



# The Art of Giving

Sir Roy Calne

solo exhibition 2013

*organised by*

Shalini Ganendra Fine Art

Shalini Ganendra Fine Art is pleased to present this fifth solo of works by Sir Roy Calne in Malaysia. We have had the pleasure of representing Sir Roy since 1998, namely from a time when significant exhibition was fairly new to him as an artist. Since then, he has exhibited internationally, sharing the brightness, reality and enthusiasm of his visions in two- and three- dimensional formats.

This year's program is the most extensive thus far, including a lecture and satellite exhibition at the Prince Court Medical Center. The Malaysian Transplant Society will benefit from the sales of works, in the hope that our society might gain knowledge and faith in the benefits of organ donation, a pre-requisite to life extending transplant surgery.

We hope that you will join in this celebration of creativity, resilience and tenacity through the vision of this wonderful personality and dedicated artist, and enjoy participating in The Art of Giving.

**Shalini Ganendra**

# Art and Organ Transplantation

Sir Roy Calne

I have been interested in drawing and painting since I was a very young child and I have always preferred to communicate to my students with images, using a blackboard or sketchpad. I found a simple diagram often more informative than a photograph in explaining anatomical details and the technical procedures of an operation. Organ transplantation has a relatively short history of 50 years and I have been involved in both research and the practical aspects since it began.

Twenty four years ago we did a liver transplant on a distinguished Scottish artist, John Bellany, who was exceedingly ill when he came to surgery, but when he realized he was still alive in the intensive care ward he asked the nurse to contact his wife and request that she bring pencils, paints, paper and a shaving mirror, because he was not strong enough to lift his head from the pillow. Immediately he started depicting images of himself in the circumstances of his liver transplant and he produced an extraordinarily eloquent testimony to the pain, fear, discomfort and uncertainty of the procedure, but he was so engrossed in his image making that he seemed to require little in the way of analgesia. He depicted himself as an heroic image (like St Sebastian undergoing the torture of arrows piercing his body) being subjected to trauma, pain and discomfort by the doctors and nurses, who, in his paintings, seem to have acquired sinister expressions. The large watercolour paintings filled his small room and then all the corridors of the ward, numbering sixty by the time he left hospital three weeks after the operation.

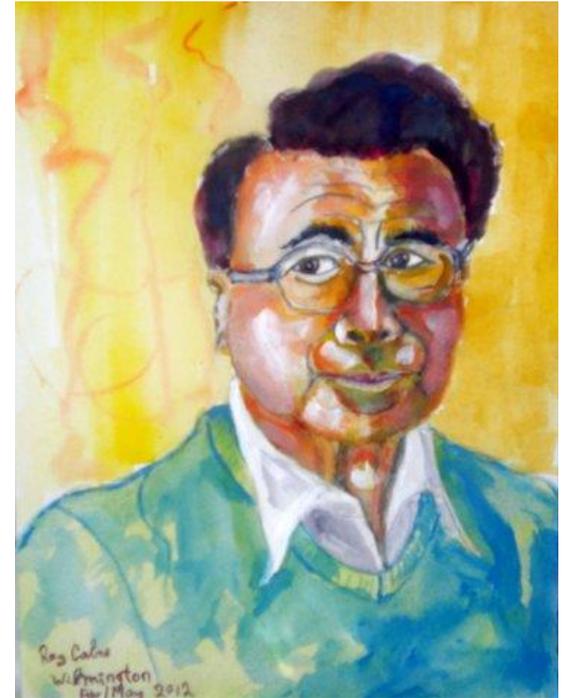
John Bellany and I became friends, and he gave me exceedingly valuable lessons for about six weeks and then suddenly stopped. He is an outstanding colourist, using bright primary colours, and he showed me how to plan colours and composition. In one of his lessons we painted each other and my painting of John Bellany was very different to his paintings of himself. To me he appeared as a very sick patient sitting in a chair and just able to hold a cup of milk, in marked contrast to his self-portraits. I was interested in the different perceptions experienced by each individual. When a surgeon comes into an operating theatre he will be interested in the anatomy, the dissection, the state of the operation. An anaesthetist would be interested in the function of the heart, lungs, kidneys and the replacement of lost blood and other fluids. An operating theatre nurse would be interested in the arrangement of the instruments, ensuring that they were all present and that the rigorous standards of sterility are maintained at the highest level.

A lay person coming into the operating room might well be shocked and even faint. I realised that the depiction of organ transplantation had never been attempted before, since organ transplantation didn't exist, and as an amateur and a transplant surgeon I was in a very privileged position, having models available who were always willing and sometimes enthusiastic, and who would often welcome the opportunity of sitting for a portrait to discuss worries relating to their operation and their future, which would have been difficult in the formal atmosphere of a ward round.

When the patient who received the first intestinal transplant we performed was leaving the intensive care ward, instead of anxiously enquiring if the operation had gone well, his first words to me were "when are you going to paint me?" We transplanted more than two hundred children and I found painting a child was a wonderful way of making contact with the child to alleviate the anxiety which is natural for children whose only experience of hospital has been pain, restraint and the requirement to take unpleasant medication. On removing my white coat and sitting down with pencil and paper the child would rapidly become relaxed, smile and then be critical of the art work.

I found that it was often a joy to photocopy the drawings and for us both to colour them. I also depicted the operation and the intensive care ward from the point of view of the emotional and human concerns as well as the technical aspects. A liver transplant is a huge operation and no matter how many have been performed there is always a moment of worry and truth when the diseased liver is removed before the new donor liver has been implanted and shown to work and maintain the life of the patient. I have also painted many of my colleagues, doctors, nurses and scientists.

Of course liver transplantation now is well established so that surgeons and others involved in the procedure have a routine and expect good results. Maybe some of the paintings I have done will explain to them the difficulties in the beginning when we were trying to find our way to overcome the surgical problems of a major procedure in a very sick patient. I spoke on the phone recently to my longest surviving patient with a liver graft. After thirty eight years he is now doing part-time work, having retired from his regular job, and has just completed a 140 mile cycle ride over the hills in the West country of England. To have had nearly forty years of good life which is still continuing is a fantastic reward for the surgeons, medical and nursing staff who took care of him, and demonstrates beyond any doubt the value in human terms that can be achieved in organ transplantation.



*Nova - Self Portrait, watercolour*

The improving results of organ transplantation have made the shortage of donors in relation to the number of patients requiring a transplant a major problem, which does not show any signs of improving. In Spain, the most successful country in the world for the charitable donation of organs, there is an “opt-out” law whereby permission for donation is assumed unless it has been previously withdrawn, and doctor-co-ordinators are present in every hospital. Spain has consistently recorded around 40 donors per million population each year. Each donor can provide two kidneys, two corneas, a liver, heart, lungs, pancreas and intestine.

The United Kingdom record for organ donation is poor, with less than 20 donors per million. In South East Asia the situation is much worse for reasons that are not entirely clear but probably include a general but unwarranted distrust of the doctors looking after a dying person. Also there are superstitious feelings against organ donation which are not substantiated by any of the main religions, but above all, governments have not invested anything like sufficient funds in the infrastructure of transplant co-ordinators, Intensive Care beds, payment of doctors and nurses for the extra work involved in organ donation and explanation, which needs to be regularly repeated to the public, of the need for organ donation. I hope that some of the images related to organ transplantation may help improve the organ donation rate, but it is a very uphill task.

I have been interested in all different media and in the last twelve years I have been learning and practicing sculpture, using modelling in clay and wax and carving marble and other stones. I have found modelling particularly enjoyable and it has similarities to surgery, using two hands and working in three dimensions, often with figurative subjects where a knowledge of anatomy is helpful.

Most of my original paintings and sculptures have been sold for a children’s liver transplant charity or research in transplantation. I have been interested in many other types of image making and sculpture apart from the subject of transplantation. I enjoy figurative painting, portraits and life drawing no doubt helped by a surgical training in anatomy. My art teachers have helped me understand how difficult it is to start with an idea to challenge a plain piece of paper, canvas or clay and hope that the idea may in part be realised, but nevertheless, I know from bitter experience that that will never be the case.

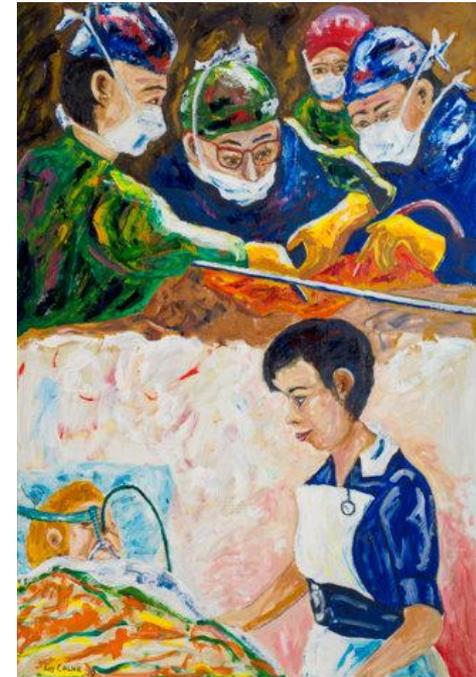
There will always be an unattainable goal but the challenge is part of the making of images and sculpture.

May 2013

# Art & Practice of Sir Roy Calne

Sarah Cawthorne

The disciplines of medicine and art have historically had a long and distinguished connection. Both are concerned with form, processes of observation, and require precise visual and manual skills. Ever since the Renaissance, when Da Vinci's skilful anatomical drawings and the illustrations of revolutionary anatomist Andreas Vesalius's works led to new levels of accuracy for both figurative art and anatomical understanding, scenes of a medical nature have abounded in art. From the historical to the deeply personal, from Rembrandt's *The Anatomy Lesson of Dr. Nicolaes Tulp*, to Thomas Eakins' *The Agnew Clinic*, through Van Gogh's portraits of Dr. Gachet, Barbara Hepworth's *Hospital Drawings* and even Damien Hirst's pseudo-anatomical sculptures, art has both documented and contributed to the state of clinical medicine since its early days. That the work of Sir Roy Calne – the extraordinary medical scientist who is also a dedicated and energetic artist – takes a proud place in this tradition, should come as no surprise.



*Surgery Guardians*, oil on board, 2009



*Sleeping*, charcoal on paper, 40.5 cm x 30 cm

Calne had always enjoyed art and drawing, but as a young boy he could hardly have imagined the influence it was to have on his life and his provision of medical care. Calne, like most doctors, believes that both the *'process of surgery as an art and as a science is always to be aware that the patient is at the centre of all considerations, everything should be done to give the patient the best chance of alleviating suffering and hopefully providing a cure'*. Art, by contrast, he considers to be *'mainly concerned with emotions'*, and, when made well, serves its purpose in a quasi-religious form by *'uplifting the soul'*.

Whereas Calne's astounding medical achievements have, for decades, transformed the physical wellness of patients, his art has contributed to their spiritual recovery. Sitting with his patients whilst painting them transformed the traditionally formal, and often intimidating doctor-patient relationship, delivering a more informal space for the expression of the patient's concerns, fears and queries. It put critically ill people at ease, providing entertainment, distraction and attention of a non-clinical nature. This approach was particularly beneficial to young children, who were often frightened by the hospital setting and unpleasant medical treatments. Sitting for their portraits, they could feel special, and build up a friendly and trusting relationship with the surgeon who, until this point, could only be a figure of fear.

Calne is best known as one of the pioneers of modern medical science. A key player in the development of organ transplantation as a viable treatment for otherwise incurable organ failure, his research and his surgical skills have saved countless lives across the globe. He was initially drawn into the dramatic world of transplant surgery when to most people the idea still belonged to the realms of science fiction.

As a young medical student at Guy's hospital in London, Calne met a patient his own age dying of end-stage kidney failure. Calne felt incensed at the waste of life, asking why a transplant could not take place. He was bluntly told by a consultant that the idea was impossible. His fellow students told him to keep his radical questions quiet. But a seed had been planted, and shortly afterwards, at a time when only one successful transplant - the donation of a kidney from one identical twin to the other in Boston - had ever been performed, Calne was part of a select, courageous and maverick group of physicians who were striving to realizing this 'impossible' dream.

Now his scientific career boasts an impressive number of firsts; the first European liver transplant, the UK's first intestinal transplant and the first successful global combined heart, lungs and liver, and combined stomach, intestine, pancreas, liver and kidney cluster transplants. In addition to surgical excellence, Calne's vitally important research into immunosuppressants, including cyclosporine, proved key to developing a solution to graft rejection.



*Kidney Patient*, watercolour on paper



Bust of John Bellamy

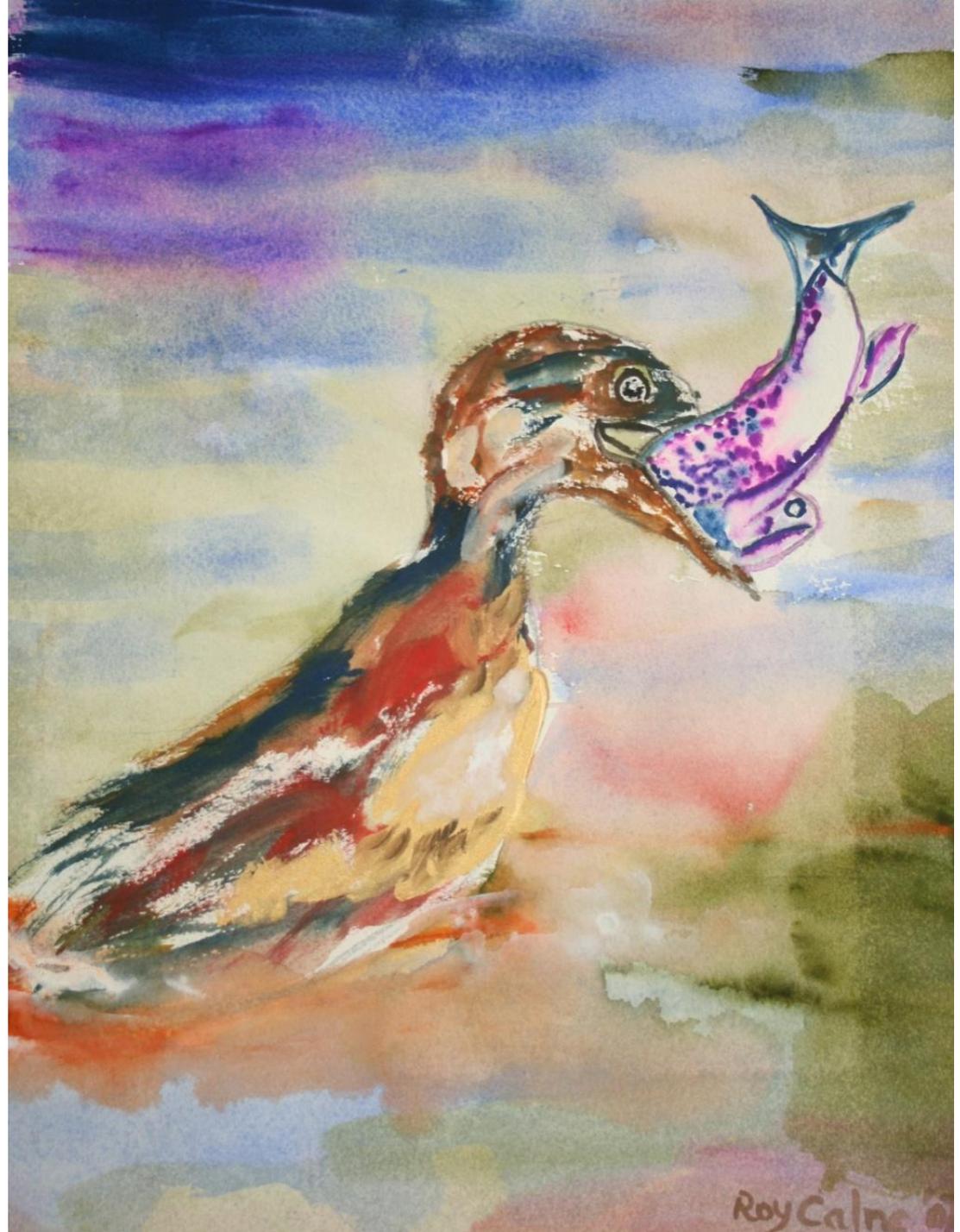
Though Calne had long painted his patients, it was upon meeting renowned Scottish painter John Bellamy that Calne's artwork matured. Bellamy was dying of liver failure, and Calne was responsible for the graft that saved his life. When Bellamy came round from the operation, weak and in critical condition, he immediately requested paints and paper to document his condition. He was about to produce a brilliant and emotive series of medical art: his *Addenbrookes Hospital Series*. These were drawings and paintings made about his experience of recovery in hospital, the extensive breadth of which lined the walls of his hospital ward. Calne was astonished and inspired by Bellamy's tenacity and determination to paint whilst in such a poor physical condition; the two became friends, and Bellamy gave Calne painting lessons, both whilst he was still a patient in the ward, and afterwards. They painted reciprocal portraits of one another, and Bellamy taught Calne to use *the 'brightest, strongest pigments available'* instead of the *'dull'* colours he had been using before. This technique is characteristic of Bellamy's work and has come to be a major part of Calne's own practice. Paintings full of vibrant and energetic hues developed. The two remain close friends, and the naïve expressiveness of Bellamy's influence can still be seen in Calne's works, lending them a new strength and boldness of vision. Around 1998, Calne took up sculpture as well, challenging himself with the three dimensional form – an area that he shows natural talent for. His bronzes have delighted viewers with their movement, and as with his paintings, their energy.

Like many artists before him, Calne has sometimes used his art to document progressions in medicine – particularly his own field, recognizing that being one of the first surgeons involved in the development of transplant surgery has granted him a unique opportunity to preserve its history through his paintings. As part of his tribute to the specialist field in which he himself has played such a key part, Calne has painted surgical scenes, patients and colleagues, capturing the visceral and arresting drama of the discipline with his colour palette and brush strokes. He has even painted Lolypop, the dog on whom he performed the first successful kidney graft using azathiopurine, a drug which significantly delayed the rejection of a transplanted organ. The dog, who, presented by Calne at a groundbreaking international conference, proceeded to emphasise how very much alive and well he was by licking the faces of those sat on the front row, here frolics amidst a riot of brightly coloured carpets, curtains and rugs, the eye-popping pigments expressing the vitality that pervades Calne's work. Whether he depicts a scene from an operating theatre, a sick patient, a landscape or even a traditional still life of a vase of flowers, each and every piece is an energetic celebration of the gift of life.



Dancers, Bronze, 45cm x 53cm, 2006

# WATERCOLOUR & ACRYLIC



*Duck and Fish,*  
watercolour on paper,  
40.5 cm x 30 cm,  
2007



*Leaping Fish*, watercolour on paper, 30 cm x 40cm, 1994



*Palm Frond Hut*, charcoal and watercolour, 30 cm x 42cm, 1993



Aldeburgh, watercolour on paper, 57 cm x 38 cm, 2000



Red Flaming Coral, San Diego, watercolour, 55cm x 79.5cm, 2010



*Red Orchid,*  
charcoal and watercolour,  
63.5cm x 32cm,  
2006



*Trailing Flowers in Blue Vase*, watercolour on paper, 40 cm x 54.5cm, 2010



*Spring Bouquet 1*, acrylic on paper, 54.5cm x 38cm, 2010



*Spring Bouquet 2*, acrylic on paper, 54.5cm x 38cm, 2010



*Bouquet,*  
watercolour on paper,  
56cm x 40cm,  
2012



Autumn Flowers  
Roy Calne 2010

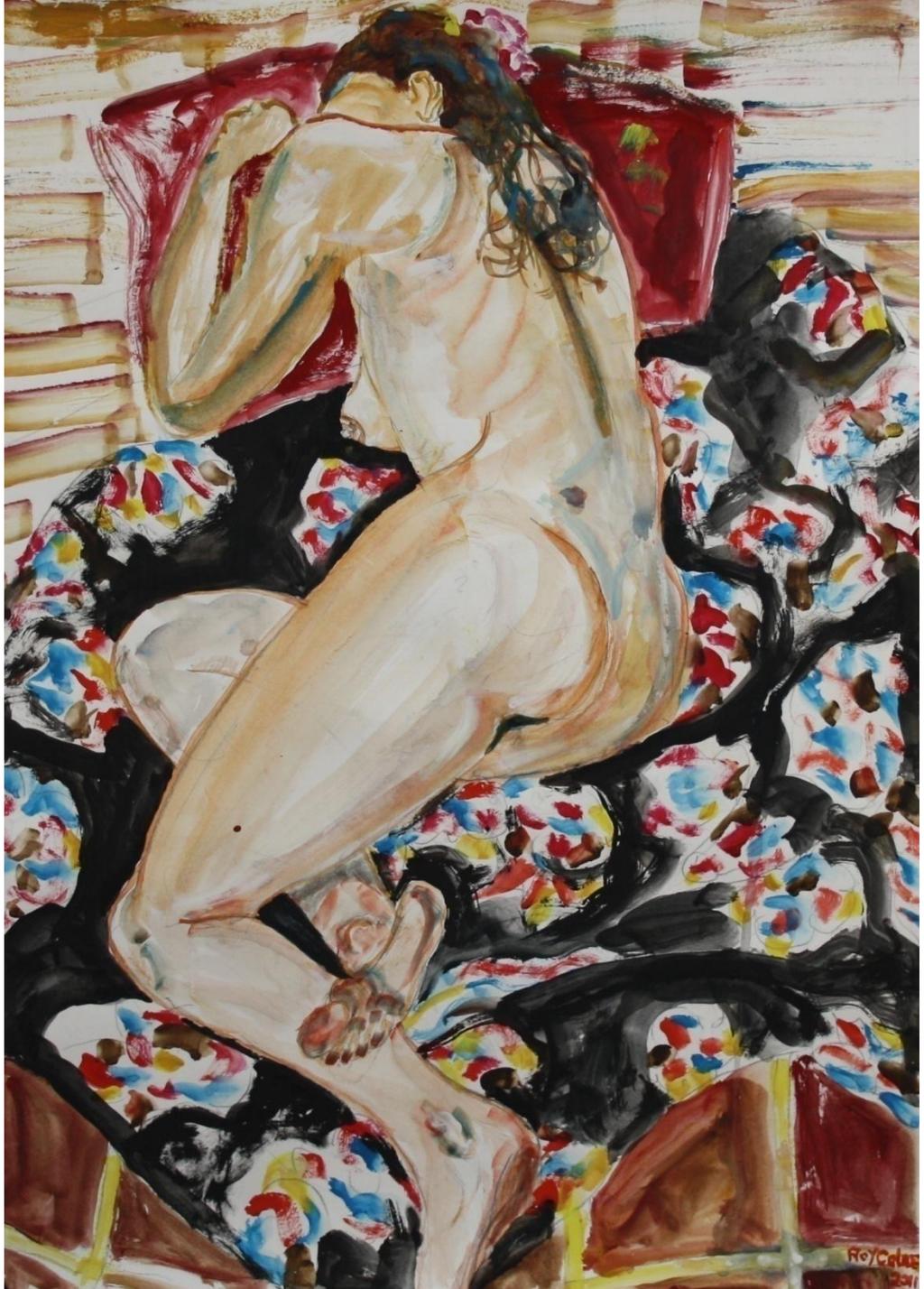
*Autumn Flowers*, watercolour on paper, 40cm x 54.5cm, 2010



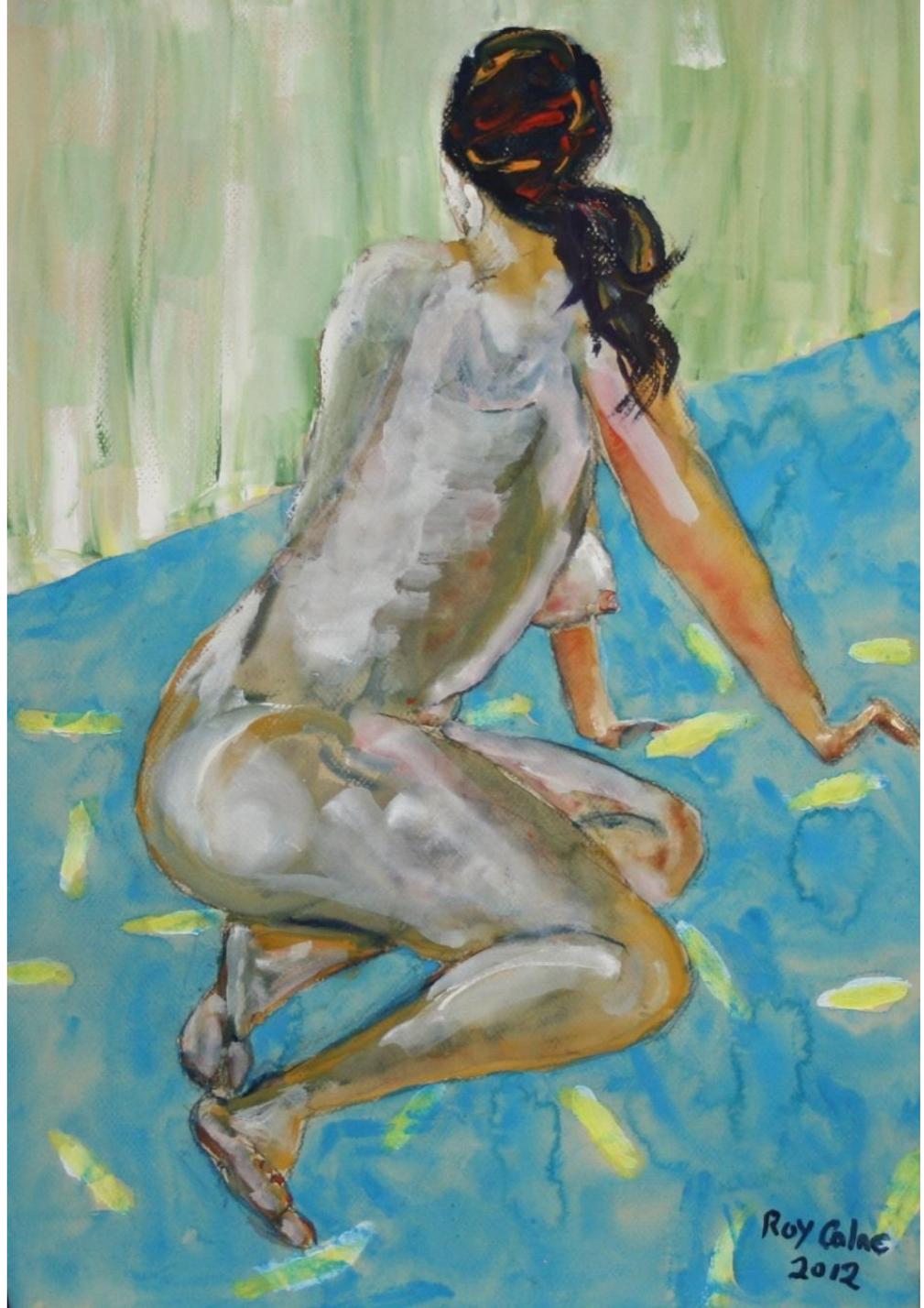
*Poppies in a Blue Vase 1*, watercolour on paper, 54.5cm x 40cm, 2012



*Poppies in a Blue Vase 2*, watercolour on paper, 54.5cm x 40cm, 2012



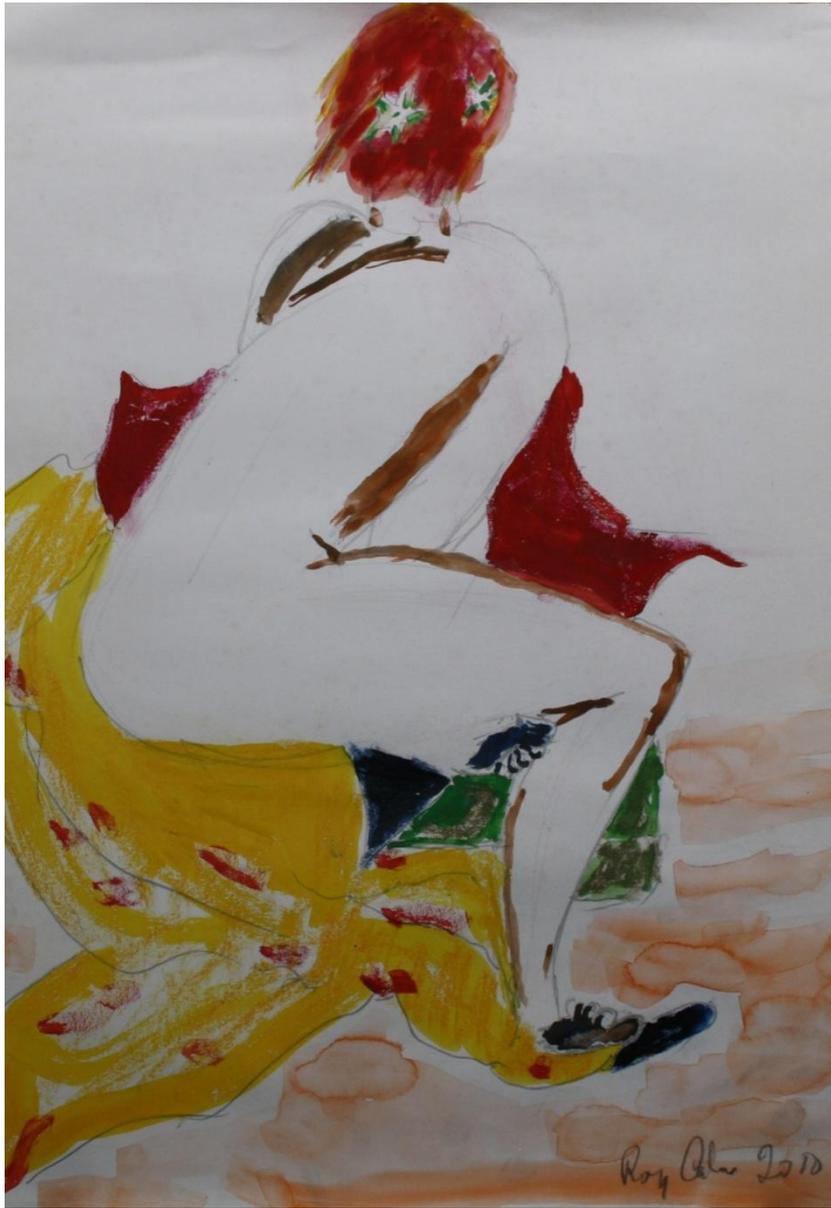
*Sleeping Nude on Patterned Throw,*  
Watercolour on paper,  
70 cm x 50 cm,  
2011



*Nude on Blue and Green,*  
watercolour on paper,  
55cm x 37.5cm,  
2012



*Reclining Nude on Red*, watercolour, 40cm x 54.5cm, 2010



*Nude on Yellow*, watercolour and acrylic on paper, 59.5cm x 42cm, 2010



*Butterfly Tummy*, watercolour on paper, 74cm x 43cm, 1999



*Nude on Horse Patterned Blanket*, watercolour on paper, 50.5cm x 68cm, 2008



"Toti" Bird, Cuba, watercolour on paper, 50.5cm x 70cm, 2009



*Lolypop*, watercolour on paper, 58.5 cm x 41.5 cm



*Fight*, watercolour on paper, 54.5 cm x 37cm, 2007



*Portrait of a Musician*  
acrylic on paper,  
54cm x 36cm,  
2003

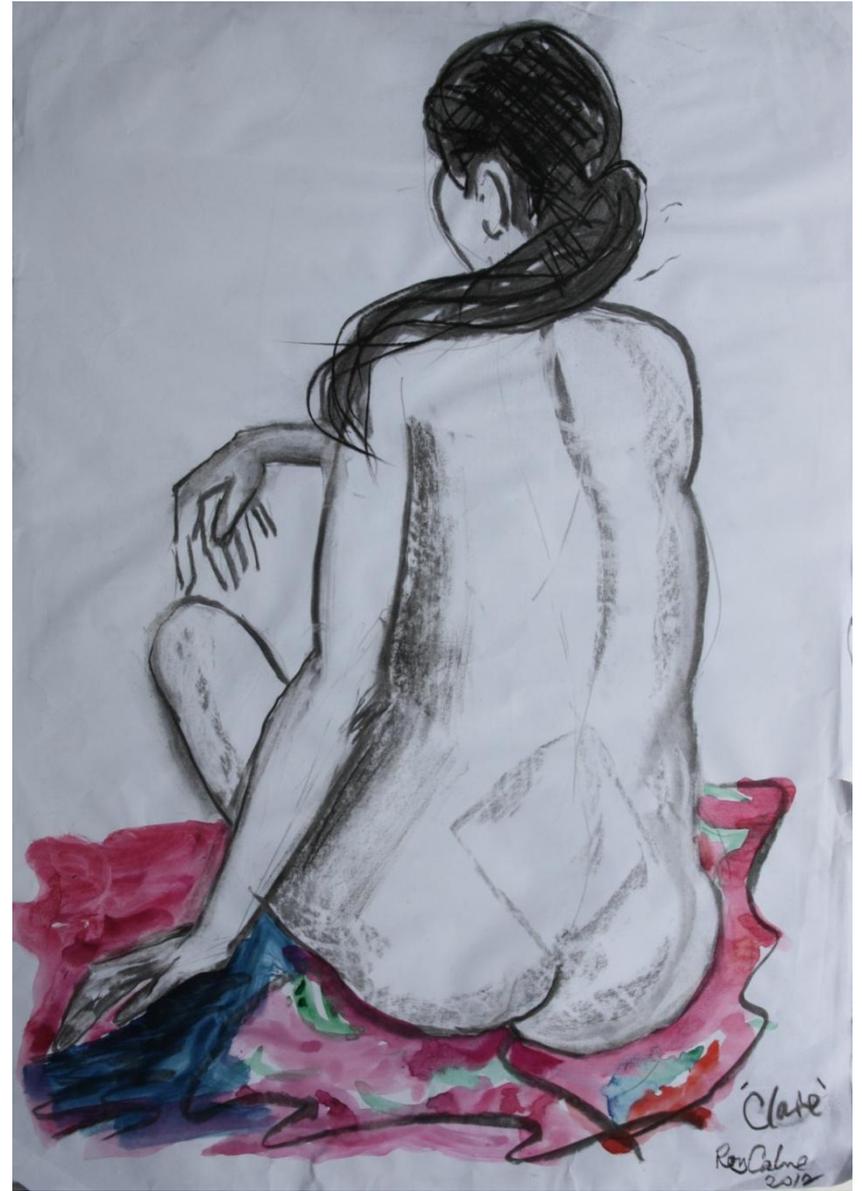
**D**RAWINGS



*Nude on Stairs,*  
pastel,  
62cm x 44cm,  
1999



*Nude on Blue and Orange*, pastel on paper, 42cm x 29.5cm, 2010



*Clare*, charcoal and watercolour on paper, 60.5cm x 42.5cm, 2012



*Reclining Nude*, charcoal on paper, 32cm x 45cm, 2010



*Nude on Patchwork Quilt*, pastel on paper, 42cm x 59.5cm, 2010



*Highlighted Nude from Behind,*  
charcoal and pastel on paper,  
59.5cm x 42cm



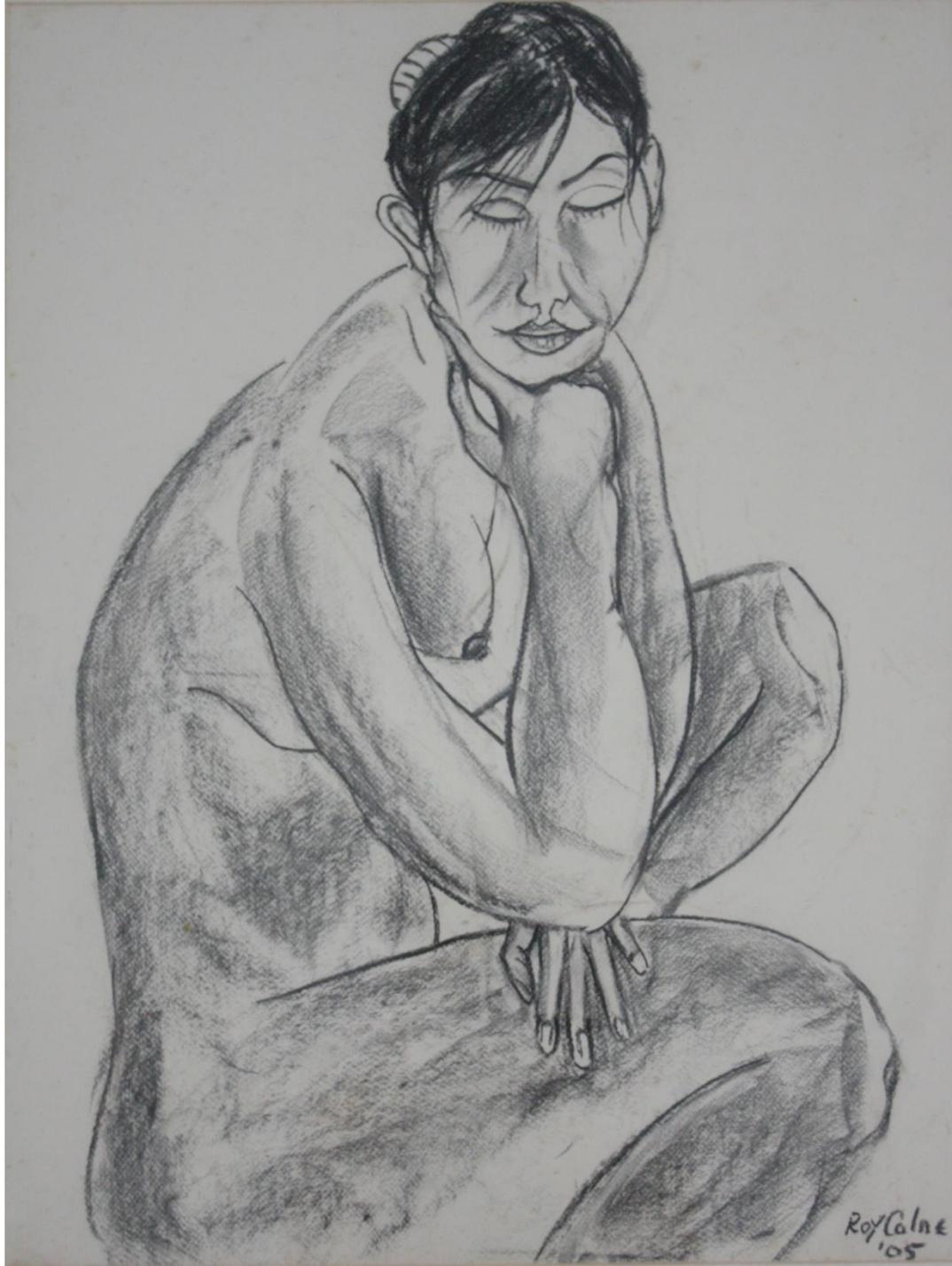
*Bending Nude*, pastel and charcoal on paper, 36cm x 51cm, 2007

*Nude from Behind,*  
charcoal and pastel,  
61cm x 45cm





*Sleeping*, charcoal on paper, 40.5 cm x 30 cm



*Nude Thinking,*  
Charcoal on paper,  
61.5cm x 46.5 cm,  
2005



*Nude Kneeling from Behind*, charcoal on paper, 47.5cm x 61cm



*Model Study II*, pastel on paper, 50cm x 32cm, 2007

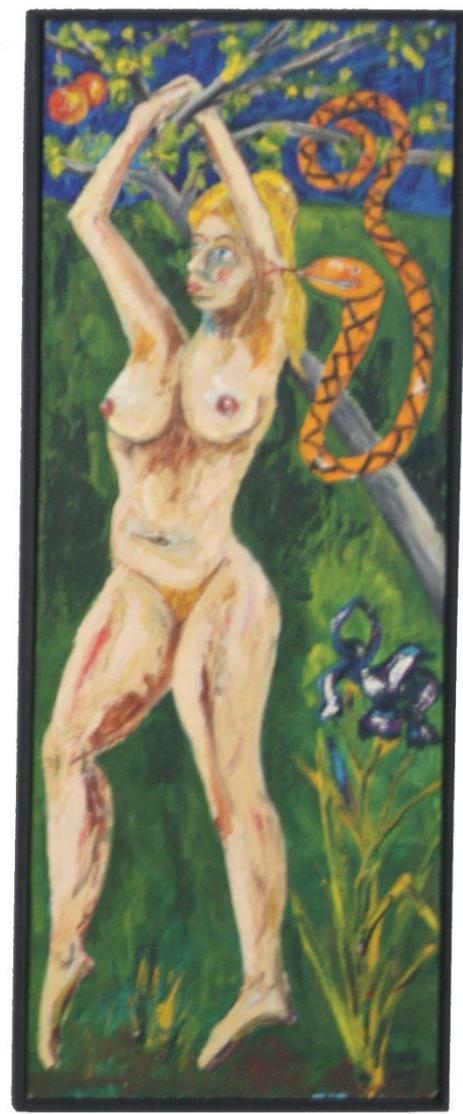
# OIL ON CANVAS AND BOARD



*Barbeque Fun*, oil on board, 83cm x 102 cm, 2007



*Mirror Image*, oil on board, 60cm x 120 cm, 2007



*Spring*, oil on board (triptych), central panel: 121cm x 91cm, side panels 121 cm x 45.5. cm each , 2006



*Opening Up,*  
oil on board,  
121cm x 91cm,  
2004

Roy Colne '04



*The Cat,*  
oil on board,  
75cm x 50cm,  
2008

# SCULPTURE



*Dancers,*  
Bronze  
45cm x 53cm  
2006



*Heart in Hand 2,*  
Bronze  
43cm x 32cm  
2011



*Double Helix,*  
Bronze,  
103cm x 35cm,  
2010



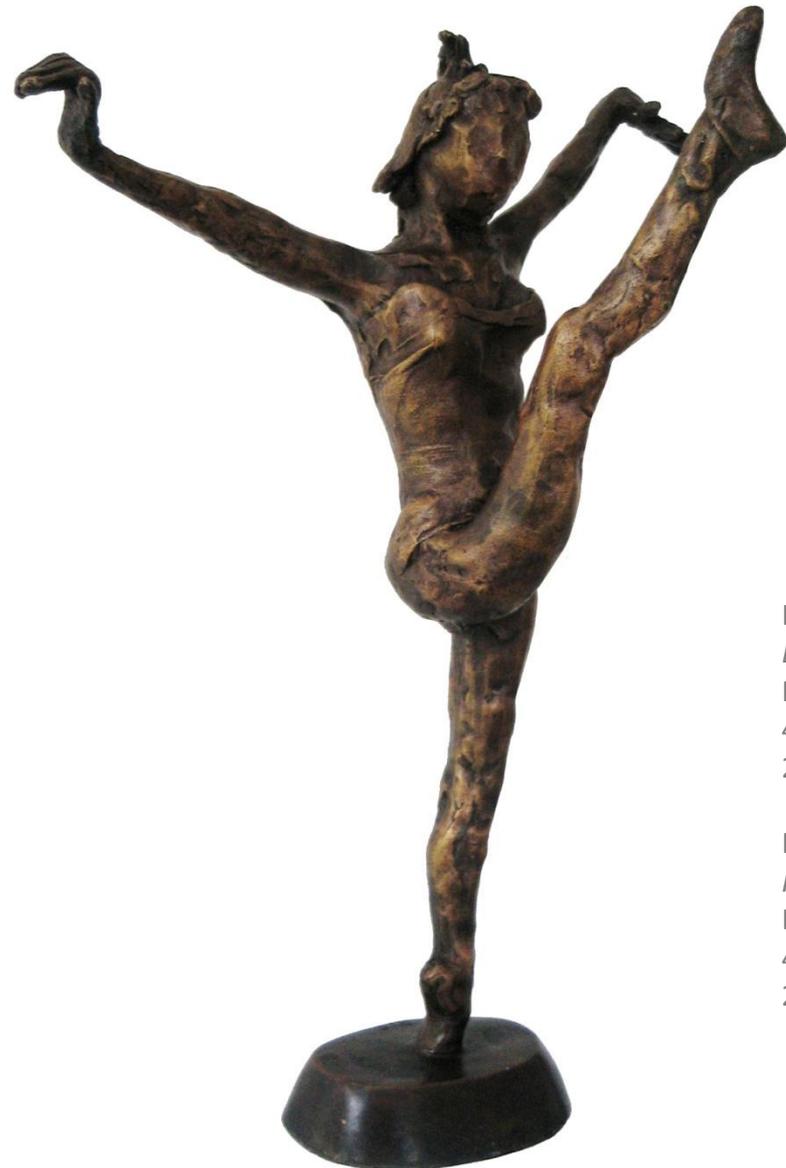
*Serena Williams,*  
Bronze,  
50cm x 42cm,  
2001



Left:  
*Reach For The Sky*,  
Bronze,  
38cm x 29cm,  
2010



Right:  
*Ballerina 1*,  
Bronze,  
41cm x 24cm  
2010



Left:  
*Back Stretch*,  
Resin Bronze,  
40cm x 25cm,  
2010

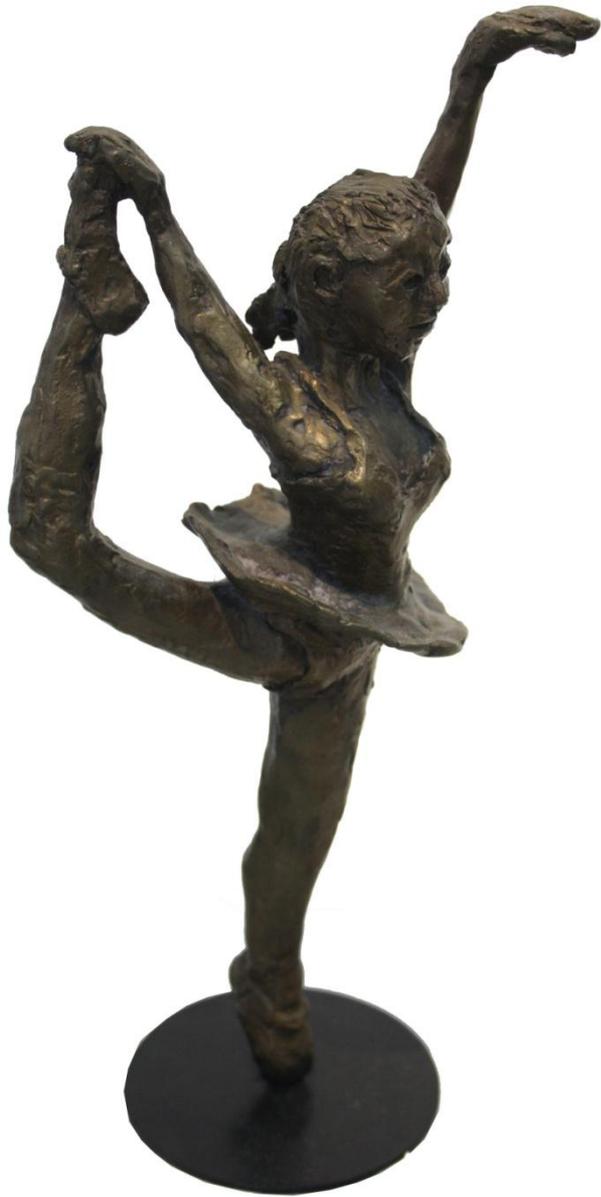
Right:  
*Front Kick 1*,  
Bronze,  
41cm x 30cm,  
2010



Left:  
*Ballet Dancers*,  
Bronze,  
33cm x 18cm,  
2010



Right:  
*The Leap*,  
Bronze,  
44cm x 30cm  
2010



Left:  
*Golden Dancer*  
Bronze,  
32cm x 14cm,  
2001



Right:  
*Ballet Stretch 2*,  
Bronze,  
33cm x 16cm



*Crawl,*  
Bronze,  
20cm x 28cm,



*Cat and Hare,*  
Bronze,  
48cm x 60 cm  
2010



*Handstand,*  
Bronze,  
46cm x 14cm,  
2010



*Lying,*  
Bronze,  
28cm x 12cm,  
2010



*Penalty Kick,*  
Bronze,  
26.5cm x 14.5cm,  
2010



*Couple 2*  
Bronze,  
36cm x 19cm,  
2010



*Yoga Pose,*  
Bronze,  
18cm x 21cm,  
2010

# The Art of Giving

DATUK (MR) HARJIT SINGH MBBS; FRCSE; FRCSI

President, Malaysian Society of Transplantation

“It's not how much we give but how much love we put into giving.”

- *Mother Teresa*

The Malaysian Society of Transplantation is honoured to be associated with this exhibition of Professor Sir Roy Calne's art at Shalini Ganendra Fine Art @ Gallery Residence in Kuala Lumpur. This exhibition, titled 'The Art of Giving', reflects on the invaluable gift that Sir Roy Calne has given to this world in the field of transplantation. Sir Roy Calne is one of the great pioneers in the field of organ transplantation, having performed Europe's first liver transplant in 1986 and the world's first multi-organ transplant, comprising of liver, heart and lungs, in 1987. In addition to being an exceptional surgeon, Sir Roy is a scientist par excellence who in the '70s discovered an immunosuppressant drug to prevent the immune system from rejecting transplanted organs, which heralded the beginning of clinical transplantation.

In 1994, the Independent newspaper in the UK published a profile of Sir Roy Calne very aptly titled "*Artist with the Knife: Sir Roy Calne*". Almost three decades later, this exhibition in Malaysia is a reflection upon the skills of a master surgeon, a scientist, an artist and above all a human being who has given so much to this world. Transplant surgery is a 'fine art' which gives hope of a new lease of life to the many patients suffering from various end stage organ failures.

The science of transplantation rests heavily on a very fragile willingness and benevolence of the community to support organ donation for the common good and benefit of fellow human beings. There are today tens of thousands of organ transplant recipients around the world who are alive because of the magnanimity and generosity of deceased donors.

Transplantation in Malaysia commenced sometime in the late sixties on an ad-hoc basis with corneal transplantation using donor corneas sourced from Sri Lanka. The first kidney transplant was performed in Kuala Lumpur Hospital on December 15<sup>th</sup>, 1975, on a 30-year old recipient from Sarawak who received a donor kidney from his younger brother. The recipient lived 31 years following the kidney transplant and died from an unrelated cause. The first deceased donor kidney transplant in Malaysia was performed on 1<sup>st</sup> June 1976; the donor was a young tourist who sustained fatal injuries following a road traffic accident in Kuala Lumpur. Following that there was a long lapse and for nearly two decades there were perhaps only a dozen deceased organ donors, most of whom were foreigners.

The awareness of deceased organ and tissue donation amongst Malaysians was rather rudimentary then. It was for this reason that the Malaysian Society of Transplantation, the Malaysian Ministry of Health and the Rotary Club of Bangsar jointly set up the National Transplant Resource Centre at Kuala Lumpur Hospital on November 1<sup>st</sup>, 1997.

The sole purpose of this centre then was to create greater awareness about deceased organ donation in the country. Over the years more such centres were set up in Ipoh, Penang and Johor Bahru to provide access to information about organ donation and also to register donor pledges.

Malaysians have come a long way since and are today better informed and more aware about organ donation and transplantation. Despite various valiant efforts, the actual deceased organ donation rate in Malaysia stands at only 1 donor per million in the population, which is amongst the lowest in the world. The current numbers of deceased donors are not able to match nor keep pace with the ever increasing demand for transplantable donor organs.

The fundamental requisite for transplantation is the availability of healthy donor organs & tissues, which can only be sourced from either living or deceased donors. Despite various initiatives by the Malaysian Ministry of Health to create better awareness, organ donation continues to be looked upon with contempt and fear, resulting in its poor public appeal in Malaysia. Currently, only 0.72% of the population have pledged their organs upon death. Irrational fears and false beliefs prevent many amongst us from consenting to donate the organs and tissues of our loved ones at the time of death. Family refusal continues to be the leading cause of failure to acquire organs and tissues from potential deceased organ and tissue donors. It is therefore extremely important that we should not only pledge to donate our organs and tissues upon death but we should also discuss our intention and wish to donate our organs and tissues with our families and loved ones, so that they could help to fulfil our wishes when we die.

The “art of giving” very appropriately reflects the giving of the priceless gift of ones organs upon death for the benefit of our fellow human beings who are afflicted with various end stage organ failures. Losing a loved one is a traumatic experience but giving the gift of life is the ultimate act of charity and benevolence, which brings joy at the fulfilment of the wishes of the donor and brings the joy of a new lease of life to the recipient.

“Blessed are those who can give without remembering and take without forgetting”

- *Elizabeth Bibesco*

Further information on organ donation and transplantation is available on the website of the National Transplant Resource Centre at <http://www.agiftoflife.gov.my> and on Facebook at <http://www.facebook.com/agiftoflife> or YouTube at <http://www.youtube.com/ntrctv>.

In the event you wish to register as an organ or tissue donor you could do so online at <http://www.agiftoflife.gov.my/register.php>

# SHALINI GANENDRA FINE ART

## @ Gallery Residence

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