

Preface

All truth passes through three stages
First it is ridiculed
Second it is violently opposed
Third it is accepted as being self-evident.

— Arthur Schopenhauer (1788–1860)

As its title implies, this book tells the story of an individual and his career commitment. It also describes the antagonistic response of some of his colleagues.

The individual, Dr Ted Freeman, developed a compelling interest, which he pursued at considerable personal cost, in the potential for long-term rehabilitation of people who had sustained an acquired brain injury. The people whom he wished to assist had, invariably, been excluded from mainstream medicine on the grounds that they were ‘unsuitable for rehabilitation’. Freeman’s response to their exclusion followed a rather logical course—namely, designing rehabilitation programs that were predominantly dependent upon families, friends and volunteers. This involvement of non-medical personnel in rehabilitation undoubtedly fuelled some of the antagonism that he experienced.

Redirecting his career pathway, Freeman pursued his interest in attempting rehabilitation of people with brain injuries for whom conventional approaches had nothing to offer. He studied the limited information on repair processes after brain injury available in the medical literature in the early 1980s. Taking account of this, he formulated some hypotheses and proceeded to apply the implications drawn from these in his clinical practice.

In 1988, I was contacted on behalf of a group of people who were in the process of establishing the National Brain Injury Foundation (NBIF) and were keen to have a medically qualified person as a board member. Some of these people had personal experience of brain injury and its aftermath. Shortly after this, I first met Ted Freeman. The NBIF had been conceived as a community-based organisation the goal of which was to provide whatever form of practical assistance could help people with acquired brain injury. Such assistance was usually given by working through patients’ families. Ted Freeman had come to the aid of many of the families who became NBIF members and, throughout the 1980s and 1990s, he had frequent contact with the Foundation. Until his retirement in 2000, the NBIF sought to support the man and his work. On some occasions, when he visited patients in Canberra, I had the opportunity to sit in on his meetings with them and their families and found his approach to be as described below.

As president of the Foundation for 12 years, I had regular contact with Ted and was aware that he had collated an account of his experiences with a view to publication. In order to facilitate this, he retained copies of relevant letters and other documents. All of the items to which reference is made in this account are held by him. When he decided not to proceed with writing an account of his experiences, I offered to assist him with the project. In the event, he declined joint authorship and the result has been a book about him rather than one written collaboratively with him.

In reviewing the manuscript, as it neared completion, Ted wrote that his concern had been and remained

the systemic failure of the medical profession in both diagnosis and treatment of severe brain injury. My position is that I was a vehicle to bring the failures of that system to public and professional notice—nothing more.

He said to me:

I see that still to be the substance and challenge of the book you have written and that you also are a vehicle of disclosure.

In the course of preparation of the manuscript, I have extracted much information from his account, supplemented by frequent discussion with him, but I have also taken the opportunity to draw what I consider to be some more widely applicable inferences about issues raised by his experiences.

When using Ted's material, I have chosen to present different aspects of brain injury together with his responses to these in separate chapters rather than following his original chronological account. This has entailed separation into two parallel narratives dealing with the evolution of his practice and with the concurrent events that impacted upon that evolution. This has some distinct advantages and some drawbacks. A significant advantage is that it becomes possible to discuss any specific aspect, such as his impact on management of comatose patients in Chapter 4, as a single entity rather than returning to it and discussing it piecemeal on several occasions. Most helpfully, it facilitates consideration of wider implications of an event, such as the clinical trial in Chapter 6, without having to interrupt a chronological account.

A drawback of moving away from a chronological account is that it becomes necessary at some places in the text to recapitulate detail from an earlier chapter if that detail is essential to an explanation of why particular events occurred. Chapter 5, which deals with the evolution of Freeman's practices, insofar as they relate to patients who have regained consciousness after a brain injury, spans a period of more than 15 years. During this time, Freeman's base moved from one of Sydney's largest public hospitals to a purpose-modified centre and

then to a caravan travelling around New South Wales. A full account of the events occasioning the three moves will be provided in Chapters 6 and 7 but the aggregation within a single chapter of Freeman's activities over the three stages is intended to shed light on the manner in which evolution of his practice was influenced by external events.