

From Beirut to Sydney: backyards, breast cancer, and basic opportunity

Nehmat Houssami

Finding a niche and fulfilment in Australia

WHEN THE *MJA* contacted me about writing a “perspective”, I was initially delighted, thinking that it would be related to my research in breast cancer testing. When the word “personal” entered the discussion, I hesitated, then agreed — I owe that much to my mother, my teachers, and Priscilla. My migrant background has, in many ways, given me a broad perspective of what a community is, and I have grown up comfortable with seizing the best of different cultures. At 38 years of age, I tend to see life as a series of challenges and opportunities, and I feel very fortunate that, in Australia, I have always had sufficient support to make the most of these.

My twin brother Hadi and I were born in Beirut, Lebanon, into a relatively wealthy family, the youngest of six children. I guess one could say we had everything — loving parents, private schools, and a huge apartment in the heart of Beirut. There was never any plan to migrate to another country.

When I was about 6 or 7 years old, things started to go wrong with my parents’ health. First, my mother, then in her early thirties, developed renal failure that rapidly deteriorated, necessitating a transfer to Melbourne under the care of a Dr Priscilla Kincaid-Smith, with a view to transplantation. She was supposed to return soon after, but never did. Then, within about 8 months, my father suffered a heart attack and died. I was later to hear from my mother about her wonderful Australian renal physician, who had treated her kindly and broken the news of my father’s death to her while holding her hand. Because of my mother’s very favourable experience with her medical care, she naturally wanted to remain where she had received her transplant, and it was decided that we would join her in Australia.

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It was to be another 3 years before we were reunited with my mother. It was a painful time, and, while we were looked after by various members of my mother’s family, my oldest sister Sahar (then aged only 13 years) had responsibility for taking care of “the twins”. The cost of care for six children during that time consumed nearly all our resources.

When I arrived in Sydney, aged almost 11 years, I thought that this was the most wonderful place in the world (and still do), although I could not speak a word of English. There seemed to be an abundance of everything, plus a backyard with pets! In retrospect, being reunited with my mother was what largely influenced my view of my new country. I found most things easy to learn and, having had a bilingual education (I spoke fluent French and Arabic at the time), English was a relatively easy language for me to learn. By the end of my first year at school, I was communicating well, had made a few friends, and was topping my class in science. At school, and to a much lesser extent at university, there was the inevitable taunting, and the occasional “wog” labelling. It rarely affected me, and in many instances I chose to ignore it.



My mother Zahra holding me (left) and my twin brother Hadi (age 4 months).



Hadi and me, aged 2 years.

My school teachers were very encouraging, and within a few years had put me on the school debating team. Debating was an extremely arduous task, as I still “thought” in Arabic, yet had to express myself in English. My mother, like many people of non-English-speaking backgrounds, had a strong belief that, armed with education, you could do almost anything. She wanted me to do well enough in the Higher School Certificate (HSC) to gain entry into medicine (and of course would talk of why I should become a renal specialist!). I studied hard and expected to do well in the HSC, but was surprised to come first in my school, and gain entry into medicine at the University of Sydney.

It feels as if Sydney University has always been a part of my life, from medical school until the present. During my undergraduate days, and through the three postgraduate degrees I subsequently completed at this university, I rarely encountered discrimination and felt generally happy. Yet, until I commenced the clinical years, I was unsure about whether to continue with medical school, as the non-clinical years gave me little indication as to whether I would enjoy providing care for people.

Lidcombe Hospital was a teaching hospital at the time, and a great place to learn the art of clinical care. The tutors were enthusiastic, and we had a particularly inspiring medical tutor who seemed to know more medicine than the textbooks. By the time I completed my medical degree in 1987, I was fairly sure I wanted to be a doctor (but one with little interest in kidneys!). I was also sure that I had found the perfect partner.

However, having been brought up in a strict Moslem family, boyfriends were not allowed, let alone Italian–Australian ones. We announced our engagement amidst strong (but short-lived) objections from both his family and mine, and my fiancé, along with my mother and siblings, celebrated my graduation in 1988.

I completed my internship and a year of residency at Concord Repatriation General Hospital, a wonderful hospital to work in for general medical rotations, especially for unfortunate souls like me who were undecided about specialising. The internship included a secondment to Auburn Hospital, with its culturally diverse community, where I frequently saw Arabic-speaking patients in the emergency department. They genuinely appreciated being able to communicate with their doctor without a third party, and



My wedding day in 1988.



Receiving the NSW Cancer Council's inaugural "Service Delivery Award" on behalf of Sydney-Square Breast Clinic (2000).

there were occasions when particularly sick elderly patients would grab my hand to kiss it, a gesture of appreciation in many Arab cultures. During my internship, I got married, and managed to celebrate with two wedding ceremonies, a Moslem one and a Catholic one.

Early in 1990, I accepted a position as a breast clinician in one of Sydney's private breast centres (Sydney-Square Breast Clinic) under the mentorship of Dr Joan Croll, one of Australia's pioneers of mammography. Being able to help women with breast symptoms, who generally felt very vulnerable, and to spend time discussing management options with them, was very rewarding. I was soon convinced that this was the medicine I wanted to practise long term. Around that time, the methods of breast cancer detection were evolving, and our unit was one of the pilot sites for Australia's breast-screening initiative, as well as one of the first centres to use ultrasound-guided needle biopsy. There was much to learn and do, and clinicians like me who were responsible for “triple testing” of breast abnormalities (by clinical examination, imaging and biopsy) were called “breast physicians”.

I was 30 years old and had worked in multidisciplinary breast services for several years when I was appointed Medical Director of the Sydney-Square Breast Clinic. Although a little anxious about the responsibility, I was eager to do a good job and ensure that we provided a high standard of care to our patients. It was in this phase of my medical career that I first experienced some discrimination. The team of more than 40 staff was generally supportive, but I was aware that a few of my peers did not consider that I had the appropriate

profile for the role. It was difficult to ascertain how much of this was due to my youth, my ethnicity, or perhaps my lack of a high profile, compared with that of my renowned predecessor Joan Croll. This was, however, transient. I remained in that role for 7 years, and during that time I combined clinical work with postgraduate study and research in public health, and developed a research profile for the centre in breast diagnosis, particularly in breast imaging accuracy. My research mentor, Professor Les Irwig, changed my life. Not only did he teach me the skills for conducting research, he provided invaluable advice and tolerated my “I give up” tantrums through an MPH and a PhD in clinical epidemiology.

Last year, after a short break to have my second child (the baby having arrived a fortnight after I completed my PhD

Life events

1965	Born in Beirut, Lebanon
1972	Mother is transferred from Beirut to Melbourne for a renal transplant
1973	Father dies of a heart attack
1976	Siblings and I migrate to Australia and are reunited with my mother in Sydney
1988	Graduate in medicine from the University of Sydney Marry in two wedding ceremonies (Moslem and Catholic)
1988–89	Internship and residency at Concord Repatriation Hospital
1996–2002	Medical Director (and, subsequently, Director), MBF's Sydney-Square Breast Clinic
1997	Graduate Master of Public Health
1998	First child (Nadine) is born
1999	Graduate Master of Education
2002	Move from private practice to NSW Breast Cancer Institute, and the Royal Hospital for Women Complete PhD thesis: <i>Accuracy of mammography and ultrasound in women with breast symptoms</i> Second child (Laura) is born
2003	Graduate PhD Senior Lecturer, Screening and Test Evaluation Program, School of Public Health, University of Sydney

Italian fiestas, and visit Casa d'Italia on a regular basis. I think there is less opportunity for them to discover their Lebanese heritage, and I wonder how I can change that — with my busy life I myself have become increasingly distant from it.

In a few weeks' time, I will sit the Public Health Physicians Fellowship exams. I consider my chances of passing to be slim — breast cancer control is but a tiny fraction of the broad field of public health medicine. However, I am optimistic because of the enormous amount of help I am receiving from the public health medicine community, my colleagues at the Breast Cancer Institute, my husband, and Julia, a fellow candidate for the exams, who has been coordinating our study group.

At my PhD graduation earlier this year, my husband and oldest daughter (aged 5 years) celebrated with me. My mother was not there, but I think she would have been proud. She passed away many years ago, aged 54 years, 20 years after her transplant. A few weeks before she passed away, she asked me if I had ever met Priscilla Kincaid-Smith (but the answer was no, and I still haven't met Priscilla).

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My daughters – Nadine, left, aged 4 years (enjoying our backyard), and Laura aged 10 months.

thesis!), I switched from private practice back to the public hospital system. I currently spend half my time at the New South Wales Breast Cancer Institute, working in services that range from a “benign disease” clinic to a “metastatic breast cancer” clinic. I also consult at the Royal Hospital for Women's breast centre, seeing women with predominantly symptomatic breast conditions. The rest of my time is spent at the School of Public Health at Sydney University, continuing breast cancer research.

Maintaining the balance between clinical and academic work is certainly a challenge, but I think the greatest challenge is spending enough time with my family, and making sure that my Australian children grow up with an appreciation of both the opportunities that surround them and their mixed heritage. We live in a part of Sydney that is greatly enriched by Italian–Australian culture, and my children are able to learn Italian at the local school, celebrate

snapshot

Watch out Dorothy

IT'S NOT HARRY POTTER or 007. It's the Wicked Witch of the West coming to town at this time of the year. She was first detected by this 3D CT reconstructed image!

Bit Lock Wong

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