



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 Paul Psaila-Savona.

Dr Farhan Shahzad, Consultant Occupational and Environmental Medicine, Sydney

Farhan: Thanks for being our guest in our interview series for Senior Occupational Physicians. Please tell us about your personal and professional life.

Paul: Thank you, Farhan. I was born in Malta in December 1938 which makes me 84 years old. I obtained my medical degree from The Royal University of Malta in 1961. After a three year internship in a wide variety of medical disciplines, I travelled to the UK for postgraduate training. I developed an interest in Preventive Medicine and Infectious Diseases and aspired to return to Malta to work in the public health system. I obtained a Diploma in Public Health from the University of St Andrews in Scotland in 1966 and returned to Malta. I was appointed Medical Officer of Health for a few years during which time I acquired a taste for Epidemiology and Occupational Health. In 1969-1970, I obtained a Master of Science degree in Occupation Medicine from The London School of Hygiene and Tropical Medicine. This was the first time a Master's degree was granted to occupational physicians in the UK. I was admitted to the Royal College of Physicians (UK) as a Member of the Faculty in Occupational Medicine.

I am also a Foundation Fellow of the Faculty of Occupational Medicine and a Foundation Fellow of the Faculty of Public Health Medicine with the Royal Australian College of Physicians.

On my return to Malta, I became interested in the occurrence of asbestos-related disease in the Maltese dockyard following encouragement from Dr Molly Newhouse, an internationally acclaimed occupational health expert. Unfortunately, I was unable to pursue this due to a change in the political scene in Malta and I left the Country.

I immigrated to Western Australia in 1975 and had to register with the Medical Board in NSW. One of the questions they asked me at the interview (bearing in mind that I was already an established occupational health physician in the UK and Malta) was, "*why did you come here? There is no place for occupational therapy in this country.*" I replied, "*I am not an occupational therapist; I'm talking about occupational health.*"

I was appointed Regional Medical Officer in Pilbara for the Health Department of WA. As a dual Public Health and Occupational health physician I acquired an interest in Aboriginal Health and an interest in the extensive mining work occurring in that region. During this period, I visited Wittenoom an asbestos mining town in Pilbara a number of times and I became aware of the significant occupational and environmental hazards in that area. I wanted to become directly involved with occupational health practice. I was fortunate to be head hunted on my return to Perth by Dr Cumpston the then Director of Occupational Health, Noise Abatement and Air Pollution, a branch of the WA Health Department. Initially, I was asked to develop satellite occupational health services (in addition to the already established central office) which I did first at the WA Meat Commission and then in the Police Department. I am pleased to say that with the help of the Safety Officer at the Meat Commission we devised and produced a three-

finger mesh glove which when used protected slaughtermen from frequent incised hand wounds and cut tendons. This significantly reduced the incidence of such disabling injuries thereby reducing the workers' compensation premiums for the Commission. I also gave advice on the control of brucellosis, leptospirosis, Q fever and other infectious diseases which had been common in workers.

When Dr Cumpston retired, I was moved centrally and was exposed to the full spectrum of occupational health, noise abatement, and air pollution issues. I became involved in the control and management of dust diseases, specifically the asbestosis in Wittenoom and silicosis and coal-workers pneumoconiosis in other mining areas in Kalgoorlie and Collie; lead poisoning in battery operators; pesticide exposure in agricultural workers; noise hazards in various occupations, particularly boiler makers; and infectious diseases such as legionellosis in hospital workers. On one occasion I was involved with the investigation of an exotic Hanta virus exposure in veterinary practice.

I was appointed Deputy Director and dealt with issues relevant to private and public entities, unions, workers, various community groups and activists. Administrative duties included membership and chairmanship of a large number of high-powered committees which included among others Chairmanship of the Radiological Council, the Poisons Advisory Committee and Pesticides Advisory Committee. At various times, I was the State representative on health committees and working groups on the National Health Medical Research Council, contributing knowledge and expertise in occupational and environmental health matters.

In 1985, the occupational health branch was taken over by the newly established Commission of Occupation Safety and Health. For several reasons, I chose to remain within the Health Department where my role in environmental health became more pronounced. In 1985-86, Prof D'Arcy Holman and I carried out epidemiological surveys on the determinants of the health workers in the mining industry, specifically gold mining in Kalgoorlie and coal mining in Collie. We produced a paper which indicated that miners exposed to excessive hazardous dust were also prone to develop an industrially caused chronic bronchitis distinct from that smoking related. Chronic bronchitis was as a result accepted as a prescribed disease for the purpose of the Workers' Compensation and Rehabilitation Act.

I consulted for WHO in 1990 when I was approached to give advice to the Fijian Government on the establishment of an occupational health service there. In 1995-1996, the AUSAID requested me to join a multidisciplinary team and provide environmental advice on the rehabilitation of two large, contaminated sites in China.

In 1996, I was appointed Executive Director of Public Health with the Health Department which went on to become the highlight of my career. I continued to provide statutory advice to the WA Government on public health matters and had full statutory powers to manage and control health issues in case of State health emergencies.

I retired from the Health Department in 2001. I was diagnosed with prostate cancer and was out of circulation for a couple of years. I returned to the workforce as a consultant occupational health physician with the Medicolegal Company of Australia (MLCOA). I retired completely and gave up my medical registration at the age of 80. I was recently diagnosed with Radiological Isolated Syndrome which is a form of mild multiple sclerosis. I still try to keep up with developments in Occupational Health and Safety, including the recent emergence of acute silicosis arising from exposure to dust generated from artificial stone.

Farhan: You have been an inspiration for younger trainees and fellows. What message do you have for us?

Paul: Hard work and long hours are inevitable in this field. The challenge is to obtain a balance between work and family as there is tendency for family to become neglected. Work well planned is always very rewarding. Don't accept findings and information at face value just because someone said it or an 'expert' announced it. Always look for evidence-based material and do not restrain yourself from challenges when appropriate.

As part of my legacy, and clearly not solely of my own doing, occupational health has expanded in importance since that time in 1975 when I immigrated to this country. Nowadays, there is no employer, employee or union that would not know what occupational health is.

I personally believe that occupational health and public health are complementary to each other. Occupational health to me is public health in the workplace and public health is occupational health in the whole community.