

Theo Keldoulis, President of the Royal Australian College of Ophthalmologists, 1984 - 1985

Theo Keldoulis was born on 25 April 1929 at Orroroo, South Australia. He was educated at Orroroo Primary School from 1935 to 1941, Thebarton Technical School in 1942, Adelaide High School from 1943 to 1945, Medical School (Pre-clinical years) at Adelaide University from 1946 and Medical School (Clinical Years) at Sydney University from 1949 to 1951. He gained MB BS (Hons II) in 1952, and became JRMO at St George Hospital Sydney until 1953, then spent six months as assistant GP in 1954.

From 1954 to 1959 Theo spent with the British National Health Service at Sunderland Eye Infirmary, Edinburgh Royal Infirmary, Stoke-on-Trent and one year as Relieving Consultant in clinics in London. He gained his DO in London in 1957, FRCS (Ophth) Edinburgh in 1959, FRACS 1963 and FRACO 1978. On his return to Sydney, from 1960 to 1974 he was in Private Practice in Liverpool and an Honorary Medical Officer at Liverpool District Hospital, then a Visiting Medical Officer there and from 1992 to 2000, the Emeritus Consultant, Department of Ophthalmology Liverpool Health Service. From 1960 to 1965 he was Honorary Medical Officer at Fairfield District Hospital; in Private Practice in Fairfield until 1999; and Member of the Macquarie Street Excimer Laser Centre from 1991. During these years he held various honorary professional appointments including Honorary Secretary then Chairman of the Ophthalmic Research Institute of Australia. He set up The Gift of Sight fundraising program for the ORIA in 1997 which has now been super-ceded by the RANZCO Eye Foundation.

During his term as President a Research Officer was appointed to the RACO staff. Review of Training Posts continued on a State by State basis and the numerical identification of all posts was almost complete, while the medical-political crisis in hospitals led to some problems with some New South Wales posts. Review of the whole concept of training and examinations was undertaken by the Q & E Committee with the result that a more clinical bias to the Part I syllabus and examination was introduced, while negotiations were entered with the Royal Australasian College of Physicians with a view to establishing a special training and examination scheme for those trainees who wished to devote themselves to medical ophthalmology as a specialty. The Conjoint Surgical Board in Ophthalmology, answerable to the RACS Council was replaced with a new Conjoint Surgical Board in Ophthalmology, comprising the Censor-in-Chief of the RACO as Chairman, the Censor-in-Chief of the RACS, and the Chairman of the E & Q Committee of New Zealand to report to all three parent bodies. The RACO and the OSNZ strengthened their ties and worked towards a common standard of training and examinations, while the amalgamation of the Australian Journal of Ophthalmology with the Transactions of the New Zealand Ophthalmic Society took place, to be named 'The Australian and New Zealand Journal of Ophthalmology'. New regulations for the Orthoptic Board were drafted with Board composition to have more orthoptic members. The Therapeutics Committee worked on liaison with drug companies with the view to having them pick up some of the low volume 'cinderella' drugs dropped by other less ophthalmologically inclined companies, while a series entitled "From the Therapeutics Committee" was prepared for inclusion as a regular feature in the journal. The Public Relations Committee enjoyed extensive media coverage for the College through their advice on the eclipse; on sports injuries, especially surfboard accidents; the annual fireworks warning; and the College's policy in Radial Keratotomy, but emphasised the necessity of communication with the College for guidance before any individual member appeared before the media in the future. The issue of Visual Display Units became increasingly demanding as more areas of society became exposed to their use and to the publicity given to their potential dangers. Although there was no hard evidence to suggest they did any pathological damage the College decided to conduct its own assessment.

In delivering his Presidential Address in 1985 Theo touched upon a number of thought provoking issues relating to politics, ethics and the College, brought about by the medico-political turmoil with the NSW hospital crisis, in that it was time for the College to now concentrate on other parts of the Articles other than the role of education. He commended the high standards which had been an integral part of the College's role but because of reduction in funding for the public hospital system, these were under threat, and he foresaw that the costs of delivering medical care were going to escalate, thereby increasing the medico-political strife. He explained that Article of Association 2 (k) had been interpreted by Council on previous occasions as being the role of the College to intervene when standards of community eye health were being endangered, thereby making representations to both Federal and State Governments. However, Council viewed becoming involved politically to protect and advance the personal status and interests of individuals, and conditions and rewards of their services, would be acting outside its Articles, and therefore the grounds were laid for the introduction of the Australian Society of Ophthalmic Surgery (ASO). Theo maintained that Fellows would expect the College to represent them therefore the College would need to re-examine its role to create a balance between the standards of public eye health and the preservation of the rights and needs of its individual fellows. In this regards the College would need to define its position and formulate policy in both political and industrial arenas because without a definite policy it would be impossible to communicate with its fellows.

Theo reminded the audience that Ken Howsam had stated that it is the medical ethic that differentiates medicine from the rest of the world, therefore, if the College was to adopt a more public profile in the interests of the standards of eye health care, and of its individual members, it must develop its public image as a body which is responsible for the preservation of surgical standards and community eye health. He heralded the notion of Peer

Review in that Ophthalmologists must be in a position to be examined and scrutinised by Governments, the public, other professions and its peers. All surgical groups were to be encouraged to develop an effective mechanism for this, including judging complaints from the general public and, if necessary, the ability to censor or otherwise any surgeon who had not lived up to their ethical requirements.

He commended the innovative changes introduced by the QEC in assessing, modifying and streamlining the Part I and Part II examination systems but warned that if trainees were to maintain the high standards set in the past, new methods of training would need to be developed involving private practice in the teaching of registrars.

Ever mindful of his obligation to his patients in a busy specialist practice, he gave selflessly of his time to support and encourage the development of ophthalmology in Australia and from 1962 to the present day he has served in an official way on a number of committees of the College or its predecessor, the OSA. In 2001, for his continued support and encouragement, he was awarded the College Gold Medal, the highest honour the College can give.