Speech

Address By

His Excellency Major General Michael Jeffery AC CVO MC
Governor-General of the Commonwealth of Australia

On the occasion of

Address and Presentation of the Sir John Loewenthal Award, National Heart Foundation of Australia

Canberra, ACT
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Mr Harold Hope, President, National Heart Foundation of Australia, and Mrs Hope
Mr Richard Ryan and Mrs Trish Ryan
Colonel Peter Clay, Deputy Commandant, RMC Duntroon
Distinguished guests
Ladies and gentlemen

Thank you for your warm welcome. Marlena and I are delighted to join you this evening and, as patron of the National Heart Foundation of Australia, I look forward to presenting the prestigious Sir John Loewenthal Award shortly.

May I open my remarks by borrowing a line from Johann von Goethe when he said: “All the knowledge I possess everyone else can acquire; but my heart is all my own”.

How true that is.

We have certainly come a long way in our understanding of the heart since the Palaeolithic era when anatomical drawings, depicting a mammoth with a dark smudge at the shoulder, thought to represent the heart, were discovered in Spain. And I believe that some 4,700 years ago the Chinese Emperor, Huang Ti, was recording the association between salt intake and a hardened pulse.

Just how far we have come since those millennia in understanding the heart and its workings, including even replacing it or its diseased valves is a matter of great medical science and pride in achievement. However, there is also a genuine downside when considering the current global and national statistics relating to heart disease.

The World Health Organisation reports that heart disease and stroke kill some 17 million people a year worldwide, which is almost one-third of all annual deaths.

And they speculate that by 2020, heart disease and stroke will be the leading cause of both death and disability globally, with the number of fatalities projected to increase to over 20 million a year. By 2030 the figure may rise to over 24 million.

Meanwhile, the burden of cardiovascular disease is not only increasing, but also shifting from developed to developing nations.

The W.H.O. notes: “The old stereotype of cardiovascular diseases affecting only stressed, overweight middle-aged men in developed countries no longer applies. Today, men, women and children are at risk and 80 per cent of the burden is in low and middle income countries. Heart disease and stroke not only take lives, but also cause an enormous economic burden.”

I understand from the National Heart Foundation that one-in-six Australians, that is, over 3.2 million people, are affected by heart disease, and that this number is likely to increase to one-in-four by mid-century.

So what must we do to deal with this problem?
Obviously we must continue to talk about and refine health systems, fund research into state-of-the-art equipment and drug therapies, maintain best practice care, develop favourable environmental conditions, and facilitate the timely delivery of services.

Yet, as crucial as these processes and technical innovations are, it is people that count. No matter what medical and therapeutic advances we make as a society, the fundamental message is that a major reduction in deaths and disability from cardiovascular disease will come from prevention, not cure; basically, through people-to-people education and action.

I don’t have all the answers as to how we get the message through to people about heart-healthy lifestyles. But I do know that we must persist with sustained public education, and that the National Heart Foundation of Australia plays a crucial role – and a rapidly escalating one at that, in doing this.

The Foundation was formed just forty-five years ago as a volunteer organisation, by a small group including Sydney cardiologist, Doctor Kempson Maddox, a man of tremendous foresight, a keen understanding of community health, and with an international reputation in medical and scientific study.

In a journal article published in “Heart, Lung and Circulation 2003”, Doctor Gaston Bauer describes Kempson Maddox as Australia’s roving Ambassador of Cardiology. Maddox attended international meetings including the first truly International Cardiology Conference, when 1,200 cardiologists from around the world gathered at the Sorbonne University in Paris in September 1950.

In 1956, Maddox was elected to the executive of the newly formed Asian-Pacific Society of Cardiology.

He was knighted for his contributions to medicine, playing a vital role as a diabetes specialist and in the founding of Diabetes Australia.

There are other significant names, such as Sir Hugh Ennor (noted Australian scientist and Foundation Chair of Biochemistry in the John Curtin School at the Australian National University at the age of thirty-five) who along with Maddox was instrumental in setting up the National Heart Foundation of Australia.

Frederick Courtice, Professor of Experimental Pathology at the ANU from 1958 to 1974, published a wonderful biographical memoir about Sir Hugh in 1978. He noted that Sir Hugh’s activities brought him into close contact with clinicians, especially those interested in cardiovascular disease, and with leaders in the commercial world.

Ennor was elected chairman of the first national conference to establish the National Heart Foundation of Australia; incidentally held here in Canberra in the Council Room of the Australian National University on 23 February 1959.

It was attended by 25 distinguished representatives from all States of the Commonwealth. It was at this conference, formally opened by Prime Minister Menzies, and presided over by Ennor, that the formal motion establishing the National Heart Foundation of Australia was carried.

Courtice offers the view that the consistency of effort and action by Sir Hugh and other scientific and medical leaders on television, radio, and other media was a major factor in raising £2.5 million for the National Heart Foundation to carry out its programs.

Another great man of medicine of the time was Sir John Loewenthal in whose honour the Award is named. Many of you will already know something of his life and work.

The Department of Surgery of Sydney University claims ownership of Sir John, noting how he led it to academic maturity from the mid-1950s.

“Politically adroit, determined and ambitious, Loewenthal, ever-energetic, had his own vision of the structure and status appropriate to an academic department of surgery. He fostered academic surgery units in all his teaching hospitals and gathered about him a team of surgeons whose clinical, teaching and laboratory endeavours placed them, and their Department, at the leading edge of surgery.

As a mentor he promoted the careers of a number of surgeons, and encouraged the establishment of academic departments of Surgery at Concord and Royal North Shore Hospitals in 1963 and at Westmead Hospital in 1978.”
The National Heart Foundation’s literature points to an earlier period, that during World War Two: “…..John Loewenthal served as an army medical officer and was recognised as one of the leading surgeons in the armed forces. On demobilisation as a Major, he journeyed to London as a Nuffield Travelling Fellow where he passed the Fellowship of the Royal College of Surgeons, and worked at St Bartholomew’s Hospital.”

The Loewenthal legend is associated with national medical and scientific committees, and many academic institutions and learned bodies.

Although I never met Sir John, it is clear that he was a man of enormous energy, wisdom, humour, organisational skill, intellectual rigour, and possessed with the gift to inspire and lead others.

What can we learn from inspirational people such as Loewenthal, and indeed of others of his generation including Maddox and Ennor? For a start, the manner of their lives – principled, disciplined, enquiring and motivated towards the public good.

In their pioneering work is the consistent theme of grassroots, community action (not just laboratory theory and research, important as these are). This focus on people continues to permeate the National Heart Foundation.

Ladies and gentlemen. I am delighted that the Foundation keeps alive its rich history through the naming of the Sir John Loewenthal Award. Through the aegis of this office, I see time and again the importance of maintaining our links with our past, and how we can usefully compare the energetic and visionary approach of past generations as a yardstick for our own strategic thinking and performance.

Perhaps I can turn to another great scientist, Albert Einstein who, when he died in 1955, received a memorable tribute to his life from the American cartoonist, Herblock. The artist depicted the planet Earth viewed from a distance. It bears a plaque which reads: “Albert Einstein lived here”.

Within this context of service, I sincerely thank the many members, supporters and friends of the National Heart Foundation of Australia for all they have achieved over the past forty-five years; a remarkable record for an organisation almost entirely dependant on public support.

Mr President, I see the Foundation as a cohesive, intelligent, energetic and conscientious institution, called upon to engage daily with an increasingly complex array of issues; in science, in community education, in collegiate networking, in fundraising, in being passionate about the health of Australians.

The Foundation is easily one of the most respected and admired groups in Australia with its profile of contribution and goodwill, and I will continue to support it in whatever ways I can.

I look forward to presenting the Sir John Loewenthal Award a little later this evening.

Thank you.

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