

Ruth Redpath



Dr. Ruth Redpath AO is one of the pioneers of palliative care in Victoria.

Throughout her impressive career, Ruth, a Palliative Care Victoria Life Member, has been instrumental in advocating for those with a life limiting illness, all while providing care for them and their loved ones.

The early days of palliative care in Victoria

Ruth trained at the Royal Melbourne Hospital in Victoria, before moving to England in 1968, where she worked as a radiation oncologist. It was here where she observed the UK palliative care system.

In 1982 she returned to Australia, just as Victoria had begun introducing palliative care services.

“When I first returned, I continued working as a radiation oncologist at Peter Mac Cancer Centre, but I sensed there was a real need to create services that emulated what was happening in the UK.”

“I had friends who worked at Melbourne City Mission and encouraged me to get involved in palliative care, so a few years into my role at Peter Mac, I ended up leaving and taking on a palliative care position in Dandenong. Alongside my friend Beris Bird and our husbands, we helped to create the Dandenong Palliative Care Service, which is now known as Palliative Care South East. Our first patients were in 1985.”

“I worked in Dandenong for around seven years. During this time, we also set up palliative care services at Dandenong Hospital and two at Monash Medical Centre – both the inpatient consultative service and McCulloch House, the palliative care unit on the grounds of the Monash Medical Centre. I went on to work at Monash Medical Centre until around 1995.”

Ruth was also involved in the early days of the Victorian Association of Hospice and Palliative Care, now known as Palliative Care Victoria.

“I was the President of the Victorian Association of Hospice and Palliative Care for a number of years, right at the beginning. During this time, we changed the constitution, so that it became the peak body of palliative care organisations rather than just a group of individuals.”

“I had observed the work of Dame Cicely Saunders when I was in the UK, which really influenced my approach to healthcare and how palliative care should be practiced.”

“We were very keen to make sure there were people of different disciplines on the Executive Committee, and that there were always representatives from the regions and expertise across all kinds of services.”

Changes in the sector

From Ruth’s perspective, palliative care has change hugely since it was introduced in the 1980’s.

“The beginnings were quite humble as we just didn’t have the resources. There was no Government funding at all, so we relied on volunteers for everything, and lamington drives to raise little sums of money.”

“There was also such an ignorance at the time of what palliative care was. Every year there was a changing of chairs within the Health Department, and every year we had to work with someone new, and in most cases, they didn’t even know what palliative care meant which was extremely frustrating.”

Ruth says that the big change came at the end of the 80’s, when the federal government recognised the need to get people out of hospitals and into their homes.

“Palliative care was one area, that if they funded it properly, community services could keep people out of hospital. So, we began to get some more regular funding which changed things quite radically, particularly in metropolitan areas.”

“Another factor which encouraged better funding was the Social Development Committee of the Victorian Parliament. They set up an enquiry in 1986 into the feasibility of euthanasia. This was the first time this topic had ever been discussed in a public way in Victoria, and at the time, palliative care people were really against it – they recognised that good palliative care would mitigate the need for it.”

“A few of us who were working in palliative care at the time, went to that enquiry and spoke to the Members of Parliament who were on the Committee. Our presentations really turned the enquiry around and made the Government realise that palliative care had something to offer which really put on the pressure for funding.”

“The report that was released was called ‘Options for Dying with Dignity’ and made a really strong case to put money into palliative care services. Looking back, this is really one of the highlights of my time in the field.”

While Ruth has not actively worked in the field for a number of years, she has always maintained a close connection through her work with Cancer Council Victoria and maintains that while she may have been a trailblazer for the service, she was just doing what needed to be done.

“It was a lot of hard work, but it was really incredible.”