



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**THE SENATE**

**PROOF**

**ADJOURNMENT**

**Professor Christopher Nordin**

**SPEECH**

**Wednesday, 23 June 2010**

BY AUTHORITY OF THE SENATE

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## SPEECH

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**Speaker** Xenophon, Sen Nick

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**Senator XENOPHON** (South Australia) (7.02 pm)—  
 This evening I would like to pay tribute to Professor Christopher Nordin and the contribution he has made to medical research and preventive health in Australia, particularly in the area of osteoporosis and bone density. I want to pay tribute to Professor Nordin tonight because, at the end of this month, he will retire from clinical work at the Royal Adelaide Hospital at the age of 90. He will, however, continue his research work, contributing to a field he has been part of since the 1950s.

Professor Nordin was born to a Swedish-Finnish father and an English mother and was educated in England. During the Second World War, he served as a translator to the British legation in Stockholm. After the war he returned to England, where he began his studies in medicine. He received his qualifications in 1950 and went on to specialise in endocrinology.

In 1954, only four years after receiving his qualifications, he began to explore the link between calcium deficiency and osteoporosis. At the time, osteoporosis was thought to be related to protein deficiency, a view that had been promoted strongly during the 1930s. However, Professor Nordin felt that the truth lay in earlier work, dating back to the 1900s. These studies focused on calcium as the cause of osteoporosis. Professor Nordin eventually proved the connection and his work was published in 1960 after some difficulties. The link between calcium, vitamin D and osteoporosis is now universally acknowledged as vital to the treatment and prevention of this debilitating disease.

In 1981, Professor Nordin moved to South Australia to take up the position of senior research fellow at the Royal Adelaide Hospital. He will retire from clinical work at the end of this month after nearly 30 years with the Royal Adelaide Hospital. Europe's loss was very much South Australia's and Australia's gain. Over the span of his career, he has contributed to over 500 scientific publications, has been elected a Fellow of the Royal College of Physicians in both London and Australia, and became an Officer of the Order of Australia in 2007 for his work on the link between calcium and osteoporosis. He has also pioneered research on the connection between vitamin D and calcium deficiencies and osteoporosis. In fact, he was the first to expose the universally low vitamin D

levels among people in residential care, proving them to be at greater risk of developing osteoporosis. His work led to South Australia being the first state to implement a policy of providing vitamin D and calcium supplements to nursing home residents.

Professor Nordin is also the chair of a South Australian Department of Health working party dedicated to researching osteoporosis and promoting combined vitamin D and calcium supplements for all people in residential care. He would like to see similar supplements added to the Pharmaceutical Benefits Scheme, making them more affordable for pensioners and the elderly—those most at risk of osteoporosis. Professor Nordin says that, while the supplements are not as expensive as many of the drugs listed on the PBS, reducing their prices even further will help more pensioners to be able to see them as a necessity rather than a luxury. He is a great asset to my home state of South Australia, and to Australia as a whole.

I was fortunate enough to meet with Professor Nordin a few weeks ago to discuss his views on preventive medicine. I believe that preventive medicine is the one of the biggest untapped areas of health care today. While I acknowledge that the government committed various amounts in the last budget to preventive health, particularly in relation to smoking and alcohol consumption, I think we need to go much, much further. We need to listen to experts such as Professor Nordin.

There are obvious reasons why preventive health is often overlooked as a healthcare strategy. Increases in funding to specific services or programs often have immediate quantifiable outcomes—more beds, more doctors or nurses and more services. It is harder to justify spending large amounts of money when the outcomes are not easily visible. When the benefits will only start to become apparent in 10, 15 or 20 years time, the temptation is to focus on something that will provide instant gratification. There is a strong temptation to do that.

This is the way forward if you want a stronger and better health system; however, Professor Nordin's argument—and it is one that I agree with—is this: spending money on preventive health programs now will save us significant amounts of money in the future as fewer people become sufferers of preventable

diseases. Professor Nordin goes even further and says that preventive health should become a specialty in its own right. This would mean that chairs of preventive health could be established in major universities, conducting more research into the best and most effective forms of preventive health.

In his own field, Professor Nordin is a strong advocate for early testing to prevent the future onset of osteoporosis. It is now possible to predict the likelihood of someone developing osteoporosis up to twenty years in advance. If someone is considered likely to develop this devastating condition, there are several reliable measures a person can take to prevent it. These include increases in calcium and vitamin D, a restricted salt diet and weight-bearing exercise. It is relatively easy to identify those at risk through bone densitometry. This procedure is currently available for free for women who enter early menopause, suffer a fracture or are over 70 years of age.

If we can help people identify their risk and act accordingly, why wouldn't we? Not only will it save people years of physical pain, emotional suffering and reduced quality of life but it will also reduce the associated medical costs to our society very significantly. Professor Nordin believes we should be offering free bone densitometry—a relatively cheap process—to women at menopause so that those at risk are identified earlier and can take appropriate steps to prevent the onset of osteoporosis.

Professor Nordin believes this type of preventive model can be extended to other conditions such as hypertension, which is linked to high salt intake. In this case, measures such as clearer food labelling and public awareness, in conjunction with medical monitoring, could lead to a reduction in cases. We know that a healthy diet and exercise reduces our chances of developing a whole range of health problems from diabetes and heart disease to Alzheimer's. It is now time for us to make a concerted effort to develop prevention and early intervention programs for some of our most common illnesses and diseases.

Professor Nordin has devoted his career to finding ways to reduce the impact of osteoporosis. His belief is that funding should be directed towards prevention at midlife, rather than expensive treatment at old age with the enormous costs involved with fractures and all the debilitation they cause, the nursing and all the hospital treatment associated with that. To put it another way: spend money building a strong fence at the top of the cliff instead of funding the world's best ambulance at the bottom. This is what we should be doing.

Professor Nordin's dedication to his work has benefited countless people all over the world. I would like to take this opportunity to acknowledge Professor

Nordin, to thank him and wish him all the best for his future work. He is a remarkable Australian. South Australia is very privileged to have had him as a citizen of our state for a number of years, and may he continue with his work for many more years.