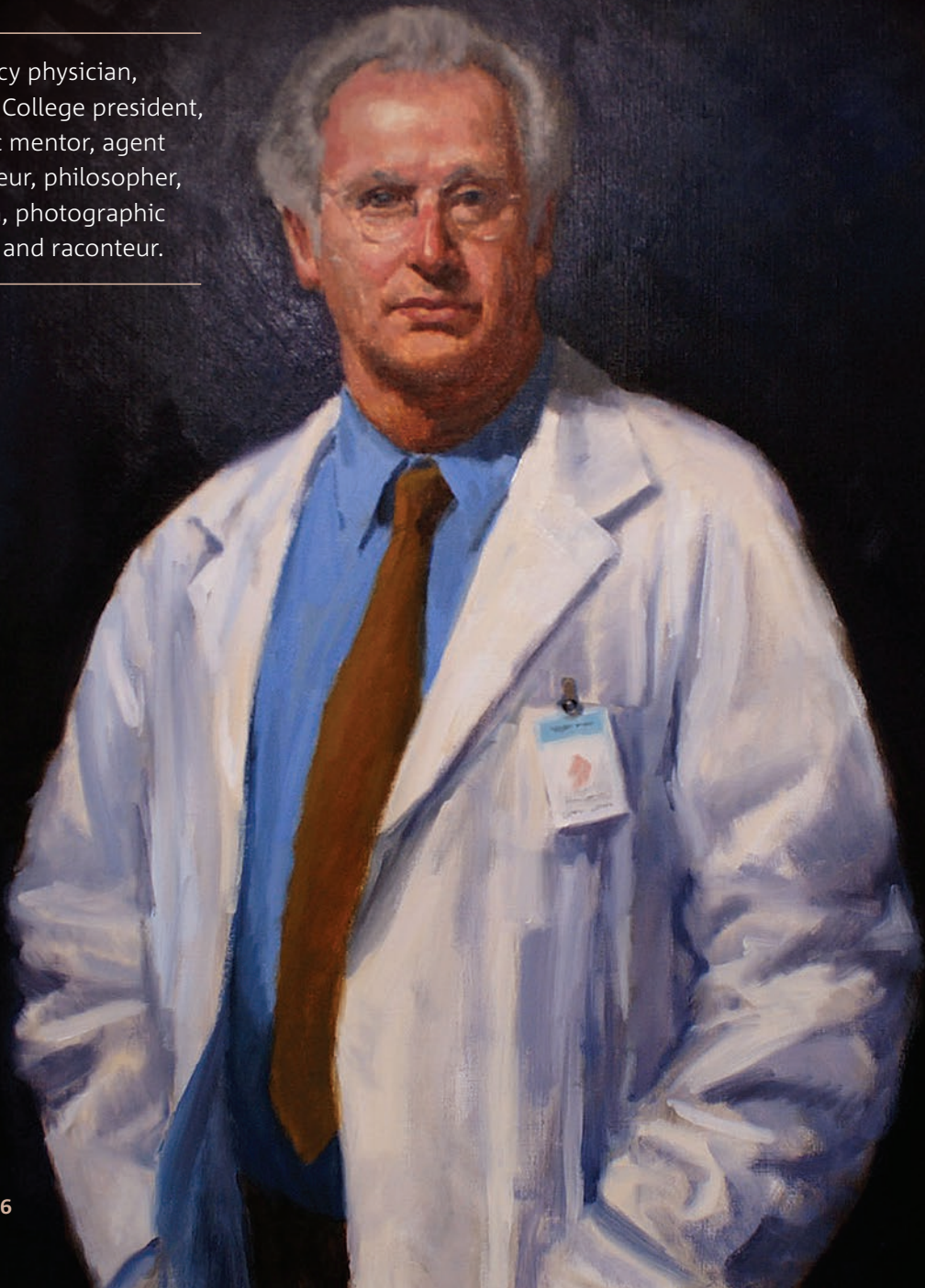


A TRIBUTE TO
Joseph Epstein

Emergency physician,
surgeon, College president,
academic mentor, agent
provocateur, philosopher,
politician, photographic
historian and raconteur.



March 2016

Book compiler: Anne-Maree Kelly
Editor: Paul Holper
Designer: Lea Crosswell
Front cover: Christine Wrest-Smith
Back cover: Ruth Hew

© Western Health 2016

Foreword

Few people have had such a varied and inspiring professional career as Joe Epstein:

surgeon, emergency physician, College president, academic mentor, agent provocateur, philosopher, politician, photographic historian and raconteur, to name but a few of his guises.

Emergency medicine flows through Joe's veins. His passion and energy for emergency medicine as a speciality for doctors and nurses and his care and advocacy for his patients are second to none. These will not change with 'retirement'; they'll just take on a different perspective.

This book brings together recollections about his wonderful career from some of the people Joe's professional life has touched. The diversity of the stories and of the contributors say a lot about the high esteem in which Joe is held by many, many people from across disciplines and around the world. It also speaks of the enduring friendships that have been formed and nurtured.

We all look forward to the next phase of Joe's life – including the book he has promised us – and hope that it is long, healthy and happy.

Thank you does not seem enough!

There will never be another Joe.

Anne-Maree Kelly

March 2016



Contributors

COLLEAGUES

Nicola Arndt.....	6
Debbie Austerberry.....	6
Gary Ayton.....	6
Diana Badcock.....	6
Chris Baggoley.....	7
Jack Bergman.....	7
Edward Brentnall.....	8
Jarrold Brewer.....	8
Ingrid Brooks.....	8
Michael Bryant.....	9
Peter Cameron.....	9
Vicki Catchpole.....	9
Heather Chapman.....	10
Alan Chirnside.....	10
Desley Cliffe.....	10
Sarah Cornish.....	11
Liz Edmonds.....	11
Simon Edward.....	12
Gerry Fitzgerald.....	12
Mark Fitzgerald.....	13
Jenny Freeman.....	13
Debra Graves.....	14
Sharyn Gregoor, Jo Clark, Eloise Carter, Susan Harding and Sally Martin.....	14
Barry Gunn.....	16
Tom Hamilton.....	17
John Harper.....	17
Greg Henry.....	18
Ruth Hew.....	18
David Hillis.....	19
Kent Hoi.....	19
Hans Hollerer.....	20
George Jelinek.....	20

Anne-Maree Kelly.....	21
Norman Kirby.....	21
Sharon Klim.....	22
Zeff Koutsogiannis.....	23
Elizabeth Kyle.....	24
David Lightfoot.....	24
John Loy.....	25
Steve McLaughlin.....	25
Spaso Miljesic.....	26
Mark Murray.....	26
Paul Older.....	26
Jenny Olney.....	27
Chris Paes.....	27
Helen Parker.....	27
Maree Paul.....	28
Bob Poulton.....	29
Mark Putland.....	29
Joy Robertson.....	30
Pam Rosengarten.....	30
Kerrie Russell.....	30
John Ryan.....	31
Bob Smith.....	31
Robert Thomas.....	31
Andrew Walby.....	32
Bryan Walpole.....	33
Karen Winter.....	34
Lien Wright.....	34
David Yates.....	35
Allen Yuen.....	35

FAMILY

Jan Epstein.....	37
Rafael Epstein.....	38
Sarah Epstein.....	39
Sandy Hopper.....	40



Tributes

FROM COLLEAGUES



■ I always knew when you were working before I saw you as I could smell the delicious bread! Thank you for always being generous.

I have fond memories of you wearing your bow tie and braces with your white coat. One day while working in blue side, you helped me write my application letter for post-grad. Thank you for giving me your time.

You have always been passionate about teaching and mentoring. This was very evident when you were working in EOU. I knew that when I couldn't find you, you would be with the intern at the café giving lots of advice and guidance.

Every single radiology and pathology slip was diligently signed with your full name in red ink pen. Your attention to detail was admirable.

Nicola Arndt | emergency nurse, Footscray Hospital

■ One shift I saw a doctor at the photocopier and I advised them I had the 'degree in photocopying' and I would do it. Joe overheard this comment and told me it didn't matter if I had a 'degree' – I had a degree in life! Joe always made me feel valued and important.

Debbie Austerberry | clerical supervisor, Western Health

■ Thank you Joe for your many years of mentorship. Although much was from afar, it was much needed leadership.

You will be missed by the generations you have inspired.

Thank you again for being a leading light. The College was forged thanks to your insight.

Best wishes now that you have retired.

Gary Ayton | emergency physician, Western Health

■ I remember Joe describing the fellowship exam while I was preparing for it. 'It is like being in the trenches and going into battle. When someone shouts charge, you run out of the trenches straight into the line of fire, without thinking. You have practised so much; you are ready for it. No sane person would do it, but you go on command, and take what is rightfully yours.'

Diana Badcock | emergency physician, Bendigo. Former Western Health emergency medicine registrar

*I have fond memories of you
wearing your bow tie and
braces with your white coat.*

■ Like all who have appeared before him in oral examinations, my early impressions of Joe were those of a forceful, formidable, highly articulate, wholly professional man. His stern visage and deep yet mellifluous voice set him apart from other College elders and grandfathers. An immediate sense of personal inadequacy presaged any interaction with him, particularly in an examination situation.

I was fortunate, later in my career, to work with and learn from Joe. I was particularly privileged to join him in a WA Government initiated review of the emergency department of the Sir Charles Gairdner Hospital in Perth in 1990.

There I saw his incisiveness, his inquisitorial skills, and his highly ethical approach first hand. I have conducted many emergency department reviews since that time and Joe's approach has remained with me throughout.

Having been a co-examiner with Joe, I learnt that this book should not be judged by its cover. He was scrupulously fair and most empathetic to all candidates who came before him. I suspect many, who had appeared before him and left fearing the worst, would have been pleasantly surprised at his assessment of their performance.

When I took on senior roles in the College, I had nothing but constructive, helpful advice and support from Joe. He accepted with grace that from time to time the College might be taken in directions different to those he had envisaged and threw his full support behind these directions.

It has been a source of real pleasure to meet Joe since my College days. He is ever friendly, ever generous, always incisive and insightful, interested and inquiring. I have gone away from each of these encounters with enhanced respect for him.

I never thought Joe would retire. Thank goodness he has, as the rest of us will not feel so bad or inadequate when contemplating that step for ourselves.

But Joe will be forever active!

Chris Baggoley | emergency physician 'at large', former President of ACEM and Chief Medical Officer of Australia.

■ I recall sitting in the cafeteria with Joe and a junior doctor from the UK. I had just recently arrived in Australia and started work at Western. The UK doctor, during the course of the conversation, referred to the ED as 'Casualty'. This set Joe off. 'Casualty is a casual place where casual doctors see casual patients with casual problems. We are an emergency department and don't you forget it.' Always stuck with me!

Jack Bergman | Melbourne.
Former Western Health
emergency medicine registrar

■ My memories of Joe are of endless hard work, extraordinary loquacity – there are many legless donkeys in our particular field!

Great memories of helping him, together with Anne D’Arcy, to write submissions for admission as a specialty at the old Drummond Street offices until about 3 am. He has always been single minded, with huge energy and purpose.

His surgical background involved a traditional two-part examination – primary and fellowship – and he and Tom Hamilton pursued this aim for our new College. At that time, we recognised that it might not always be so, but obtaining recognition was the number one priority.

No one has done more for emergency medicine than Joe. We are all eternally grateful.

Edward Brentnall | emergency physician, Melbourne

■ When I started working at Footscray ED, it was clear to me early on that Professor Joe Epstein was instrumental in pioneering emergency medicine. Basically, he was and is a big deal.

Not long after that, a patient presented to triage with airway compromise from a piece of steak. With much commotion, the patient was bundled into the resuscitation area. Joe deftly retrieved the offending piece of bovine. He then proceeded to write his notes on the aforementioned incident.

The usual assessment and history were scribed but most impressive was the to-scale, almost three-dimensional drawing of the said steak. Joe’s detailed notes often brought a smile to my face.

Jarrod Brewer | emergency nurse, Footscray Hospital

■ The hospital-based emergency nursing course at what was then Western Hospital, Footscray, started in 1986 when Joe was the director of the emergency department. The course ran for 11 years and during that time Joe gave his unwavering personal and professional support to the students and to me as course co-ordinator. He gave freely of his time to lecture on a variety of topics in emergency medicine and was always available to help me with sage advice.

He promoted the course amongst his colleagues and to anyone who would stand still long enough to listen. We were all his ‘girls’ – although I am not sure how he referred to the occasional male students – and we wore that label with the same respect and fondness with which it was given.

Whilst I am sure there will be many anecdotes about Joe, for me the best recollection is of Joe in the classroom dressed in loose jacket, shirt and bow tie, with hands in pockets, rocking on his heels, peering over his glasses and wry grin on his face as he challenges his students ... to think!

Ingrid Brooks (nee Bielajs) | Monash University. Formerly coordinator, emergency nursing course, Western Hospital.

The unexpected was never a problem

Joe is always there to take calls and provide help or advice.

Many years ago, minor surgical procedures were booked from Surgical Outpatients and performed in ED. One such was a patient with a 'sebaceous cyst' on the scalp for excision. On infiltrating and injecting to the base of the lump with local anaesthetic, the needle went in all the way to its hub without striking the skull despite being perpendicular to the skin. The X-ray – it was quite a while ago – showed multiple lytic lesions of the skull.

Joe, then also a member of one of the inpatient surgical teams, was called. He came in immediately, provided support and accepted the patient for admission. No harm was done to the patient from the procedure and the underlying lesion proved to be metastatic renal cancer.



Patience and attention to detail

In theatre we were performing a laparotomy for bowel perforation in an elderly patient. Surgery went well up until time to close. Joe had chosen to use a paramedian incision and this was being performed less frequently at the time. Wound closure took an extended time due to a combination of the bowel being distended from the nitrous oxide used by the anaesthetist and the thin, friable tissue of the patient, with sutures frequently pulling through. With patience, a considerable time later skin closure was achieved.

Michael Bryant | Emergency physician and former registrar, Western Hospital

■ We were going through a period of budgetary constriction. Joe said, 'The total amount of money spent on health will always go through contractionary periods. That is really of no concern to us in emergency medicine. The size of the cake may be smaller: we just have to argue for a larger slice.' He did this most effectively.

Peter Cameron | emergency physician, Melbourne

■ Thanks for your great service at Footscray ED over the years Joe. I loved hearing your trauma stories, the insights into how to fix the Victorian Health System, and all about the helicopters used in trauma retrievals.

I also miss the weekly order of Turkish bread and dips.

An icon of the ED, already greatly missed.

Vicki Catchpole | emergency nurse, Footscray Hospital

*Thanks for your great service at
Footscray ED over the years Joe.*

■ Thank you Joe just for being you, and for sharing some of your knowledge and expertise with us nurses. You were extremely thorough with your assessments and were never tired of listening to the patients' concerns, even if some of them were not health related. We knew that you would not be available for at least half an hour while you were doing your assessments.

One memory that will stay with me forever was that I was able to witness your talents first hand in a highly dangerous situation when you did a burr hole procedure in the resuscitation area when I was very new in my nursing career. I have not seen anything as fascinating since.

Also, when asking you one day in the nurses station why you brought in food whenever you were on, your answer was, 'If you feed the animals, they become calm and happy.' My answer was, 'Hmm, fair enough.'

I then broke off a piece of savoury bread Joe had brought in, smiled, and walked away thinking how right he was. Thanks for the bread Joe. I really do miss that.

Heather Chapman | emergency nurse, Footscray Hospital

■ Emergency medicine in Christchurch will always be grateful for Joe Epstein and the then head of surgery, John Morton, for agreeing to establish an academic appointment in emergency medicine as part of the Department of Surgery at Christchurch Hospital in 1991. They believed that the great variety of clinical work passing through the emergency department would provide useful undergraduate teaching and a basis for research. Anne-Maree Kelly and her successor, Michael Ardagh, established and continued to develop the specialty and the Department of Emergency Medicine is now held in high esteem.

Staff members, and performance at the time of the earthquakes, and since, have been praised. Thank you Joe for your support and best wishes for a well earned retirement.

Alan Chirside | surgeon and emergency department director, Christchurch

■ I have known Joe for about 14 years and enjoyed working with him. Old nurse as I was, I still gained some insights from you.

Best wishes for your retirement.

Desley Cliffe | emergency nurse (retired), Footscray Hospital

*Thank you
Joe just for
being you.*

■ Joe Epstein was a clinical force of nature to be reckoned with. He was very effective at speaking his mind loudly, and at length, particularly on the phone in the nurses station, which would sometimes bring it to a standstill.

At the same time, his ability to connect with his patients was amazing: the way Joe walked in, sat down and made them feel like they had all of the time in the world to talk about what had brought them into ED. You always had confidence that his patients would be very thoroughly assessed, diagnosed correctly and managed well.

Joe has been a strong advocate of nurses in general, particularly of ED nursing staff. His breadth and depth of knowledge were legendary and his ability to teach and explain, amazing.

As an ED nurse with a thirst for knowledge, it was a privilege to be taught by him over the years.

Goodbye Joe, your smiling face, bow ties, old-school charm and positive influence will be very missed.

Sarah Cornish | emergency nurse, Western Health

■ Joe was shocking at managing his correspondence as ED director. His PAs used to pile it up on his office chair and the pile would literally be feet high.

If the ED team had things we didn't want him to see, such as what we considered unfair complaints from other units about good junior doctors, we would bury them amongst the pile and they were never found.

And there was always panic stations whenever Joe had something due for completion. Everything had to be on hold at the last minute because he would never prepare anything earlier than he had to.



Joe had agreed to have the emergency department Christmas party at his house, so some of us made arrangements to meet there at about 3 pm on the Saturday.

John Coleridge brought along the lamb that he had marinated in his bathtub. One of the orderlies was bringing the spit so we could start the lamb cooking. I can't remember what I was bringing.

Anyway, we rocked up at Joe's house as his wife Jan was walking out the front door on her way to take back some videos. We asked if Joe was at home. No he wasn't – he apparently spent his Saturdays at the university library.

It turns out Jan hadn't been told about the party and that 60-70 people would be turning up in a few hours. I must admit, Jan was extremely cool, calm and collected and got hold of Joe and everything proceeded beautifully. We had a great Christmas party.

Liz Edmonds | former charge nurse, emergency department, Footscray

■ Having worked with Joe since 2006 when I started work at Western Health as a junior registrar, I have always found conversations with him enjoyable and filled with pearls of wisdom. Joe was always a philosopher at heart and there was a philosophical touch to whatever he said.

When working with him once I complained to him about a GP who sent in a patient with a chronic problem to ED not needing any urgent care. He simply said, 'Simon you need to realise that we are also the department of available medicine and not just emergency medicine.' I will never forget how important it is in our clinical practice to accept this simple truth.

Joe was always very protective and supportive of his registrars and worked hard to help us progress in our training. He set an example for us to emulate in so many other things. His handwriting was impeccable and there are no clinical notes that I have seen that are more thorough than those he would write.

The qualities that Joe had were unique and he set a great example to everyone working in the ED. It was truly a great honour to work with him.

As a founding father of emergency medicine in Australia he has contributed so immensely to the development of this specialty. He once jokingly said that he wrote the entire curriculum for the College in one evening over a bottle of wine. That framework still remains largely intact. Such was the greatness of this man.

Simon Edward | emergency medicine registrar, Western Health

■ It is my great pleasure to wish you well Joe on your retirement.

For those of us who have known Joe for a long time, he is the epitome of the Renaissance man; articulate not only in the breadth of medicine but the ancient philosophical basis of much of what we do. Well known for his persistence and resilience, he drew inspiration from his oft-told story of Cato the Elder, who ended each speech to the Roman Senate on any topic with 'Carthago delenda est' (Carthage must be destroyed).

Thus, his persistence and resilience helped carry the College through formative times despite the push back from conservative medical elements and it is a philosophy I have learnt from in attempts to drive reform across a number of sectors. Joe, I remain indebted to your wisdom and grateful forever for your friendship.

Gerry Fitzgerald | emergency physician, Queensland

His handwriting was impeccable ...

■ In 1983, I was a second year resident at Ballarat planning to do surgery. I liked working in Casualty and someone suggested I speak with Joe Epstein at the Western General, whom I met and who told me about an upcoming meeting at Surfers Paradise that I should attend.

I went along to it – the ASEM meeting that formed the Australasian College for Emergency Medicine.

Joe was a role model and my career was a product of his advice and support.

Mark Fitzgerald | Melbourne

■ My association with Joe goes back to 1987 when I commenced at the College. I quickly realised that here was a man who was 100 percent committed to the development of emergency medicine.

I got to know him well in those early days during his four-year term as President. What days they were!

Joe is a wordsmith and his documents reflected that. Indeed, there were times when correspondence was being ‘crafted’ to the extent that I queried if the recipient would be clear about the meaning. I added words such as ‘adumbrate’ and ‘brobdingnagian’ to my vocabulary.

I believe Joe is responsible for the use of ‘for’ rather than the more usual ‘of’ in the College title, and I recall him arguing for the use of ‘human kind’ rather than ‘mankind’ in the Charter of the International Federation for Emergency Medicine.

The application to the national specialist qualification advisory committee (now AMC) seeking specialty recognition of emergency medicine was a significant focus of Joe’s Presidency. Chapters were allocated to Councillors and Censors and then crafting began: hundreds of hours of crafting. A page that you might feel was finally in good shape would then be covered in red ink changes. The assembling of the references to go with the application was thorough to say the least and by the end consisted of five volumes that sat 30 cm high. You want evidence – here is the evidence!

Joe loves politics and this led to many occasions when time allocated for ‘crafting’ correspondence slipped by over discussion about matters of the day, which was then interrupted by the pager: someone seeking Joe’s input or presence. ‘Got to go, back soon’.

I recall one occasion when the pager went off during a NSQAC drafting session and it was Mike Westmore, somewhat desperate to catch up with Joe in order to come to agreed marks for a written exam. Mike arrived at the College after 11.00 pm and the marks were agreed. Mike whispered to me that I needed to go home as there was no blood in my face!

There are so many stories that could be told, but importantly I recall a man of commitment, energy, generosity, enthusiasm and dedication.

Jenny Freeman | former ACEM CEO

■ I have very fond memories of Joe from my time at Western Hospital. I first went to Western in 1992 as Deputy Medical Director, working with Dr Mary Stannard.

Joe was a regular visitor to the fourth floor and I remember extremely well the numerous sessions the three of us had on the balcony outside our offices – Joe and Mary being in need of a nicotine fix – solving the problems of Western and the Victorian Health system.

Considering I arrived in Melbourne from Queensland in May, the weather conditions on the balcony were sometimes a challenge for me. However, I learnt so much from them both it was worth a little discomfort.

Joe was always a tower of strength in the hospital; nothing was ever too much of a problem for him. I remember his great dedication to the College of Emergency Medicine as he was President at the time. I also remember the huge part he played in developing and running the Office for the Victorian Critical Care Coordinator.

Joe you have contributed greatly to Western and medicine in general. Hope you enjoy your retirement Joe and all the best.

Debra Graves | medical director, Western Hospital

*Joe you have contributed
greatly to Western and
medicine in general.*

A lifetime's work

A – Advocate

You endeavoured on so many occasions to champion not only for patients' needs, but for the staff also. We remember one particular night duty when we had all cubicles, corridors, nooks and crannies full with patients. You did a tour of the whole hospital, and then sent a letter to the CEO saying the ward staff were knitting, yet the emergency department resembled a sweat shop.

L – Lifelike

Your portrait for the Joseph Epstein Research Centre that hung where SSU is now was so lifelike that on night shift we often thought you never left the department.

I – Intellect

We appreciate your extremely wide knowledge base on such a variety of topics. Many a long conversation made our shift more enjoyable.

F – Food

The provider for the hungry! Not a morning shift went by without you emptying Baker's Delight of their twists, or an afternoon shift without a meal of Turkish. It was important to Joe that we all broke bread together, even when upstairs tried to ban eating at the nurses station.

E – Emergency and disaster planning days

Some staff were concerned that the disaster would be getting to the venue, when you offered to drive everyone there. They now understand why there are so many scrapes and scratches on your car!

T – Teaching

This was integral to your practice and you were so generous with your time and patience, to all doctors, nurses and patients. We saw you come in late many a Sunday afternoon (in your own time) looking for long and short cases for the next week's teaching.

I – Innovation

One of the founders of the discipline of emergency medicine in its own right. You were instrumental in its establishment as a speciality. Footscray was recognised on an international level. We are proud to be part of the legacy you created.

M – Mover and shaker

Your work was at so many levels – many not seen by most. You lobbied politicians, the board and state departments on behalf of our department, staff and patients.

E – Energy and work ethic

Your endurance for hard work and long hours has never waned. Many a night shift we would see you come in to work in your office at 4 am, then start your clinical shift at 8 am.

S – Swipe card

There was an embarrassing incident where a patient you were treating stole your swipe card and inserted it into a private place of hers! You didn't bat an eyelid and Maree Paul informed you she would organise a new one. The current one wouldn't need to be retrieved!

W – White coat

Your uniform: the white coat filled with different coloured pens, braces and bow tie.

O – Original and best team player

We have all enjoyed working in an environment that is team based, where as nurses we felt equal and supported.

R – Respect and rapport

As nurses we felt respected and enjoyed an excellent workplace rapport.

K – Kindness and generosity

Your biggest gift in our eyes is your constant kindness to all and generosity. It will be missed but not forgotten.

After all your hard work and achievements Professor Epstein, you will never be forgotten, as those you have taught, mentored and inspired endeavour to do your legacy proud. The vacancy you leave may be filled, but in our hearts you are simply irreplaceable. We wish you happiness, health and success as you enter the next phase of your life.

Sharyn Gregoor, Jo Clark, Eloise Carter, Susan Harding and Sally Martin | emergency nurses, Footscray Hospital

■ I have been very honoured to work with Joe over the last 13 years. Joe has always impressed me with his great love and passion for emergency medicine and for all those people who work within the emergency department. He has always remained enthusiastic and encouraging of all the staff, whether medical or not; encouraging them to achieve their best.

His enthusiasm covers all areas of emergency medicine practice, especially teaching. Joe has assisted Victorian Fellowship exam candidates in their preparation for their long cases for many years. He was very highly sought after by Victorian trainees to assist them. He always became quickly booked out.

Joe has always said 'yes' to any request to give a talk at registrar teaching. A few years ago, when I was organising the speakers for the inaugural regional teaching which Western Health was hosting, I invited Joe to speak about the formation of ACEM. He accepted this invitation without hesitation. As we all know, Joe likes to talk and has many great stories to tell. I thought that it was best to roster Joe as the last speaker for the day from 12 pm to 1 pm to allow some leeway and so not hold up other speakers if he spoke over time, which I was expecting.

At 12:55 pm, he stated that his time was almost up, so he had better stop for questions. The session finished promptly at 1 pm. Most of the audience was stunned, as those of us who knew Joe well had also thought that we were going to be there much later than that.

As soon as Joe heard last year that I had become the Censor-in-Chief of the Australasian College for Emergency Medicine, he rang to congratulate me on this appointment. It meant a lot to me to receive Joe's good wishes. This just further demonstrates to me what an amazing man Joe Epstein is.

Barry Gunn | emergency physician, Western Health

Terror suspect

In the late 1980s, before '9/11' beefed up security across the globe, there was still some degree of surveillance at Melbourne airport where Joe and I were to catch an early flight to Sydney for the FACEM clinical/vivas at the Alfred Hospital.

I was ushered to my seat while Joe made a last-minute call to his department from a corner of the waiting room. Whispering conspiratorially into a half-brick cell phone with Burberry collar turned up and crushed trilby at a jaunty angle, he was bound to attract attention.

The gates closed, engines revved up and we took off – without Joe!

A friendly taxi driver helped with the luggage and got me safely to the examination venue where we spent the rest of day determining the future of would-be emergency doctors.

Joe appeared about 5 pm. 'What Happened to you?' 'I was arrested.'

His enthusiasm covers all areas of emergency medicine practice, especially teaching.

It was usual for Joe when travelling to carry an old Brother typewriter, which was handy for urgent College business in his role as secretary when on the road. The X-rays of hand luggage revealed an unusual set of wires and bits of metal. Could this be some crude explosive device?

‘What’s in the case?’ they asked.

When Joe went to pick it up, the hands slipped to holsters and he was firmly told not to touch the case. This was becoming serious.

Over the next couple of hours, a series of phone calls to hospital and Health Department established Joe’s bona fides and he was released.

Might be more troublesome today. Imagine the headlines: ‘Emergency doctor suspected of terrorist links.’

Tom Hamilton | emergency physician, Perth and Former President ACEM

■ One night, while working in ED as a care coordinator, I was on the same shift as Joe Epstein. Joe was the consultant in charge of the department which, to put it mildly, was going like a fair.

As usual there were multiple calls on the time of the ED consultant: code greys, intubated septic patients, people with respiratory problems and so on. Joe was the calm centre of the frantic activity.

Paramedics in the department were all abuzz with news, from their radio, that a house had exploded not far from the hospital. The story was that a young man and his friend had been mucking about with something they shouldn’t have been and a gas explosion had resulted, destroying the family home. A little while later we were informed that several patients were coming to us with possible smoke inhalation, while the two very seriously injured young men were taken to the Alfred in a critical condition.

An ambulance arrived bearing the mother of one of the young men, along with his two sisters. The mother was grief stricken and almost catatonic. Her children red-eyed, with tears streaking the soot on their faces, were oblivious to the hubbub about them.

Joe met them at the ambulance area, escorted them to a cubicle and examined each, his manner never anything less than solicitous and caring. His kind gentle manners, his caring nature and thoughtfulness brought them back a little from the obvious horror they had just been through, enough so that they could speak to us and we could better help them.

Joe had ascertained from paramedics that the son had 80 percent burns and was considered critical, that the house was totally destroyed and that the family were socially isolated with no friends or relatives to fall back on. From the sister he had also found out that the family home had been uninsured.

Joe gathered together a group consisting of myself, the charge nurse and the nursing administrator. Calls were made to the Alfred and Joe spoke to his fellow consultant regarding the son, who was expected to die. Arrangements

were made to get them over there and to provide them with crisis shelter and funds. He arranged sedation for the mother and for further social care at the Alfred.

My abiding memory of that night was Joe's management of the situation, his genuine concern to do right by people who had been so horribly dealt with by life and his ability to organise multiple other issues while all the while giving his attention to this family.

John Harper | emergency nurse and care-co-ordinator, Footscray Hospital

■ When I spoke at the opening of the Joseph Epstein Centre a few years ago, Joe and I were sitting next to each other as someone was extolling his virtues from the podium. I said, 'When they start saying these things you know you are a has-been.' Joe responded, 'Better a has-been than a never-was.'

Greg Henry | emergency physician, USA

Snapshots of Dr Joseph Epstein

■ The consultant strode down the greying corridor, open tweedy jacket flapping, tufts of hair waving in the breeze created by his vigorous stride. Interrupted three times in his progress by staff enquiries, on entering the tutorial room he shrugged out of his coat, revealing a pair of bright red braces. Over the next 45 minutes he proceeded to grill the six of us (fourth year medical students on our first ED rotation) on cardiac resuscitation and the ALS (advanced life support) algorithm. His enthusiasm for his subject occasionally resulted in us getting gently sprayed when his spluttering at our distinct lack of knowledge got the better of him.

That was my first introduction to Dr Joseph Epstein, director of the emergency department of the Western Hospital, and as I would come to know, one of the founding fathers of emergency medicine in Australasia. In the next two weeks, while assisting him in a Bier's block, he took time to teach me the complications of lignocaine and Bier's blocks.

In the almost 30 years since, there have been numerous memorable moments: his wandering through an overflowing ED on a weekend (at a time when consultants did not work on weekends) and returning from a recon trip to the wards with news that there were still empty beds upstairs; his long case tutorials at 7 am every Monday. Take it from me, if you can survive Joe Epstein's penetrating gaze over the top of his glasses on a Monday morning while stumbling over a long case presentation, no other examiner will ever be intimidating again.

There was his magically turning up just when you needed his 'clout', at any time of the day or night; and his willingness to assist with any difficult decision or problem, whether it was dealing with a demanding patient or colleague or heading off a complaint, responding to legal intricacies or making important life choices, untangling College politics or re-writing a difficult manuscript.

Through it all, he has been urbane, irreverent, patient, humorous, articulate, warm, passionate, quick witted, intelligent, opinionated, caring, insightful, approachable, logical, politically savvy and generous. Yes, he still splutters when confronted by stupidity and ignorance and he still wears red braces on occasion. As my erstwhile boss, present teacher and frequent mentor, I am still unable to call him 'Joe' to his face. But I am honoured and will always be grateful to be able to call him teacher and friend.

Ruth Hew | emergency physician and former registrar, Western Health

■ Clinical excellence is always built on the pillars of quality clinical service, dedicated research and enthusiastic educational activities. Outstanding clinical leadership not only recognises this, but understands the importance of nurturing key clinicians, developing departments and infrastructure, and enshrining excellence in the systems that support activities now and into the future.

As General Manager of Western Hospital, it was an honour to work with Professor Epstein. He was (and is) an outstanding leader in emergency medicine who delivered clinical excellence and aspired to ensure that the ongoing benefits would flourish at his hospital, within his profession and integrated into the university and health care systems.

David Hillis | former general manager, Western Hospital

■ I first met Joe as a fourth year medical student in 1996. I was on my surgical rotation and my group was assigned to surgical unit D. We never saw Joe on the ward as most of his cases were day cases, so we were surprised to get an invitation to his office to do some practice long cases at the end of the term. The next surprise was to find out his office was in the emergency department. Joe's office was full of filing cabinets and medical journals; it was only then that I realised that he was much more than a surgeon.

Fast forward ten years. I was preparing my fellowship clinical exam. Every week, regardless of the day or time, Joe would spend hours in finding long cases, speak with the patient to ensure that they were a good candidate, listen to our long cases and provide invaluable feedback to us. Without such dedicated help from Joe I am not sure I would have polished up my long case skill quickly enough.

Fast forward another ten years. I am keeping a promise I made with Joe: I will continue the culture of education in emergency medicine. I continue to be a strong advocate for teaching, both on the floor and in private time. I am hoping I will inspire the next generation of young doctors to consider a career in emergency medicine just as Joe has inspired me. I am very privileged to have learnt from and worked with the living legend.

Kent Hoi | emergency physician and former registrar, Western Health

I am very privileged to have learnt from and worked with the living legend.

A memorable case

A patient was brought by AV with impending airway obstruction. It was a man who was working in a cherry picker under a factory ceiling who had accidentally hit the 'up' button. He was pinned with his neck against the ceiling by the rail of the basket he was standing in and sustained laryngeal trauma.

One of the ED physicians attempted intubation and quickly stated that there was no discernible airway anatomy on view. Joe stepped in, asked for a plastics tray, gave the skin hooks to a random registrar standing next to him – 'hold this here and don't move' – and performed a formal tracheotomy in about 90 seconds and secured a surgical airway. The patient survived without neurological damage.



My favourite quote from Joe: 'Emergency medicine is all about filtering the noise.'

Hans Hollerer | emergency physician and former registrar, Western Health

■ As a young emergency physician, unscarred by the battles our predecessors fought over decades, I was most impressed by the passion that Joe brought to the table. I remember one annual scientific meeting in Canberra in 1990, I think, where Joe gave a presentation about epistemology and other things in emergency medicine, challenging as he always did much of the sloppy language that we emergency physicians tended to use around our work.

Quite rightly he pointed out the way we systematically devalued our workplace by calling it 'A&E', or worse, 'Cas'. I was to take up this cause over the rest of my career as a result. But it was the passion over something that was seemingly so innocuous that really struck me. In his inimitable way, Joe spoke into the microphone as if he was eating an ice-cream, almost swallowing it as he growled out his battle cry intonations. It was more than figuratively a call to arms, as Joe reminded us that we were at war, and that the fight for specialty turf in our hospitals was just that; that our colleagues were happy to go along with us in the devaluing of our workplace if we let them; that we needed to get our hard hats on and get out of the trenches and fight this war in every forum that we encountered. Joe actually used the word 'war'!

Joe had a profound effect on me, an effect that lasted all my career.

George Jelinek | emergency physician and academic, Melbourne

Joe had a profound effect on me, an effect that lasted all my career.

■ I was working alongside Joe on a Christmas period public holiday and it was busy – very busy. I became aware that Joe had been tied up with one case for a long time. A father had brought his two drug addicted sons to the ED trying desperately to get them some help. Joe had called around detox facilities until he found them places. I still don't know how he did it over the holiday season. It must have been persuasive. It didn't end there. When the shift was over, Joe drove them to the detox centre and saw them safely admitted.



I was sitting at my desk feeling a bit demoralised. I had just received a 'constructive' feedback letter about the first research paper that I had submitted to an international journal. I felt that all my effort had come to nothing and really doubted that my move into research would work out. Joe gently encouraged me to revise the manuscript and reminded me that the world would not end if that journal rejected it – there were other journals!

I followed his advice and the revision was accepted. My first international research publication. Neither of us knew where it would take me.



Joe was always a scary prospect for candidates at exams. He looked so stern and distinguished. As chair of the primary exam committee I got to see him in action. More than once I saw a candidate struggling – some even close to tears – with Joe coaxing them to continue, occasionally with tissue box at the ready.

He was always professional, fair and ethical. He believed that it was his responsibility as examiner to make his assessment based on evidence; in other words, to find out by encouraging but probing questioning what candidates DID know rather than judge them hastily. More often than not, to their great surprise, these candidates were successful.

And we won't mention the time he walked off with the exam timer's bell and caused chaos!

Anne-Maree Kelly | emergency physician and academic, Western Health

■ Joe, I wish you a happy, interesting retirement. Judging from my experience you will be kept busy!

The encouragement and initiative you gave to the formation of the International Federation for Emergency Medicine must be recorded: you always gave great support to your colleagues from abroad.

I wear the Australian College tie you gave me with pride, particularly when I visit my daughter in Adelaide.

Major General Norman Kirby | a past president of the British Association of Emergency Medicine

The unpredictability of ED

Working in the emergency department can really get your adrenaline going. Sometimes you get so swept up in all the hype you don't stop to think what you're doing or whether something else needs urgent attention.

Someone once said to me only adrenaline junkies work in ED. I don't think that is true. However, if you like the unpredictable then ED is the place to be. I remember one afternoon shift when I was the nurse in charge; Joe was the senior ED physician on duty. We had a patient present to ED who needed an urgent tracheostomy.

I can't remember much about the patient except that he was a male in his late 30s. Joe had asked me to set up the airways trolley. He was going to do the trachie himself, in ED. I can't imagine what my face was saying, but Joe

smiled and said, 'Don't worry. It's only a small procedure.'

Word got out amongst the staff that the patient in Resus 1 was going to have a trachie performed in ED. Before I knew it, it was like standing room at the local pub on a Saturday night, everyone pushing and shoving for the best position. The patient was obviously very anxious.

But as Joe proceeded, he explained to the gathered staff what he was doing. You could have heard a pin drop. The master was at work and he had everyone's attention, even the patient's. All you could hear was Joe's voice. When Joe commenced suturing, a doctor asked him a question. Joe proceeded to answer.

Suddenly I noticed Joe wasn't looking at what he was doing but looking at

the doctor. I said, 'Joe be careful. You are going to give yourself a needle stick injury.' Joe smiled and replied, 'I'll be alright; done a lot of these. The point is not to panic and take your time.' I have always remembered Joe's words, 'don't panic and take your time'.

Those who know Joe would agree that Joe never panicked or ran in the department when the alarm at triage went off, when a patient was in full cardiac arrest or even when the mental health patient became aggressive and 'went off'. He was always calm, listened quietly and intently, gave great advice and took it all in his stride.

Joe is a great role model and teacher: someone we can all learn from.

Sharon Klim | emergency nurse, Western Health'

*Joe is a great role model and teacher:
someone we can all learn from.*

Keeping the nurses happy

It was never a surprise to come onto a shift working in ED and find platters of food on the bench in the nurses' station. Often the staff would organise between themselves to bring food in for a particular shift to share with others. The variety was wide: pies, sausage rolls, frankfurts, biscuits, cheese, cakes, or potato chips. However, everyone knew that for Wednesday afternoon shift, Turkish was always on the menu. Warm Turkish bread, a good variety of dips, and succulent lamb were always brought in by Joe Epstein.

The staff really loved Turkish night. They were like bees to honey, standing around pulling at the bread and dipping it into the variety of dips as they went about their business. It wasn't just the ED staff. Often you would find a very hungry medical registrar or surgeon enjoying the spread.

Of course, this story goes even further. Joe also provided a variety of warm fresh bread when he worked on a morning shift. He would even bring large jars of vegemite, peanut butter and jam to share. One day I asked Joe why he provided food for the staff. Joe replied with a cheeky smile, 'You have to keep the nurses happy.'

Thanks Joe.

Sharon Klim | emergency nurse, Western Health

■ It is 1999 and I'm preparing for my fellowship clinical exams. Joe, as he did and continued to do for many years, took us for the dreaded long cases. Preparing us to put 'physician' into 'emergency physician'.

I presented my case, for which one of the problems was Raynaud's. I mispronounced it as 'ray-nords'. Well, Joe went off! It's 'ray-nohz'! 'You need to be articulate, literate and intelligent. You need to speak the language of medicine. You'll never be a consultant if you can't pronounce medical jargon.'

Didn't make me feel great. In fact, I was cross at my parents for being migrants, and English being my second language, and I was starting off on the back foot ...

Nevertheless, someone else presented another case. Joe, described to us that this patient had 'sho-griens' (Sjogren's). I stated that it was pronounced 'show-griens'.

Joe went off again at me. 'It's Swedish! No one gives a f*** about them! it's the French words you need to know how to pronounce if you are ever going to come across as intelligent.'

A more well-read and intellectual man I have not come across. A mentor, a colleague, a friend and an inspiration. I still don't know how to pronounce French words properly, but it's been 'Ray-nohz' since that day.

Zeff Koutsogiannis | emergency physician, Melbourne. Former emergency physician and registrar, Western Health.

■ A long time ago, as young fourth year medical students, we were doing our first clinical rotation in surgery at Western Hospital. Joe was giving us a bedside tutorial one afternoon. There were six of us, and a couple of final year students as well standing around the bed of an elderly patient with chronic leg ulcers. After asking one of the group to describe the ulcer, and getting a fairly 'ordinary' response, Joe decided that we needed to learn a system of describing ulcers. For the next few hours, we were standing round the bed reciting: 'Size, site, shape, floor, edge, base, discharge, glands, biopsy' until we had done it perfectly around the eight of us ten times over. I guess it worked, as I can still recite it over 20 years later!



It had become unfashionable to wear the short white student coats when we were final year medical students. I remember the group of us turning up to an outpatient clinic one day at Western Hospital, and Joe being upset that we did not have our white coats on. In the middle of the clinic, he told us that he didn't care if we turned up naked, as long as we had our white coats on. Not sure what the patients would have thought of that.

Elizabeth Kyle | Emergency Physician, Townsville and former student. Former Western Health emergency medicine registrar

*That was Joe, always
looking out for the patient's
best interests even if that
ruffled some feathers.*

■ One very busy evening shift at Footscray we had a particularly unwell young patient with sepsis. They were waiting for an ICU bed. Although the ICU physically had bed spaces, there were not enough staff to allow one-to-one nursing and so the patient had to wait in ED.

Of course, they were getting way less than one-to-one nursing care in the ED due to multiple unwell patients and severe access block and crowding. Despite calls to the ICU consultant and hospital executive we were told to hold the patient in ED.

Joe was incensed at this and realising that the patient was actually getting less medical and nursing attention in the ED than they would be getting in ICU even at its current state. He packed the patient up and pushed the bed himself up to the ICU. When he arrived, he moved the trolley into the empty ICU bay, and asked the – shall we say, surprised – ICU staff to receive handover of their patient.

That was Joe, always looking out for the patient's best interests even if that ruffled some feathers.

David Lightfoot | emergency physician, Melbourne. Former Western Health emergency physician

■ **On emergency medicine as a career:** ‘Emergency medicine is a Holden specialty rather than a Rolls Royce specialty.’ (This is a reference to the quality of car one may finally own; although Joe’s collection of cars has been more than a little eclectic.)

On engaging your audience: ‘Lights, sound, laughter and poignancy are your means for engagement.’

On health administration in Australia: ‘You need a strong voice and a constituency. Do not try to convert strong adversaries, preach only to the converted – and then keep preaching.’

As a consultant: Immaculate dress, conversation and medical knowledge.

As a driver: The Ford Territory was driven ‘off-road’ after every shift at work: through the bushes, hedges and gum trees that surrounded the consultant’s car park.

John Loy | emergency physician and former registrar, Western Health

■ I returned from three years in the UK and took up a surgical post at Western in the mid 80s. I was introduced to the surgical staff in the smoke-filled tea room of the then operating theatres. Joe was on the academic unit. Trevor Jones (another surgeon) told me, ‘Joe’s a very smart guy, but not much of a surgeon.’

I next met Joe in Carlton where we lived on our return, just around the corner from the Epstein’s. Young Raffie (now a popular, accomplished ABC radio anchor) worked in the local milk bar and Joe would wander down there most mornings in his too-short brown check dressing gown and slippers to get the milk and morning papers, skinny hairy legs, unkempt and unshaven: a fine example of Melbourne’s surgical community and a great role model to a dorky young surgeon like me.

Over time we came to love and respect Joe and acknowledge the incredible work he has done for putting the speciality of emergency medicine in its rightful place as a stand-alone, independent discipline. True to say, his best work came after his surgical career!

His lasting legacy is the huge number of well trained emergency medicine consultants populating academic and clinical departments in Melbourne and elsewhere; many of whom have not only looked after my patients and family members but have also looked after me, in all cases brilliantly.

Thanks Joe!

Steve McLaughlin | surgeon, Western Hospital

*Immaculate dress,
conversation and
medical knowledge.*

■ In the early 1980s, Dr Epstein became emergency department director and things really started going forward. We ended up getting a new ‘super’ emergency department for that time.

Over the years, he took on many leadership and advisory positions but he always maintained his close contact with, and oversight of, the progress of the emergency department at Footscray Hospital.

He was instrumental in emergency medicine becoming a speciality – he is truly a father of Australasian emergency medicine.

Dr Epstein has been a father figure for all of the staff. If any of us needed a shoulder to cry on, Dr Epstein was there. He was also generous with his advice and encouragement.

Happy retirement Joe, good health and long life.

Spaso Miljesic | emergency nurse

The day we got ‘gassed’.

We were working in the ED short stay unit: Joe as the doctor and myself as the nurse. They were replacing the lino. The smell of glue became more and more overwhelming and we felt more and more unwell. As I got worse and needed treatment, Joe, despite feeling awful himself, looked after me with particular care. A mark of the man.

And thanks Joe for your unflagging support of care co-ordinators.

Mark Murray | emergency nurse and care coordinator, Western Health

■ At the beginning of my MD thesis I stated that, ‘The author gratefully acknowledges Associate Professor J. Epstein who provided advice on the preparation of this thesis.’

To clarify this, it actually means my thanks for his time for about two hours a week for three years. When he first started he told me that other people that he had been involved with had given up within twelve months as he was too fussy. He wasn’t too fussy, but he was thorough.

The first time that I met Joe he was dressed in motorcycle clothes and I did not realise who he was. It took very little time to realise his outstanding medical ability and thoroughness. He was responsible for the setting up of the College of Emergency Medicine, an important step for the concept of emergency medicine being a medical speciality.

As time went by, I had more and more to do with Joe both medically and personally. He asked if his registrars could be rostered into ICU as part of the ICU staffing. This became routine and was not only a popular rotation but also a highly successful one. His reasoning was that ICU was often an extension of treatment started in the emergency department.

Despite his many interests outside Western Health, it was his skill as a clinician that we admired so much. His histories in the emergency department notes were legendary. They were incredibly thorough, easy to read and understand: precise and succinct and left little to be added.

Paul Older | former director ICU, Footscray Hospital

Braces
Cufflinks
Bow ties
Fountain pens
New York designer
spectacles ...
And THAT MG

Jenny Olney | nursing
administrator

■ The waiting room was feral – not just busy but rowdy and demanding. Joe rarely lost it but he did this night. He stood in the middle of the staff base and vented. ‘F*** this and f*** that and f*** something else.’

The clerk from the front desk calmly walked in and turned off the public address microphone. The waiting room was quiet as a lamb.



I rang Joe to see if he could help out by covering a shift.

‘Chris, I’d love to help but I think I’ll be a bit late. You see I’m in London.’ I didn’t even know he’d gone.

Chris Paes | emergency
physician and former
registrar, Footscray Hospital

Joe the photographer

Joe seemed to appear at every College function with a camera. He would be at the front of every conference presentation taking photographs of the speakers. I recall attending the annual scientific meeting in Adelaide as a junior trainee many years ago. The conference dinner had a Rio Carnival theme with huge helium-filled parrots decorating the room. Naturally, one of these parrots found itself tied to my shoulder whilst I was on the dance floor, and immediately Joe appeared with his camera to record this.

Joe was also present with his camera at the fellowship exam venue to record the (usually) joyous reactions of successful candidates. For me, the relief of passing was coupled with a delayed grief reaction to the demise of a significant relationship just prior to the exams. I was thus reduced to a sobbing, blithering mess of a human: the anti-thesis of a cool, calm and collected emergency physician. Joe was there, however, to record this moment and insisted on taking photographs with my colleagues.

The fate of these photographs remains a mystery. To this day I have never seen any of these photos. Joe, where are they all?

Helen Parker | emergency physician, Melbourne. Formerly
emergency physician and registrar, Western Health

*Chris, I'd love to help but
I think I'll be a bit late.
You see I'm in London.*

■ Joe was a real visionary, developing emergency medicine and introducing an emergency nursing course that was recognised internationally. Joe also showed innovations in bringing doctors and nurses from overseas to educate them and help set up emergency departments in their own country. I especially remember the Croatian contingent.

He had the foresight to employ Anne-Maree Kelly as department director. She had a great passion and drive to improve patient care and introduce nurses to research which has been recognised word-wide.

I have worked with Joe for many years and there have been many incidents that I can recall and that bring a smile to my face.

I recall the time that I was assisting Joe to take to the suture room an unsavoury lady who needed stitches. Joe in his manly manner insisted that he would be OK with the suturing without assistance. After a short time,

Joe came out of the suture room irate, telling me to get security and remove the lady from the premises ... and to get him a new ID badge.

When asked why, he informed me that the 'lady' had taken the ID badge and put it in her vagina, telling Joe to 'go fetch'. Try explaining that to HR and why the faulty card could not be returned.

Joe's driving was a concern. We were never sure why his car always had dints and scratches until you saw him drive over gutters and into the newly erected wall in the ambulance bay.

Joe gets very passionate about things and at times I was worried that he would collapse when he became so worked up, especially if you called the ED the 'accident and emergency department' or 'casualty.'

Joe was always mentoring or assisting someone with their thesis or issues.

You were never sure when Joe was rostered on exactly when he would turn up. Sometimes he was at a meeting or

overseas or interstate. He was always carrying several phones and bunches of keys –often putting them down and misplacing them.

If you ever had the pleasure of going into Joe's office, the amount of stuff he accumulated was outstanding. If you were looking for patient notes, you opened a drawer and hundreds of pathology results would fly out at you. He would never let us organise or sort out his room or the paperwork.

Joe has always been very supportive of all the ED staff. He would often go to 'Exec' to defend the staff or the department.

Joe's portrait outside the original home of the Joseph Epstein Centre for Emergency Medicine Research used to cause some laughter as staff or patients were seen talking to it, thinking it was him.

Joe will be fondly remembered as the man in the white coat wearing braces, bow tie, bright shirts and cufflinks.

Maree Paul | emergency nurse, Footscray Hospital

■ Blood gas analysis interpretation can be complex. Joe's fellowship exam acid-base talk consisted of only four essential points:

1. Metabolic acidosis
– *sick*
2. Metabolic alkalosis
– *vomiting*
3. Respiratory acidosis
– *not breathing*
4. Respiratory alkalosis
– *not sick*

Bob Poulton | emergency physician, Melbourne. Former Western Health emergency medicine registrar

■ My earliest recollection of Joe was as a fourth year medical student. He took us for a tutorial in the ED. I don't know what the tute was supposed to be about but he started out drawing a floor plan of a house with a dotted line going from front door to fridge and then to couch.

He explained that what we needed to get was a filing cabinet and some vertical files and then chart a new route from front door to fridge at the end of each day that included a stop-off at the filing cabinet to drop the notes we had written that day into their relevant files. He said that if that was the only study we did we would be making a huge improvement on what we were probably doing. It completely transformed the way I studied.

He then went on to quote W.H. Auden, 'Most people enjoy the sight of their own handwriting as they enjoy the smell of their own farts' as an exhortation to stick with pen and paper over the emerging trend of the computer as a way of collating study notes. It made all the girls in the group go 'aww' and all the boys go 'hmmm, yeah, he might have a point there'. He couldn't hold back the wave of electronic data collection but the message did stick with me.



When I was involved in a catastrophic upper GI bleed one weekend, with the endoscopist too far away, and the Stengstaken-Blakemore tube ended up in the right pleural space and the patient's blood volume was on the floor, Joe told me about one of his own complications as a surgical trainee. He said, 'If you are going to do big things, you are going to get big complications.'

It was a great comfort to me and I hope it has been to others since when I have repeated it to my own trainees in similar situations.

Mark Putland | emergency physician, Bendigo and former student. Emergency medicine registrar and emergency physician, Western Health

■ Joe wore his phones like holsters on his belt. You would often find him wandering the outer corridors of the ED with a phone to his ear. You never knew what the call was about, but the discussion was usually long and earnest. Perhaps he was organising a retrieval of a critically ill rural patient, as was often the case.



One evening many years ago, a staff member brought her puppy into work with her. She was worried about it as her son had stood on its head and it didn't seem right. Joe 'doctored' the puppy with the same care and attention that he would have given the King of England.

Joy Robertson |
emergency clerk

■ I recall in our offices at Western I complained to Joe that it was too cold in the office because of the air conditioning. Joe got up on the desk and removed the cover from the air conditioning vent, blocked it with old hard-copy X-rays and then replaced the cover. It fixed the draft altogether!

Pam Rosengarten |
emergency physician,
Melbourne. Formerly
emergency physician,
Western Health

■ A lot of our research work has involved retrospective medical record review. When you happen upon any notes written by Joe, you let out a sigh of relief, but want to squeal with delight, because you know that you will find almost all the information you require from his entries and will not have to sift through pages and pages hunting down information because Joe's notes are always so thorough.

Data collection can be quite laborious so this is exactly what you want: it's a best case scenario. Reading entries written by Joe are always very interesting and often enlightening. He has a knack of getting a lot of information crammed onto one page and this means you usually do not have to go beyond his entry.

What you see before you is this beautiful cursive script written on the good old pink Footscray Hospital CAS card. Joe's signature writing tool is obviously a felt tipped or fountain pen, as I have never read anything from him written with a standard ball point pen.

The notes are surprisingly, colourful; not what you would expect to see. I recall reading green, red, various shades of blue, bright light blue, aqua, black, and even purple writing. These notes are amazing. The level of detail is second to none. The social histories written include it all: the number of children, marriages, pets, girlfriends, beverage of choice, type of vehicle driven, the cigarette brand they smoked, and their occupation and how long they had worked at the job.

Past history and family histories are also very detailed: which parent had what, died at what age, etc. The presenting complaint information is also so thorough, you knew where they had come from, the venue name if it was a public place, and sometimes even the reason for them being there. When you had read Joe's notes you felt that you knew almost all there was to know about the patient, except what colour underwear they were wearing.

All the very best in your retirement Joe, your notes will be missed. Thank you for unwittingly making a data collector's job easier.

Kerrie Russell | research officer, Joseph Epstein Centre
for Emergency Medicine Research, Western Health

■ ‘The man with the camera!’ Joe is well known to conference attendees and speakers around the world. He would position himself near the front of the room with his camera around his neck. During presentations he would wander about taking lots of shots, mainly of the speakers but sometimes of the audience. A bit unnerving the first time encountered.

John Ryan | emergency physician, Dublin, Ireland

■ The thing Joe taught me was in history taking and the information he recorded in the patient’s history: always written in ink and legible, but most of all succinctly describing the person and what was wrong. I have tried to emulate him in this area of clinical medicine ever since.

It amuses me now, but when asking Joe a question, most of the time he would give a discourse on why the question was not correct, and how it could have been put better and elicited more information.

Bob Smith | anaesthetist, Western Health

■ The emergency department at the Western used to be a wild and woolly place. On my first receiving day at the Western I asked Joe about a guy with stab wounds who had been found in a telephone box. Joe told me not to worry about him as his mates had come to the ED with baseball bats to finish him off, so he wasn’t a surgical problem anymore! Actually the guy survived, the devil looking after his own I guess.

What really struck me was Joe’s calmness as he recounted this story. After my genteel upbringing at the Royal Melbourne Hospital, this was something to behold.

In that first week there was another case which was unusual to my eyes at any rate. The registrar was doing an appendectomy and delivered a small spleen from the right iliac fossa. Again Joe when noting this was unbemused, indicating this was a well recognised case of ‘right sidedness’, again something far from my experience.

Finally Joe really showed his qualities of calmness and support when he helped our surgical team and me, in particular, through a difficult clinical episode at the Western Health.

A lifelong friend.

Robert Thomas | surgeon, Melbourne.
Formerly of Western Health

The man with the camera!

■ Joe's view on the use of the words 'consumer' and 'client' in lieu of the word 'patient': Myer and David Jones have 'consumers', prostitutes and lawyers have 'clients', hospitals have 'patients'.



When I commenced my ED term as an intern at Western General Hospital in 1985, the only part of Joe's orientation talk that I remember was his advice if you were late for work. 'If you're wandering around the city at midday and you suddenly remember that you're meant to be at work, don't worry. Give us a call and make your way in.' Bear in mind that this was the pre-mobile phone era. These days, if you're 15 minutes late for your shift, you'll be called and told to get to work immediately.

Joe speaks a language unknown to all other emergency physicians. Examples include 'epistemological arrogance', 'adumbrated', 'vade mecum', 'internecine dispute', 'aegis' and 'desiderata'.

I witnessed Joe's surgical expertise during an abdomino-perineal resection (APR) in 1985 during my general surgical term as an intern.

Whilst Tom Poliness and my surgical registrar (Peter Cameron) were doing the 'top end', I was at the 'bottom end' with Joe. It was a technically difficult operation, largely contributed to by the fact that the patient had severe ankylosing spondylitis – he was one of those so severely affected that his spine was permanently flexed at almost 90 degrees. Consequently, when he was supine it was almost as if he was sitting up. This presented a challenge for Bob Smith, the anaesthetist, and the scrub nurse who couldn't quite work out how to position the equipment trays over and around the patient.

Due to the lack of CT scanning for most patients, the diagnosis was made with a barium enema alone. Consequently, the extent of the pelvic infiltration was

unknown. The tumour had infiltrated the pelvic walls and become adherent to most of the pelvic organs. During the dissection from the top end, the bladder became completely detached from the prostate. When the end of the Foley catheter with its inflated balloon became visible in the perineal wound, I recall these fateful words from Joe. 'Tom, we've got a problem.'



Joe kindly offered to host the 1990 Western Christmas party at his home in Carlton North. The ED staff said they'd arrange all the catering, including a beast on a spit. Precisely who decided that a pig would be cooked remains obscure. I'm sure Jan was less than impressed.

The other highlight of that party was watching John Coleridge's young son Patrick running rampant through Joe's newly planted grass.

Andrew Walby | emergency physician, Melbourne. Former emergency medicine registrar and emergency physician, Western Health

From the first primary exam of the newly formed Australasian College for Emergency Medicine in 1984

The exam was at the Alfred hospital, and Joe was convener of the primary exam committee.

We had about 25 candidates, from all over Australia, and after the morning vivas (done with wet anatomy specimens) it appeared that there may be only a handful of passes, as the external examiners had been given free rein to ask any questions they wished.

Surgeon Prof. Vernon Marshall asking about complex biliary anatomy and Mr Tony Buzzard (another surgeon) the intracranial course of the petrosal nerves – quite obscure anatomy and hardly relevant to emergency medicine.

Over lunch we received a note from the Queensland candidates, expressing no confidence in the exam committee, as the questions were ridiculously hard and not from the ACEM informal syllabus. Tom Hamilton (the then College president) was furious.

At the end of the day, when the exam panel met to evaluate the marks, the results

were truly shocking: 6 passes from 25 candidates. Tony Buzzard leaned over to Joe in the chair and said, ‘Hmm Dr Epstein, does not look like this new College will get any new fellows for a while.’

Joe leaned back, clearly somewhat shocked, and blurted out, in uncharacteristic fashion. ‘But Tony, you surgeons don’t realise that emergency medicine is the first postmodern specialty.’

The term meant nothing to them. However, they grudgingly relented on a few marginal candidates rather than request an explanation, and we saved face with ten passes.



To conduct the exam, we needed to deliver about 20 wet (formalin soaked) cadaveric specimens to the basement of the Alfred, next to cafeteria 1. We were using cafeteria 2, normally unoccupied, as a function room.

During morning tea time the busy cafeteria was full and the odour of formalin

spread to the staff. There was some disquiet. Then the local shop steward (HEF No 1 branch; very militant) threatened to blockade the exam until the specimens were removed – a catastrophe for the first ACEM exam.

Joe took him aside and pointed out we were a young, poor College. Coincidentally, that morning’s Age had a story on the car park death of a 55-year-old woman discharged from ED after chest pain. Joe politely showed him this story – we had a copy in the examiners room – and explained that he was producing a type of doctor to perhaps prevent this happening to him, or his mother, and could he please bear the smell for a few more hours. Joe also gave him his home phone number, if any of his family should become unwell.

A sweet smile. ‘Certainly doctor, go ahead, I shall speak with my members. This is too important for a small smell to worry us.’ Problem solved.

Bryan Walpole | emergency physician, Tasmania

■ ‘Don’t miss out on Joe’s tutes’ was the unanimous advice pre-fellowship oral exam. So, heavily pregnant, I heeded Joe’s stern warning and arrived early for each 7 am tutorial, dressed formally and ensured all my equipment was in order.

My son was born five weeks before the exam and five days before my next session with Joe. More fearful than the exam, more fearful than new motherhood, was calling Joe to postpone the tutorial by a day so I could make it. Of course, he obliged.

When I called Joe five weeks later to say I passed, his response, ‘It couldn’t have happened to a more deserving person,’ brought tears to my eyes and still does.

Joe not only handed down the science of medicine, but the art of medicine. He has taught me to respect not only the patient but the pathology and he has taught me to teach. When overwhelmed by ‘targets’ and ‘ramping’, it serves me well to recall Joe’s passion for emergency medicine, the kindness he endowed on each patient and the generosity with which he mentored all staff.

On this momentous occasion, Joe, I would like to thank you – my supervisor, my teacher, my colleague and my mentor.

Karen Winter | emergency physician and former registrar, Western Health

■ It was busy in ED on a Monday. Joe was one of the doctors rostered to work afternoon shift. A flustered summons from one of the doctors told me that, well after he should have arrived, Joe was not in.

‘Joe Epstein speaking’

‘Hello Joe. It’s Lien here. Where are you Joe?’

A little hesitation, possibly sensing the slight note of desperation in my voice.

‘I’m in Canberra. I’ve been here all weekend. I’ll be back tomorrow’.

‘Um ... did you know that you are on the roster for pm shift today?’

Confused silence.

‘Am I? S*** ! Look, I can try to get a flight today and get back to Melbourne later this evening, and come into work straight from the airport’.

Knowing this would not work, I reassured him that it would be all right and that we would cope.

This would be just one of the many occasions where Joe would receive a call from me to ask if he was coming in. You see, Joe’s burgeoning calendar of commitments – spread across multiple notebooks – sometimes made it impossible for him to remember them all.

All in all, and despite these momentary lapses, Joe’s memory served him remarkably well. Everything was written down in his very distinctive flowery and expressive script.

Pens were not lacking. Joe always kept his top pocket filled with various coloured pens in a row. There were packets of them scattered in his office. Not biros, but the preferred ink pens.

Lien Wright | emergency department office manager

■ This arrogant Brit had been brought up to consider an antipodean polymath an oxymoron. Joe Epstein proved me wrong in so many ways. We met at conferences; our wives found much in common and the conversation was always wide and erudite. To be honest I often felt out of my depth but I so enjoyed the banter at a conference in New Zealand and so respected and supported Joe's comments on education and research in our specialty that when it was my turn to propose an international name for our UK conference in Manchester, Joe was at the top of my list. His wise and wise-cracking contributions to that meeting were memorable.

Joe has endowed emergency medicine in Australia and in the wider community with a happy combination of gravitas and grit which has done so much to transform this once Cinderella subspecialty into a widely respected major discipline. It's only a pity that he doesn't live in Eccles. We could have great fun discussing the NHS, the current antics of secretaries of state and junior doctors strikes, the north-south divide in the UK and coal exports through the Great Barrier Reef.

Well, the beds are still here, so why not revisit and bring with you that wonderful wisdom and vision that has made you so popular and respected in emergency medicine. You would be most welcome!

David Yates | emeritus professor of emergency medicine, Manchester, UK

■ We all know Joe as a reliable friend, a very serious intellectual, a political strategist, a fearsome but fair examiner, and a strong advocate for change in the early days when 'Casualty Department' and 'Emergency Room' HAD to be scrapped in favour of the correct term 'Emergency Department'; who would have thought there was resistance to this?

When he was College President, at the 1985 New Zealand conference, I shared a room with him (as emergency directors,

we earned much less than general practitioners, and had to economise).

After sharing a relaxing hot springs spa in Rotorua together, he asked me if I could let him use our room for the few hours prior to the College dinner.

Next I saw of him was when he flounced on to the stage during dinner as the main entertainment: Dame Edna Everage, with purple bouffant hair, monstrous diamante-encrusted cat's eyeglasses, exuberant fake fur collar on a colourfully extravagant

dress, set off with net stockings under sparkling high stilettos. But it was not just the appearance, it was the falsetto voice, the cruel, incisive yet funny ad-libbed humour, all delivered with panache. The audience was enthralled at the sheer genius of this impersonation, and gave him/her a rousing applause. I'll never forget it, and only wish I had an iPhone to capture the images.

Allen Yuen | emergency physician, Melbourne



Tributes

FROM FAMILY

If I was asked to describe Joe in one word (an improbable thought), I would probably say, 'solicitous', which in its archaic sense means caring and tender.

One of my earliest memories of Joe was when I fell off my bike as a 15-year-old and injured my lower leg. Joe took me into his fibrocement bedroom at the back of his parent's house in Carnegie and produced from nowhere a metal tin containing Elastoplast, bandages, scissors and a tube of antiseptic cream called 'MAC', which Joe swore by long after it was superseded by Savlon.

I was amazed that someone so young could be prepared in this adult and knowledgeable way for medical emergencies, and enamoured by the way he washed, bandaged and in time healed this and later more personal wounds.

It was no surprise to me when Joe decided to become a doctor. It was only to be expected, I thought,

although in truth he could turn his hand to anything.

Joe's path to professional fulfilment in medicine came from the west, which in a real sense he has never left.

Joe worked as a junior, then a senior, resident medical officer at Footscray Hospital from 1966 to 1967, and explored many medical and non-medical paths in the decade before his return to Footscray Hospital in 1980 as supervisor of what was then called 'Casualty'.

As a family, the most memorable and enjoyable of these forays was his three-year stint as a surgeon at the Norfolk and Norwich Hospital in East Anglia from 1974-76. But unquestionably the most significant was the completion of a thesis on the history of public

health policy in Australia, for which he received a BA(Hons) degree in 1980.

This was the same year as his return to the west, and the start of his life-time commitment to the battle for equity within the public health system in Australia and overseas. In 1984, along with other like-minded left-wing surgeons, Joe co-founded the Australasian College for Emergency Medicine. The rest, as they say, is history.

This year Joe and I will have known each other for 60 years, and looking back on what I know of his life I see with pride and awe that it is all of one piece. What greater accolade can be given to Joe or anyone than to say that he has given hugely to others and been true to himself.

Jan Epstein

solicitous

I don't remember too much about my father's life as a doctor. I remember the dog licking the blood on his shoes that presumably had dropped from the operating table. I remember constantly getting lost in the seemingly indistinguishable halls of what was then Footscray Hospital, after he said he was 'just popping into work for a few minutes'. Such visits often dragged into excruciating hours, while I waited to hear the tell-tale clicks of his steel capped heels, signalling his return.

What I remember most about my father's work is not the practice of medicine but the politics of medicine. I remember endless strategy sessions with chain-smoking colleagues, relentless preparation of tactics to counter the expected strategy of those he competed with inside the medical system.

I learnt about health ministers. 'He's a nice bloke actually.' 'She told me she disagrees with the Premier, but lost the argument.' 'He was given the portfolio to stop him from being a threat.' 'I got sacked from the Ambulance board, again.'

And while ministers come and go, the doctors, the nurses, the hospitals and the power hungry bureaucrats – well they stick around, ready to do battle in the next round.

There was always an unexpected layer or explanation for the media's portrayal of ambulance bypass, and emergency room waiting times. Long before I was a journalist, I learnt that the simple slogans of talk back radio and politicians

are a little distant from the reality of the pressures that created the problems.

The health system, which I never really saw the inside of, became the de facto prism for teaching me about a wider world. Leading by frustrated example, I learnt that despite our craving for simplicity, hospitals and people defy such categorisation, ego and ambition are both currency and hurdle, and institutions stubbornly resistant the will of politicians.

Every time I discuss a problem on the radio, or hear a complaint about the public service, or a business, or a university, I wonder if somewhere deep inside the bowels of that institution, there is a polymath like Joe Epstein: as astute at understanding his children as he is at gauging the rhythms of a hospital. As adept at cutting a straight line with a handsaw as he is at tracking down money inside a state government's health budget. ('You do know that no one really knows where all that money is? When someone in King St makes a flow

chart, that's when they start grabbing for the money.') And I wonder what would that knowledge and experience and wisdom have to say about what to do next?

None of this was ever delivered as a simple homily. It was slowly revealed in hundreds of conversations, reflections on newspaper headlines, via kitchen table debates, or phone calls that continually interrupted family meals, or in interminable phone calls had at roadside pay phones. These followed desperate pings from a pager, that had led to the quick search for a freeway exit in a dilapidated but well-loved British car, which had seen better days.

Over decades, some of the things my father tried to set in stone have crumbled. But his personal example endures like granite, and every time I go to an emergency department, anywhere in the country, my surname always prompts the question, 'Any relation?' and every time I am proud to say, 'Actually, he's my father.'

Rafael Epstein

My father is a doctor. This is one of the very few truths I have ever known. This is what I know about being a doctor.

Every morning my father would make breakfast for my brother and me. He would bring us juice and cereal and make us toast. While we sat like prince and princess at the kitchen table, feasting, he would make our school lunches. We felt secure, we felt loved, we felt a strong connection to our father.

We knew, because my mother told us, that these morning rituals were a deliberate way of staying connected to us, a deliberate way of making us feel an important part of his life, a deliberate way of combatting the long work days where he would often arrive home after dark. I learnt that being a doctor was about letting people know that you care, that you matter, that you are important.

We lived in the north. In primary school my father would drive us to school every day, up St Kilda Road to the south side of the city. Then

he would drive all the way back home, have a shower, get dressed and drive in the completely opposite direction, out to the west, to work.

I learnt that being a doctor was about commitment and organisation and going the extra mile. That commitment and the extra mile were common sense when you loved someone or when you loved your work.

In primary and secondary school he would wash our school uniforms, then dry them and iron them. If we needed buttons or ribbons or shoe laces he would go to the haberdashery store and get them. I learnt that being a doctor is about not being afraid to do the everyday, the menial, the invisible work. That being a doctor is about the details as much as being about the big picture.

At home and on holiday my father would make us things like kites and skiffle boards, or he would wrestle with us, swim with us, let us roam free and let us laugh at him. I learnt that being a doctor was about innovation,

skill and strength, but that doctors were not gods. They were not better than or more important than other people. I learnt that doctors are part of a team, a group, a community, a society.

When I first went to university, I would argue and debate and fight with my father about socialism and feminism. Then at night times before I went to sleep and before he was home from work I would leave my essays about Marx and the Brontes on the kitchen table for him to edit and proof read and make suggestions. I learnt that being a doctor was about knowledge and the sharing of this knowledge.

When I travelled to Israel during the Gulf War, he supported my decision to go. And I remember ringing him from a pay phone in the middle of Jerusalem to tell him I was scared and broke and sick. He talked me through and he organised to send me money. I learnt that being a doctor was about being non-judgemental and reliable.

When I moved to Sydney to live, my father drove all the way from Melbourne with a load of western red cedar and a belt sander in his car. Then he assembled a beautiful bookshelf in my new home by the sea. I learnt that you

We felt secure, we felt loved, we felt a strong connection to our father.

can take the emergency physician away from the surgeon but you can't take the surgeon out of my father.

When I had my first child, the day we came home from the hospital my father bought me a clothes dryer. He said that it would give me back some of the time in the day lost by having a child. Sitting in our back garden after he had installed it he told me that through all the years of working as a doctor one thing he knew for certain was that new mothers needed and deserved some amount of time, every day, on their own even – if only half an hour. He told me that this is what he said to every new mother he treated at the hospital. I learnt that being a doctor means seeing the humanity of your patient.

I think I have always known how lucky I am to have Joe as my father. But over the years I have also learnt that everyone is entitled to be cared for by a doctor just like Joe.

Sarah Epstein

Advice about a work issue

I checked my watch. 45 minutes before I need to leave, almost enough time for one question.

'Joe,' I said.

He turned around. I knew from the change in his breathing and posture that I had his complete attention.

'I've got this meeting tomorrow and ...'
I outlined the situation as I saw it.

Half of his mouth smiled. I started to describe my solution.

He interrupted. 'Well ...' Or rather, it came out as a low grumbling drawl, 'wellllll'. I knew it was time to listen. I settled in.

He covered corporate psychology, epistemology, heuristics and philosophy. I learnt about the one and the many, the difference between shame and guilt, and how the politics of scarcity breeds internecine warfare.

In the end I had an answer. Not the answer I expected and not the answer to the original question, but the answer to the question I should have asked.

'Thanks Joe,' I said.

I checked my watch. I'll only be a little bit late.

Sandy Hopper | son-in-law and emergency physician



Thanks Joe.

