

Mark R. Harrison, President of the Royal Australian College of Ophthalmologists, 1980 - 1981

Mark Harrison, father of John Harrison, was born on 16 July 1926 at Toowoomba in Queensland and educated at East Toowoomba State School and Toowoomba Grammar School. He pursued his medical studies at the University of Queensland where he gained his MB BS in 1949, and after a resident term at the Brisbane General Hospital, he trained at the Royal Victorian Eye and Ear Hospital, gaining a Diploma in Ophthalmology (DO) in 1954, gaining his FRACS in 1966 and MACO in 1970. In 1956 he entered private practice in Brisbane and was on the visiting staff at the Royal Children's Hospital in Brisbane until 1965. He became a visiting eye specialist then senior visiting ophthalmologist at the Princess Alexandra Hospital from 1958 to 1986; Greenslopes Hospital 1956 to 2000; Senior Consultant RAAF (Wing Commander) 1976 to 1985; Court of Examiners for RACO and RACS from 1976 to 1988; Lecturer in ophthalmology and Head of section, University of Queensland; Adviser on Visual Standards, Queensland Transport and National Safety Council of Australia; and Member of the Ophthalmic Assessment Tribunal, Work-cover, Queensland from 1980 to 2001.

During Mark's term as President the College continued to grow in size and stature within the medical profession and in the community. Continuing Education mushroomed through self-education, TV and the Library, the College Journal and seminars. Close working relationships were developed and continued to grow with the Ophthalmological Research Institute of Australia (ORIA), the American Academy of Ophthalmology (AAO), the Ophthalmological Society of the United Kingdom (OSUK), the Ophthalmological Society of New Zealand (OSNZ), the Australian Medical Association (AMA), the Royal Australasian College of Surgeons (RACS), the Commonwealth Departments of Health and Veterans Affairs, the Pharmaceutical Benefits Advisory Committee (PBAC), the Drug Evaluation Committee, the Adverse Drug Reaction Committee, the National Health and Medical Research Council (NH&MRC), and State Governments, but there was no funding for the ongoing trachoma campaign, therefore this had not progressed except for the efforts of some individuals. The Qualification and Education Committee (QEC) was structured and the Cedric Cohen Medal was introduced for outstanding performance in the Part I Exams. Increasing commercial pressures were beginning to be felt with regards to Intra-ocular Lens Implants; the Film Committee purchased videos from the AAO and these were housed in the Conjoint Library at the Royal Victorian Eye and Ear Hospital (RVEEH) in Melbourne; OPSM provided \$500 towards the development of the Archives and Museum (See Ophthalmologists' Exchange, Volume 9, #2, June 1981); visual standards for drivers were launched but the need for a Blind Register had not progressed.

Mark entitled his Presidential Address, "Unmasking Medicine" and spoke about a series of lectures given by Ian Kennedy, the director of the Centre of Law, Medicine and Ethics at King's College London, who espoused that medicine had acquired an influence beyond the competence and skills of the doctors who practiced it.

The first of Kennedy's three basic arguments was that doctors are not trained adequately to deal with the ethical problems that they face daily. To Kennedy, the doctor's ability to make decisions about a patient's acceptable quality of life undermines the notion of individual responsibility and ultimately liberty: that a doctor's unfettered ability to make such decisions must be subservient to the patient's freedom. Mark concurred that although Kennedy's criticisms had justification, most doctors understood that medical ethics were not about fees and advertising and respect for colleagues, but touched on all the fundamental problems of the sanctity of life, the quality of life and freedom for patients as well as doctors.

The second of Kennedy's arguments was that doctors had become prisoners of their technology. Mark's response to this was that ophthalmologists should be proud of the progress that had been made in surgery for cataracts, cornea and retina, which improved the quality of life if not the statistics for life expectancy. He reminded the audience that many of the great leaps forward had been made without technology, by linking observations such as Gregg's elucidation of rubella cataracts, making a point of the importance of history taking, communication and reassurance.

Kennedy's third argument was about public accountability of monopolistic professional groups. Mark referred to a quote from the London Observer newspaper regarding political power over medicine being extended: "Opinion surveys show that people have much more respect for doctors than for politicians. Why then should people – the patients of doctors, the electors of the politicians – want power transferred from those whom they respect to others whom they respect much less?"

Mark concluded, however, that doctors needed to respond to criticisms with action: to make even higher the already high standards of the profession. Continuing Medical Education with expansion of surgical and medical audits and peer review should be welcomed as a means of continually forcing self-criticism to remain a self-regulating body, and that the profession must not relax efforts to teach ophthalmology to medical undergraduates, to other doctors, and through the media to the public as well as ophthalmologists themselves.