

This is the unedited version of a profile which appeared in *Australian Doctor* in 2000. The published version may have had minor changes.

The Profile: Bruce Barraclough

CV

2000 - Chair, Australian Council for Safety and Quality in Health Care

2000- Professor/Director Cancer Services, Royal North Shore Hospital, University of Sydney

1999 - Chairman, Cancer Control Network, NSW State Cancer Council

1998- President, Royal Australasian College of Surgeons

1978-2000: Visiting Surgeon, Westmead Hospital

1972: Fellow Royal Australasian College of Surgeons

1967: MBBS University of Sydney

1968 - Royal Australian Army Medical Corps Reserve of Officers

1960-1968: Citizen Military Forces - rank Captain.

Member, NSW Stud Merino Breeders Association.

THE GREY SUIT MAN WHO CAN'T SAY NO

Bruce Barraclough was five years old when he met his father for the first time. The young boy had been living in a household of women - with his mother, her sister and his grandmother - in Brisbane during the lean War years until his father came home, a skeletal shadow of his former self.

Rupert Barraclough had been a prisoner of war in the notorious Burma-Thai railway camps for much of World War Two. His wife only learnt that he was still alive several months before he arrived home, weighing just five stone and suffering recurring bouts of malaria.

Bruce Barraclough, now 59, tells the story quietly and without any dramatic touches. Even so, it makes one wonder whether the returning major was terribly traumatised and found it difficult readjusting to civilian duties and life as an accountant?

“Of course he was traumatised,” says Barraclough, “but people got on with their lives in those days.” He thinks this a good approach: “It’s not to say that you shouldn’t have support when you need it, but people were very self reliant in those days.”

The father's experiences must have had a powerful impact on the young boy at such a formative stage of life? "It's not something you think about," says Barraclough, dismissing further such questioning.

But the poignant image lingers. The father as stranger, the disciplined ex-soldier making up for lost years, talking about the good memories - the legacy of mateship from the POW camps - while the darker times were not so easily put into words.

Barraclough doesn't say much more on the subject but he is such a private man, so many people remark on his reserve, that the fact that he has even talked about his father like this seems significant. "In the past I never would have given an interview like that," he says towards the end of our conversation. "I would have been reticent talking about me."

These days, though, Barraclough is becoming used to a much more public role; in fact, he may even be enjoying it. While Barraclough is well known amongst surgical colleagues - he is one of a select few ever been elected to chair the Royal Australasian College of Surgeons for a third year - he is set to gain a wider exposure through a more recent appointment.

A few days before last Christmas, Barraclough had an unexpected phone call from Federal Health Minister Michael Wooldridge, asking him to be the founding chair of the new Australian Council for Safety and Quality in Health Care.

It was a clever political move aimed at bringing influential and conservative sections of the profession on side - many of which had been alienated from the issue by the way the preliminary results of the Quality in Australian Health Care study were publicly released by former minister Carmen Lawrence before the study had been published in a journal.

By July this year, the Council had succeeded in extracting a promise from health ministers of \$50 million funding over five years. While some observers believe this is not much relative to the size of the task, others say it is not a bad achievement considering that health ministers had previously dragged their feet on committing any money to the issue.

The appointment has put Barraclough into a key position in what is seen around the world as one of the most important issues facing health services. Apart from the toll on patients, one recent estimate is that iatrogenic injury consumes about five per cent of the total amount spent on health in Australia each year - equivalent to \$6 million a day.

Many observers will be watching closely over the next 12 months to see how successful Barraclough and his team are at putting into practice the rhetoric about the need to change the culture of health system away from blaming individuals for adverse events to developing systemic efforts for more thorough reporting of them, with the aim of developing prevention strategies.

It is a far more illustrious career than might once have predicted for the young Barraclough, self-described as an average student who was better known at school for his commitment to the cadets corps than study. He certainly was not propelled into medicine at Sydney University because of any academic ambitions, although he had enjoyed ancient history and economics at school.

“I’m not sure I should tell you this story,” he says with a laugh that wheezes slightly. It seems that he ended up in medicine - in the days when matriculation alone was sufficient qualification for entry - because of circumstances on the day he went to enroll at Sydney University, still unsure what he wanted to do.

“I’d never had a beer at that stage,” he says. “A few of the blokes I knew were going off for a beer, and medicine had the shortest queue for enrolling on the day, so I enrolled.” He laughs. “That’s the truth.”

At university, he continued to focus on the army reserve. It was a bit of a shock when he failed second year, including anatomy, which meant that he then (temporarily) lost the Commonwealth Scholarship he had won at the end of first year. “My folks were somewhat irritated to say the least,” he says dryly.

At a medical students’ ball in second year, he met the woman who became a central part of his life and work, Beverley Aston.

“He was with a girl who’d taken her knitting because he was a bad dancer and I was with a guy who was miserable because he’d just broken up with someone so we just veered together,” she remembers.

Her early impressions were of an “absolute enthusiast”. “Even in those days he gave 110 percent to everything that he did. He was just really fun to be with. We decided we wanted to get married right from the word go. On our first date we were naming our first child.”

But her new beau was rather thin and unwell. As a medical student, he managed to see the inside of hospital from the patient’s perspective several times. In fourth year, a mass was discovered in his abdomen and part of his bowel and bladder resected. It was some years before his troubles were diagnosed as Crohn’s disease.

The pair married in the fifth year of their course, when the university yearbook entry for Bruce Henry Barraclough read: “Remarkably, Lieutenant Bruce has managed to reach final year as a virtual full-time part-time soldier, studying medicine in his spare time. His fellow soldiers will no doubt be sorry to learn that his former spare-time interest seems now to be the career he will follow in the future....Despite his growing interest in medicine, a vesico-colic fistula, a milk-run and half a dozen army camps a year, Bruce also found time to court and wed Bev, a charming fellow student.”

Bev and Bruce thought they would be country GPs, but that plan went out the window after he discovered surgery - and the man who became his mentor, Tom Reeve, then professor of surgery at Royal North Shore Hospital.

“I just decided that surgery was what I needed to do,” Barraclough remembers. “I think it was the ‘doing’.”

Barraclough was undeterred when the professor of anatomy intimated he would never make a surgeon. “You should never have graduated,” said the professor, recalling Barraclough’s second year marks and refusing him a job as an anatomy demonstrator, which was then a requirement for entry into surgical training.

Barraclough realised that his only route into surgery would be the Royal College of Surgeons’ exam in England, so he and Beverley packed up

and moved to London. He subsequently came home to a position as surgical registrar at the RNSH.

He says it never occurred to him that he would not become a surgeon, despite those early setbacks. "I suspect it's part of this inbuilt sense of purpose and ability," he says. "I think anyone can do anything they want to do, provided they strive hard to do it."

Barracough is scrubbing up as he reminisces about the last time he operated in these theatres in the bowels of the RNSH - it was some time in the early 1970s, when they were considered new and quite luxurious.

The nursing unit manager is concerned by a stranger's presence, and asks if I will be prepared to leave if asked - this is, after all, Barracough's first official day in his new job, as professor of cancer services at the RNSH.

But he is unperturbed by the distraction as he works steadily through the procedure, removing part of the thyroid of a 59-year-old woman. As he ties and cuts blood vessels, he grills the registrar and intern on anatomy questions - for someone known for not tolerating fools gladly, he seems quite relaxed about the incorrect answers - and expounds on his new role at his old hospital.

(Until taking on the RACS presidency, an honorary position which demands almost full-time commitment, Barracough had been in private practice, treating mainly breast cancer and thyroid patients, with appointments to Westmead, Sydney Adventist and Hornsby & Ku-ring-gai hospitals.)

This new job, he emphasises, is not about building yet another cancer centre, but about providing better support and coordination to existing services in the northern Sydney area. He wants to boost oncology nursing and palliative care services, to improve data collection, to promote establishment of support groups for patients and carers, and to provide a forum to bring together GPs and specialists in the area.

“People need to start to think more as teams rather than individuals,” he says. “We can benefit patients from working in that way. I’d like to see everybody’s practice focused on multidisciplinary principles.”

His work done, Barraclough asks for an ice pack for the patient and for the bed to be propped up. After all this time, does he still enjoy surgery?

“Of course,” he says. “Anything you do well, you enjoy, don’t you?”

Barraclough is not alone in his confidence in his abilities. Described by colleagues as a “surgeon’s surgeon”, he is also admired for his administrative skills, capacity for hard work, and ability to “cut through the crap” to the heart of an issue.

“To me it’s a hallmark of the man - his skill in putting things in order, making things appear to be straightforward,” says Barraclough’s close friend, Tom Reeve. “There are some people you just know you can rely on; others you might take what they say and go and check on it. But there was never any doubt in my mind that this young man knew what he was about and that I could rely on him. He also had planning skills which are quite unique.”

Reeve is not the first to remark on the importance of Beverley’s support to Bruce’s achievements. Nor is he alone in commenting that Barraclough’s military experience helped develop a sense of discipline, leadership, service and a talent for strategic thinking.

“He just will beaver away in a very careful and strategic fashion over months and years to get where he wants to be,” says one colleague. Another says that Barraclough is so adept at maintaining a “poker face” that “I often have to ask him point blank what he thinks about something”.

Another observer describes Barraclough as shrewd and someone who plays “hard ball, but fair ball”.

Ray Hollings, a friend and retired surgeon from the RNSH, adds: “He’s very forceful but in a quiet, non demonstrative way. In this way he doesn’t immediately produce quite the same clear cut images of himself as somebody who is more flamboyant, but he gets things done with this type of quiet diplomacy.”

Ted McKeown, now a Sydney solicitor, recalls that his old friend gave no sign during his school years that he would reach such heights: “If you had asked me in 1965 whether he would have ever done these kind of things, I would never have expected it; he’s a most unlikely person to have achieved what he achieved.” McKeown says Barraclough “hit his straps late” when he came under the influence of Tom Reeve.

Barraclough, described fondly by his wife as “a grey suit man”, may not be known for personal flamboyance, but he does enjoy a dry joke. His old friend, plastic surgeon Richard Barnett, remembers a College dinner where Bruce asked him to comment on the wine.

“I wasn’t quick enough to realise that of course he picked a white wine made by a well known plastic surgeon. What annoyed me was I should have thought, why did Bruce ask me? That’s a typical sort of thing for Bruce to do, that attention to detail.”

While many might describe Barraclough as a conservative (“he is a surgeon” several people say meaningfully), he has also shown a willingness to embrace changes that some might consider radical.

One observer recalls watching Barraclough address a meeting of surgeons about the importance of clinical practice guidelines at a time of great hostility towards the concept: “He will work to present change in way that’s reassuring to the conservative members... he knew his audience and he pushed all the right buttons. He’s good at reading what’s possible and pushing, but not so far or so fast, that people are alienated.”

Similarly, he also supported a recent move by College to make it compulsory for members of breast cancer section to audit their practice properly.

Colleagues also note that Barraclough has put much effort into networking as part of his College presidency - both internally and externally. He mentions that he recently lunched with Opposition Health spokesperson Jenny Macklin - “I think she’s a very smart politician”.

“I make it my business to talk to people who have an influence on the core business of any activity I am involved in,” Barraclough says. “If you are not talking to people you are not part of the game.”

Hollings is not alone in wondering how Barraclough manages to stay on top of what must be a gruelling workload. “I just don’t know how physically he does it; it would strain the physical capacities of someone whose physical capacities are 100 per cent.”

Surprisingly few of Barraclough’s colleagues or friends are able to offer much insight into why he takes on such a load.

He now has three major jobs, each of which could keep one person busy. Not to mention the Merino stud in central western NSW which has been his passion for 20-odd years - his home library stocks more books on farming than medicine, he says. And Beverley emphasises that his first commitment has always been to his family and their three children. He also seems known amongst contacts for being generous with his time, someone who is quick to return phone calls.

Robert Rae, a surgeon at Liverpool Hospital who has been friends with Barraclough since high school, says: “I’m not quite sure what actually drives him. I think he’s very deep. I think he’s got an ideal of service, this commitment to service.”

Beverley, who organises her work in diagnostic ultrasound to travel as much as possible with her husband, says: “The man is just an incredibly good person; there’s nothing pompous about him; he’s just a nice person - which isn’t bad after 35 years of marriage is it?”

But she worries that he often physically exhausts himself.

“He just doesn’t know how to say ‘no’,” she says. “His first secretary was a lady who answered an ad and walked in and took over and become part of our family. She used to say, ‘sit on your hands, stop putting up your hands and volunteering’. That really is his greatest weakness, where he drives himself so hard - there are times when he just sits at his desk and says ‘I can’t’.”

She thinks that serious illness in early adult life encouraged him in a philosophy of “do it now because you don’t know what tomorrow holds”.

And then there is his father.

“When his dad came back he was probably a very disturbed man, as you would be, and I don’t think he let Bruce be a little boy very much,” says Beverley. “I think he expected him to behave as someone in his regiment; it must have been a shock for a five-year-old boy who’d been living with women. Part of the high achievement thing was to try and please his father.”