

SEPTEMBER 16-17, 2023

# TASWEEKEND



**TASSIE TASTES  
NEW ASIAN EATERY  
TO GET HUNG UP ON**

**ISLAND LIFE  
BOY OH BOY, LIFE  
CAN BE CHALLENGING**

## MAKING A WORLD *of* DIFFERENCE

Working in health care in Tasmania can be demanding enough, but two Hobart medical professionals - Craig and Sue Quarmby - have taken their skills overseas to make even more of a difference. And it's not just those in the developing countries who are getting something out of this experience.

**STORY LINDA SMITH**



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# MAKING THE WORLD A BETTER PLACE

Working in health care in Tasmania can be demanding enough, but two Hobart medical professionals – Craig and Sue Quarmby – have taken their skills overseas to make even more of a difference in some of the world's poorest countries. However, it's not just those in the developing countries who are getting something out of this experience, writes **Linda Smith**

*Photography* NIKKI DAVIS-JONES

**W**hen Hobart healthcare professionals Craig and Sue Quarmby venture overseas to work as volunteers in developing nations including Bangladesh, Fiji, Indonesia and Samoa, the journeys are not without challenges.

The husband and wife team – who travel together at times, but mostly separately – sometimes find themselves in hospitals with no power, working with local patients and doctors while battling scorching heat and high humidity.

Often they are faced with limited medical resources and basic facilities, in countries with a history of poverty and political instability. Sometimes they have to navigate wild roads to get where they need to go, or fly in tiny planes, and they also have to schedule their travel to avoid wild weather, including monsoons and cyclones.

Falling ill is an ever-present risk – constant handwashing and drinking sealed bottled water does help reduce the danger but it doesn't eliminate it entirely – and they've been part of entire medical teams struck down by sickness in a foreign country. They have also met and treated patients with significant congenital disorders and horrific burns injuries, unlike those they see in Tasmania.

But despite the challenges, Craig – a plastic/reconstructive surgeon – and Sue – a nurse educator – both say the volunteering work they do is hugely rewarding.

Craig and Sue volunteer overseas through an organisation called Interplast Australia and New Zealand, helping local healthcare teams to treat patients while also implementing training programs to train local surgeons, doctors, nurses

and other medical professionals.

Interplast is a not-for-profit organisation which is this year celebrating 40 years of supporting Australia's Asia Pacific neighbours through various surgical and training programs.

The organisation has sent more than 600 volunteers on more than 1100 medical activities, provided in excess of 46,700 patient consultations, performed more than 26,800 life-changing surgical procedures and facilitated more than 11,700 medical training opportunities across 25 countries during this time.

On their travels, Interplast volunteers including Craig and Sue, are faced with the harsh reality that although surgical care is an integral component of health systems for all countries at all levels of development, five billion people have no access to safe, accessible and timely surgery. And yet, 30 per cent of the global burden of disease can be attributed to surgically treatable conditions.

Meanwhile an estimated 16.9 million lives were lost worldwide in 2010 from conditions requiring surgical care, and at least 77.2 million disability-adjusted life-years could be averted



**Hobart medical professionals Craig and Sue Quarmby, left, who volunteer in developing countries; and Craig, who is a reconstructive plastic surgeon, above, conducting surgical training, in Bangladesh, in 2011. Pictures: Nikki Davis-Jones and Supplied.**

each year through provision of basic surgical services.

Interplast works to improve the quality of life for people who are born with or acquire a medical condition such as cleft lip and palate and other congenital conditions, as well as patients with acute and chronic burns injuries and scars, people with hand, arm and lower limb injuries, or with significant and debilitating tumours or other growths.

This is achieved by sending qualified volunteer plastic and reconstructive surgeons, anaesthetists, nurses and allied health professionals from Australia and New Zealand to countries in need, to provide free – and often life-changing – surgical treatment for patients who would otherwise not be able to afford such services.

Each surgery also serves as a training opportunity, as doctors like Craig Quarmby focus efforts on equipping local communities with the skills to deliver safe and appropriate treatment long after he and his team have returned home.

Interplast has also supported more than 100 surgeons, anaesthetists and nurses from developing countries to continue part of their training in Australia, in an effort to empower local medical personnel.

Craig, 55, has travelled overseas several times with Interplast, while Sue, 56, has volunteered on six trips. They have also travelled overseas in collaboration with other volunteer organisations including the Australian and New Zealand Burn Association.

Craig has called Tasmania home since 2002, and works in both the public and private hospital systems in Hobart. During this time he has held numerous senior roles at the Royal

Hobart Hospital, including Director of the Tasmanian Burns Unit, Clinical Director of Surgical Services, and Executive Clinical Director. He is also an Adjunct Associate Professor at the University of Tasmania and was previously Co-Director of Health Services Innovation Tasmania, a university-led, statewide clinical redesign program.

Craig went on his first trip with Interplast in 2009 – to Bangladesh – and has enjoyed the opportunity to volunteer ever since, as he helps build sustainable healthcare systems in the places he visits.

Craig says there are three main components to the volunteering he does.

The first is to run training courses – Craig is a course director and international instructor for the Emergency Management of Severe Burns course – and effectively helps establish and grow local medical faculties during a number of visits, to ensure there are trained local instructors who can continue to facilitate medical training locally, long after Craig and his team return to Australia.

“We go and facilitate training and we really do ourselves out of a job,” Craig explains.

“So once we’ve built up a local faculty, there can continue to be education in that country, long after we have returned home.”

The training is far reaching – in Bangladesh, for example, instructors have been able to share their knowledge with medical staff in neighbouring countries including Nepal and Bhutan.

Another component of Craig’s work is teaching surgical skills courses, working with either qualified surgeons or registrars.

“We’re working on the ground and really just assisting them with filling in various gaps in their training and enhancing the training they already have,” he says.

He also conducts surgical procedures with local surgeons, which not only allows surgeons to share skills, but also helps improve the lives of patients who may otherwise not have access to medical assistance.

Craig continues to act as a mentor once he returns to Australia, developing enduring relationships with medical professionals in the countries he visits. These relations are crucial, not only to develop skills, but to give ongoing support to medical personnel who are often working in remote settings with little peer support, and few specialist services.

Craig says he often returns home from his travels having learnt just as much as the doctors he’s there to support.

“Believe me, we come back having learnt as well,” he says.

“We really do go over there to work as a team and enhance what they have there already, and everyone comes out better for it.”

In Bangladesh, Craig and Sue have worked with the Acid Survivors Foundation, to assist patients – mostly women and sometimes children – who have suffered severe burns after being victims of acid attacks, where perpetrators have thrown corrosives onto their faces and bodies to intentionally disfigure them.

Craig says many have suffered horrific injuries. As well as the obvious scarring and disfigurement – which results in some being outcast by their families – many have functional concerns. Some are unable to eat properly, some drool all the time, and some have eyes that constantly water. And some are only in their early 20s and still have their whole life ahead of

them, but have little hope for the future. However, with access to the right medical assistance, Craig says their lives can be significantly altered for the better.

“We have young women coming in who are horrifically scarred, and in a couple of hours, you’ve helped the local teams to transform their lives,” Craig says.

“While often we can’t get them back to their pre-injury status, we can transform what they’re dealing with dramatically.”

He says this sort of work reminds him why he was drawn to studying surgery initially.

“That’s why I’m in plastic surgery, and I’m in reconstructive surgery,” Craig says.

“I’m not a cosmetic surgeon as I feel I can make a greater difference to lives through reconstructive surgery. When I became a surgeon I always said if I significantly changed one person’s life for the better through my training, I’d achieved something in life.

“You meet people and you think ‘it could be me, it could be you, it could be my daughter or my best friend’, sometimes stuff just happens. And if you can help – not undo the stuff – but at least not let it be a negative consequence on their life, then I think that’s really important.”

He says if children were born with cleft lips or cleft palates in Australia, they would typically be operated on by the time they were around 12-18 months old. But he says in places that Interplast visits, patients can sometimes be in their 40s and have spent their whole life with such conditions, with minimal medical intervention.

He recalls assisting one man in his late 40s, and after surgery the man’s sister approached Craig to show her enormous gratitude.

“His 50-year-old sister came up to me after the operation and just hugged me and she was crying and crying, saying ‘thank you, thank you,’” he says.

Some of his patients are children, or teens, who have struggled their entire lives and benefit enormously from surgery.

“Even seeing kids who are seven years old, or 12 years old, that’s radically different to a country like Australia where you’re not going to get to that age without being operated on,” Craig says.

“It’s absolutely life-changing stuff. And again, these are things that we take for granted. For an Australian child with a cleft lip or palate, you do not anticipate them getting to school without being reconstructed.”

Craig was born in South Africa and graduated with a Bachelor of Medicine and Bachelor of Surgery (with Honours) from the University of Cape Town. He then undertook specialist training in Cape Town to gain his plastic surgery qualification in 2000. He visited Australia for a medical conference on wound



Medical professionals Craig and Sue Quarmby, with daughter Kaila, 13, in Hobart.

Picture: Nikki Davis-Jones

“*When I became a surgeon I always said if I significantly changed one person’s life for the better through my training, I’d achieved something in life.*”

management in 1998, and it was here, Craig says, that two very important things happened. He met his future wife, Sue, who was at that same medical conference in Brisbane. And, he also met renowned burns surgeon, Professor Fiona Wood (who was later named Australian of the Year for her pioneering contribution to medicine and the field of burns research). Craig later moved to Perth in 2001 and completed a 15-month fellowship in burns surgery with Professor Wood. Craig and Sue (who is originally from Melbourne) then moved to Hobart in 2002, where Craig took on a consultant role at the Royal Hobart Hospital, and gained his FRACS (Fellow of the Royal Australasian College of Surgeons) soon after.

Sue, a registered nurse, says she “tagged along” on Craig’s first couple of trips to Bangladesh, but her involvement as a volunteer quickly grew as she has delivered wound management and pressure injury prevention courses in various places including Samoa and Indonesia. Because while surgeons were being trained to operate on patients, nurses needed training in post-operative care, so they were well equipped to look after those same patients following surgery. Sue has worked with acid attack survivors and has also worked in a rural rehabilitation hospital, supporting paraplegics and quadriplegics.

Sue says her education programs are thoughtfully developed to meet the specific needs of the places she visits.

“I spend a lot of time on the ground, looking at what are their immediate needs and how I can develop my material around their environment,” she explains. “They are very different to programs we would deliver here.”

She and other volunteers are fortunate to be

supported by quite a few companies who can provide donations of essential medical supplies.

And Sue says it's important for her to identify exactly what materials are needed – she has spent time in overseas hospitals where cupboards are crammed with supplies that have been donated by well-meaning organisations, but those items weren't actually useful or staff hadn't been trained to use them correctly. So ensuring teams are set up well, trained, and well supported with the right equipment and supplies was hugely important.

Another thing that's vitally important, Craig says, is that volunteers go into countries as colleagues, and as invited guests, and are always respectful of local people and local customs.

Sue adds that in Bangladesh, her first stop is the local market, where she purchases outfits to clothe herself in traditional dress for women, to help give her an assimilation advantage.

Craig is quick to learn the local language in the places he visits, using a phrase book for basic pleasantries like saying hello, goodbye and thank you, saying it makes an enormous difference to the people he works with.

"We are going in there as colleagues, we're not going in there to tell them how to do things," Craig explains.

"We're going there to facilitate and enhance and further develop what they're already trying to develop. We're going over with a mindset of 'what do you need us to? How can we assist?'. Not 'this is what we can do'.

"It's a huge welcoming because we're invited guests. And all volunteers understand that the people you're working with have got so many skills of their own."

While Craig and Sue travelled together as volunteers initially, in more recent years they have mostly travelled separately, which enables one of them to travel while the other stays in Hobart with their 13-year-old daughter Kaila.

They adopted Kaila from Seoul, South Korea, when she was 17 months old.

Sue says it wasn't the couple's initial plan to adopt when they decided to start a family. But when they were faced with fertility issues, they decided to pursue overseas adoption.

They both now agree that decision – which brought Kaila into their lives – is "hands down the best thing that ever happened to us".

"In an ideal world no children would be up for adoption, and they'd stay in their own country with their family," Craig says.

"But we don't live in an ideal world.

"Kaila was a gift for us ... we've got the ultimate gift."



Kaila takes great interest in the work her parents do overseas, and Craig says they hope they are setting a good example by teaching their daughter the importance of giving back and helping those who are less fortunate.

"Coming from South Africa, where I grew up with apartheid, there was this huge discrepancy between the haves and the have-nots," he says.

"I think it's good for kids to see early on that some are more privileged than others. It's very hard to see privilege from a privileged position."

Craig and Sue say volunteering overseas has certainly given them both a different perspective on life.

"I think it's easy to forget the incredibly wealthy country we live in and the privilege we therefore have," Craig says.

"And there are things (in Australia) we take for granted or complain about – in this situation we really are talking about healthcare – and then to go over to countries like Bangladesh and Fiji and just go 'wow, this is a solid reminder that we're incredibly privileged'. And because we're so privileged, we do believe we have a responsibility to help those that are in a less fortunate position, who, by means of the country they are born in and live in, don't have access to the care that we have.

"And we're often talking fairly simple care. We're not just talking major burns, but small burns too, patients just do not have access to the care we have.

"So to be able to do that (and help those people) ... we're both huge believers in what can we leave behind. To look at what we have left behind this time, and the next time we go the plan is that what we left behind has grown further. I think to see that, it's like planting a seed and you go back and it's a sapling, and then it's a tree and before you know it you've got this beautiful big oak tree and you say 'wow, we didn't have that before'."

He recalls returning from his fifth trip to



From top left: Craig Quarmby with the surgical skills faculty in Bangladesh, in 2011; and Craig and Sue Quarmby with then health minister Michael Ferguson, at the Cardiothoracic Surgical Unit's 10,000 cases celebration in 2018, at the Grand Chancellor Hotel, Hobart. Pictures: Paul Redding and Supplied.

**“***I think it's easy to forget the incredibly wealthy country we live in and the privilege we therefore have***”**

Bangladesh, where he'd been training doctors in burns care, and hearing that there had been a serious clothing factory fire in Dhaka.

A few days later, Craig says, emails came flying through from hospital staff and even the government, thanking him and other volunteers for the work they had done previously in Bangladesh, as it enabled local medical professionals to better co-ordinate their response to the incident and provide a better level of care for those who were injured.

"When it's that sort of impact you say 'okay, I know I'm doing something right here'," he says.

Meanwhile Sue also feels like she gets far more out of the experience than she gives.

In Bangladesh, for example, she says people have so little compared to us in Australia, yet the cities are colourful and vibrant and the people are friendly and humble and generous and welcoming. The Bangladesh municipality of Rajshahi was declared the happiest city in the world by the World Happiness Survey in 2006.

"To be able to go and witness and absorb some of that, that's a gift," Sue says.

"It's almost like an unintended gift that I wasn't expecting.

"We're all human. And why does that human – because of a different skin colour or birth place or circumstance – why does it have to be so different for them?"

"It's a real privilege to be able to do what we do."

For more information about Interplast go to [www.interplast.org.au](http://www.interplast.org.au)

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Photo: Pierre Toussant

# It's a war on thieves

## Supermarkets beef up security

**Jen Kelly  
Angus McIntyre**

Supermarkets are introducing extreme security measures to crack down on an epidemic of shoplifting by thieves ranging from “mums and dads” to organised crime syndicates.

Smart gate technology, locked product cages, trolley locks, digital tracking of customers’ every move and even fog machines are among an arsenal of security devices appearing in stores.

High-risk Coles stores around the country have begun using the Purchek trolley lock system, which uses sensors to detect when someone walks out without paying and immobilises the wheels.

The retail giant is now considering introducing dummy products on shelves to deter theft.

Coles stores also use anti-theft “spider wires” wrapped around high-risk products including electric toothbrushes, locked security cases for selected health and beauty products, security caps on all infant formula tins, and anti-sweep shelving.

Fog machines that set off automati-

cally are also being implemented at Coles to deter break-ins.

Coles general manager for supermarkets transformation Sophie Wong said stock losses had surged about 20 per cent in a year, primarily from shoplifting.

“We’re seeing a real surge and increase in what we could call opportunistic theft, so people that are taking a few items at a time,” she said.

“But we’re also seeing a huge increase in the level of professional crime. They’re taking huge quantities of products and then onselling that.”

Ms Wong said the supermarket giant was constantly investigating new ways to deter theft, particularly organised crime, and was considering trialling dummy products on shelves.

“Our preferred method is product protection, but no doubt with the rise that we’re seeing in stock loss, we are considering some trials of ... having a dummy product or a card and then being able to purchase the product at front of store,” she said.

Ms Wong said the Purchek trolley lock system had been highly effective in stopping trolley walkout theft in high-risk stores.



Associate Professor Craig Quarmby and wife Sue do volunteer medical work in developing countries. Picture: Nikki Davis-Jones

## Making a world of difference

**Linda Smith**

When Tasmanian healthcare professionals Craig and Sue Quarmby venture overseas to work as volunteers in developing nations including Bangladesh, Fiji, Indonesia and Samoa, the journeys are not without challenges.

The husband and wife team – who travel together at times, but mostly separately – sometimes find themselves in hospitals with no power, working with local patients and doctors while battling scorching heat and humidity.

Often they are faced with limited medical resources and basic facilities, in countries with a history of poverty and political instability.

Sometimes they have to navigate wild roads or fly in tiny planes, and they also have to schedule their travel to avoid monsoons and cyclones.

Falling ill is also an ever-present risk.

They have also met and treated patients with significant congenital disorders and horrific burns injuries, unlike those they see in Tasmania.

But despite the challenges, Craig – a plastic/reconstructive surgeon – and Sue – a nurse educator – say volunteering through not-for-profit organisation Interplast Australia and New Zealand is hugely rewarding.

Read more in **TasWeekend** in Saturday's Mercury

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