

SMICS is delighted to feature Dr Andrew Haydon in the first of a series of interviews shining a spotlight on our clinicians at the centre of patient care.



Dr Andrew Haydon
Medical Oncologist, Alfred Health &
Joint Clinical Director, SMICS

Tell us about yourself and how you came to be at The Alfred and also SMICS Clinical Director?

I went to Monash University, back when medicine was a 6-year course. We would spend the first three years at Monash and then the second three years on rotations at the Monash affiliated teaching hospitals. The majority of that time was at the Alfred (but I also spent a considerable amount of time at Frankston Hospital), so when it came to put in preferences for my internship, I decided on the Alfred.

I did my residency at the Alfred in the late 1990's then entered into advanced training in Medical Oncology. Enrolling in a PhD at Monash with the Department of Epidemiology and Preventative Medicine (DEPM) came next and finally at the end of 2004 I became a full-time medical oncologist at the Alfred, where I have stayed.

About three years ago, SMICS advertised for a new clinical director and my name was put forward by the Head of Medical Oncology at the Alfred. After the interview process, it was decided that the job would be shared, and I accepted the role as co-medical director with my colleague Zee Wan Wong who is the Director of Oncology at Frankston Hospital.

What is the most rewarding aspect of your role?

About 18 months ago the Alfred Hospital was asked to help establish an oncology service at Wonthaggi Hospital in order to facilitate chemotherapy delivery closer to home for Bass Coast residents. In December 2019 I commenced fortnightly visits to Wonthaggi Hospital to see and treat patients. This has reminded me why I became a physician in the first place and what I like most about my job. Being able to simply see and treat patients to the best of my ability, and being appreciated for the work that we do. This service has grown quickly and we have had to expand to running clinics 2 full days per week, with the expectation of ongoing rapid growth of the service.

What is it about your work that makes you want to get out of bed each morning?

I genuinely enjoy seeing and talking to patients, and of course, hopefully helping them. I also love being part of a team, being able to discuss interesting clinical scenarios, learning and teaching at the same time. Oncology is a constantly evolving specialty with new treatments replacing older ones all the time. Also, being involved in clinical research has been incredibly rewarding, as I have been

lucky to be involved in many practise-changing studies that have significantly improved outcomes for our patients.

What does a typical day at work look like for you?

I usually arrive at work just before 7am and spend the next hour catching up on emails and paperwork. Following this I will head to clinic as we have outpatient clinics every morning. On Wednesday, Thursday and Fridays I will attend MDM meetings prior to starting clinic.

In the afternoon my days will vary considerably but are filled with a mix of ward rounds, teaching, meetings, paperwork/emails, more meetings and when I can find the time, reading journals or watching presentations. As I have become older, and particularly over the last 2 years, the number of meetings that I am expected to attend has increased exponentially and I often find myself in work meetings after getting home at the end of the day.

How do you manage work/life balance?

Good question! I find it very important to have time where I can switch off from work. I find sport is a great way for me to be able to do this. I try to put aside time on the weekend to play a round of golf and I also play a weekly game of tennis. Spending time with my family is also important and making sure that work doesn't interfere with being able to stay involved with whatever the kids are up to.

Are there any patient success stories that you can share?

With a subspecialty in advanced melanoma, and having treated melanoma patients for the last 20 years, I have seen a disease go from being perhaps the worst cancer one could possibly have, to one of the best, with realistic chances of long term survival even for patients with very advanced disease. Many of my melanoma patients are quite young and I now have a number of patients who have not only survived metastatic melanoma, but have gone on to have children and a family of their own.