2016 Tom Reeve Award for Outstanding Contributions to Cancer Care

Fran Boyle

The Tom Reeve Award for Outstanding Contributions to Cancer Care, offered annually by the Clinical Oncology Society of Australia (COSA), formally recognises a national leader who has made a significant contribution to cancer care. Since its inception in 2005, when the inaugural Award was presented to Professor Tom Reeve himself, there have been ten recipients from diverse cancer disciplines.

The 2016 recipient of the Tom Reeve Award was Professor Fran Boyle AM. Professor Boyle is a Medical Oncologist at North Sydney's Mater Hospital, where she is Director of the Patricia Ritchie Centre for Cancer Care and Research, and Professor of Medical Oncology at the University of Sydney. She is involved in the oncology teaching program of the Sydney Medical School and in communication skills training through the Pam McLean Centre.

Professor Boyle accepted the Award at the COSA Annual Scientific Meeting on the Gold Coast on 16 November 2016 and delivered a heartfelt and motivating speech about the people and things that have affected her career in oncology.

It was a great honour to be presented with the Tom Reeve award at COSA this year, and to have the opportunity to reflect on Tom's many contributions to leadership in the Australian oncology scene, and to my own career development.

I first met Tom when I was an advanced trainee at Royal North Shore Hospital in 1990. The legendary 'Prof' of the thyroid cancer world was seen striding the corridors in a white coat, trailed by minions, and when we called him in to consult, everyone on the team knew they needed to be all over the case, including knowing all about the patient's personal circumstance, in preparation for a grilling. What was not so clear to us was the extent to which he was regarded worldwide as a clinical expert and organisational leader. We just knew we had to get it right.

Tom and I developed a closer relationship during my time as a PhD student, when we found ourselves sharing a desk and consulting room in Bob Ravich's nearby private practice for our weekly clinical sessions. I had made some design modifications when I began work, turning the desk around so that I could consult across the corner, and installing a crystal ball, that essential tool for prognostication for a medical oncologist*. Prof, superior in height and gravitas, said he thought the desk worked perfectly well the other way, and his data base could answer any necessary patient question about prognosis. This polite battle of generations continued for some time, until our attendance at the National Breast Cancer Centre (NBCC) communication training courses run by UK expert Lesley Fallowfield in 1997 reinforced my desk fung shui choices.

Tom became involved in the work of the NBCC to lead the development of the first Early Breast Cancer Guidelines, and introduced me to the Director Sally Redman to assist with a review of Breast Cancer Research in Australia. This was a "crucible" event in many ways.[1] My own experience with Breast Cancer had not been a happy one, having observed at close quarters the distressing journey of the mother of one of my close friends at medical school in the 1980's: a late diagnosis, radical surgery, lymphoedema, relapse with few treatment options, poor communication and fragmentation of care, and little support in managing the emotional impact on the patient or the family. It was

everything that the NBCC sought to change, in partnership with consumers such as Lyn Swinburne and Sally Crossing, and communication experts such as Lesley and our own Stewart Dunn.

The chance to get involved in this change was irresistible, and my involvement with that initial project not only got me out of the animal house isolation and into a role with the NBCC, it also introduced me to the ANZ Breast Cancer Trials Group. They were the one research group who had been successful in attracting National Health and Medical Research Council funding since their inception in 1978, and clearly had leaders with international reputations and networks. Prof Coates and Prof Forbes were out of the Tom mould – if you did your homework and got it right, they were very supportive of young investigators getting involved.

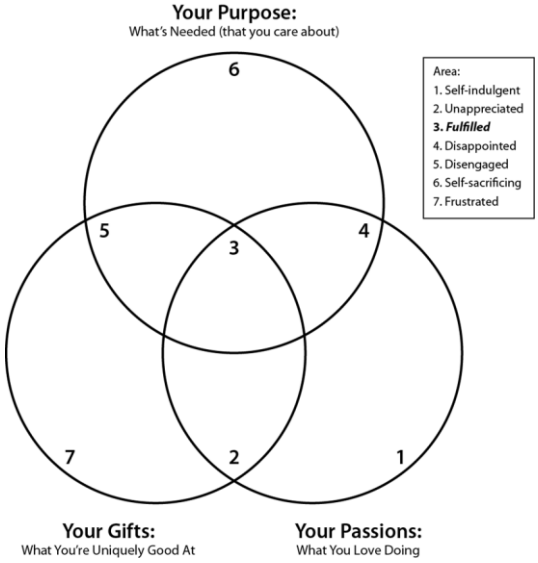
Over the years since then it has been a privilege to observe at close quarters the work of these diverse leaders. Not only have they transformed the Breast Cancer landscape, they have innovated in ways that have flowed on to improvements in the management of other cancers and other health issues. During 2016 I enjoyed participating in a leadership course for women in the tertiary sector through the Australian School of Applied Management (asam.edu.au – highly recommended) and it gave me further insight into what it was that they were doing that worked to facilitate progress in the complex adaptive challenges we face in health.

Ronald Heifetz has identified key factors in effective leadership when change requires attention to values, beliefs, roles, relationships and approaches to work, rather than just technical fixes.[2] It is clear to me now that Tom and the others involved in transforming Breast Cancer into a 'team game' instinctively knew these principles of adaptive leadership.

1. 'Get up on the balcony', away from your own discipline's constraints, and try to see the big picture and the long-term outcomes.
2. Identify the adaptive challenge and the values and relationships that will be at stake.
3. Regulate distress – keep things hot enough to progress, but not so hot that there is a melt down.
4. Maintain disciplined attention and ensure outputs are carefully documented.
5. Give the work back to the people by ensuring delegation to those with an interest in making progress.
6. Protect the voices of leadership emerging in those who are young, until they have a chance to stand on their own feet.

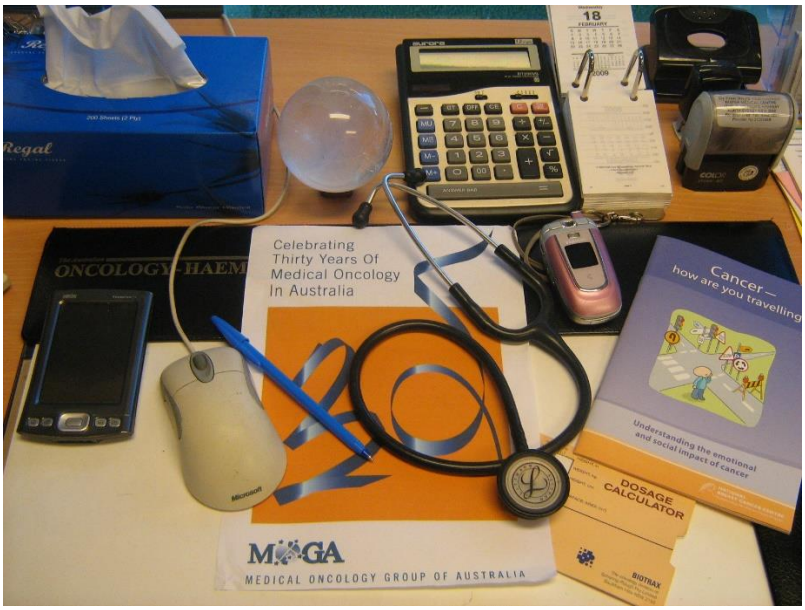
It is these last principles that benefited me, and those like Nicholas Wilcken, Martin Stockler, Jane Turner, Afaf Girgis, Helen Zorbas, Phyllis Butow and others who developed their careers under the protection of the NBCC. Pollard describes a career 'sweet spot' as the intersection of your unique abilities, your passions and your purpose and opportunities (figure 1).[3] For those passionate about improving care of breast cancer patients, the NBCC under Tom and Sally's leadership brought together our various abilities, and gave us opportunities to make a difference.

Figure 1: *Finding your career 'Sweet Spot'*



When I asked my children as part of this course what my unique ability was they pondered for a second and then said “You talk to strangers”, recalling the many times I had embarrassed them in public. This ability to make connections is critical to the network of relationships, including those with consumers, that is required to bring about that 'Tipping Point' for social change.[4] From design of a clinical trial, to the eventual PBS approval of a new agent and its introduction into guidelines, a multitude of national and international relationships need to be maintained. That connectivity, with its demands for midnight teleconferences and long haul flying when playing for Australia, and the ability to sustain effort over a long time, are hallmarks of our leaders who have dedicated their working lives to better outcomes for our patients and their families.

In closing, I would also like to thank my family for their support over the past 30 years. When I was an intern in the now infamous Bundaberg Hospital, my surgical supervisor, poised over my term report, advised me that “You will never make a surgeon, the best you can hope for is to sleep with one”. Although I politely declined his offer, it turned out to be excellent career advice. My husband Michael Hennessy, an Ophthalmic Surgeon, has been 'technically brilliant' in keeping my life focused. Our twins Clare and Leo are also to be thanked for improving my efficiency, and for turning into really nice people, who understand that 'the sick people' sometimes need to come first, and that we all need to work as a creative team to achieve progress.



*** I do have a Crystal Ball**

During my training at RNSH, I was on a ward round with one of my consultants when a young woman with breast cancer and spinal cord compression asked him “Do you think I will ever walk again?” He answered “I don’t have a crystal ball” and moved on to the next patient. Sensing that this did not really answer her question, I returned after the ward round to find her in tears. “You think these questions are hard to answer” she sobbed, “but you don’t realise how hard they are to ask!”

I decided that when I grew up, I wanted to be able to listen and respond better, and so visited the local crystal shop in search of a ball for my desk. Naturally drawn to the cheapest ones (being a PhD student), I was approached by the shop assistant. “What are you planning to use it for?” she asked. I explained I was the new oncologist on the block and wanted to be able to help people better with prognostication. She went pale and sweaty, and said “It doesn’t work that way!”

I enquired whether I should be buying a more expensive quartz version, but she shook her head. “The symbolism of the crystal ball is frequently misunderstood. It’s not about foretelling the future, it’s about helping people to ask questions that reveal what is important to them.”

“Ah well, that’s exactly what a young oncologist needs then” I replied, and have kept a crystal ball on my desk ever since. Not a week passes but a patient says “Well I know you don’t have a crystal ball…” and I point to it “But I do, what would you like to talk about?” and the most surprising priorities and values can emerge in the ensuing discussion. If you would like to improve your communication skills, and get to know your patients better, it’s a relatively inexpensive addition to your desktop that I would recommend. And the glass one works just as well as the expensive quartz model.

References

1. Bennis, Warren, Thomas, et al. Crucibles of Leadership. Harvard Business Review. Sept 2002.
2. Heifetz, Ronald A, Grashow, et al. The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World. Harvard Business Review Press. 2009.
3. Pollard D. Finding the Sweet Spot. Vermont, Chelsea Green Publishing. 2008.
4. Gladwell M. The Tipping Point. UK, Little Brown. 2000.