

SPEECH BY HIS HONOUR JUDGE RACKEMANN

BAR ASSOCIATION OF QUEENSLAND SEMINAR ON “BAR HEALTH”

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- [1] I have, since my early childhood, suffered from chronic obesity. I say “suffered” because I have come to understand it as a treatable condition, rather than a personal failing or a poor lifestyle choice.
- [2] For 51 years of my life my obesity took a physical as well as an emotional/psychological toll. In addressing my condition I had to confront each of those.
- [3] The warning signs of my need to overcome this condition were present for some time. By the time I left the bar to become a judge at the age of 39, I already had a fatty liver, high blood pressure, high cholesterol, chronic and acute gout - of a severity which caused me to be hospitalised on some occasions - and was suffering from knee joint problems. I was advised by my general practitioner to do something about my weight, or the range of my physical problems would broaden and the nature and extent of those problems would become more significant.
- [4] I understood and accepted the content of that advice but was less confident about my prospects of success. After all, barely a day had gone past since my early childhood that I was not conscious of, and shameful about, my weight. I had, from time to time, made serious attempts to address it, but had experienced no sustained success.

- [5] In the course of my 20's and 30's I had, on two occasions, gone on very strict diets, which resulted in substantial weight loss over a six month period only to see the weight loss stabilise and eventually reverse. I tried the usual range of other diets, personal trainers, nutritionists, gym sessions and the like, but remained chronically and indeed morbidly, obese. I looked into the then surgical option, being lap-band surgery, but that was unattractive for a range of reasons. I did not know what else to do.
- [6] Over the next 12 years I continued along, as in the past, with no notable success, but with incrementally increasing levels of frustration, embarrassment and self-blame. As my doctor had earlier predicted, the range and significance of my health problems increased. I developed sleep apnoea, which required me to go to bed each night fitted with the mask of a CPAP machine – which is not entirely compatible with domestic bliss. I developed some other respiratory issues. I began to suffer stress fractures when playing competitive sport. Perhaps most significantly I had a near death experience when I suffered a blood clot and ensuing pulmonary embolism as a result of a long haul plane flight. My obesity might have not been the primary cause of that, but it increased my risk profile both in respect of that clot and the prospect of future clots.
- [7] At the age of 51 my general practitioner again read the riot act to me. He told me I had a much greater prospect of further and increasingly significant health impacts, including adult onset diabetes, than I had the prospect of a long and healthy retirement following my judicial career. I could well see the wisdom of his advice, but remained cautious about my prospects of success.
- [8] It is not uncommon for those of us who have suffered chronic obesity to allow self-blame and indeed self-loathing to translate into a sense of hopelessness and,

ultimately, resignation and to cover this by appearing not to care. The constant message put out by diet and exercise industries, the government, much of the medical profession and society in general is that obesity stems from lack of discipline about lifestyle choices. The constant message is that obesity can be successfully and sustainably dealt with by diet and exercise and, at least implicitly, that those who suffer from chronic obesity are simply too weak or too self-indulgent to do as they should. This feeds a culture blaming the afflicted person. It is not unlike the way people used to react to mental illness, in less enlightened times.

- [9] The turning point for me was the discovery of a new surgical treatment (the gastric sleeve) which had become available in the last few years or so, my research into that procedure and the information and advice provided to me by my surgeon Dr Hopkins. The most astonishing things of which I came to learn were not so much concerned with the procedure itself, but with what medical science now has discovered about chronic obesity. I was informed that whilst diet and exercise is the appropriate response for those who, having been a normal healthy weight, have become temporarily obese, medical research shows that that is not necessarily the case for those who have suffered chronic obesity from childhood. Indeed the latter category has, I understand, very low prospects of sustainably losing weight through diet and exercise.
- [10] It was explained to me that chronic obesity generally has a physiological basis and can be related, for example, to gut bacteria and the production of a certain hormone in the gut. The consequence is that those who suffer chronic obesity often do so because their bodies are ‘programed’ to produce hunger and to otherwise ensure that the person eats to excess. Further, the body only tolerates dieting for so long (about six months) before making physiological changes to regain the weight that has been

lost. It was pointed out that the diet industry generally quotes weight loss success stories in terms of weight loss over a certain number of weeks, generally less than a six month period.

[11] Moreover, I was encouraged to consider my chronic obesity as a condition rather than an unredeemable personal failing. I was encouraged to stop thinking of myself as someone with an ingrained weakness which would inevitably lead to failure and to instead view myself as someone with a medical condition which is susceptible to treatment to give me the opportunity to lead a healthy life in the future. The challenge of changing my thinking in that way, so as to embrace the new surgical option, was a much tougher challenge than the physical preparation for, or recovery from, the surgery itself.

[12] It is very difficult to reverse half a century of self-blame and self-loathing about anything. At first, the option of surgery seem like a “cop out” and the ultimate admission of personal failure. I have spoken to a number of formerly chronically obese people who have had the same surgery that I underwent at Christmas of 2014. Each of them has experienced this difficulty. Some are still afflicted by it, even post-surgery. It is made all the more difficult by the general ignorance of society about the cause of chronic obesity. It is the reason why a number of people who have this operation choose to keep it, and the cause of their subsequent weight loss, secret. I understand and respect that decision.

[13] I decided to be open about the way in which I have achieved weight loss. I have done that in order to minimise my own self-blame and to have a more positive and healthy outlook. That approach comes at a price. I have had three or four people who know me quite well, but who have given me the proverbial “gob full”, to my face, about my decision to have the surgery. They have, in effect, accused me of

being weak and of taking the easy way out. Similarly, my surgeon, Dr Hopkins, has been the target of abuse for suggesting that those suffering from chronic obesity in the public system should be offered this surgery. Many take umbrage at the thought of tax-payer funds being used for what they perceive to be the lifestyle choices of the weak and the gluttonous. I have found it better to be open about my experience on the basis that if other people have a problem then it is their problem, rather than mine.

[14] My decision to have surgery was not easy and surgery is no guarantee of sustainable weight loss. The body does its best to fight the effects of the surgery. For at least six months I have now been in a situation where I can eat enough food to gain weight again. The difference is that I currently do not have that insatiable and constant appetite which I experienced for the first 51 years of my life. I no longer eat a full breakfast and then crave another full meal an hour or so later. My levels of hunger currently more closely approximate that of the average person. In short, it has given me a fighting chance of sustainable weight loss, but I still have to do the work, as any average person does.

[15] I also still have a way to go in my mental adjustment. I still think of myself as an obese person who is temporarily something else. I need to think of myself in different terms.

[16] Notwithstanding the challenges which still lie ahead of me however, I have already experienced tremendous benefits from dealing with my obesity. I have lost more than 40 kg. I no longer take blood pressure medication or cholesterol lowering drugs. I have given my CPAP machine away. I no longer have knee joint pain. I do not get stress fractures from playing competitive sport. My risk profile for future clots is reduced. I am unlikely to develop diabetes. I can physically do more for

longer. I can also buy clothes off the rack at normal stores. Not only am I healthier, but I am starting to understand that I am healthier and starting to have a more positive self-evaluation and outlook on my life.

- [17] The particular health problem which I had may not be the one that you have. My take home message however, is that whatever your issue might be, resist feelings of self-blame, despondency, resignation or denial. Instead, acknowledge the issue, keep seeking out whatever help is available and embrace a healthier and happier future.

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