



Dr Richard "Dick" C. Burrows

I first met Dick when I was a medical officer in the SADF and he was the organiser of a Critical Care Society Congress at the Durban playhouse. He took little notice of me, but my impression of an Irishman with a very alternative approach to medicine, anaesthesia and critical care was formed, and has remained with me for close to 30 years.

Dick completed his undergraduate training in Ireland, and after spending a year in Barbados, an opportunity opened in Grahamstown into which he moved. After two years and the birth of his eldest son, David, Dick deemed Grahamstown a little constrictive and moved into a registrar post that opened in Durban. A move to Amanzimtoti subsequently opened after his four years of registrar training. The first consultant post Dick assumed was at King George V (Now King Dinuzulu) hospital, where he developed skills in thoracic anaesthesia and airway management. Thereafter, he moved into a post that opened in anaesthesia and critical care at Addington hospital, where he worked with Neil Goodwin, the first full time intensivist in South Africa.

I was privileged to work with Dick as a junior and senior registrar in anaesthetics doing my ICU time at Addington, and when a specialist trainee post in Critical Care became available in 1996, it allowed me to work with Dick for the two following years. I was deeply immersed in journals and textbooks. Having read a procedure, I would enthusiastically come into the unit and tell Dick about it and want to try it. His response never varied: "Go ahead, call me when you get into s\*\*t."

Dick was a good and loyal friend of CCSSA, SASA and CMSA having served in numerous capacities, amongst others, having chaired many conference LOCs, being involved in training anaesthesiologists and intensivists, having been awarded the CCSSA President's Award, and acting as examiner and convenor for CMSA FCA Part 1, 2 and Certificate in Critical Care examinations.

Dick attended many meetings locally and nationally. He was very fond of a Jameson's or two. Many colleagues wrote Dick off in his role. Those who got to know the real Dick would find an intelligent, well-read colleague with an insightful view of life. Patients were central in Dick's care even though colleagues would argue that one of his major interests was in end-of-life care. Having worked with Dick I developed my own interest in end-of-life care. This is not euthanasia as colleagues and families perceive the procedure but rather avoiding the needless prolongation of suffering.

Dick was part of the UKZN Anaesthetic Departmental Management team and acted as Head at various periods. He also spent some time at Inkosi Albert Luthuli hospital as the chief specialist intensivist but resigned after a difference of opinion with management. Dick ended his career as an anaesthesiologist in Galway, Southern Ireland, to ensure security for his family and returned to spend his later years of retirement in Umdloti.

Dick's wife, Ann, died in 2018 within two months of the diagnosis of cancer. Dick never fully recovered from the emotional trauma of Ann's death. I was privileged to be at Dick's side with his children, Nicky and Mark when he passed.

Dick Burrows was a fiery anaesthesiologist and intensivist, and certainly made an impression on many people, not always positive, but equally he will be missed by many more. He is survived by his children David, Robert, Nicky and Mark.

Farewell, Dick.

Eric Hodgson