

OBITUARY

Rufus Muirhead Clarke

1938–2021



Susan Johnson, an Australian author, noted in a recent review of a biography that a “life is lived in multiple ways, adrift on an ocean of stories”. The central challenge to the biographer or obituarist is “to create a narrative whole”, connecting the stories.

This is not easily done for Rufus! His “ocean of stories” is vast and includes a rich family life, a career as an educator, a passion for improving the health of the public, his talents as a sailor, carpenter and builder, and his love of the bush.

His lucid and systematic thought and careful use of words were evidenced in the way he demonstrated his concern for the environment and his sensitively calibrated support for assisted dying. No description adequately balances his attributes and passions. He was, as a friend observed, “a man of many parts”.

A chronology might increase our appreciation. He was born in Finchley, England, in 1938, to a pharmacist father and a mother who exerted a powerful influence on his demeanour. At Christ’s College, Cambridge, he read undergraduate and postgraduate studies in anatomy, physiology and pharmacology. During these years, he extended his sailing skills. After medical studies in London’s St George’s Hospital, he returned to Cambridge to pursue anatomy and physiology for his PhD.

His interest in education, especially as applied to biology and medicine, made him an attractive recruit for the new University of Nottingham Medical School. His colleagues remember how his approach to education brought structure and function into the same conversation. A former Newcastle (NSW) student recalls Rufus’s continuing passion for this conjunction, which his students termed “strunction”.

In Nottingham, from 1970 to 1976, his critical ideas about the desirable approach to medical education ripened. When David Maddison, founding Dean of the University of Newcastle (NSW) School of Medicine, met him, there was an immediate rapport, leading Rufus, his wife Anne and their two sons to migrate, with Rufus becoming the foundation professor of anatomy.

Maddison's innovative and humanistic approach to medical education and its governance was set out in a series of working papers written as a prelude to staff recruitment. They confronted, and suggested solutions to, many of the contemporary fault lines in medical education—student selection and assessment, academic management (no departments and centralised financial control), research, community orientation and curricular integration (macro-“strunction”!). Rufus strongly endorsed them. He had a sympathetic and natural ally in Professor Charles Engel, an experienced London educator with a great sense of order, patience, a pipe and skill in instructional design. Engel was among the first appointees to the Newcastle Medical School.

Following his appointment as foundation chair of the principal oversight group, the Undergraduate Education Committee, Rufus added to the Maddisonian compendium of working papers on topics of immediate concern. A memorable quote, when seeking calm in a rumbunctious meeting was, “So many storms; so few teacups!” Focused on each student's experience, he was known as one of the most approachable and helpful faculty.

Rufus and family lived on the shores of Lake Macquarie, 15 km south of Newcastle. He had his own workshop, renovated the family homes, built furniture, toys and models, and sailed.

Several of us who were colleagues of Rufus at Newcastle had worked at McMaster University in Hamilton, Ontario. Richly endowed, this hugely innovative Canadian enterprise embodied many of the ideals that Newcastle embraced—although McMaster's rejection of summative assessment was too much for us! Research, successfully developed along programmatic lines, flourished. McMaster supported and nourished Dave Sackett, the father of clinical epidemiology and evidence-based medicine.

I worked with Rufus to develop a theme for Newcastle that lent heavily on the McMaster methods of critical appraisal of medical literature—a derivative of clinical epidemiology. We developed 10 learning packages based on McMaster modules on critiquing papers proposing a new therapy, a descriptive study, or a new causal proposition. We called it “Scientific Method and Critical Thinking” (SMACT). It was accepted, but not hugely popular with the students. Classical public health has never been a popular topic with students anywhere and, even when couched in clinical terms, struggles in competition with basic and interventional clinical sciences.

Rufus became interested in public health. Every few weeks, he and I would wander around the Newcastle campus, eating lunch as we walked. He would interrogate me about public health components and concepts, such as the social determinants of health, practical prevention and the basic tenets of public health theory. In jest (I think), he would subsequently blame me for having “infected” him with the possibilities and promise of public health.

In 1989, he made several life changes, including leaving Newcastle and undertaking a Master of Public Health at Sydney University. His relationship with Jeanette, who would become his second wife, blossomed, and they moved to Glenbrook in the lower Blue Mountains. He then worked as director of health services development for the Wentworth Area Health Service, with a special remit for public health. This brought him insight into the world of bureaucracy—an uncomfortable fit.

His subsequent professional engagements included providing consultative advice on education matters to several royal medical colleges—pathologists, surgeons and physicians—especially around assessment. For 6 years, he contributed to curriculum and assessment development for the various learned colleges. He took a keen interest in the development of the Faculty of Public Health Medicine within the College of Physicians. In 2010, the College awarded him the College Medal for Outstanding Service.

He assisted in curriculum development for the new medical school at the University of Western Sydney (now Western Sydney University) and served as Associate Dean for Learning and Teaching at the University of Notre Dame Australia medical school in Sydney. He also helped Sydney University with its Master of Public Health course.

These were years when he and Jeanette enjoyed Sydney life and where unusually close relations were forged with his stepchildren. They remember his warmth, deep interest in them, his integrity and critical edge. At this time, he developed a passionate interest in environmental challenges, even joining street demonstrations. He supported efforts for people with intractable suffering to have access to assisted dying.

Plagued for several years with arteritis, Rufus eventually died of rapidly progressive pulmonary fibrosis in Macquarie University Hospital on 4 February 2021. He is survived by his first wife Anne and their two sons and by his second wife Jeanette, three stepchildren and 11 grandchildren.

Rufus was a truly magnificent educator. His approach was in line with the Latin root of education—*educere* (to draw out). As Bass and Good (2004), both educators, put it, this “sees education as preparing a new generation for the changes that are to come—readying them to create solutions [from within themselves] to problems yet unknown, ... [requiring] questioning, thinking, and creating” (p. 162). He most highly valued creating opportunities—both personal and professional—for those with whom he came in contact to become “educated”.

He showed by example how an educated person lives and behaves, holding fast to humane values and changing direction when knowledge and understanding offered a better path.

We have been privileged to share the multiple voyages of this remarkable man. We miss him greatly and will continue to do so.

Stephen Leeder

Reference

Bass, R. V., Good, J. W. (2004). Educare and educere: Is a balance possible in the educational system? *The Educational Forum*, 68(2), 161–168. <https://doi.org/10.1080/00131720408984623>