

# Falling for Prof Campbell: Gentle mentor to many and top researcher

## OBITUARY

**Liane Topham-Kindley** reflects on the life of John Campbell, an inspiring New Zealand medical leader who broke new ground on falls prevention

John Campbell would have laughed if told he had single-handedly changed the face of falls prevention.

But it's exactly what he did, according to a colleague from the other side of the world.

Glasgow Caledonian University professor in ageing and health Dawn Skelton says the late Professor Campbell's original research changed the lives of hundreds of thousands of older people.

As head of the department of medicine at the University of Otago in Dunedin in the 1990s, Professor Campbell decided to examine the epidemiology of falls in older people. The research he and associate professor Clare Robertson carried out led to the development of the Otago Exercise Programme, prompted ACC to fund home-based falls prevention and, ultimately, significantly reduced morbidity among frail elderly people in many countries.

The Otago Exercise Programme is being trialled as an intervention in the UK, and Professor Skelton says these trials will continue to shape the future of falls prevention.

The research continues to be used internationally and nationally and, although ACC controversially paused the funding in 2009, in July the Government announced funding of \$30 million for falls prevention. ACC acknowledged the work Professor Campbell led was used to inform the new investment in falls and fracture prevention for older people.

Professor Campbell's wife, Wendy, says it is a cruel irony that her husband ended up doing the exercise programme in the day care unit at Dunedin Hospital in recent years.

A former Medical Council chair, consultant geriatrician and professor of geriatric medicine who influenced New Zealand's medical system at almost every level, John Campbell died recently at age 70 after suffering from early-onset frontal lobe dementia ([nzdoctor.co.nz](http://nzdoctor.co.nz), 'News', 23 August).

Professor Campbell is remembered for educating and inspiring a generation of doctors.

He was chair of the Medical Council between 2002 and 2009; one of his University of Otago Medical School colleagues, John Adams, took over from him. Dr Adams was first appointed dean of the Dunedin School of Medicine in 2003 when Professor Campbell



John Campbell, leader extraordinaire

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was dean of the faculty of medicine.

"I had the greatest respect for John," Dr Adams says. "He was a really pleasant, engaging, thoughtful, intelligent and generous person who, I think, had a great dedication to all areas of medicine."

Many people have done well in certain areas of medicine – be it as a clinician or researcher, or in administration or making a professional contribution, Dr Adams says. However, the remarkable thing about Professor Campbell is that he stood out in all areas.

"He was a top researcher, an excellent clinician and physician; he was a great teacher – the students really engaged with his teaching – and then

he contributed mightily within the university and the professional sphere with the council."

As dean of the faculty of medicine for a decade, he was a catalyst for improving and modernising the undergraduate medical curriculum. He pushed to have more patient contact in the curriculum and to ensure studies applied to the real world.

University of Otago professor of general practice Murray Tilyard, director of the Best Practice Advocacy Centre, describes Professor Campbell as a mentor and a true gentleman. He was bpac's first chair, a role he held for several years.

Professor Tilyard says his former mentor was a "friend to general practice". He was extremely supportive of general practice and would do home visits to patients if requested by GPs. "John and general practice just seemed to click," and he was also a superb diagnostician, Professor Tilyard says.

Wellington geriatrician Cindy Towns is another who says Professor Campbell had a profound impact. Dr Towns says he encouraged many of today's geriatricians into the role with his uncanny knack of making

"the least sexy form of medicine fascinating and important".

"Medicine was never just a job to him, and he inspired us to be better doctors, [to be] the best versions of ourselves. Importantly, he made us feel as though we could do better.

"Prof was a kind and gentle giant in medicine. He always treated us with respect and made us feel valued, regardless of where we were on the hierarchy of the medical ladder. We respected his vast medical knowledge, his humility and his warm bedside manner.

"His door was always open regardless of whether we needed to talk about a patient, a colleague, our training or the health system as a whole."

On his retirement from the Medical Council, Professor Campbell was appointed chair of a new national body, the Expert Panel on Veterans' Health. It's believed he was one of only a handful of doctors internationally, and the only geriatrician, to be part of an international war crimes trial.

He was appointed an expert geriatrician by the extraordinary chambers in the Courts of Cambodia for the trials of senior Khmer Rouge leaders for genocide, crimes against humanity and breaches of the Geneva Convention.

Health issues and fitness to stand trial were a fundamental part of the court process. Professor Campbell travelled to Cambodia several times to assess these individuals. He was subjected to in-court examination himself and heard the harrowing testimonies of the Cambodian victims. Dame Sylvia Cartwright, who sat as a judge, apparently spoke highly of the challenging and important role Professor Campbell played.

As well as being dedicated to the University of Otago and the wider academic community over decades, Professor Campbell was also a family man. He loved nothing more than to be with his family and out roaming his sheep and beef farms in north Taieri and Waihola, his suit and stethoscope quickly swapped for gumboots and Swandri.

At his Medical Council farewell function in 2010, he joked that his customary politeness could go by the wayside when bellowing at dogs rounding up sheep in the north Taieri hills (*New Zealand Doctor*, 10 February 2010).

Professor Campbell died on 22 August. He is survived by Wendy, their three children and seven grandchildren.

For many, he is their most inspiring teacher and mentor. Dr Towns says when presented with a challenging situation, she still finds herself thinking, "What would Prof do?" ■

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## Fitness regime to strengthen primary mental healthcare raises optimism: Tony Dowell

### ◆ Cliff Taylor

GP and academic Tony Dowell is welcoming a Ministry of Health-led project to tackle some of the tough problems in primary mental healthcare.

But funding and workforce issues in general practice must be investigated as part of any solution, says Professor Dowell, of the department of primary health care at the University of Otago, Wellington.

He has attended two workshops in the past couple of months as part of a project with the working title Fit for the Future which is looking at how to better support the primary and community sector to treat people with mental health and

addiction problems.

He says it has been a fantastic experience so far and he's optimistic the ministry is on the right track.

The Wellington workshops, involving 65 health sector leaders, have been coordinated by director of mental health John Crawshaw.

"Our focus is on the group of people who are not easily managed in primary care, but whose needs do not meet the threshold for specialist care," Dr Crawshaw says in a statement.

"The ministry is working with the sector to understand the issues for this group of people, the outcomes we expect to see and how we could work differently to achieve those outcomes."



John Crawshaw

Professor Dowell says several GPs were among the workshop participants, who came from a variety of backgrounds including DHBs, PHOs, community men-

tal health, nursing, the Ministry of Health and the Ministry of Social Development. There was also a focus on Maori and Pasifika needs.

"There was a lot of good discussion about people with moderate mental health needs – people previously thought of as engaged with secondary mental healthcare but [who] often didn't get there, and for whom primary services and support are often in short supply."

Mental health is often seen as one of the challenging and difficult models of healthcare, he says. A significant proportion of general practice and primary workload has a mental health component.

"Workload and training are

very important, and we still need to have more discussion, as we did at the workshops, on models of funding.

"There is a feeling that current models of care, particularly when they involve a direct copayment, are very difficult. There's a real funding issue there."

He says they tossed around some "quite radical" solutions, some involving bundling together funding which is currently spread around different sectors "and saying we need this funding for a community-focused approach".

He believes primary care also

has a huge role to play in countering the stigma attached to mental health issues.

Professor Dowell hopes to see a report come out from the workshops in a few weeks or months and believes the ministry is keen to bring in changes quite quickly, possibly within a year or 18 months.

The ministry's Dr Crawshaw says workshop participants have been invited to continue feeding their views and supporting evidence to the ministry. Further engagement with the sector is planned. ■

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