The health lessons of a lifetime: what “wellbeing” means to me

Greg McCallum

The constructive curmudgeon

In 1969–1970, the renal transplant unit at Princess Alexandra Hospital, Brisbane, had an admirable approach — “patient heal thyself”. Self-reliance was the key, right down to sometimes taking one’s own blood pressure while in hospital for dialysis. I was encouraged to be independent of mind, and that was 40 years ago.

When I emerged from transplant surgery, I immediately took the view that I wasn’t going to live my life focusing on my one notable medical oddity. So, no transplant societies, no transplant games, no involvement in the ongoing life of the transplant unit or its heirs and successors. I do make an exception for the occasional PR appearance — these are our most important assets. We cope well with dodgy health when those basics are there.

There’s no doubt that a robustly positive attitude is a valuable asset in the sorts of circumstances I’ve faced. However, it’s important to keep it in perspective. If asked to allocate percentages as to why, so far, I’ve always ended up in the happy tail of the Gaussian curve, I’d say good treatment accounts for 15%, good attitude for 5%, and good luck for 80%.

But I also know that Fortuna is a capricious goddess, and that life is not priceless. Prevention, while not always possible, is the key — prevention, in which individuals and their communities take the lead role and are given the tools to do so. But how?

One type of successful mindset

Even in this relatively enlightened day and age, I’m occasionally given to fuming about the approach taken by some frontline health staff. Why do some nursing staff still treat patients like children, including using baby talk? Why do some medical staff still treat patients as if they have an intellectual disability? Why do some clinicians get personally offended when I decide to take a risk and ignore some of their advice? Why are these clinicians utterly uninterested in any rationale that I try to offer by way of explanation?

My modus operandi when confronted with an acute or chronic health issue is:

• Get the best acute care possible.
• Invest in recovery (time, resources, whatever); it’s the most effective way of maximising all positive outcomes.
• Learn about the full range of recommended long-term care (eg, regular check-ups, medication, exercise, physical or dietary issues, etc).
• Learn about the mechanics and chemistry of what has happened and will happen, but only to the extent of a general understanding sufficient to make a judgement about when you should pull the “doctor” switch, and when you can take a reasonable risk in riding something out.
• Make a decision on the minimum necessary ongoing care and build it into the background of your life (like cleaning your teeth), wear any downside consequences, annoyances and diversions, and get on with your real life.

In other words, take a generic, balanced, risk-mitigation approach.

Empower me

I’ve never consciously felt a particular need to be “empowered” by anyone, but I suppose some might view my modus operandi as evidence of self-empowerment. Empowered and all, I still rely heavily on the availability of high-quality expertise and facilities. Empowerment sounds great, but it is a debased PR term these days.

Non-trivial problems usually require simple strategies and complex solutions. I’m comforted by the fact that a national electronic health record is looming, that the prevention agenda has the profile that it does, and that science that supports productivity is gaining more traction.

The world’s not such a bad place after all.

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