

Member profile: From war zones to the White House

It's 50 years since Dr Graeme Killer AO graduated from the University of Queensland and began his unique medical journey.

As the personal doctor to five sitting Australian Prime Ministers, Dr Killer has met many world leaders during his distinguished career. Nelson Mandela, Bill Clinton, George W. Bush, and Queen Elizabeth II are among a rather impressive list of VIPs. Over dinner he's also discussed the major world health challenge of obesity with Chinese President Xi Jinping.

But aside from looking after the health of our nation's chief decision-maker, Dr Killer has also served his country with distinction as a doctor in the Royal Australian Air Force (RAAF) for 24 years. He then went on to use these important insights to look after the welfare of our returned servicemen and women as the long-time Principal Medical Adviser for the Department of Veterans' Affairs.

When Dr Killer sat down with Vicdoc Editor Barry Levinson to reflect on his career, there was certainly no shortage of stories to recall.



Prime Ministers

How did you become the Prime Minister's doctor?

In 1988, Prince Andrew and Sarah, Duchess of York (Fergie) came to Australia and I was invited to accompany them on their official visit as their medical practitioner. At the time I was a Senior RAAF Medical Officer. It went well but I never thought much more about it and life returned to normal. Shortly after I retired from the Air Force, I was offered the job in Canberra as the Principal Medical Adviser to the Department of Veterans' Affairs.

This was around the time Paul Keating became Prime Minister (1991). On his first overseas trip in Indonesia, he became unwell and the doctor who went on the trip decided not to continue in the role. I was asked if I wanted to be the personal physician to Prime Minister Keating.

I met with Paul Keating and then stayed on as doctor to the Prime Minister all the way through to Tony

Abbott. Shortly after, Sir William Deane became Governor-General and I was asked to fulfil a similar role at Government House. These arrangements continued until the appointment of Sir Peter Cosgrove.

I imagine the Prime Minister is generally sleep deprived, overworked and highly stressed - all potentially triggers for poor health. Is it difficult to be healthy making the most important decisions in the country?

When I took the job I really didn't understand totally what was involved and after a few weeks it occurred to me, 'What if I have a Prime Minister with a serious health problem? What would I do? Who do you go to? The implications of this situation go well beyond medical decision-making and have a far wider impact than the individual's health problem. If you are tired or have a mental health

issue there is always the possibility something untoward could happen. When you come from outside, you expect the PM to be healthy and well and then you realise their routine has gone from nine to five to 24/7.

How did they cope with these pressures?

In this 24/7 nature of politics, the health and wellbeing of politicians and their families is easily forgotten. It is not an easy journey for either. Over the years that I was the Prime Minister's doctor, I could see the demands of the office increase. There was a far greater number of visits overseas. A far greater number of international meetings like APEC, ASEAN, G20, G12 and it's incredibly demanding, physically and mentally. The PM not only has to deal with issues overseas, they still have to deal with issues and crises at home at the same time. The role of the doctor in dealing with this is extremely important. It's important for the doctor to have a really close relationship with the PM, but equally important that the



Dr Graeme Killer receiving the AMA President's Award in 2016 from then Federal President Dr Michael Gannon.

doctor treats the PM as they would any other patient. The real risk is of under treatment, or even over treatment, if you do see them differently. It's crucial to find the right balance.

In addition, I think being in the military held me in good stead. It gave me a good understanding of government and dealing with prominent and important people. There's no doubt that over the years, the role of Prime Minister's doctor did give me a few challenges, but in medicine we need to expect challenges and they often occur when they're least expected.

Brush with terrorism

You've counted 191 overseas trips in 20 years working with veterans, Prime Ministers and Governors-General. Any particular ones stand out?

There are two trips to the United States that really stand out - both for

completely different reasons.

The first was my brush with terrorism. I was in Washington DC with John Howard at the time of 9/11. I still remember it so clearly. I was sitting in the Prime Minister's office at the Willard Hotel, which is very close to the White House, and we all looked incredulously at the television as the two planes crashed into the World Trade Centre in New York. It was almost impossible to comprehend and I and others didn't really know at the time if it was real. Within a space of time, Prime Minister Howard gathered staff and the Australian media together to do a press conference and as he was doing so his US security asked him to stand away from the window as a plane crashed into the Pentagon. If we had looked out the window at the time, we would have seen it happen. We'd been in the Pentagon the day before. Following this, Mr Howard was rushed to the Australian Embassy and a bus was sent for the rest of us. We were all put in the bunker under the Embassy and at that stage we were able to ring our families.

After this, all civil airline flights in the US were cancelled and we couldn't get home. The President provided John Howard with Air Force Two, which was the aircraft of the Vice President. We flew in Air Force Two to Hawaii and then from there a Qantas flight took us back to Australia.

The overseas visit that was the most enjoyable was John Howard's last trip as PM to the US. He and George W. Bush were very good friends. He used to refer to John Howard as the 'Man of Steel'.

At the end of a big dinner at the White House, all the guests lined up to meet the President, Mrs Bush and Mr and Mrs Howard. When I was introduced to the President as the Prime Minister's doctor, Mr Bush came up and threw his arms around me and said, 'Hey doc, what's his prostate like?' And I said, 'Mr President, it's in good shape, but I can't tell you any more because it's medical in confidence'. It brought the

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house down. On that trip, every bit of hospitality was afforded to us. It was a great recognition of the strong links between Australia and the US and the strong personal links between John Howard and George Bush.

On a trip to Beijing with Dame Quentin Bryce I discussed obesity and health promotion over dinner with the then heir apparent, Xi Jinping, who is now the President.

I met Nelson Mandela in Pretoria, South Africa. He was being given an honorary Order of Australia at the Australian High Commissioner's residence. I just had to meet him! Of all the people in the world I've met, Bill Clinton was the most charismatic. He'd come into a room and it was like the lights were turned on. No one else has come close to Bill Clinton for sheer charisma. I can see why the ladies liked him!

Veterans' Affairs

Can you tell us about your work with the Department of Veterans' Affairs (DVA) and the challenges veterans face?

Leaving the Air Force and joining Veterans' Affairs was almost a natural transition. All of a sudden the issues of mental health and post-traumatic stress were very real to me. I'd actually seen them when I was in uniform but never understood them. Then I was confronted with them in those early days at Veterans' Affairs. Some were very angry men and women, because of their health problems and because they weren't treated well.

They weren't given proper recognition. In the past, when soldiers came home, they were given a ticker tape parade and their neighbours and friends knew what they had done serving their country and how important it was. There was none of that for the Vietnam veterans. A lot had problems.

You retired as Principal Medical Adviser three years ago, but what are you doing for the DVA now as a part-time consultant?

While looking after VIPs has been interesting, my real journey has been providing care to the veteran community - veterans and their families. In semi-retirement I'm still involved in the care of veterans with complex problems, particularly around mental health and chronic pain, along with supporting families through the RSL and Legacy. It's very hard

to rehabilitate someone with mental health issues if they suffer from chronic pain. Until you sort the pain out, you can't sort the head out.

I now provide advice to people who manage difficult cases. There's issues with mental health, chronic pain, substance abuse, family dislocation and sometimes homelessness. These people need help getting back on their feet. They're not all like that, but there's a number. It creates so much tragedy for whole families and it feeds into the community around them.

I think the biggest challenge is when they leave defence because the ones who are made medically unfit are leaving all their mates and often moving to different locations. They often have financial problems, their partners might be looking for a job - there's too much change. We've got to pick them up as they come out and give them all the support they need. If you miss them and they are in the community for too long without support, it's a very long road back.

Are you happy in (semi) retirement?

I guess I'm not really happy, but I find I'm actually doing something that's quite meaningful and I think in a way, feeling you are useful is more important to me than being happy.

Dr Killer hopes to continue consulting to DVA for at least another year. He also works with Legacy and is on the board of PainAustralia. He was made an Officer of the Order of Australia in 1999 for services to the veteran community and in 2016 was presented with the AMA President's Award for his 'outstanding contribution towards fostering the objectives of the AMA.'

I'm very proud to be a member of the Australian Medical Association. The links between the AMA (or the BMA, as it was) go back to the end of World War One. The doctors, with the government, have been a very strong part of providing the best of care for the servicemen and women and the veteran community. While I was the Principal Medical Adviser in Canberra we would never have achieved all the things we did without the great support of the AMA and the doctors from the cities to the most rural settings in Australia providing veteran-centric care.

