, they had just introduced the AMA-5 system for impairment assessment. This was a best-attempt at quantifying assessments objectively, and as old colleagues, Fred Hollows, once said, *"If you can't measure anything, don't talk about it."*

That intrigued me as a special area of occupational medicine that nobody had really tackled well before. Declining the job in the West, I followed this interest in permanent impairment assessment (PIA). Since 2009 until now, I've been heavily involved in the research, development and training around impairment assessments. Just recently, I've written an online training module for permanent impairment assessments for Return to Work & the Motor Accident Insurance Commission here in SA. This, coupled with Medical Education, has been enhanced with my short-term rural ED GP work with stints as a Flying Doctor and is what I pursue today. Recently, I have resigned as CEO/Medical Director of SAPMEA and AMPHEat so now concentrate on PIA education. At the end of 2020, I was awarded a fellowship in ANZSOM which is quite a feather in the cap for a guy like me.

**Farhan: Do you have a message for Trainees and Fellow Occupational Physicians?**

**John:**

1. Stay independent, stick to the medicine, and as Mark Twain said, *"If you tell the truth, you don't have to remember anything else."*
2. Perhaps in a clinical sense, something we can all use today & tomorrow is, to do what Osler said: *look, listen and examine*.
3. I think it was McCrae who said, *"More is missed by not looking than not knowing"* and I think if anybody coming through can aspire to these then, they will be indemnity- free and have a very satisfying life.

Presently I am digitizing AMA4 & AMA5, generically and for each Jurisdiction, and I guess that is my legacy if there is going to be one as this will provide a data source for sensorisation and wireless input so minimizing errors.

I have been able to work in most of these 51 years, feeling work is more fun than fun.

(Dr John Cross is proud to have been married for 53 years, has four children & eight grandchildren and 2021 represents over 50 years of clinical practice).