John Buchanan

A passion for an integrated style of medicine and psychology is what led John Buchanan to palliative care. The now retired psychiatrist was involved in the first palliative care service involving the Royal Melbourne Hospital and Melbourne CitiMission in the early 1980's, a program which kickstarted palliative care in Victoria.

John initially trained and worked as a consultant physician in private practice and at The Royal Melbourne, when he realised it wasn't the right fit anymore. A conversation with a colleague about a more personal professional area occurred right as Victoria was looking to implement palliative care services.

"I was working in private practice and at The Royal Melbourne at the time, specialising in the Renal area, but it had it wasn't satisfying anymore. I wanted to work in a more personal space, to which a colleague suggested psychiatry.

"In the late 70's, I was looking into Psychiatry training when the medical director position at Melbourne Citimission Hospice Program came up. I had done some reading about Cicely Saunders and the British hospice care movement, so was attracted by the concept of palliative care and the idea that I could combine medical practice and psychology."

John held the position of medical director within the Melbourne Citimission Hospice Program for two years, a time he says was 'incredibly challenging.'

"The secret to having patients being able to be cared for at home is the support of the family. To do that, you have to understand their fears and concerns, and how they deal with things, as well as their beliefs."

“There were many ups and downs during the early years of the MCM Hospice Program. While we created something beneficial and really ahead of its time, there was such little support.”

“The oncologists were not at all supportive. They perceived the introduction of palliative care as a criticism to them, which it wasn’t. There was also a lack of support from administrators which presented its own challenges.”

While there were difficulties, John says he learnt a lot at that time about palliative care, but also how patient care should be.

“When I started at Melbourne CitiMission, I went on a trip with some of colleagues to explore some of the palliative care and hospice programs offered internationally, including Edinburgh, Oxford and Montreal. It was interesting to see how they operated, and how far we needed to go to get to that point. We bought a lot of wisdom back from the trip which assisted us in setting up the Melbourne CitiMission program.”

“I remember we had such a hard time with a few ethnic groups in the community, who at the time, their cultural belief was that you didn’t tell someone who was terminally ill that they were terminally ill.”

“So, there was all this secrecy and hiding things from patients – families got very upset if you told their loved one they were dying. This really showed me how important it is for families to be involved in the care, and how important psychology was when it comes to medical illness – for both families and patients.”

John worked with the Royal Melbourne and CitiMission until 1982. At the time, he was also Chair of the Victorian Association of Hospice Care programs, which later became Palliative Care Victoria.

“I left CitiMission and did my psychiatry training before going back into palliative care as a palliative care psychiatrist at The Austin Hospital and Repat”

“I worked across a number of units, including the palliative care unit. We initiated a teaching program for fifth year medical students during this time, which was the first teaching program at the time for that specific area and it was highly successful.”

“Since then, I have done a lot of speaking in various places about palliative care and psychiatry. More recently, I was the secretary of Australian Care Alliance, where we lobbied against Voluntary Assisted Dying.”

“For me, the principle of voluntary assisted suicide is very destructive. I am passionate about education people in the sector to understand that it is not a helpful path for patients to go down.”

Palliative care, patient care and psychiatry

Across his career, John has been particularly involved in bringing together the two disciplines of palliative care and psychiatry to help the patient, their families and palliative care staff.

“The concept of palliative care is much better recognised, and more understood now. At the time, it was very difficult because it was so new and there was so much opposition. It is now a medical speciality, which is the most significant difference.”

“There is a need for an emphasis on whole person medicine – palliative care is that.”

“The issue with modern medical care is that it has become highly specialised, too specialised in my opinion. What palliative care does very well is integrating physical and psychological care for the patient, as well as involving the family.”

While John has not worked actively in the sector for some time, he recognises the achievements of Palliative Care Victoria, and the support they give to organisations.

“Palliative Care Victoria has done a good job at lobbying for service providers, and educating both the general population and those working or volunteering in the palliative care space.”

“People who work in the area need encouragement and support – they need to have an organisation that looks after their interest, which Palliative Care Victoria does.”