

Driven to give



FROM HELPING DEAL WITH BALI BOMBING VICTIMS TO SEEKING TO IMPROVE ABORIGINAL HEALTH CARE OR THE PROFILE OF PATHOLOGY, DARWIN-BASED DR GARY LUM GOES ABOUT HIS WORK WITH PASSION, ENERGY AND COMMITMENT, WRITES JANE MUNDAY.

PHOTOGRAPHER: MONICA NAPPER

Dr Gary Lum is a driven man. As part of a fast-track career that began in a Brisbane laboratory at 16, he had "a passion to be a consultant by the age of 30". He was.

He was also director of microbiology at Royal Darwin Hospital despite being fresh out of training. A year later he was director of pathology. Last year he was made a Member of the Order of Australia for his work in helping co-ordinate the hospital's response to the Bali bombing, work that he stresses was a team effort. Dr Lum also had a seven-month taste of administrative

duties as acting executive director of the hospital in 2002. He is not yet 40.

This "quiet achiever", as colleagues describe him, is equally driven by the Christian values that saw him spend two one-month stints in a Zambian health centre in 1991 and 1992, where his future wife was working with the Australian Baptist Missionary Society.

He is passionate about improving indigenous health care, on a mission to unify pathology services in the Northern Territory, constantly on "red eye" flights to the East Coast to contribute to national medical bodies, and equally intent on

fostering collaborative approaches to infectious disease control and raising the status of pathology in Australia.

And Dr Lum, a former Brisbane Grammar School prefect, just loves his job! He makes leprosy, tuberculosis, scabies and melioidosis ("gardener's disease") sound enthralling. He enthuses about the fascinating career paths of pathology, the challenges of tropical health, the enormous professional opportunities that have kept him in the Territory, and the role models and heroes who have guided his career.

"I am constantly astounded by his energy," says Dr Notaras, who describes Dr Lum as unassuming, sincere and a humanitarian, as well as a man whose passions encompass his family, public health and loyalty to colleagues.

"I came up here because there was a job going," he says. "People living here told me it was the sort of place, within limits, where you can do whatever you want to do, you can follow any path which may open up for you. That's what happened to me.

"I came here with the intention of working in microbiology and developing research in antimicrobial resistance, which is when bacteria become resistant to antibiotics. But not long after my arrival, I became director of pathology. Within a year, just from coming up to be a microbiologist, I was put in charge!"

Partly luck maybe, but there's more to it, says the man who appointed him, Dr Len Notaras. "Although early in his career as a microbiologist, he was sought after nationally. But he chose to come to Darwin where, in fact, an appropriate position did not already exist. His own patience and faith in the strategic scope of the evolving service led him to take a significant career risk," Dr Notaras says.

"I can remember when we were interviewing him for the position of director of pathology, some people thought he was too young and we might stifle his career path. But he now has a national profile and has made a significant contribution not only to the Royal Darwin Hospital, but to the Northern Territory as a whole, as well as nationally and internationally."

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The road to clinical microbiology forked by chance. Seemingly destined to follow his father into general practice, Dr Lum was taken in a different direction by a school project at the age of 16. He and a school friend (now plastic surgeon Dr Richard Thiele) investigated the immune response of mice to rubella immunisation at the Queensland Medical Laboratory.

"The project was not a great success, but it spurred me on," says Dr Lum. It was conducted under the supervision of Dr W. Ross Forgan-Smith, who asked the young Gary Lum to work at the laboratory in his holidays, before starting a medical degree. At 17, while a first-year medical student, Dr Lum presented a paper to the Australian Society for Microbiology. In 1986, he took a year off from his medical degree to complete a Bachelor of Medical Science so he could work as a scientist. He was made a member of the Australian Society of Microbiology before finishing his medical degree.

After intern and microbiology training at the Princess Alexandra and Royal Brisbane hospitals, he moved to Darwin in 1996. Friends told him it would be a professional backwater, and that the Territory didn't have email, "whereas we have everything you could want, there's things to do and see" and the professional challenges are stimulating.

"We see all sorts of different tropical infections that aren't seen in other parts of Australia, including melioidosis, pneumonia caused by *Acinetobacter*, enteric diseases and parasitic infections," Dr Lum says. "On top of that, there are the complicated stories associated with indigenous health, with their health problems compounding tropical infections. It is a real opportunity to put something back into indigenous health."

The pathology laboratory was put to the test during the evacuation of East Timor in 2000, when 1000 evacuees had to be screened for tuberculosis and malaria. "This lab was running flat out for two weeks, trying to keep up. We have been tested on a range of occasions, with cyclones, Timor, Bali. We have always had a strong role to play, whether it's transfusion services or microbiology," he says.

Which is probably why Royal Darwin Hospital won such praise when it was put to the ultimate test: receiving many victims of the Bali bombing in 2002, a time when Dr Lum was the hospital's acting executive director.

"On 12 October, I was sitting in church and I started getting all these calls," he says. He and Dr Notaras, the hospital's medical superintendent, quickly established emergency response procedures and for the next few days got no sleep.

"All those years of exercising for cyclones, and our Timor experience, just meant that everyone got together and worked together and performed," Dr Lum says. "What saved us is that we got those patients out within 38-48 hours. We were the staging centre to resuscitate the badly injured, and 51 of the 62 were taken to other hospitals pretty quickly."

Hospital staff still get emotional thinking about the horrific injuries they dealt with, he says. "Probably the most poignant moment for me was seeing the first victim wheeled in and seeing that patient's face. He later died, and it was ghastly seeing the extent of the burns. I actually thought he was dead until he moved his arm slightly.

"What was worse is that we had a white board where we put the names of the patients, and I saw the name of one of our staff. I knew he had been on leave and thought he must have gone to Bali. And I thought (the first victim) might have been that guy because he had no facial features I could recognise. Fortunately, the staff member had just fallen off his bike and had nothing to do with Bali at all!"

After the first waves of patients, a handful of Indonesians were brought to the hospital. "They didn't do so well," says Dr Lum softly, regretting that the Indonesians ranked behind Australians and other foreigners for evacuation.

More positive was the teamwork and professionalism of hospital staff. In particular, Dr Lum describes Dr Notaras as his hero and role model.

Pathologists are misunderstood, he says, stereotyped either as white-coated lab workers staring down microscopes all day or as being like the characters inhabiting the excitement-filled world of TV's CSI. Is it a problem of invisibility?



*Above: Gary Lum conducting 'plate rounds' on the blood culture bench watched by public health interns.
Right: Comparing notes with a colleague.*



Yes, says Dr Lum. Even at his own hospital, he jokes that he works in the laboratory "black box" of "building 13" at the back of the complex. So he goes out of his way to attend clinical meetings, talk to medical students, visit intensive care and foster a partnership approach with other sections.

Instead of a perception "that we're a phlebotomy service that goes around and collects blood samples from patients", he wants other doctors to take a broader view of pathology. Rather than merely "ordering tests", they should think of "referring patients" to pathology, just as they would to any other specialty.

"It may not be the whole patient, but we will analyse what's going on in their blood, or look at pus from a swab, or specimens for sexually transmitted diseases, and we will make a diagnosis that leads to proper infection management.

The job of the pathologist is to interface between the patient, their doctor and the medical laboratory scientists. Our job is advising on what to collect, how to collect it, how it should be processed and how to use the result we produce to care for each patient." Dr Lum is keen to encourage young people into pathology. While changes in medical training may turn out good family doctors, he says, the move from didactic to problem-based training means pathology gets less attention and fewer medical students are exposed to the more scientific and research-based career paths.

There are also perceptions that pathology is boring and doesn't deal with people, whereas the range of careers covers areas such as anatomical pathology, microbiology, haematology, immunology and forensic pathology. "We need role models," he says. "Pathologists

in hospitals should make themselves known and show how it's fun to be a pathologist."

His immediate passion, however, is unifying the Territory's public pathology services, which previously were controlled by individual hospitals. Dr Lum, along with senior scientific staff, has encouraged graduates to work in the Territory, implemented a single management system and rotated the graduates through places such as Tennant Creek, Nhulunbuy and Katherine to ensure a better service.

"Gary has been approached to take up a number of good positions interstate," says Dr Notaras. "But he has made a commitment to be here and finish the job he started. Others look at what's in it for them, whereas Gary looks at it in terms of what's in it for the system and how can he improve it." 🔥