

Inside Madness: The Murder of a Psychiatrist

Melissa Sweet is a journalist who specialises in writing about health and medicine. As a freelancer, her articles appear in a wide range of publications. Her recently published book, Inside Madness, tells the story we are going to hear about tonight. It also chronicles the difficulties of achieving change in mental health services.

As a result of its publication, Melissa has been awarded a journalism fellowship at the Dart Centre in the USA, a centre founded by an American psychiatrist with the aim of improving journalists' coverage of trauma and violence generally.

Melissa has previously worked for the Sydney Morning Herald, The Bulletin and Australian Associated Press. She is a co-author, with Judy and Les Irwig, of Smart Health Choices, which provides tools for accessing health information and advice. It is currently being updated and is expected to be freely available on-line through the University of Sydney website early next year. Melissa has recently been appointed to the honorary position of Adjunct Senior Lecturer in the School of Public Health at the University of Sydney.

Margaret Tobin's family

In 1954, the year that William Golding published his novel about the dark side of human nature, *The Lord of the Flies*, a young couple landed in Melbourne with two baby daughters. They were part of the latest batch of 'ten pound Poms'. Conscientious Catholics, they went on to have another six children. As often happens with large families, the childhood memories of the older siblings were quite different from those of the younger ones. The oldest remembered a strict, sometimes harsh upbringing, where the parents struggled to make ends meet and to cope with the exhausting demands of caring for a disabled child.

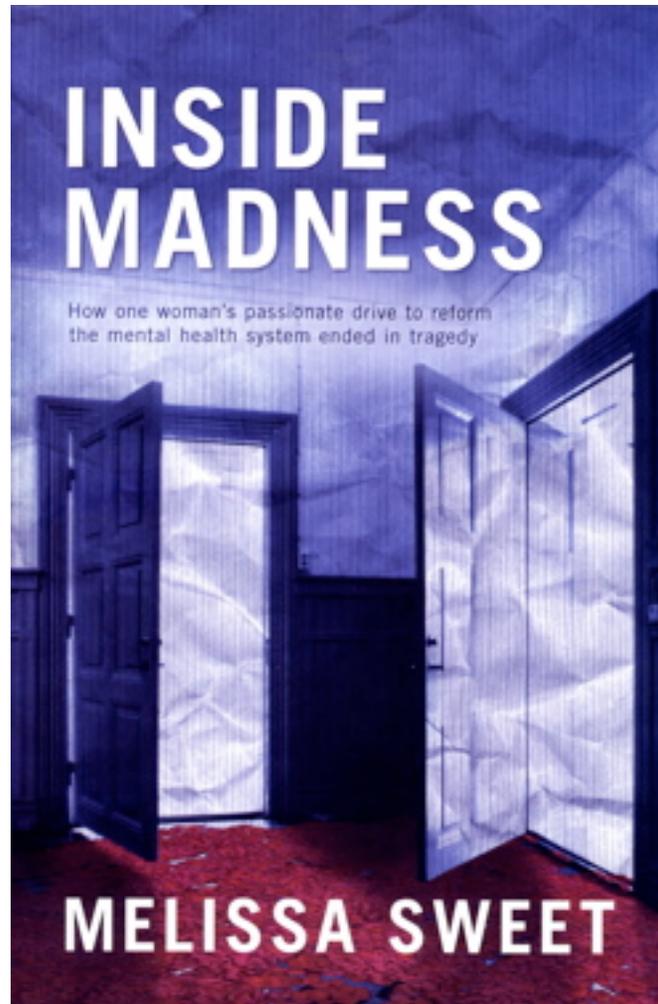
Like so many other families of this era, education was highly prized and the children were expected to work and study hard and to succeed. The eldest, Margaret Tobin, was a diligent student at school and at university. As a young psychiatrist, she was closely involved with the closure of major psychiatric institutions in Victoria and decided early that she could make more of an impact as a manager than as a clinician.

Eric Gassy's family

More than a decade after the Tobins made their long sea voyage, another family arrived in Australia in search of a better future for their children. When the Gassys landed in Sydney in the late 1960s, they were seeking refuge from the turmoil in their own country, Mauritius. Their eldest son, Jean Eric, known as Eric, was much loved. Like the Tobin's eldest child, he was expected to do well. His parents were enormously proud of his achievements in becoming a medical specialist.

The tragedy

My book, *Inside Madness*, was prompted by the tragedy which befell Margaret Tobin, Eric Gassy and their families. The bare bones of that tragedy are already well known. I do not want to dwell too much on the story. You can read about that in more detail in the book. I would like, instead, to talk more broadly about some of the issues arising out of the publication of the book and developments since then. But first I will briefly go over the story.



Reforming mental health

In 1993, Margaret Tobin was appointed to shake up and regenerate a neglected mental health service at St George Hospital in southern Sydney. By the time she took up that position, she had been toughened up — some might say brutalised — by her own experiences as the clinician/manager involved in forcing change on three recalcitrant institutions - Willsmere in Melbourne and the Lakeside and Aradale Hospitals at Ballarat and nearby Ararat in country Victoria.

She was finding her feet as a mental health services manager at a time when a series of reports and inquiries were revealing widespread corruption, as well as abuse and neglect of patients, in such institutions in Victoria. This is, of course, not to imply that there was anything particularly sinister about Victorian psychiatric institutions *per se*. The history of psychiatric institutions generally illustrates the broader principle that institutions of any kind — whether medical, legal or political — are vulnerable to losing their way without constant regeneration and attention. It seems to be their nature; or, at least, human nature.

St George Hospital

When Margaret arrived at St George, Eric Gassy was a staff specialist who had, at one time, also been acting director of the unit. The hospital hierarchy had, however, been unwilling to appoint him Director — not only because he wasn't up to the task, but also because he was gaining a reputation for odd, somewhat paranoid behaviour. Apart from being in conflict with some of the unit's senior nursing staff, he was also known for propositioning young female staff at the hospital.

Report to the Medical Board

Until Margaret Tobin arrived — a forthright, no-nonsense agent for change— it appears that no formal action had been taken over Gassy's behaviour, although many of his colleagues — medical, nursing and administrative — had had concerns. In mid-1994, Margaret wrote to the NSW Medical Board requesting an evaluation of Gassy's fitness to return to practise after a period of extended sick leave. This triggered a process which — because of Gassy's lack of insight and because of the lack of systems to ensure treatment for someone in his situation — ultimately led to his de-registration. One of the reasons for the lack of treatment was uncertainty about his condition; one psychiatrist thought he had a delusional disorder with persecutory tendencies, but others were not convinced. Even if there had been unanimity about the diagnosis, it is unlikely that Gassy could have been compelled to have treatment.

Just over ten years after Margaret Tobin wrote that letter, it would be tendered as evidence of motive at the trial of Jean Eric Gassy for her murder. On Monday, 14th October, 2002, Margaret, at that time Director of mental health services in SA, was shot four times as she returned to her office from lunch — in a manner a judge would later describe as an “execution style shooting”. She died not long after being rushed to hospital, and before her husband was able to reach her side.

A de-registered doctor

After being de-registered, Gassy had filled his days honing his shooting skills; working as a security guard; seeing an endless round of doctors for treatment for AIDS, from which, despite all evidence to the contrary, he was convinced he suffered; and nurturing his grudges against those he blamed for his downfall. Margaret Tobin was far from the only doctor in Gassy's sights; she had been at the top of a ‘hit list’ which included several well-known Sydney doctors.

The trial

The 44-day trial was unusual in many respects, not least because Gassy acted as his own barrister. This led to the bizarre situation of the defendant cross-examining witnesses who had been on his hit list. Most of the time, Gassy appeared quite competent at presenting his own defence. He insisted on being called ‘Dr Gassy’ rather than ‘Gassy’ and his active role in the court room added to his authority. At times, however, his delusional disorder was quite evident — to many in the public gallery anyway. He insisted that he had AIDS, despite overwhelming evidence to the contrary. He also spoke of being the victim of a conspiracy, involving many of his psychiatric colleagues.

The verdict

In September 2004, many people were anxiously awaiting the jury's decision. Members of the Gassy family, Margaret's husband, mother and other family members and colleagues were among those watching the clock. Joining those milling outside the court

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Medico-Legal Society of NSW Inc – Scientific Meeting – September 2006

room were two men unfamiliar to those who had spent the previous eleven weeks of the trial together, listening to more than 160 witnesses. These men, when confronted with some forthright questions from one of Margaret's friends, revealed that they were private investigators, hired by a decidedly nervous NSW Medical Board to keep a close eye on proceedings. It was the first time the Board had taken such a step. If the jurors had returned a not guilty verdict, the Board was ready to swing into action with contingency plans to protect the doctors who had been involved in Gassy's de-registration.

That is a potted version of the story at the heart of the book. But I hope the book tells more than the story of a crime. It looks at the history of mental health reform and the difficulties of achieving change in complex, conservative health systems.

My portrayal of Dr Tobin

It is also a portrait of a woman whom I found intriguing because of the many aspects to her personality. Different people responded quite differently to Margaret Tobin. This says something both about them and about her. Of course we are all a mix of things — of complexities and contradictions, but perhaps Margaret was more so than most. It was striking to go from one interview where one doctor said, "I could have killed her myself" to an interview with another who broke down in tears, her grief at Margaret's death still heartfelt two years later.

Margaret was tough and often feared, disliked or resented. She once declared that she didn't have a sentimental bone in her body. Yet I learnt of many acts and gestures — including the giving of quirky cards and gifts to colleagues and friends — which spoke of sentimentality. After her death, the comments of some colleagues suggested that she had, herself, somehow been to blame — that if she had obtained help for Gassy or been more sympathetic towards him, then perhaps she wouldn't have been murdered. As a general principle, it doesn't seem fair to blame someone for being murdered. This seemed even truer when I learnt that Margaret had, over the years, dealt with a number of other colleagues who had suffered mental or other health problems, and had been supportive. She had not necessarily offered a shoulder for them to cry on — that was not her style — but had given practical help and advice.

The first time I remember hearing Margaret's name was in early 2001 when researching a profile of the psychiatrist who had recently been appointed to run the new organisation, 'beyondblue'. When I asked Ian Hickie to suggest people who knew him well, he nominated the woman who was then Director of mental health services in SA and who had previously been his boss at St George Hospital. Talking, after her death, to Ian Hickie and Jonathan Phillips, Margaret's friends and colleagues, gave me the idea for this book — they painted a picture of a gutsy, complicated, driven woman.

My interest in mental health reform

I remember speaking to a number of journalistic colleagues about my idea for the book. Many assumed that the most interesting character to explore would be Eric Gassy. Perhaps it is not so surprising that people would want to know how and why someone trained in the arts and sciences of healing could turn murderer. But I must admit that I was always more interested in Margaret Tobin's story. My intention was always for this to be a book about her life and death, for a number of reasons. This was partly because telling the story of Margaret's career told a much broader story about the huge changes in mental health care in recent decades.

At the same time, so much — the stigma, the lack of access to quality care, the suffering of patients and their families — has not changed. On a more personal level, I also thought that it would be sad if Margaret were remembered for the unusual and traumatic manner of her death, rather than for the person she was in life.

Naturally my interest in Margaret's story also reveals my own biases. I have been a journalist writing about health and medical issues for so many years that it has helped shape my world view. I was interested in what the case said about the health system and health issues; someone else writing the same story might have approached it from an entirely different perspective.

For several years, I wrote regular lengthy profiles for the medical magazine, *Australian Doctor*, exploring both the personal and the professional sides of people who were high achievers in health. Subjects included people like the psychiatrist John Ellard, the scientist Sir Gus Nossal, the medical ethicist Merrilyn Walton and the broadcaster Norman Swan. I am interested in what motivates and drives people to try to do good, often at significant cost to themselves and their families. I am also interested in the complexities of such characters, indeed of people generally. Investigating human nature reminds me of Oscar Wilde's witticism that the pure and simple truth is rarely pure and never simple.

Research tools

Researching the book involved interviewing scores of Margaret's colleagues, friends, family members, and acquaintances in Sydney, Melbourne, Brisbane, Canberra, Adelaide, Ballarat and other places. It involved trawling through the archives of the *Ballarat Courier* and the Adelaide newspapers. It relied on the generosity of many, who not only gave their time, but dug through their personal archives to lend me documents and reports. I was reminded many times during the research process that memory is such a subjective and fallible tool, and it was extremely useful to have access to some written records — which is not to imply that such records are necessarily free of bias and agendas.

Questions I tried to answer

As I researched and wrote this book, I was trying to answer a number of different questions:

- Why has it been difficult to transform all the magnificent rhetoric of mental health reform into tangible improvements in care and outcomes for people with mental illness?
- Why was Margaret Tobin like she was? Why was she so driven?
- Why was it so difficult to get appropriate help and treatment for Gassy, and could this terrible tragedy have been averted?

One of the issues which recurred repeatedly while researching the book, and which intersects with a number of the questions I was trying to answer, relates to the stigma surrounding mental illness, and the impact this has on those with mental health problems, those who work in the mental health sector and on policy-making.

How other psychiatrists think

With that in mind, I thought I'd share with you the results of an informal survey taken at a psychiatry dinner I recently attended in Melbourne to talk about the book. The diners, who numbered more than 100, were asked to respond to a series of questions by using a keypad. Their responses were electronically collated and flashed up on the screen for all to see. I am not sure of what proportion answered each question or whether the survey would withstand scientific scrutiny — I can't, for example, tell you how many bottles of wine had been consumed beforehand — but nonetheless it produced some interesting results.

- 89% had experienced stigma;
- 92% have had colleagues with a diagnosed or undiagnosed mental illness;
- 39% had taken no action about it;
- of those who took action, a quarter said that the repercussions for themselves were positive, another quarter that were negative and the rest said that they were mixed;
- the negative repercussions included being ostracised by colleagues, being regarded as a dobber, being criticised by the ill practitioner, compromised opportunities for promotion and adverse impacts on their own family;
- 72% said they were aware of colleagues who were unsafe to practise; of these, 55% had done nothing about it — of those who had done something about it, only 13% said that the outcomes were positive;
- of those who took no action, 37% said this was because they thought it would make things worse than better, 29% said it was because there were no systems to support them taking action, and 17% didn't see it as their responsibility;
- asked if the professional bodies in Medicine were doing enough to address the issue of impaired colleagues, 75% said no;
- asked, if they had to seek help for a mental health problem, if they would trust colleagues to keep their situation confidential, 59% said no;
- on a similar note, 56% said they were aware of colleagues breaching confidence regarding a psychiatrist's mental illness; and
- 71% said they had personally suffered violence from patients, and 28% that they had personally suffered violence from colleagues.

How the Medical Board is viewed

When I presented these findings to a group of senior psychiatrists from the NSW public sector, a very interesting and somewhat worrying discussion ensued. The overall gist was that most would be extremely reluctant to take action about an impaired colleague. There was a general sense that the NSW Medical Board was the enemy, rather than an organisation which tries to assist doctors who run into mental health or drug and alcohol difficulties. There was also a general reluctance to take any action which could ruin a colleague's career and life. That didn't seem to me to be a strong vote of confidence in the benefits of diagnosing and treating mental illness. Perhaps it was more a comment on the harsh reality of the pervasive stigma within the health professions regarding mental illness. I was also struck by the absence of comment about the implications for patient care.

Avoidance of action

It seems that, for all the publicity and discussion about adverse events in the health system, and about scandals such as Chelmsford, Bundaberg or Bristol, there is still a reluctance to take action when clearly needed. While it is such scandals which grab the headlines, it is likely that many more patients are suffering because of less than adequate routine care. I hear stories, for example, of psychiatrists, well paid for public hospital appointments but who are rarely available to their public patients, being more preoccupied with their private practices. There are so many stories of people with mental illness receiving less than adequate care, whether from mental health, general health or other services. Underfunding and workforce shortages are important but are not the only contributing factors.

Professional standards and accountability are also crucial. Some people working in the health system have still not accepted the need for outside scrutiny. For example, the NSW Mental Health Review Tribunal, established because of the failings of some psychiatrists in caring for their patients, finds that quite a few psychiatrists resent its intrusions into what they see as their inalienable right to decide what to do with their patients. Some even resent its very existence. I do not mean, however, to imply that all the blame rests with health professionals and politicians. The broader community, with our lack of understanding and support for disadvantaged groups such as those with mental illness, must also shoulder responsibility.

Fallout from acting

Perhaps it is not surprising that health professionals are so reluctant to take action about impaired colleagues, given the lack of support for people who do so. I spoke recently with a senior doctor who was asked some years ago to give an opinion to an area health service about whether concerns regarding another doctor should be referred to the Medical Board. Her opinion was that they should. Ever since then, she has been the victim of an unrelenting campaign by the other doctor. Complaints have been made about her to the Medical Board and Health Care Complaints Commission and she and her family have been subjected to great stress.

I am being careful not to identify her as she does not want to suffer any more fallout from an action she took in good faith. She believes much more should be done, through expanded provisions in the Medical Practice Act, to protect people in her situation, as long as their actions are based on good evidence and that no malice is intended.

On the day that Eric Gassy was convicted for her daughter's murder, Jean Tobin said that, she believed that the jury's finding, in some terrible way, vindicated her daughter's decision to write to the Medical Board about Eric Gassy. It showed that ordinary people believed that Margaret had done the right thing. It will be a tragic irony, however, if Margaret's death becomes yet another deterrent to others from taking similar action where it is needed.

Some limitations of my book

Margaret Tobin's murder raises many questions worthy of consideration by us all, whether we belong to the legal or medical professions or general public — not least how someone with a significant mental illness could end up representing himself in court. I do not pretend that my book has the answers to these questions, or even that it tells every

aspect of the story that it should. The book has many limitations. Some of the more obvious ones are:

- I was trying to compile a portrait of someone without the opportunity of speaking to them directly to gain their history first hand. As my own contact with Margaret was fleeting, my portrait is largely drawn through second-hand impressions. Many times I wondered how accurate I would find a portrait of me based on other peoples' opinions and memories — not very, I suspect.
- Many of the key players in the story — including several psychiatrists — declined to be interviewed. Nor was I able to interview Gassy or his family, though I had plenty of opportunity for direct observation during the many weeks of the trial. Interestingly, one health professional, who had declined to be interviewed for the book, talked to me after its publication. I heard how Gassy had assaulted a colleague, years before his assault on Tobin, and how he had threatened to ruin this person's career if it was reported. The incident was not reported. I wonder if there are other stories like this.
- I did not have access to the complete Medical Board file on Gassy. I saw only the documents tendered in court. No doubt those closely involved in the Medical Board process will recognise that the book is far from a complete record of all that transpired — in the same way that evidence as presented in court is far from a complete record of the events of the day, or a court transcript a complete record of what has transpired. Dr Peter Arnold, who had the unfortunate distinction of being on Gassy's hit list, has kindly pointed out one error in the book, which reports, based on what was said in court, that the Impaired Registrants Panel *imposed* conditions on Dr Gassy's practice. Dr Arnold points out that an IRP does not have the power to impose conditions. It merely suggests to the doctor conditions on the doctor's practice, to ensure public safety while allowing the doctor to be treated. In fact, Dr Gassy had agreed to the suggested conditions. Doubtless there are other such errors in the book despite the laborious fact-checking involved. In a book relying so much on varying and often conflicting memories, it is inevitable that there will be some errors of fact and interpretation.
- Perhaps the major limitation is what I hope is also its strength. Some years ago when I was preparing a profile of a prominent researcher, I was much struck by the comment of one of her colleagues who said that the researcher's greatest strength — being a perfectionist with exacting standards — was also her weakness. The same is no doubt true, one way or another, of us all. I tried to write a book that was an engaging read, that would draw in people who might not otherwise be tempted to read a book about mental health. But storytelling is a particular type of history-telling, with its own strengths and weaknesses.

Reactions to the book

It's difficult to know what has become of the book since it went out into the world in June. Of course I get a biased picture of the responses. Most people don't rush up to say how much they hated it, so one tends to hear more of the positive responses. The feedback I've had has largely been very encouraging.

I'd like to share some of the more critical comments: one former colleague of the two protagonists said that, while Margaret had been well captured by the book, he felt that Gassy was too softly treated — that the book didn't do justice to his moodiness, difficult personality and poor clinical skills. Another said that she felt intrusive reading the book. Knowing how private a person Margaret was, she did not feel right learning so much about her life; it made her very uncomfortable. That was an issue I had also struggled with. To try to gain as full a picture as possible of Margaret's life had meant encouraging her family, friends and colleagues to reveal intimate aspects of their lives with her.

The intrusiveness of biographers

I identify strongly with the American journalist and author, Janet Malcolm, in her book, *The Silent Woman*, exploring the history of biographies about the poets Sylvia Plath and Ted Hughes.

She wrote:

The biographer at work, indeed, is like the professional burglar, breaking into a house, rifling through certain drawers that he has good reason to think contain the jewellery and money, and triumphantly bearing his loot away. The voyeurism and busybodyism that impel writers and readers of biography alike are obscured by an apparatus of scholarship designed to give the enterprise an appearance of banklike blandness and solidity. The biographer is portrayed almost as a kind of benefactor. He is seen as sacrificing years of his life to his task, tirelessly sitting in archives and libraries and patiently conducting interviews with witnesses. There is no length he will not go to, and the more his book reflects his industry the more the reader believes he is having an elevating literary experience, rather than simply listening to backstairs gossip and reading other people's mail. The transgressive nature of biography is rarely acknowledged, but it is the only explanation for biography's status as a popular genre. The reader's amazing tolerance (which he would extend to no novel written half as badly as most biographies) makes sense only when seen as a kind of collusion between him and the biographer in an excitingly forbidden undertaking: tiptoeing down the corridor together, to stand in front of the bedroom door and try to peep through the keyhole.

Anyone who knows Janet Malcolm's writing will know that she often constructs such extreme metaphors in order to sledgehammer her point. Even allowing for the dramatic element, there is more than a kernel of truth to what she says.

Conclusion

So while I hope that this book has a positive impact, in encouraging the general public and the medical, legal and other professions to consider some of the issues arising out of Margaret Tobin's tragic death, I must also acknowledge that it comes at a cost. While many of Margaret's family are pleased and proud of the book, others have found it a very painful process and are discovering that the impact of the book is not one-off but lingers.

I have come to know Margaret's mother, Jean Tobin, well, and have grown very fond of her. Not only because of the intimacy that arises during the long hours of asking about a person's life, but because we shared the trauma of the trial. I must live with the fact that this book has, in some ways, only added to Jean's trauma, making her re-live her daughter's terrible death. It is also distressing for her that the picture of Margaret presented in the book is based on many perspectives; and that these interfere with the memory she has of her daughter. Nor does Jean enjoy acquaintances, or even strangers, approaching her and commenting on the intimate details of her life as revealed in the book.

I have not heard directly from the Gassy family since the book's publication but am sure it has not been a happy event for them.

Finally, I would like to end on a quote from a man I quote often because his wit never fails to arouse my smile. Oscar Wilde once said that the difference between literature and journalism is that journalism is unreadable and literature is not read. Presumably this means that when a journalist writes a book, it is both unreadable and it is not read. I hope that for once Mr Wilde got it wrong.

