No regrets in intensive career

Professor Jeffrey Lipman is a world leader in intensive care medicine, and he wouldn't have it any other way ...

PROFESSOR Jeffrey Lipman admits to being obsessive — a personality trait that has made him a renowned intensive care clinician and researcher, and in his day, a fierce competitive squash player.

"It's my personality," Professor Lipman tells the MJA. "I'm totally obsessive, so it has interfered with my family life. My son complained that he didn't see me growing up and medicine was more important, and I can see why, because I'm totally engrossed in it.

"I've been working for about a hundred hours a week for maybe 30 or 40 years."

As a young man in South Africa, Professor Lipman was not particularly interested in becoming a doctor. His interests lay more in computing and statistics.

"My mother was an immigrant to South Africa after the First World War. She had wanted to do medicine but never had the opportunity, so she pushed me into it.

"I've never regretted it, though. I've had a very good career, but it's been all-encompassing."

Soon after arriving in Australia in 1997, he was made Director of the Department of Intensive Care Medicine at the Royal Brisbane and Women's Hospital, as well as Conjoint Professor at the University of Queensland (UQ). He is also Head of Anaesthesiology and Critical Care in UQ's medical school. In 2009, he established the Burns, Trauma and Critical Care Research Centre at UQ.

After graduating from the University of Witwatersrand in Johannesburg in 1972, Professor Lipman started in anaesthesia in 1974. Part of his training included a stint in the intensive care unit (ICU) and the rest is history.

"I suppose I fell in love with it," he says.

In 1979 he established a new ICU at a peripheral University Hospital and in 1987 he became the Director of Intensive Care in Soweto — jobs which took him to many parts of the world, "trying to learn, trying to garner as much as I could wherever I travelled".

"I realised that the best health care system in the world was in Australia. I ran a big ICU in Soweto for many years, and then when I saw the Australian infrastructure, that was it," he says.

"Australia had sorted out the career pathways and the structure of intensive care in the 1980s and 1990s. They were way ahead of anywhere else in the world. There's just no doubt about it."

When a job offer in Australia came along, he asked himself only one question.

"I asked myself where I want to be when I'm old and I'm sick."

Is Australia's health system still the best in the world?

"One hundred percent.

"People whinge but I can tell you now that the best health care system in the world is Australia. You may find little pockets in Sweden, in Switzerland maybe, but overall the best health care system in the world, I'm pretty adamant, is Australia."

Professor Lipman's research passion has been the pharmacokinetics and pharmacodynamics of antibiotics in the ICU, and what that means for dosing.

"Intensive care is a relatively new specialty, a new dimension," he says. "[In the early days] you took the best available evidence, which came from operating theatres. That was the best data we had.

"But as you worked with that data you realised that it didn't really translate correctly to your patients. We realised that the functioning of the body in intensive care is totally different to in the wards."

That effectively means ignoring the package inserts on most antibiotics, he says.

"Because the way drugs are developed, they're all for ward patients. When a company develops a drug, the market is not intensive care because it's a small field. They're looking at outpatients and they're looking at relatively non-sick patients, and that's how the drug gets used.

"But in intensive care, the patients are different. Every single day I prescribe antibiotics, and probably I use the package insert one in 10."

Two issues remain the biggest problems for ICU staff and patients. The first is pragmatic.

"There's a shortage of intensive care nurses worldwide, and there always will be," says Professor Lipman. "It's a difficult profession, intensive care nursing and it's usually a young profession. So it's a moving field of staff. It'll always be a huge problem."

Jeffrey Lipman

The other major challenge is more esoteric. Futility of care.

"That's one of the biggest problems in intensive care units in Australia in 2019," he says.

"We prolong life very well, but we also prolong death, and finding the line between those two things, that's the big problem.

"In intensive care we struggle with those concepts. That's the ethical point of view.

"But there is also the cost. There's good data showing that the last couple of years of a patient's life is the most costly to the health care system.

"From a cost point of view — separate from the ethics — Australia has to start looking at what we do, and how we do it, because we are going to run out of money."

"I asked myself where I want to be when I'm old and I'm sick"

Despite the challenges, Professor Lipman remains "obsessed" with his profession and has no hesitation in recommending it to medical students and doctors-in-training.

"Intensive care is a real-life physiological and pharmacological human laboratory," he says. "You can see the results of your work very quickly — it's exciting and dynamic. I quite like that, and I like the physiology that we see every day in ICU."

Given the effects on his family life over the years, would he change anything about his career?

"Should I do it differently? The answer is yes. Would I do it differently? I'm not sure that I would, because when I do something, it's all or nothing.

"No regrets."

Cate Swannell

doi: 10.5694/mja2.50357