

ESSAY

Rx

remain relevant to
a rapidly changing
profession

p.r.h.

Victorian Medical Benevolent Association 2012–2025

Emma Russell

Rx 'remain relevant to a rapidly changing profession'¹ p.r.n.

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1. My colleagues will be my sisters and brothers.

After World War II, as the horrors of human experimentation, medical crimes, and possible biological and chemical warfare were exposed, and with a need to modernise the age-old Hippocratic Oath, the Declaration of Geneva was adopted by the World Medical Association in 1948. It declared nine codes of ethics, the seventh being 'My colleagues will be my brothers', and with this, empathy and compassion, doctor to doctor, was enshrined the world over.

With several amendments since (1968, 1983, 1994, 2005, 2006, 2017) 'sisters' were eventually included as colleagues in 1994, but the collegiality was watered down in 2017 to a more prosaic 'I will give to my teachers, colleagues, and students the respect and gratitude that is their due'.

The original sentiment of familial collegiality is closer to that of the VMBA. Their *Rules of Association*, drawn up in 1865 more than 80 years before the Declaration of Geneva, include this fourth Rule:

That the objects of the Association shall be to relieve medical men in Victoria under severe and urgent distress, occasioned by sickness, accident or any other calamity; to relieve widows and children of deceased medical men; and to advise and assist those in the profession whom temporary misfortune may have rendered unable to pursue their avocations; ... a discretionary power shall be allowed ... to extend the benefits ... to such special cases of medical men and their families as may not strictly come within this rule.²

¹ Dr Harry Hemley, former AMA Victoria President, Foreword, History, p.vii

² Rule iv, Rules of the Victorian Medical Benevolent Association, 1865

Since 1865 updates have caused the language to change, but not the empathy and compassion of Rule 4:

VMBA's purposes are to provide financial support to assist in relieving financial distress or hardship being suffered by any of the following persons which the Committee, in its sole discretion, considers appropriate:

- *Medical practitioners and medical students*
- *The spouses, children and dependents of medical practitioners and medical students (including any deceased medical practitioner or medical student)*
- *Persons related or connected with medical practitioners and medical student dependents*

In a 2015 article about the horrendous impact dedication and overwork can have on doctors and their families the point was made that 'Medicine is a bit like a marriage – you don't become a doctor alone but enter the whole family into the contract ... now I see that our families share all of the consequences and not much of the gratification.'³ The working conditions that VMBA established itself to ameliorate in 1865 – enormous expectations, substantial difficulties, impact on their families, and a high stress load, albeit of a 19th century making – have continued into the 21st century.

2. Rx Medical Philanthropy p.r.n. A recap

VMBA has had around 100 medical professionals serving the committee since 1865 and assisted 1000s of colleagues or their families. Sometimes acute help was needed for an emergency, sometimes chronic low-level assistance for months or even years. These acts of benevolence have been sustained for 16 decades and several generations of Victorian medicos.

Broader social attitudes towards benevolent or charitable giving have of course changed over the decades. In the 19th century charitable or benevolent assistance tended to be 'selective' and for the 'deserving poor'. There was also a concern that self-reliance and initiative might be undermined if a person was given cash.⁴ This shifted towards a 'universal' approach in the beginning of the 20th century as the concepts of a welfare state, a basic wage, and a pension for everyone began to take hold. The 1908 *Invalid and Old-Aged Pensions Act* was cornerstone legislation leading to the development of the Australian welfare state. It was prompted by the 'growing realisation that the elderly population was too great a responsibility for families and charities alone'.⁵ Within VMBA the Committee began moving away from what had typically been large one-off payments and became more likely to grant regular payments over longer periods which proved beneficial for older doctors and their families. After WWII the approach

³ Ranjana Srivastava, 'A doctor's widow grieves like any other. Sometimes patients forget that.', *The Guardian*, 12 August 2015

⁴ T. Kewely, *Social Security in Australia 1900-1972*, 1973, p.4

⁵ *Ibid*

became 'distributional justice for all', or a type of socialism, culminating in the introduction of Medibank in 1975 (later Medicare).⁶

It was possible to see this evolution in the more fulsome minutes of VMBA Committee decisions in earlier decades; in recent decades minutes have been a lot more circumspect and recorded decisions even more so. But medical benevolence in Victoria has seen all these approaches and persisted through periods of social, economic, and regulatory upheaval, as well as through quieter, easier times.

During and after the 1890's depression the committee struggled with fewer subscribers and with funds invested in a bank but frozen for 27 years following the bank's liquidation. By the 1930's Great Depression VMBA was better off financially but responding to more doctors struggling with 'intemperate habits' – addictions to drugs and alcohol – such that they were unable to obtain or maintain employment in their profession. The Committee's response was to change *Rule 14* of the *Rules of Association* giving them more freedom to distribute the interest from their permanent fund. The *Rules* were changed again in recognition of the new Medibank National Health Insurance Scheme (1975, now Medicare) by increasing allowances and allowing beneficiaries to choose their own insurance.

World War I and II – VMBA got through both with depleted resources as committee members fought in the battlefields of Egypt, Gallipoli, and France, and languished in POW camps in Asia. Doctors were no different from other returned soldiers; they too came home struggling with injuries, cultural and social adjustments, shellshock, financial difficulties, and family estrangements. VMBA tried to take care of as many of these doctors as possible.

Internally, the pressure to maintain a reliable fund has waxed and waned. Ever reliant on donations and subscriptions, these were rarely enough to risk investing beyond the safety of government securities and bonds. VMBA's fortunes changed for the better with the Fetherston Bequest. Dr Richard Fetherston, long-time committee member and office holder, granted the capital and income from his estate to the VMBA upon the death of the last survivor of his three children. This happened in 1972 and shares to the value of \$29,076 were received by VMBA. The Committee engaged professional investment advice, and increased several beneficiary allowances by 20% that year.

The bequest was timely because ten years later VMBA lost income tax exemption, and subscribers and donors lost tax deductibility status. Subscriptions dropped by \$14,000 and VMBA has not received an individual donation for many years. They incorporated in the early 1990s after much 'costly and fruitless discussion with the Taxation Department', to protect themselves against legal action and try to resolve one, or both, of the tax deductibility and income tax exemption problems. The latter was regained eventually in 2000. Their problem, according to the Tax Department, was that beneficiaries were not 'necessitous persons' [unable to afford life's essentials] under the meaning of the Income Tax Assessment Act and were a select group of people rather than the community as a whole.

⁶ Ibid

3. Who were these beneficiaries?

They were, and still are, Victorian doctors or their families ‘under severe and urgent distress occasioned by sickness, accident or any other calamity’, but not everyone met with the assistance they requested.

Sometimes the Committee’s benevolence was ‘selective’. When the Berwick public vaccinator Richard Stephenson applied for assistance in 1865 ‘stating the extreme poorness of his circumstances, the smallness of his practice, and the difficulty he experienced in maintaining his family’ he was refused when the committee learned he was ‘a person of very intemperate habits [whose] misfortunes are due to his own irregularities’.⁷ Yet Mr Stone of West Melbourne was assisted three times in the first years of VMBA. The last was when his wife was near her confinement, his income had nearly halved in recent weeks, and his furniture was about to be seized in lieu of the thirteen pounds and four shillings he owed for sixteen weeks of rent. His circumstances were like Stephenson’s but as he was neither intemperate nor an inebriate he was ‘deserving’ of assistance.

Training and a career as a doctor have always been significant accomplishments but it does not make you immune from poverty. Being good at their profession is no indication of how well doctors manage financial or other aspects of their lives. For many decades, much support was provided for widows and dependents of Victorian doctors who had died leaving little to support their families. Mrs Neild was the widow of Dr James Edward Neild who was a founding member of VMBA and the last founder still alive when he resigned in 1904. He died in 1906 after a distinguished and wide-ranging career that included forensic pathology and deputising as coroner, lecturing at University of Melbourne Medical School for 40 years, editing the Australian Medical Journal for 18 years, President of the Medical Society of Victoria, and many other positions and achievements including 40 years of VMBA service. Despite Neild’s huge contribution to the medical profession in Victoria, his widow was forced to seek financial assistance and was granted one pound a week for several years and a large grant of twenty-one pounds in 1911 when her son married and left the family home. His departure presented ‘a financial loss to Mrs Neild and all that she and her daughters have to live on at present is the money received from two boarders ... they have nothing whatever in the Bank or savings of any sort.’⁸

A Blessing of the Refurbished Grave of Dr James Edward Neild (1824-1906) was held at the Melbourne General Cemetery on Saturday 12th March 2022. The refurbishment and commemoration by The Order of St John and St John Ambulance, of which Dr Neild was the founder in Australia, was managed with the assistance of VMBA and the Medical History Society of Victoria.

More than a century after Neild’s death former VMBA Committee member Sandra Hacker is confident there is

a much better acknowledgement that doctors are ordinary boring human beings ... they get depressed, or they get addicted, or they’re bad at managing their money ... they’re not above and beyond the normal frailties of ordinary human beings. Once you accept that ... you are more likely to say “well there are going to be all sorts of people who end up needing assistance, and they mightn’t be the sorts of people who have simply fallen on hard times.”⁹

⁷ Russell, Rx Medical Philanthropy p.r.n., p.8

⁸ Russell, Rx Medical Philanthropy p.r.n., p.55

⁹ Sandra Hacker, interview 20 October 2010, quoted in Russell, Rx Medical Philanthropy p.r.n., p.86

Working for hospitals in an honorary capacity while maintaining a private practice was a long-held tradition. But this also contributed to doctors' financial struggles, no matter how wonderful and successful as practitioners. 'Success with patients ... wasn't ... equivalent to having any money ... and they wouldn't talk about money, and they left their wives virtually destitute.'¹⁰ The honorary system prevailed in Victoria until the 1980s.

Young doctors who had served in WWII became older doctors who carried with them the physical injuries and mental traumas of war. In 1961 VMBA's President Furnell reported that 'Demands on the Association have increased and will continue to do so ... sought by the dependents of younger members of the profession who have died untimely.'¹¹ In the 1960s untimely deaths of Victorian doctors left eight widows and 18 school-age or younger children asking for VMBA's help. They were all assisted.

Addictions to drugs, more so than to alcohol, have become more common. By the early 2000s VMBA was coming across more and more doctors 'suffering from the real complexities of life', which included pride, idealism, bad luck, illness, addiction, self-medication, a reluctance to tell another doctor they are sick, isolation, and cultural differences.¹² In the last 160 years everything from personal circumstances, to hospital and practice conditions, to the impact of world affairs have led doctors or their families to seek help from VMBA.

4. Rx 'remain relevant to a rapidly changing profession'¹³ p.r.n.

Over the long course of the 20th century various social security measures, superannuation, and life insurances had become 'accepted without shame or a feeling of debt'. In 2010 former VMBA President Dr George Tippett considered 'our future lies with extra assistance ... even in the face of repeated recidivism'. Since then, the medical profession have dealt with the increased regulatory role of the Medical Board after 2010, and an exponential rise of complexities and stresses in medical practice.

There was an extraordinary seven-year period from 2013 to 2020, spanning both the Labor (Gillard) and Liberal (Abbott) governments, when Medicare rebates for medical practitioners were frozen. This was despite the rising costs of delivering medical services including higher rents, more expensive utilities and costly medical products.¹⁴ The legislation was lifted following the 2019 re-election of the Liberal (Morrison) government, but the AMA suggests general practice continued to feel the consequences, with 'a primary care system struggling to survive, falling bulk-billing rates and patients waiting longer to access a GP.'¹⁵

These primary care issues are symptoms of labour shortages in general practice, with doctors experiencing burnout and fatigue due to working overtime, often at multiple locations, and caring for an

¹⁰ George Santoro, interview 23 September 2010

¹¹ Dr Herbert Furnell, President's Report, Annual Report 1961

¹² George Tippett, interviewed 23 September 2010

¹³ Dr Harry Hemley, former AMA Victoria President, Foreword, History, p.vii

¹⁴ <https://electionwatch.unimelb.edu.au/australia-2016/articles/confused-about-the-medicare-rebate-freeze-heres-what-you-need-to-know> ; <https://theconversation.com/what-is-the-medicare-rebate-freeze-and-what-does-it-mean-for-you-114169>

¹⁵ <https://www.ama.com.au/ama-rounds/7-april-2023/articles/medicare-freeze-strips-4-billion-general-practice>

increasing number of co-morbid and rapidly deteriorating patients.¹⁶ Rural, regional and remote doctors especially experience these extenuating pressures. Training registrars often neglect regional placements in favour of practices closer to metropolitan Melbourne, despite bureaucratic requirements such as Distribution Priority Areas in regional Victoria.¹⁷ These issues echo the experiences of VMBA's nineteenth century rural doctors, who were confronted with difficult issues of isolation, remuneration, collegiality, training and registration.

Then came COVID19 and it became clear how truly difficult working in medicine can become in the grip of a pandemic, as well as how long it can take to recover from one. Australia is still experiencing shortages of equipment, medicine, staff, and funds, overwhelmed emergency departments, an increase in chronic conditions and an aging population. Vulnerability has grown within the profession.

5. A 'family sort of thing' – the business of benevolence

Dominic Barbaro, having joined the Committee in 1998 and served under Presidents George Santoro (1990-1999) and George Tippet (1999-2009), became President himself in December 2009 and has steered VMBA through most of these challenges. Barbaro founded his own suburban general practice in 1973, and in 1993 established the Division of General Practice Northern Melbourne Division with 450 general practitioners. He understood medical practice so, when invited to join VMBA he accepted because 'it was a charity, and I was interested in helping people in distress. And also, I knew we had the money to do it. I didn't particularly want to get involved in fund raising, because I was already doing that in my other activities.'¹⁸ These were with the Italian community – Co.As.It., the Dante Alighieri Society, and an aged care home. Community organisations exist to support their community's wellbeing. If raising funds is not necessary, that leaves the organisation free to do as they wish towards that purpose. Barbaro was experienced enough with such groups to know this. When VMBA entered the 21st century it hoped to become visible beyond the AMA, so that new graduates and newly migrated and registered doctors knew VMBA was there for them too. They hoped to broaden the diversity of age, sex, and nationality on the Committee to reflect a more diverse profession. Barbaro supported these plans, and also wanted to establish a more professional practice of benevolence, make the VMBA better known within the profession and funding preventative health care measures as well as responding to urgent needs.

In 2012 the Federal government announced the *Australian Charities and Not-for-profits Commission Act* and henceforth all charities were required to register their business, financial records, and legally bound rules.¹⁹ This led to a significant upgrade of VMBA's administrative operations and new *Rules* were confirmed in 2013, then revised in 2015 and again in 2017. VMBA was registered in 2014.²⁰ An office for VMBA was provided at the Repatriation Hospital courtesy of the North East Valley Division of General Practice, and in January 2025 they moved to a more central office in AMA House in Parkville.

¹⁶ Madeline Pentland, 'Diagnosing a rural doctor deficiency: Symptoms of labour shortages in Shepparton general practice', October 2021. Report commissioned by Suzanna Sheed, MP for Shepparton

¹⁷ Madeline Pentland, 'Diagnosing a rural doctor deficiency: Symptoms of labour shortages in Shepparton general practice', October 2021. Report commissioned by Suzanna Sheed, MP for Shepparton

¹⁸ Pers. Comm. Dr Dominic Barbaro, 12 March 2025

¹⁹ <https://www.acnc.gov.au/about/acnc-legislation>

²⁰ <https://www.acnc.gov.au/charity/charities/15980620-38af-e811-a963-000d3ad244fd/profile>

John Fletcher joined VMBA as a volunteer to assist with establishing these new administrative functions imposed by the 2012 Act. A Public Officer was designated, and several additional administrative tasks became necessary. Fletcher's role became that of Honorary Executive Officer and an Operations Manual was developed. All legal and financial operations have since been managed by external auditors, investment brokers, a bookkeeper and financial advisor, and the long-term fund managers of the 1972 Fetherston Bequest. Fletcher considered the 'cost of providing love and care is increasing enormously, particularly due to directives from government bodies'. Although a financial and a time cost, VMBA operations can be compliant, organised, efficient, and reliable but still be 'a family sort of thing'; privacy within the bounds of the Committee and the capacity to quickly respond to an urgent need without waiting for the next meeting have been preserved.²¹

VMBA also changed the way they engaged with beneficiaries. Mary Bush was engaged in 1982 as a part time financial assessor and social worker. This was VMBA's first foray into a professional engagement with beneficiaries. Prior to this it had always been the Committee of doctors who got to know the clients, made the assessments, and delivered the money, advice, or referrals. Josephine (Jo) Grant, also a professionally trained social worker, succeeded Mary Bush in 1989 and provided a service that resonated with VMBA's 150-year-old modus operandi: a member of the committee always tried to visit all applicants in their homes to understand their circumstances and the reasons for their distress. For Jo the time used and the connections that ensued make sense. 'I get to know them really well ... and you have to try to walk a mile in their shoes, to be effective, to help them'.²² However, this was operationally time consuming, often emotionally taxing, and increasingly less relevant in a more systematic and bureaucratically driven world.

After Jo Grant's retirement in 2013 her position of Social Worker was reclassified to one of Client Manager, with the committee resolving to 'ensure every beneficiary or applicant has provided sufficient support information via a formal Application form and process to allow "informed decision making"'.²³ An expression of Interest was published in *The Age* and VMBA received six applications. Diana Cooper, a Registered Nurse with extensive experience working with medical practitioners, was appointed as the new Client Manager in January 2013. Diana's previous experience of ensuring patients were tapped into the care & services to meet their needs was invaluable to this role. She joined John Fletcher as the only employee of VMBA and the focus moved from providing emotional care to deliverable financial assistance. Records show that the number of clients and the size of funds provided have risen most years with this change of approach. Putting the Covid pandemic years aside, in the financial years 2011 to 2020 client numbers went from 25 to 32 with some drops and peaks in between, and from nearly \$56,000 provided in 2011 to over \$142,000 in 2020, again with drops and peaks in between. In these years the role from Social Worker to Client Manager also changed due to the changing role of the Victorian Doctors Health Program. VHDP engaged a medical director, a psychologist and a social worker and it was imperative for both VMBA and the client that services were not duplicated.

While operational and staffing changes were re-shaping the business of benevolence the needs of clients remained much the same. Examples of clients during these years presenting with needs typical of those experienced by many VMBA clients include two widows of doctors, both of whom asked for little except assistance with monthly payments for a small piece of medical equipment, and payment of an

²¹ Interview, John Fletcher, Dominic Barbaro, Diana Cooper, 1 May 2024

²² Interview with Jo Grant, 2010

²³ Committee minutes, February 21, 2013, p.1:5.2

accountant's fee. One doctor, who had been on VMBA's books with both Jo Grant and Diana Cooper, saw ill health complicated by financial difficulties and eventually the need to work interstate to support family. Another client was close to finishing medical school but needed financial assistance to cover their partner's medical treatment. The following year this doctor was working full time and their VMBA file was archived. Not all clients are heard from again and, of course, the hope always is that they have resolved their difficulties. Occasionally a grateful letter or card or email is received by the VMBA office.

Thank you for your generosity and support, which will enable me to return to work and hopefully become a GP. This support has helped me to go back, get back on my feet, and inspired me to reach my full potential. This would not have been possible without your significant generosity. The funding is life changing and too great. I greatly appreciate your support and love and understanding.²⁴

Towards the end of 2013 a *Benevolence in the 21st Century* review clarified for the Committee what they had done well, or not so well. It enabled them to consider where improvements could be made, things that needed to be done, and the kind of organisation they wanted to become.

6. Looking forward

During the launch of the book *Rx Medical Philanthropy p.r.n. (as the need arises)* on 15 November 2011 President Dominic Barbaro said

Today and in the future VMBA intends to take a more proactive role and a more intense collaboration with AMA Vic and VDHP so that the needs of our doctors and their families may be better met.²⁵

7. The network of benevolence

To fulfil their 'Looking forward' plan VMBA's funds needed to be well invested to remain available, and the medical profession in Victoria must know it exists and know they can seek help if they are struggling. Reaching out and engaging with the network was as important as sound administration.

The Doctors Health Advisory Service (DHAS) was founded in the early 1980s by Dr Norman Gold, a Melbourne psychiatrist. Over many years Dr John Mathew, who was also on the VMBA committee, and Dr Duncan Mansie did much of the voluntary work for this service, which involved about one call per week, often at night or the weekend, and often requiring a referral to an ongoing service. Phones to this service were held at the AMA, and later at the Victorian Disaster Plan, although because DHAS committee members were known to have an interest in doctors' health the calls were often made directly to its volunteer doctors. Eventually the work of DHAS was subsumed by Dr Michael Robert 'Taffy' Jones, who was the inaugural chairman of the newly established Victorian Doctors Health Program (VDHP) in 2001.²⁶

²⁴ A thank you card sent to the VMBA Committee from a beneficiary, 2024.

²⁵ Launch speech, Dominic Barbaro, 15 November 2011

²⁶ Pers. Comm. Dr John Matthew, 16 September 2024

Apart from the AMA Vic, the VDHP has since become the most significant organisation with which VMBA has a relationship. VDHP's purpose is to provide health services to the medical profession and students if their mental or physical health had reached a point that their practice may cause impairment or already be impaired. VDHP wants doctors to be healthy and able to practice so offers an advisory service that is as confidential as it is possible to be under the regulations. They refer doctors to VMBA if they need financial assistance or advice; 'VDHP has been the main referrer of the people we help ... sometimes it's even to go to the supermarket or pay for the taxi to see a health professional. Some people can reach a point where they don't have a hundred dollars in the bank.'²⁷

Along the way VMBA has financially supported charities, research projects and events aimed at providing awareness of Doctors health issues – Crazysocks4docs is an important one. This organisation was founded by Dr Geoff Toogood to break down the stigma of mental health issues in the health profession and reduce the number of suicides amongst doctors.

*Medicine takes a bright group of people who are caring, self-reflective and sensitive – is this not what one requires in a doctor? – and places them in a hostile and increasingly unforgiving environment. The result is an increase in mental health issues, especially that first year of residency. It's hardly the place to thrive rather survive, and where does that leave the very people we wish to look after? In all my years of medicine, I have learned very little from the very people that demand resilience of me.'*²⁸

Beyond the financial commitments of part-time salaries, the costs of running a not-for-profit incorporated association, and the client payments outlined above, VMBA has:

- Helped fund an anonymous telephone support line for doctors by doctors. Long-serving committee member George Santoro also established a Peer Visitor Program for retired and current doctors. There was much demand for this and VMBA has since provided supplementary funding to the AMA and sponsored a face-to-face 'Peer Visitor Program'.²⁹ These services began in 2014 but are no longer funded by VMBA.
- Provided financial support (2014-2016) to help fund the Victorian Doctors Health Program. VDHP provides resources for doctors, hospital staff, family and friends with mental and physical health concerns.³⁰ In 2018 VDHP underwent a re-organisation and their referrals of doctors directly to VMBA have since slowed.³¹
- Contributed funds to Monash Health towards medical training
- Donated to crazysocks4docs in 2019.

But there is still a question mark over why, so few people call upon VMBA when the challenges and changes experienced by medicos since 2012 have blindsided many and been intense and practically unrelenting.

²⁷ Interview, John Fletcher, Diana Cooper, Dominic Barbaro, 1 May 2024

²⁸ Dr Geoffrey Toogood, quoted in 'Mental health: why doctors don't seek help', InSight, Issue 24/27 June 2022, <https://insightplus.mja.com.au/2022/24/mental-health-why-doctors-dont-seek-help/>, accessed 15 April 2025

²⁹ Letter from AMA to Domonic Barbaro on 17 April 2014

³⁰ <https://vdhp.org.au/>

³¹ Pers.com. D. Barbaro, J. Fletcher, D. Cooper, 18 January 2022

8. 21st century challenges

Natural disasters such as fires and droughts have presented particular problems for the medical profession. In early 1898, a 260,000-hectare fire ravaged south Gippsland. Given the title 'Red Tuesday', it was the first major bushfire VMBA would experience since its foundation in 1865. Twelve lives were lost in the extraordinary eucalyptus forest fire, bringing the local community together to recover from the disaster:

Hundreds of persons escaped death by the narrowest of shaves and came through with their lives after hours and days of suffering... The Government is displaying commendable promptitude in helping these people. But whatever is done by the Government will require to be liberally supplemented by the people.³²

Every 30 to 40 years Victoria encountered another destructive bushfire big enough to be named, ie Black Friday (1939), Ash Wednesday (1983). By the twenty first century they had gathered pace, increased intensity and were claiming more lives. Now called firestorms there was Black Saturday (2009) and then Black Summer (2019/2020). During the Black Summer fires, again covering the east Gippsland region, VMBA lifted the balance of its cash account to ensure affected members of the medical community were able to access financial support. Strangely they received less requests for assistance than the year before, although the timing combined with the massive distraction of the World Health Organization's declaration of the global coronavirus pandemic on 11 March 2020 (COVID-19), just a few months after the Black Summer fires.

The COVID-19 pandemic is often described as 'unprecedented' however much of the political, social and bureaucratic response in Victoria reflects that of the Spanish Flu' pandemic a century earlier.³³ In both cases the medical community quickly became 'frontline workers' while the general population were restricted to their homes. During Covid, people often had only a 5km radius to move so Victorians learnt to work from home. The Committee found it was receiving fewer claims, which gave time to update systems, including, finally, to electronic banking, and to move to 'zoom' remote meetings to limit the spread of the virus. In 2021 32 doctors received grants, which was fewer than the previous year. The committee was 'baffled' by this as 'the number of applications for assistance remained at previous levels but many dropped out before their application reached the Committee.'³⁴ It remains unclear as to why this happened but considered likely to be due to the availability of the Job Keeper wage subsidy package that was brought in by the Federal Government on 1 March 2020 and remained until the end of March the following year.

While the world awaits the next pandemic, past experience suggests it is unlikely such emergencies will ever have an impact on the VMBA. In both cases – Black Summer and COVID-19 – there was a drop in applications, and it seems it would take a complete dearth of Federal or State government support to cause doctors to seek assistance elsewhere.

What is the difference between receiving benevolent assistance from VMBA and emergency assistance from the government? The two dozen or so doctors or their families that come to VMBA each year do so

³² "THE GIPPSLAND DISASTER." The Bendigo Independent (Vic. : 1891 - 1918) 19 January 1898: 2. Web. 21 Jun 2023 <<http://nla.gov.au/nla.news-article184288118>>.

³³ RP epidemics Parliament, pp. 9-18.

³⁴ PR 2021, p. 3

with issues of health, divorce, addiction, isolation, and an inability to manage, conditions of life that are personal and individual, something to be kept quiet and as close to their chest as possible. VMBA's 'closed-shop' assistance is obviously more desirable, while generic assistance such as Job Keeper sweeps everyone up together. It is less confronting than visiting a Centrelink office with a personal need.

Increasingly though, for many doctors their issues are compounded by their conditions of work; a survey of over 14,000 doctors in 2013 found that 1 in 10 entertained suicidal thoughts in the past year, compared to 1 in 45 in the community and more than a quarter of doctors were suffering from a mental illness.³⁵ When writing of this survey in *The Guardian* newspaper, oncologist Ranjana Srivastava admitted medical work can be overwhelming and that always there are so many concerns about patients, colleagues, and broader work to take home at night.

*A doctor's best debriefing tool after a hard day therefore turns out to be wilful forgetfulness. If you can minimise or better still, normalise catastrophe, you can keep going ... Far too many of us have lost a dear friend and able colleague to drugs, alcohol, crippling mental illness or suicide. Many more feel like helpless bystanders as we watch good doctors slowly self-destruct ... it is also difficult to convince doctors to appreciate the extent of their problem, because we have been shaped to believe in our infallibility ... Our patients are defined by their illness, while we are defined by our ability to cure their malady.*³⁶

9. 'It's to help them help themselves'³⁷

While some doctors might want to avoid facing the truth about their condition another statistic from this damning 2013 report was that 52.5% of doctors don't trust their colleagues enough to talk to them. In other words, they fear the requirement to report someone deemed compromised enough to put a patient in harm's way, even if that colleague's story was told in confidence.

However, a network of support across the medical sector wants to assist. In VMBA's case and as President Barbaro makes clear, 'that's the whole purpose, it's really to help them with an amount, but also to help them help themselves.'³⁸ And the primary goal of the VMBA committee remains to get doctors back into practice if that is where they want to be and are capable of being.

VMBA's financial assistance goes hand in hand with other supports, many of which are listed on their website and on the Victorian Doctors' Health Program website. In the 2012 history the question of why VMBA has endured for so long when so few people called upon it for help was answered with the suggestion that the medical profession is a caring one and groups such as VMBA are a natural extension of this, particularly as 'perhaps doctors can recognise a problem [amongst colleagues] and have a capacity to provide direct relief'.³⁹

³⁵ <https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2013/12/national-mental-health-survey> [accessed 11 June 2024]

³⁶ Ranjana Srivastava, 'Doctors are more likely to be depressed? I'm not surprised', *The Guardian*, 9 October 2013

³⁷ Dominic Barbaro, pers com. 1 May 2024

³⁸ Dominic Barbaro, pers com. 1 May 2024

³⁹ History, p.90, quote Paul Woodhouse, personal communication, 4 November 2010

This, together with their well-invested funds enabling them to continue with their mission, explains the longevity of VMBA. Maybe today's explanation as to why so few people call upon VMBA lies partly in the growing strength and density of the medical support network outside the workplace, and partly in whether VMBA's profile is high enough within it.⁴⁰

One VMBA beneficiary who was happy to be interviewed on the 'Doctor What? Doctor Where? Stories of Rural Medicine' podcast was clear that 'it can be helpful to talk it through with someone who's a bit more impartial, preferably not someone who's also part of the situation ... and it may be that other person doesn't exactly tell you anything but that process of actually getting it out of your head [helps you to realise] what is genuinely important.'

She assures listeners that while mandatory reporting requirements⁴¹

*definitely inhibit a lot of doctors from seeking help or attention, the thing I would say to them is that the board are not going to care so long as you haven't put lives at risk ... I've had multiple long admissions and I found that VMBA ... were a huge help in meaning that I didn't end up homeless because I had no income while I was in hospital. And they've continued to support me throughout, which has been fantastic. I would not be where I am today ... I may not even be alive today if it wasn't for those services. So yeah, I'm incredibly grateful towards them.*⁴²

The big administrative changes of 2010 to 2013, the shift from social work to client management, the broader network able and willing to care for medicos in need, the increased regulatory role of the Medical Board; these have all contributed to substantial changes in VMBA's operations in the last fifteen years or so. But some things have remained for 160 years and will confidently continue well into the future, most importantly the capacity to provide financial assistance and the careful choosing of committee members who are, as one long standing committee member and former president believed:

*the most likely to be experienced in the nature of living. We've all done everything: we've all held their hands as they've died; we've all looked at the errors, and horrors, and terrors of life. So it's appropriate that they have special people looking after philanthropy for doctors.*⁴³

⁴⁰ Anonymous 5th year medical student who, like all her medical friends, had never heard of VMBA, pers com. October 2024

⁴¹ Mandatory reporting is required by the Australian Health Practitioner Regulation Agency to 'protect the public by ensuring that Apha and the National Boards are alerted to any potential risks to the public'. See <https://bitly.cx/m7L9> and <https://bitly.cx/8sD7>

⁴² VMBA Client, 'The challenges of burnout, work life balance and self-care in rural medicine', 26 May 2023, Season Two, Monash Rural Health podcast series

⁴³ George Tippett, interviewed 23 September 2010