

**Nathan Cherny**  
**Graduation address, May 2017**

Mr Deputy Chancellor, Professor Nestor, my friends Professors Christina Mitchell, Louis Waller, academic staff, distinguished visitors, members of Council and dear graduates.

It is an unexpected honor to be here today.

May I first extend my congratulations to all the graduates on receiving recognition of your achievements and hard work, and to your gathered family and friends who are sharing the joy and pride of your achievements.

To return to Monash University for the first time since my graduation in this hall 33 years ago is an special experience for me and for my family, many of whom are with me today, especially as it falls on the eve of my father's 85<sup>th</sup> birthday which we will celebrate in a few short weeks.

Though my life journey has taken me far from here, I remain deeply indebted to Australia and to Monash University and its associated hospitals for the education they gave me and for the remarkable people they exposed me to.

Alongside my parents, my Monash experiences are very much the underpinning of all that I have done in my professional life over the past three and a quarter decades.

From this accrued experience, I would like to share pieces of unsolicited advice that may be of value to you as you confront your post graduate and professional lives ahead.

First, I want to encourage you to nurture audacious optimism.

Audacious optimism is the belief that you can aim high in your careers and that you can make a profound difference through your ideas and energies.

It is the sort of optimism that has inspired my life choices and the agenda of my efforts in education, research and public policy.

It was audacious optimism that took me to and has kept me in Israel where, despite the challenges of unresolved conflict and the ever present threats of terror and war, I have lived, worked and thrived for the past 23 years.

I work at the Shaare Zedek Medical Center as an oncologist and palliative care physician where my team and I care for Jews and Palestinians side by side. Not only that 20% of my patients are Palestinian so are a substantial proportion of my medical and nursing colleagues.

As well as providing routine care to the citizens of Jerusalem, we also provide subsidised consultative services to patients from the West Bank, and training and mentorship for Palestinian oncologists and for Al-Sadeel, the first Palliative care NGO in Palestine.

We work together not only with mutual respect but with mutual affection, and with a shared desire to both relieve suffering and a secondary agenda of using medicine as a medium for social change to foster a culture of respect and understanding between Israeli Jews and Palestinians.

Our Jewish and Palestinian patient population share a common traumatized existence. Both sides suffer from risk of violent death or injury; both sides are vexed by injustices wrought by the other. Illness, however, is a unifying experience.

Health care emphasises humanity and respect for human dignity in a very special way and the focus on humanity stands in stark conflict to the disregard for the value of human life that is so much part of war and terror. Through the delivery of care, there is a potential to break barriers of suspicion and hatred and to reverse the processes of depersonalisation, dehumanisation and demonisation

I will illustrate this with the story of one of our families.

Mr. A was a 40 year old husband of a young Palestinian woman with metastatic colon cancer. Together they had four children and they lived in East Jerusalem. In September 2000, he had been at the site of a violent clash between Palestinian protesters and the Israeli armed services. The young man who stood beside him was shot and killed and he carried the body away from the battle scene.

When he initially came with his wife to an Israeli hospital he was full of anger at Israelis and Jews and he had little reservation about hiding his hostility. Indeed he said that it was important to him that we know that even though he brought his wife to us for treatment that we need to appreciate that he hated Israelis.

Over two years we cared for his wife and family. Mrs. A underwent several lines of chemotherapy; some successful, others less so. When she developed a bowel obstruction, she underwent a diverting colostomy and our staff supported her and her family through the ordeal. The treating nurses would hold her hands, stroke her hair and extended the same care and support that they would to any other patient.

Slowly, enmity faded and Mr. A, his wife and family became a part of the routine in the oncology day hospital. As her illness progressed, she became increasingly dependent on help from the palliative care nurse. Because they lived in an area that had become increasingly unsafe for Israelis, and in the absence of a Palestinian home care program, we had to make do with telephone support and hospital based ambulatory care.

Mrs. A ultimately developed a severe pain problem with lumbosacral plexopathy. When she was admitted for pain stabilization, it became clear however that she would not be able to return home and she died in the oncology/palliative care ward, surrounded by her family and friends and her mainly Israeli doctors and nurses.

A week after her death her husband returned with his 4 children with gifts and thanks for the staff. To each of them he said, "When I came here, I saw you as my enemy but I now know you are my brother."

I have spent a professional lifetime pushing at boundaries:

In bringing Israelis and Palestinians together through health care.

In making palliative care health care priority in Israel among European oncologists and in the world in general.

In promoting humane and humanistic care for all patients and particularly in end of life care.

In making the opioid medications available for the relief of cancer pain.

In promoting global initiatives to diminish inequities in cancer care.

In fighting hype and promoting honest communication about the true benefits and limitations of cancer therapies.

For me, this audacious optimism is literally mothers' milk. My late mother, Betty Cherny, was an inspirational woman who we lost at a relatively young age. She left me inspired by a modification of the serenity prayer that I would like to share with you.

God grant us the wisdom to accept the things we cannot change, the courage to change the things we can, the wisdom to know the difference and the chutzpa (audacity) to push the boundaries.

Secondly, seek out collaborators to actualise your goals.

It is not enough to be an optimist. The actualisation of worthy but audacious ambitions almost always requires collaborators.

None of my optimism would have impacted had I not partnered with organisational infrastructures that have helped bring ideas to fruition and to turn optimistic agendas into ideas with power and influence beyond the readership of obscure journals or the confines of a small hospital in a war torn city in the Middle East.

Indeed, all that I have achieved has been built on successful collaborative partnering: partnering with hospitals, with academic colleagues, and with professional or organizations.

On the other hand, without ambitious optimists and vision, professional health care organizations, hospitals and universities stagnate; with them they become vital agents of change and social progress.

As a student at Monash I never expected to be doing anything like this.

My Monash University education gave me wings and my most unexpected experience has taught me that this combination of a great education, audacious ambition and strategic partnering can spurn research, policies and program implementation with far reaching social and human impact...and this is an awesome experience.

Thirdly, seek out and be inspired by role models and professional heroes.

Growing up in a Jewish family, Friday night Shabbat dinner with my parents and two brothers was often in the company of guests. It was a time for relating and sharing important events of the past week.

I remember one evening when, as a fifth year medical student, I related the contents of a remarkable tutorial I had attended with Professor Barry Firkin, the second Monash University Professor of Medicine at the Alfred Hospital.

It was a lesson that resonated with me to the degree that I wanted to share it with my family and it is a lesson that I have lived with every day of my professional life.

Professor Firkin called it the 'Essential five Cs' of good medicine: care, compassion, communication, cognitive skill and curiosity.

Professor Firkin taught that if you take away any one of them, you are left with a medicine that is diminished and deficient, a sort of health care delivery that you would not want for yourself or for your loved ones, and that you should not want for others.

Barry Firkin was one of a critical cadre of role models to whom I was exposed during my formative professional development. Others include Kathy Foley and Nessa Coyle from MSKCC; Monash Professors ,Eric Glasgow Max Schwarz; Ian Haines, John Zalcborg, Jeff Szer, Alison Street and Martin Vandewieden of the Department of Medicine; and Professor Peter Singer of the Philosophy department.

These people, several of whom are here today, are among my list of personal heroes; people whose demeanor, wisdom, generosity, compassion and insightfulness, vision and ambition have inspired me over the course of my professional lifetime and who continue to inspire me today.

My mentors and heroes have inspired me:

To care and to deliver care with respect for individual persons.

To push the boundaries of knowledge.

To seek the good in people.

To maintain a healthy skepticism and yet to balance it with an optimism that through our endeavors as a health care providers, teachers and researchers, we can make substantial contribution to our patients, our communities and to humanity in general.

I urge you to seek out role models, mentors and personal heroes. They are beacons who inspire us to be better versions of ourselves.

Fourth, seek balance between your professional and personal lives.

As health care professionals, we are all at risk of burnout, compassion fatigue, moral distress and of losing proportionality in the work life balance.

Emotional equilibrium, resilience and happiness all require that we attend to the needs of our non-professional personal selves. If we don't look after ourselves and one another, we will be less able to look after others.

Look after and make the most of your non-professional time.

Make time for and appreciate your friends and family.

Take vacations.

Seek out and savor experiences in nature, sport, culture, theater, music literature, art, media and great food.

Look after your bodies, your spirit and find ways to be enriched and uplifted outside of your work as well as within it.

Fifth and finally, culture your sense of wonder and gratitude.

Even on the most challenging day in your work as clinicians, and we all have them...Our professional lives provide us with the potential for appreciating small wonders:

Wonders in kindness and humanity.

Wonders in courage, resilience, perseverance and patience.

Wonders in the shared mission of being a professional carer.

The wonders of breaking new ground and of sharing knowledge and new insights.

The wonder of being blessed with the capacity to make a difference.

And the wonder in the love and appreciation of our special relationships.

In accepting this honour today, I have many people to thank but I will focus on a critical few.

My parents; the late Betty Cherny, who role modelled communication and compassion; my father, Dr Jack Cherny, who role modelled the ultimate caring, careful, wise but humble physician.

The Peter MacCallum Cancer Centre and the doctors who saved my life, led by Dr Tom Sandiman, who treated me with Dr Larry Einhorn's protocol for metastatic testicular cancer in 1979.

Monash University Medical School for providing the underpinnings for what has been a lifelong project of education in medicine, and for exposing me to the role models who have served as major sources of inspirations.

The selection committee of Monash University who saw fit to bestow this incredible honour upon me today.

My care partners at the Shaare Zedek Medical Center in Jerusalem, Israel, and especially the team of dedicated oncologists, trainees, nurses, social workers, spiritual care, psychological care, and other services and volunteers who I am blessed to work with.

Finally, my extraordinary wife (and love of my life), Nancy, and our four children, Calanit, Noa, Eitan and Gil, my brothers, Mark and David, and my extended enveloping circles of family and friends who keep my life balanced between work, social engagement, nature, and an appreciation of all life gives us including, and above all, love and connectedness.

Dear graduates, it is out of an audacious optimism then that I wish to leave you inspired by these six pieces of unsolicited advice from this Israeli Australian Monash Graduate.

Value your audacious optimism that you can make a difference.

Partner well and seek collaborators to give power to your ideas.

Seek out role models and heroes, and be inspired to be outstanding carers and to make a difference.

Remember and internalise Professor Firkins 'Essential five Cs' of medicine: care, compassion, communication, cognitive skill and curiosity. They are a wonderful professional compass.

Seek balance in your lives.

And finally, appreciate everyday small wonders...as I am doing right now as I contemplate my past journey and your futures.