
APE 2016



Disruption

APE 2016 comprised two weeks of presentations and discussion. This summary gives just a hint of the content and hopefully a flavour of the quality and range of presentations.

The theme of “Disruption” was selected based on a survey of past APE participants. It was chosen as the theme largely due to its relevance across disciplines and currency in public discussions.

The convenors take no responsibility for life disruptions as a result of conference participation - however, we will happily take credit and a percentage of all profitable enterprises, successes or other positive outcomes!



Silver Star disruption

A handwritten signature in blue ink, appearing to read 'V. Viliunas'.

A handwritten signature in blue ink, appearing to read 'R. Katz'.

The convenors - Dr Vida Viliunas and Dr Rod Katz

Week 1: Introductory remarks

Rod Katz gained his PhD from Sydney University in 1996 following undergraduate degrees in Economics and Law from ANU and a career in banking and finance. Rod's interests include moral philosophy, road safety and active transport.



Rod's introductory presentation covers the growth of the 'Disruption Industry' led by Clayton Christensen of the Harvard Business School. Christensen's seminal paper in 1995 articulates a model of disruption based on the experience of Kodak and other companies whose businesses have been destroyed by a failure to adapt to innovation. This model has been eloquently criticised in recent times by writers such as Jill Lepore. Lepore, also a Harvard Business School professor, sees the Christensen approach as reliant on creating fear and also being too restrictive in the ways that technology can affect the success of incumbent players in an industry. One of the current controversies surrounding Christensen is that he does not accept Uber as being a "disruptor" in the taxi industry as it has not conformed to his model of disruption. There is a sense that Christensen is seeking to claim the word disruption and restrict its meaning. This is difficult to accept when it has an accepted english meaning and there has been a long academic history of understanding the role of innovation and technological change in economic growth and societal and political change. The towering figure in this area being the Austrian economist, Joseph Schumpeter (1883-1950).

Blackhawk Down - Dr Simon Moten

Simon is a consultant cardio-thoracic surgeon at Austin Health and Royal Melbourne Hospital. He completed his specialist qualifications after serving as a doctor in the Australian military. Simon was partly inspired to give this presentation by seeing the interest in Dr David Scott's account at APE 2015 of serving as a medical officer in Afghanistan.



Simon was posted to Mogadishu in 1992 with the Australian military which was carrying out logistics operations on behalf of the UN. His role was to be there for the Australian military personnel but it became apparent that his role was wide ranging.

This presentation starts with a ten-minute slide show of war and famine in Somalia in the early 1990s. Many of the photos are Simon's own. He describes the political context in which the UN intervention took place along with the role of the



Australian forces. UN policy in relation to Somalia transformed along the journey and hostilities with local clans intensified. What started as a mercy mission ended up as a war. The US were pressured by the UN, a change in the White House and incidents on the ground and US policy shifted from “peace keeping” to “peace making”. This turned out to be disastrous in Somalia and the policy repercussions are still felt today. UN actions to disarm militia and dictate policy were depicted by the Somali leaders as aggression and the local militias fiercely defended their interests. The narrative of the synonymous movie is dissected for its failures and omission of the important role of the non-American forces engaged on behalf of the UN. The Pakistani Malaysian troops were particularly exposed by the US operations and instrumental in extracting the American troops from the firefight.



Simon and Sam present the negative and the positive of African disruption

Uganda: International Justice Mission - Samantha Marks QC

Samantha has worked as a barrister since 1989 in Victoria and took silk in 2010. She practices principally in commercial law, employment, probate and TFM matters as a legal advisor, advocate and mediator.

After Simon’s bleak portrayal of the violence and poverty of Somalia in the 1990s, it was warming to hear about the positive and successful work of the International Justice Mission (**IJM**) in Uganda. When a husband and father dies, many vulnerable Ugandan widows and children are exposed to land-grabbers who take their homes and land. Although there are laws against it, these crimes are not being prosecuted, and are often treated as civil issues. At the invitation of the DPP of Kampala, Uganda, and as guests of IJM, Samantha Marks QC led a group of 4 other Victorian barristers and one County Court judge to run a week long workshop for Ugandan prosecutors. The focus was trial advocacy and in particular cross examination, examination in chief and summarizing cases for the judge at the end. The assessment from the workshop suggests the legal officers in Uganda are well-schooled and extremely polite. This very politeness can sometimes prevent them from effectively challenging the evidence of people making questionable claims. The feedback has been that since the course cases are being prosecuted more vigorously by those prosecutors, who really appreciated the opportunity to hear from their Australian ‘brothers and sisters-in-the-law’.



Bell Medical - Disruption and Opportunity

Alan Bell

Alan Bell has many years of experience in the Human Capital sector. He was founder and CEO of Chandler MacLeod Health and grew that business into one of the major HR service providers for Australian health services. He now runs Bell Medical and is a director of the Recruitment and Consulting Services Association.



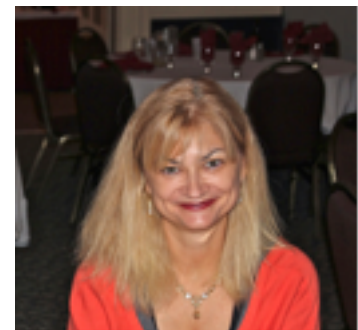
Alan's presentation provides an update on a venture that has the potential to be a disruptive force in the delivery of medical assessments for business clients and for sports teams. The focus of this presentation is on a diagnostic toolkit for assessing general health, heart fitness and stress. The toolkit provides valuable information to employers or sports team managers.

Falling over - in the mountains and in the elderly

Dr Bailey is a Fellow of the Australian Faculty of Rehabilitation Medicine. She practices as a Consultant in Rehabilitation Medicine at several public and private facilities in Newcastle with a special interest in Musculo-Skeletal medicine. Kirsten was prevented from giving her presentation in 2015 due to a power blackout. The blackout affected the whole mountain. It was caused by a vehicle colliding with a substation supplying electricity to the resort. It was partly this experience that inspired the theme of disruption.

factors are classified as intrinsic (e.g. medication use, cognitive impairment, sensory deficit) and extrinsic (e.g. lighting, poor surfaces, clutter). There are a number of tests for assessing risk and measures that can reduce those risks of each category. The injuries that result from falls are wide ranging. Residential care facilities manage this risk through regular vitamin D, medication reviews and hip protectors. They also assess and train residents in how to get up after a fall and equip them with personal alarms.

Kirsten highlights the significant costs of falls in the elderly. Falls are a marker of ill health and declining function. They are a massive cost to the health care system. Risk



For the not so elderly, mountain adventures pose a particular fall risk. There are a number of measures to limit falls risks in mountain activities: specific fitness training, technical improvement, equipment selection and servicing. Common ski injuries to knees include MCL (most common) and ACL (more serious). Less common are LCL, tibial plateau and meniscal injuries. Personal recommendations are to be aware of post lunch fatigue, avoid night skiing and tree wells. Overall, the health and fitness benefits of mountain sport participation outweigh the falls risks.

Orthopaedic disruption - Dr Mark Porter

Mark is an orthopaedic surgeon in private practice in Canberra specialising in sports injuries. His background includes 16 years as an international representative boxer. At the time of the presentation he was days away from completing his 50th marathon.



Mark's presentation certainly suggests the need to disrupt practices in orthopaedics. One of the targets that he has in his sights is the over-use of MRI scans for knee issues that clinically will require arthroscopy for proper diagnosis and treatment. He puts the overuse of MRI scans down to, firstly, the full rebate available if a GP orders it and, secondly, the patient thinking the MRI offers a diagnostic benefit. Mark puts an argument that many of these MRIs are a \$500 waste of resources. For an ongoing knee issue, he would need to put a camera in and have a look regardless of the MRI result. Mark introduces us to the term "balance procedures" i.e. procedures that help an orthopod's bank balance. There is little or no supporting evidence for many orthopaedic imaging procedures. Mark makes the point effectively by discussing some trials that he has been involved with. Mark highlights the importance of "equipoise" in the evaluation process for surgical alternatives. This generated a significant amount of debate about the meaning and realism of equipoise.

In summary: Entertaining, controversial and informative.

The Financial Outlook - Stewart Hancock

Stewart is General Manager Commercial Wealth Defender Equities Limited and also Exec Director Perennial Value Management. He was previously with NAB (and before that Lend Lease/MLC), including Director Strategic Initiatives for National Investment Management, Chief Operating Officer & GM Strategy MLC Corporate Solutions and Director Investor Services, Lend Lease Investment Services. He holds qualifications in Commerce, a Diploma of Financial Planning and is Graduate of the AICD.



Stewart compares the current financial climate with observations from previous appearances at APE conferences in 2008 and 2011. One of the current questions is whether we are emerging from the GFC of 2008 or, as suggested by George Soros, we are back at 2008 with the dire consequences that that would entail. Stewart identifies a number of global investment themes: ongoing lax monetary policy but some tightening in the US; Chinese economic slowdown and transition from export led manufacturing to consumption led and service economy.

Domestically, we may expect some further interest rate cuts. The RBA may be more comfortable in lowering rates as heat goes out of the property market. Stewart draws a number of lessons from our experience since 2008: No stock is always safe, thus the need to diversify. Forecasts are unreliable, returns are likely to be lower for longer - especially on cash.

Disruption and your retirement - Brett Dillon CFP

Brett Dillon is Principal of BD Financial Planning, an independently owned boutique practice.

BD Financial Planning has a very diverse client base ranging from medical specialists to tradies and some expat clients. Brett enjoys helping clients to solve their financial complexities and to grow and protect their wealth.



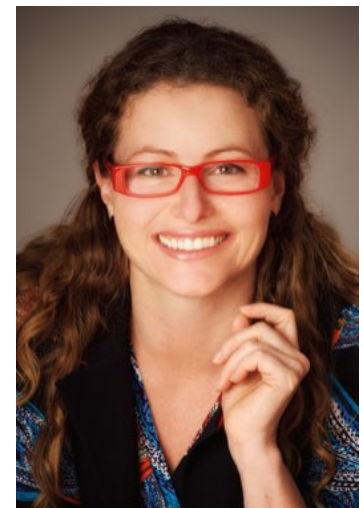
Disruption is always around the corner and it has frightening consequences for retirement planning. The critical risk in retirement planning is whether investment returns and accumulated capital will be sufficient to cover the important things you want to do when you stop working. Baseline returns look like they will stay low for some time. This increases the attractiveness of equities relative to “safer” investments like fixed interest. Major shifts are happening in all business lines with possible devastating or hugely positive effects on dividends, capital gains and losses. Some of these shifts are a result of technology and innovation. Some are due to government decisions. The more important issue is to get the strategy right, the structure right and manage downside risk including the safety net of insurance.

Addiction, Drugs and Crime - Tania Wolff

Tania Wolff is a Melbourne lawyer and the Principal of the First Step Legal Service; a not for profit, unique legal service, embedded within an innovative, multidisciplinary, drug and alcohol rehabilitation clinic in St Kilda. The legal service works collaboratively with the medical and allied health clinical team of the First Step Program to provide pro bono, criminal law representation and advice to clients actively engaged in treatment. Donations to the First Step Program are fully tax deductible.

<http://www.firststepprogram.org/>

Prior to joining the First Step Program, Tania worked in private criminal practice, commercial practice, and as in-house counsel for a multinational company both in Australia and Asia.



Tania reviews the history of the “war on drugs” going back to the Nixon years and argues that we need to disrupt conventional thinking about drugs and crime. The costs of current policy in terms of imprisonment, health impacts, crime and family disruption are typically overlooked in the moralistic “tough on crime” political discourse. Sadly, the US approach is being replicated in Australia. Victorian statistics paint a picture of rapidly expanding prison populations and consequent expenditures. Understanding who is being caught up in the war suggests that preventive measures, addressing individuals, families and the broader community, are likely to be more effective and better value than punitive measures. At the individual level there are key moments where the cycle of addiction and imprisonment can be disrupted. This is the goal of The First Step program. Various case studies from the US and Australia support diversionary programs as offering massive benefit-cost ratios.

Disruption in General Practice - Dr Andrew Cheasley

Andrew is a GP in Moonee Ponds, Victoria. He is the principal of a private billing medical practice. The practice has been established 20 years with four GPs. Andrew has also been tutoring and examining students from Melbourne University since 2007.

Andrew’s presentation commences with the provocative question: “Does General Practice actually need disrupting?”. There are many challenges in a GP’s working life; government regulation, legal and reporting obligations, insurance issues, staffing, pharmacy liaison, nursing home issues, medical students ... Up until recently, GPs have resisted innovation on the basis that they have been surviving in balance with all these challenges. However, technology is changing the picture through opportunities and threats. Opportunities arising from communication technologies, remote access, electronic records etc. can allow GPs to treat more patients and to leave the office at a more reasonable hour. Threats include “Dr Google” and website services such as GP2U and Doctus. These challenge traditional ethical standards but offer important learnings for GPs. GPs can adjust their practices to disrupt the disruptors.



Disruption and real estate - Panel discussion

This discussion brings together different experiences in the real estate market. Panel members on the discussion; Kathy Broderick, Chris Marsh and Rod Katz share their perspectives on dealing in property.



Kathy Broderick



Chris Marsh



Rod Katz and Vida Viliunas

This discussion was initiated by Rod and Vida's 2015 experience of selling the family home without using a commissioned agent. Marketing was via on-street signage and online advertising. The Canberra market has a dominant on-line real estate website. Rod and Vida's property attracted over 6000 views in a two month period. The cost of online listing, photography and street signage are modest as compared with the cost of advertising added to agents' commissions. Arguably, a strong online site reduces the marketing gap between private sellers and agents. Network effects in real estate marketing undoubtedly exist - all the sellers want to be on the platform where the bulk of buyers are looking. These network effects were long captured by local print media however the internet has disrupted the "rivers of gold" that used to flow to print. Online real estate portals offer many more features than print and are significantly cheaper. Their user interface is easy for private sellers, as well as professional agents. They also allow rapid information gathering on similar properties and historical sales.

The discussion also highlighted the role a good realtor can play in reducing emotional tension for vendors and purchasers alike. Experienced house sellers are able to point out the irrational reactions they have had to a lack of appreciation for features of their homes. Having an intermediary agent can help the buyer and seller to adjust expectations and achieve a faster sale.

The Australian real estate profession could learn from other markets, such as the Canadian market, including by considering offering buyers agency services more widely and adjusting commission versus advertising rates.

Different market segments will be more susceptible to disruption than others. Chris suggests that commercial real estate may be more open to direct sales than residential. Commercial property is more about yield and risk rather than lifestyle or psychological factors. Successful commercial real estate agents are moving more towards identifying opportunities for developers and packaging investors.

The intention for this session was to move onto a discussion of artificial intelligence and robotics. Our very human fascination for real estate crowded out a potentially wide ranging reflection of our hopes and fears for technology. These are probably summed up in the box below.

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|  | <p>"Like any self-respecting remorseless killer robot from the future, our techno-anxiety just keeps coming back". (ft 11/12/15)</p> <p>http://www.ft.com/intl/cms/s/0/10b64eec-b291-11e5-8358-9a82b43f6b2f.html#axzz3wU5pC</p> <p>~CD</p> |
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Kokoda 2014 - Dr Nestor Lalak and Olivia Lalak

Nestor is a urologist practicing privately in the Southern Highlands. With Olivia, he participated in a father-daughter group trek of the Kokoda trail in 2014.

The arrival of western technology to New Guinea was possibly one of the greatest disruptions ever. This, followed by the Japanese invasion during WW2 and fierce jungle warfare, makes the history of PNG a sad tale. Nestor and Olivia's Kokoda trek revealed the scars of these disruptions, together with the courage and generosity of many of the local people.



The Kokoda track is actually a centuries-old trading route used by the Papuans to link Port Moresby in the south and Buna in the north, crossing the Owen Stanley Range. The Japanese plan was to attack Port Moresby via the Track and employed 20,000 troops to do that. Of these 13,000 were killed. Australian casualties came to 2019. An unknown number of natives died. The Track remains a very tough experience even with the local porters carrying supplies. Rivers

swollen by heavy rain required rope crossings, log rafts or extempore tree trunk bridges. Local food supplies are limited and other accepted aspects of modern civilisation, electricity and plumbing are non-existent. Reminders of war, such as shell casings, are abundant. A particularly moving point on the trail is “Surgeon’s rock” - a flat rock which served as a field operating theatre. Clearly, enduring this trek was a hugely character building effort and a valuable shared experience.

Thou shalt not cut for stone - Dr Justin Vass

Dr Justin Vass is a fully qualified Sydney Urologist specializing in minimally invasive surgery particularly of the prostate and kidneys.



Urinary stone disease is one of the most common conditions in medicine today. It has a prominent place in medical history from ancient times. The title of this talk comes from the admonition in the Hippocratic oath for physicians to leave stone cutting to the barbarous surgeons. This was undoubtedly due to the very high fatality rates associated with lithotripsy right up to modern times. The history of stone removal techniques are classified as:

Byzantine (Greek and Roman) 167 – 732
Medieval 1096-1438
Renaissance 1453 – 1600
Enlightenment 1650 - 1800

One theory has the nursery rhyme “Frère Jacques” as referring to a 17th century lithotomist, Jacques Beaulieu. Beaulieu reportedly carried out over 5,000 stone procedures. In one period in Paris he apparently caused the death of 25 of 60 patients before leaving town. He had more success as time went on with a claimed unbroken run of 48 procedures without a fatality.

By the mid 1800’s the first trans-urethral procedures were being carried out. These can be regarded as pioneering the field of minimally invasive surgery. Modern techniques have expanded in range through shock wave lithotripsy, percutaneous nephrolithotomy, and ureteroscopy. Justin briefly describes all these techniques.

The evolution in treatment demonstrates the improvement in medicine, surgery and technology over time. The techniques continue to evolve - current techniques were not taught even 10 years ago - and the reduction in pain and suffering marks a step change in human happiness.

Disruption in cancer - Prof Paul De Sousa

Prof Paul de Souza is the University of Western Sydney's (UWS) Foundation Professor in Medical Oncology. He graduated from Sydney University in 1986, completed his Medical Oncology training, received his Fellowship of the Royal Australasian College of Physicians in 1992. He was Assistant Professor of Medicine at the University of Virginia. In 1997 he founded the Clinical Trials Unit and a research laboratory at St George Hospital dedicated to developing new drugs and approaches for the treatment of urological and other cancers. Paul is appointed as a Senior Staff Specialist at St George Public and Sutherland Hospitals and a VMO at St George Private Hospital.



Paul gives a presentation in two linked stories. The first is a case study of one of his patients. We travel the cancer road with the patient from diagnosis and through various treatments. He suffers numerous indignities (chemo, colostomy etc.) but enjoys moments of clarity and gratitude and the joy of riding his bike. We examine the decisions he confronts along the way and how he is guided in those decisions. We leave him in the present day facing another round of chemotherapy encouraged by his good response to the initial treatment.

The second story is a more technical one. It is the story of the immune system's role in firstly, being confused by cancer, and secondly how new antibody treatments can reengage the immune system against a cancer. The disruption here is at a cellular level. The cancer initially disrupts the immune response and the new antibody treatments disrupt the disruptor. This certainly offers considerable hope and there will no doubt be fortunes made (and possibly lost) in the development of these immune boosters.

Disrupting Silver Star - Dr Tim Hassall

Senior Staff Specialist in
Paediatric Oncology
Department of Haematology/Oncology
Children's Health Queensland



Tim has particular insights into the disruption caused by paediatric cancer. Not only is he the director of the paediatric oncology department in Brisbane, but he also had the experience last year of having his daughter Emily diagnosed with a lymphoma. Fortunately, Emily is doing well and was able to come back to Silver Star this year. Tim's reflections on the disruption suffered by the families and patients carry personal weight. For families and friends, disruptions include travel, strains on marriages and sibling relationships, school participation, work commitments, mental health etc. For the patient there are also emotional and mental health consequences, dislocation from normal life and interruption of education, consequences of treatment including chemotherapy, surgery and radiotherapy. At the cellular level there are a host of consequences depending on the particular cancer.

Making participants in Litigation accountable - Simon E Marks QC

Simon is a Commercial Litigator and Queens Counsel in Victoria. He came to the Bar in 1986, having practiced as a solicitor at King & Wood Mallesons (then Mallesons). He practices extensively in commercial litigation and trade practices in the Supreme and Federal courts.



If you hold the view that, not only is litigation expensive for parties but that often, the costs are disproportionate to the complexity of the issues and the amounts in dispute, you are not alone.

Simon spoke about the introduction in Victoria of the Civil Procedure Act 2010 as a legislative response to a perceived culture of unnecessary expenditure in litigation, and as a way of holding parties (and controllers of litigation) to account for undesirable litigation practices. He compared the newly formed statutory “*overarching obligations*” with pre-existing obligations at law, to point out that the power of the Act lies not so much in the obligations as in the sanctions (particularly costs) that can be imposed for breach. He identified areas where courts’ powers to impose sanctions has been significantly expanded or enhanced by the Act. For example, he explained how the traditional “*wasted costs*” jurisdiction which formed part of courts’ protective jurisdiction to compensate for costs unnecessarily incurred, had been replaced by new statutory sanctions the foundation of which are disciplinary rather than compensatory, and which result in

courts' powers being relatively unfettered by common law controlling measures such as loss and causation.

He explained the broad reach of the statutory jurisdiction which extends obligations to not just practitioners but to the parties, experts, insurers and anyone else who exercises control over the litigation. He gave examples of some of the potentially far-reaching consequences of the Act's operation for persons involved in litigation. He suggested that whilst the intention of the Act was to bring order and proportionality to litigation practice, there may be unintended adverse effects. For example, it may yet be shown to have a chilling effect on the willingness of practitioners in some cases to fully and fiercely represent the interests of their client(s), particularly in hard cases.

Sleep disruption - Dr Sharon Tivey

Sharon Tivey is an anaesthetist, working mainly in the public hospital system. Her undergraduate training was at The University of Sydney followed by postgraduate training in Sydney and Virginia, USA. She enjoys teaching, is a Conjoint Senior Lecturer at the University of NSW, a Supervisor of Training (Anaesthesia) and an examiner with the Australian and New Zealand College of Anaesthetists.

Anaesthetists are usually concerned to make sure you don't wake from an unnatural sleep which, Sharon tells us, is not "sleep" at all. In this stimulating presentation, Sharon does nearly the opposite: she

identifies what is keeping us awake at the wrong times and how we can improve our sleep. Firstly she identifies the importance of sleep for brain development, tissue repair and other functions. How sleep works remains a mystery but it is proven to be necessary for survival. How much sleep we need varies across individuals and time of life. As babies we sleep for 14-16 hours (if our parents are lucky). Adolescents sleep an average of nine hours with a shift to a later cycle, while the elderly shift to an earlier cycle but only sleep six hours. Consequences of shortened sleep are discussed from mood changes to physical issues of varying severity. Features and management of jet-lag (sleep desynchronosis) are discussed. Sleep hygiene is becoming a focus of research. Sleep hygiene recommendations are provided including some of the obvious (avoiding stimulants before bed) together with suggestions such as timing of exercise, alcohol and food consumption, use of screens and creating a relaxing environment that is quiet, dark and cool.



Colorectal cancer - Dr Andrew Stevenson

Dr Andrew Stevenson is a Specialist Colorectal Surgeon and head of Colorectal Surgery at Royal Brisbane and Women's Hospital. Andrew's main interests are in laparoscopic colorectal surgery, colorectal cancer, inflammatory bowel disease as well as functional disorders. He has been Principle Investigator in a number of large multi-centre trials in colorectal and laparoscopic surgery and continues to be involved in research, education and training. He runs regular workshops for surgeons in laparoscopic colorectal surgery around the world.



This presentation has all delegates squirming in their seats or thinking about colonoscopies! It outlines the very high incidence of colorectal cancer (CRC) and associated mortality and morbidity. The history of CRC surgery and latest developments, including multi-centre trials comparing open surgery with laparoscopic surgery are described. The developments in CRC surgery, many pioneered by Andrew's team, are truly astonishing.

Wrap up

The APE conferences continue to attract wonderful delegates. Without their contributions, there really would be no meeting. The wisdom shared in a convivial atmosphere creates a platform for the working year ahead.

It is good to look forward to the next conference knowing that you will reconnect with old friends and make new ones.

Thanks for your participation and interest!