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The Profile: Chris Silagy

The moment of truth for Chris Silagy arrived while he was working as a paediatrics registrar at the Royal Children's Hospital in Melbourne.
He'd always been a top student, and had enjoyed medical school at Melbourne University, even though he'd ended up there "for all the wrong reasons" - because he had the marks and his friends were doing it.
"But I'm not sure that I actually reflected on the experience," he says.
It was when he began working on the paediatric oncology ward that he really began to question what he was doing, to think about what it meant to be a doctor. And he didn't particularly like it. Caring for dying children, feeling unsupported by the hospital.
"I found it really hard to cope," he remembers.
So he dropped out. Quit paediatrics training, fantasised about becoming a tram conductor, and took off to wander the world for a year.
"I just wanted to be a normal person and, for once, not do what everyone expected," he says. "I did it when I was 25, I should have done it when I was 17."
Silagy tells the story when we meet one evening over coffee at one of Sydney's many plush hotels. He is in town to address yet another conference. Two nights ago, he was racing to hospital in agony, due to side-effects from chemotherapy.
Tonight he is tired and emotional. Teary. Even so, he gathers his famous reserves of energy and enthusiasm for the task at hand. He is so open, so candid that you get the sense he is not considering his words too carefully, not evaluating how politically useful they may or may not be. He speaks from the heart, doesn't try to hide the bitterness over internal wranglings at Flinders University which have propelled him into welcoming arms at Monash University, where he was recently made professor of public health and founding director of a new Institute for Public Health and Health Services Research. The Cochrane Centre will also move with him.
More on that later. Back to the past, where a rejuvenated Silagy returns from overseas jaunts, and begins doing GP locums, teaching in Monash University's department of community medicine, some simple research

projects. He then does a phD in cardiovascular epidemiology, a study of aspirin in elderly people without heart disease.
“For the first time, it meant something to me,” he says. “One of the things that appealed to me about community-based work, you could see the direct relevance. Looking down a test tube, it’s important work, but it’s never turned me on.”
Then a Menzies scholarship takes him to the Oxford University department of public health, where he continues developing a register of general practice research, and meets Iain (Iain) Chalmers, who in 1992 is busy setting up the first Cochrane Centre.
The rest becomes medical history. In what Silagy calls a mix of luck and circumstance, he is drawn into the birth of the international movement which has become known as evidence-based medicine.
His systematic review of nicotine therapy is published by the British Cochrane Centre as a guide to other reviewers, he is at the 1993 meeting which formalises the international Cochrane Collaboration, and joins its steering group.
He returns home soon after as the first professor of general practice at Flinders University, where his department of evidence-based healthcare and general practice quickly mushrooms, from a few staff to almost 60 five years later. He establishes the Australasian Cochrane Centre, and from 1996 to 1998 heads the international Collaboration. Somehow he also finds time to work on a stack of government and professional committees and research projects.
All this in such a short time. It’s a shock to remember that Silagy is only 38.

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It is March 1997. Silagy is just back from a whirlwind world trip of non-stop meetings, promoting the Cochrane cause. He blames the sore knee on his jogging. But then other aches and pains lead to more serious medical investigations.
In the midst of a hectic day of meetings at Flinders, he takes the call announcing non-Hodgkin’s lymphoma.
At the end of the day, he goes home, looks at his four young sons and sheds some tears.
Then begins the exhausting, frustrating and often painful rollercoaster ride, searching for an effective treatment. He spends hours on the Internet, realising there is little good evidence to guide his decisions.

At first, he opts to wait and see, believing it a low-grade lymphoma. But his spleen swells, painfully, and he begins oral chemotherapy, becoming neutropenic at the first dose.

“That’s when I learnt to hate hospital,” he says, describing how he would leave his hospital bed to go to his office upstairs at Flinders.

“At one moment I could be treated as a professional. The next minute I’m lying on the bed being treated like I don’t exist.”

The disease becomes more aggressive and Silagy seeks a second opinion in London, to be told he has an aggressive lymphoma which should have been treated aggressively from the outset.

“That was the second time I was in tears,” he says. “I had a year of getting worse and worse and worse. You intuitively think, if they’d treated me differently, could it have made a difference?”

He comes straight home for treatment, discovering it can be a definite disadvantage to be a doctor when sick. His carers wrongly assume that he would know what to do about side effects, about simple practical things, like how to take off his drip without ripping his hairy arm.

Once he races to hospital, fearing he has a serious vascular blockage because his face has swelled up, not realising it is a complication of radiotherapy.

July last year, and his 2.5 kg spleen is removed. At last, he takes some time off work.

By August his lymph nodes are swelling, and he decides to have a new immunotherapy treatment, which selectively targets tumour cells. In November, radiotherapy. In January, more chemotherapy. He plans a stem cell transplant later this year.

“Just when you think everything is going right, something happens,” he says.

Silagy has spoken often - to his peers at conferences and to the general public through the media - of his frustration at the lack of evidence to guide his decisions. The Cochrane Collaboration is yet to establish a review group on haematological malignancies.

“The more I go in search of answers, the more you’re going on trust,” he says.

His personal experiences have strengthened his commitment to EBM and the push for research which is relevant to patients’ needs rather than researchers’ “intellectual interests”.

“It has made me increasingly irate at the bullshit that goes on when people start debating EBM,” he says. “For Christ’s sake, when I am faced with a life threatening decision, I want the best evidence about whether it will increase my chances, what the side effects are.”

Silagy says he feels a strange sense of familiarity with the hero he has never met, Archie Cochrane, who also battled a life-threatening condition, porphyria, and found it a profound influence on his thinking. Hilda Bastian, a consumer health advocate who has worked closely with Silagy in the Cochrane Collaboration, emphasises that he had a genuine interest in consumer perspectives long before his illness.

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Last year, Silagy ended a 20-year association with the scouts, quitting as national commissioner. His wife, Jane, calculated that he had been away from home more than 300 nights in the last two years, and he decided to spend more time with family.

That's not to say that work is any less hectic. Colleagues laugh disbelievingly when told of his claims to have reduced his workload since the illness.

Silagy, who had a melanoma cut out the year before the lymphoma was diagnosed, has speculated to friends and colleagues that stress may have contributed to his illness.

What drives him so hard? It would be wrong to assume that a new awareness of mortality is the key factor. From all accounts, he has always been driven.

Michael Kidd, professor of general practice at the University of Sydney, has known Silagy since medical school. "We were both general practice registrars at Monash at the same time, and I just found it exhausting trying to keep up with him, and eventually gave up," Kidd laughs.

Dr David Weller, a longstanding colleague, who will leave Flinders to become professor of general practice at Edinburgh University next year, says a typical scenario is going out to a work function with Silagy which ends near midnight. Everyone goes home to bed, but Silagy spends another two hours working on a paper.

"He's more or less off the scale in terms of energy and enthusiasm and capacity for hard work," Weller says.

"He's operated outside the normal bounds of human behaviour for so long. We've all just come to expect that Chris can put together a grant application in a night, that if there's some big important presentation that he'll just knock it up and carry the day."

Jane Silagy, who works as a GP under her maiden name of Russell, says her husband's determination to keep working through illness is part denial and a way of coping. It is also because "he just loves working" and is "extremely ambitious".

“If he dies now, he would feel he’s achieved greatly in his work life,” she says. “The thing that he’s afraid of is not seeing his children grow up.”
Asked where his energy comes from, she cites his mother, a practising GP who recently turned 70 and is “pretty driven”. His father, a retired engineer who now does Swedish massage, is “a lot more laid back.”
Bastian, a good friend, didn’t particularly like Silagy when they first met - she wasn’t convinced that he was “for real”.
Now she is a huge fan: “He is very passionate about what he does and he really cares about the impact on people.” She recounts how Silagy addressed a workshop for consumers, who were stunned to discover late in the day that he was a doctor.
“He’s a lot less pompous than most of the people who tend to be in his position,” she says.
She adds that he has a rare ability to understand others’ viewpoint, to change his thinking, to take risks if he believes in a cause. “And he’s just such a nice guy.”
It’s a familiar refrain. The assistant director of the Australasian Cochrane Centre, Philippa Middleton, fondly remembers how Silagy turned up at work unexpectedly to help celebrate her birthday morning tea. He was on sick leave and had just had his spleen out. “That’s the kind of loyalty that he gives his employees.”
Another colleague adds: “He doesn’t have a mean bone in his body. I don’t think there’s anybody who works alongside Chris who doesn’t like and respect him enormously.”
Silagy’s communication skills, affability, enthusiasm, vision, courage, and hard work are widely lauded as having been crucial for the progress of EBM.
“I can remember four years ago, there were people saying ‘it sounds like it’s a great idea, but it’s very ambitious and we don’t know whether it’s going to succeed’,” says Middleton. “You don’t hear that any more. It’s become part of the permanent landscape, in large part due to Chris.”
But Silagy is no zealot, stresses Professor Nick Saunders, who recruited him to Flinders and who is now dean of medicine at Monash.
“He’s pretty pragmatic. He says we should use the best available evidence that we have and that it needs to be interpreted in the light of the patient before you.”
Saunders, a friend as well as colleague, adds: “There are a few people in your life that have a fundamental influence on the way in which you view the world or yourself and he’s one of those people.”

After a period of turmoil at Flinders, which Jane says he found more distressing than his illness, Silagy is now looking for a house in Melbourne so his family can move to be with him.
He is brimming with plans for his new Institute, which will combine five existing centres of research into population health, clinical effectiveness, health economics, graduate studies in clinical nursing, and medical informatics. Silagy will establish a health services research program, while continuing to head the national evaluation of coordinated care trials.
“Him coming to Monash is fantastic for us,” says Saunders. “A month of Chris Silagy is probably worth a lifetime of some people.”

Post script: Professor Chris Silagy died from non-Hodgkin's lymphoma on 13 December 2001. An obituary by Melissa appeared in the British Medical Journal (available at www.bmj.com)