

## **Dr Simon Quilty's speech at the 2016 Flinders University medical student qualifying ceremony**

The Katherine campus is one of the furthest outreaches of Flinders University, and a place where some of the students here tonight may have been lucky enough to learn some medicine. To the North of the town is Kakadu, to the east is Arnhem Land all the way to the Gulf of Carpentaria. West of town is the mighty Victoria river and beyond that the Kimberleys, and to the South is the Tanami Desert, one of the most sparsely populated areas of land on the planet.

Katherine is a special place. From these lands I am fortunate enough to work with incredible people, all of the time, and understand the essence of what it means to be an Australian in a nation with more than 50,000 years of human history and culture that is tied intimately to the landscape.

In my daily job as a physician at Katherine Hospital, I regularly work with people who come from what is the most extremely different background of arguably anyone else in the world. I regularly meet "first contact" people, now all elderly, having first met white people in their teenage years. Having lived in continuity with the land for possibly thousands of generations these people experienced the fracturing moment of first contact, and find themselves at the end of their lives in an unprecedented leap of technology and society. My job is to offer these people high tech healing solutions, and it is an amazing space in which to live.

One old man told me recently about the first time he came across tyre tracks in the bush, back in the 1970's. He and his family came across parallel tracks in the sand, provoking a response of terror that two enormous rainbow serpents were crossing their land. A few months ago I provided palliative care for an elderly lady at Katherine Hospital, moved in from Ngukurr and apparently the last fluent speaker of the Marra Language. I have had the privilege of hearing this now-lost language spoken, and born witness to the great sadness that a whole community feels when it's language is gone.

As a child, growing up on the upper reaches of the Hawkesbury River in Sydney, my brothers and I would play in the caves down in the valleys and find evidence of past people's presence. We knew a little about the Dharug tribe, learned nothing about them at school. But despite the fact that over 150 years had passed since the last Indigenous person lived in that country, the creeks and caves where we played still felt as if they belonged to them.

As a child, my family also travelled around Australia. We camped by Billabongs with relatively newly contacted people in Central Australia, and met Aboriginal fringe-dwellers at many towns. I was fascinated as a child at Cahill's Crossing, looking across the crocodile-infested river to Arnhemland where two men stood, and from my far distant memory I was sure they were carrying spears.

I took the first opportunity I could as an adult to return to the North of Australia as a medical student. Spending 3 months in Gapuwiyak in West Arnhemland, hunting crocodiles with old men and sitting around fires hearing stories of ancient times, I was hooked.

These experiences in early life are profoundly formative and should not be under-estimated in their power to evoke passion, and passion that is long-lasting. For me, the opportunity to work at Katherine Hospital, to meet first contact people, to bear witness to the death of a language, is an extraordinary privilege and is a direct result of the passion that I was lucky enough to have found as a child.

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It is said that there are three types of people who move to the remote North – mercenaries, missionaries and misfits. I would argue that there is a fourth category, one in which I probably belong. Pioneers come to this town to be in the edge of the frontier, to understand it's beauty and to work towards a better society, both within the town itself and in broader terms to do with our Nation and it's torn identity. I didn't mean to be a pioneer, but when I look around at my friends in Katherine – some learning to understand the environment and how fire has shaped the landscape, others exploring ways of creating enterprise and inclusive social space within Indigenous communities, great school teachers drawn by the challenges of improving education to very disadvantaged people – I realise that I share with them this sense of opportunity.

So Katherine, for those of you who don't know, is a small town with a big reputation. For those who have driven through the town, you may understand where that reputation comes from. Homeless Aboriginal people, lots of drinking, incredible heat. On first appearances it can seem a bit bleak because it is so extremely foreign to many Australians. But it's a very small main street, and the Katherine region is twice the size of the state of Victoria, home to some amazing people. You can't know Katherine unless you spend a lot of time in the town and it's surrounds.

Important things happen in this town, and in the hospital. Just like Bennalong in Sydney, the first Indigenous person to engage with Western civilisation, there are more than a few people in town who end up lost between urban and remote, homeless and fringe-dwelling in Katherine. Many others are creating new and successful ways to live as the world rapidly changes for all of us. There are still over ten languages spoken on the main street every day – Jawoyn, Wardaman, Ngarinyman, Mudburra, Gurindji, Warlpiri, Jingili, Nganjaji, Alawa, Bilinara, Ngalakan – to name a few. These are equally as meaningful to me and even more so to Aboriginal people in the town as are for instance the cultural spaces in Europe – Spain, Italy, Germany, Portugal. In Katherine, culture and language is still alive, and rapidly evolving.

As a doctor, I get to meet these people and live in this world, and to explore what is really a very new and unexplored relationship – doctor and patient, or healer and sick. Last year I was asked to come to the Emergency Department. A young doctor was having problems convincing an elderly Warlpiri man from the Tanami that he should stay in hospital, and the patient was having problems understanding why a young woman would be able to do to help him. I approached him, and explained the severity of his pneumonia and sepsis in no uncertain terms. He listened, and then told me he didn't want my help, he wanted to return to Lajamanu to see a Ngunkarai, or healer. It dawned on me that he didn't understand what a doctor or hospital was there for. I explained my role as what is in many ways equivalent to a healer – to cure illness and take away suffering. He looked at me for a moment and asked, "are you really a healer". I assured him that was my best interpretation, and as a result he decided to stay in for treatment.

These kind of interactions are not uncommon in Katherine, and for me they represent what really is the art of medicine. To me, I think our society emphasizes the science as more important than the art, but working in Katherine it is clear that both sides are equally as important. The science, many centuries of dedicated western scientific endeavour to understand how the body works and what can be done to heal it when it is broken, is a gift that you have all just been given through your study. It is my belief that all of our scientific and medical forebears worked for the principal reason of making the world a better place, to reduce suffering.

The art however is an understanding of this science and its application to human beings – the science is the paintbrush and the palate upon which the art can be applied, and there is a very

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creative space between the two. When working with Aboriginal people who have a world view that is profoundly different from our own Western mindset, the importance of practicing the art of medicine is paramount, often even more so than the science.

And in Katherine this art is a two-way street. One evening I was trying to administer a dementia screening tool to an old Pitintjara lady in Alice Springs hospital who was clearly cognitively declining. Her three sons were bedside, and it was tough going. At the end of my review, in frustration I turned to her family and asked – “so you don't think there's anything wrong with this old lady's mind?”. I received cold and angry glares – “No. Can't you see? She's just an old lady!”. In this interaction I learned that the wrinkles of old age affect not just the skin but also the mind, that they are not a disease but a natural process, and a process which in some Aboriginal cultures is seen as a blessing. Why don't we try and see it this way too?

Remote hospitals like Katherine provide an amazing and unique space in which to explore the art of medicine. And with the support of institutions like Flinders University, these remote places can absolutely be leaders. The infrastructure – a high-tech hospital with great potential to cure the sick – is an amazing space in which deeper scars of colonisation can truly begin to be healed.

Since graduating from Sydney University 12 years ago, I have not really planned my journey, and I certainly didn't head out with the objective to pioneer new spaces. I have simply followed my passions. Through this I have experienced and mostly overcome great challenges, I have been given great meaning and many incredible opportunities, and I have learned things that can't be taught in most universities like advocacy and persistence.

So here we are tonight, with you mob just setting out on your journey. Congratulations on the hard work you've all put in to define your paintbrush and palate. How will each of you find meaning in what you do? How will you learn to create? You are all about to walk into an exciting world of opportunity where you see great things, sad things, where you'll bear witness to disparity, inequity and dysfunction. See all of these challenges as opportunities to do things better. And most of all, don't be ashamed of your passion, let it drive you to do great things yourself.