Dr. Lisa Murphy on Stroke Recovery, Advocacy, and a New Vision for Survivors

Dr. Lisa Murphy, CEO of the Stroke Foundation, discusses stroke recovery, advocacy, and the support services stroke survivors need now more than ever.

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Transcript:

Dr. Lisa Murphy's Journey to Leading the Stroke Foundation

Bill Gasiamis 0:00
Welcome, everyone, and thank you so much for tuning in to another episode of the Recovery After Stroke Podcast. If you're new here, I'm Bill Gasiamis, stroke survivor advocate and someone who believes in the power of stories to change lives. Today's episode is one I'm particularly honored to share I had the privilege of speaking with Dr. Lisa Murphy, the CEO of Stroke Foundation here in Australia, Lisa brings a wealth of experience from her background in medicine, public health and leadership, and in this conversation, we talk about her journey to leading the Stroke Foundation.

Bill Gasiamis 0:37
The organization's renewed vision and some of the groundbreaking innovations transforming stroke recovery, we also unpack the lived experience initiatives being championed within the foundation, and the many ways stroke survivors, no matter their capacity, can contribute to advocacy, education and support across the country, whether you're looking for insight into the future of stroke care or wanting to find your own way to give back after stroke, this episode is packed with value. Let's dive in. Dr. Lisa Murphy, welcome to the podcast.

Dr. Lisa Murphy 1:15
Thanks, Bill brilliant, to be here.

Bill Gasiamis 1:17

I'm so grateful to have you on the podcast. I really appreciate it. I just want to start a little bit in understanding how you got to be the CEO of the Stroke Foundation. Just give me a little bit of your background, your history in the organization. I know that it's been a very rich history there.

Dr. Lisa Murphy 1:38
Well, it's a long story, but I'll provide the short version. I've been at strength foundation for five years. In fact, I think even this week, it's my 5th anniversary. So perfect timing, Bill. And I've been in the CEO position for two years. But previously I used to lead all the mission related stuff, so all the programs, services for survivors of stroke, prevention, treatment and recovery. And then when Sharon Mcgow moved two years ago, I took up the CEO position. So absolute privilege and honor to do that, but I do have a background in health.

Dr. Lisa Murphy 2:18
So started off like, well, actually, long story. Started off life in finance. So went to work in the city of London for a bit, but then very quickly realized that that was not aligned with my values at all. And so went to medical school and started off life in anesthesia, intensive care, emergency medicine, that sort of stuff.

Dr. Lisa Murphy 2:42
And then you can hear from my accent, but I'm not from around here, and moved to Australia 15 years ago with my husband for his work, and my two boys developed type one diabetes, so shifted out of work for a bit, and then when I went back to work, it was I moved into sort of medical writing, and then more public health, and then did some leadership stuff and here I am.

Bill Gasiamis 3:09
So you're probably embedded in the health services in some way, shape or form.

Dr. Lisa Murphy 3:15
Yeah, most of my career has been in health, really, with a little divergence into into finance, but not very long.

Bill Gasiamis 3:23
Understand that finance thing is a very important part, but it's best for other brands for as far as I'm concerned, and one that maybe I wish I was better in, but I'm happy for other people to be doing the hard yards in those areas. I just wanted to also get a bit of a sense of how your time at the Stroke Foundation has

helped you or has impacted you, professionally and personally, because it is not a what's the word? It's not a run of the mill organization to hang out in because you know, you're doing such profound work.

Bill Gasiamis 4:12
You are being you're interacting constantly with people who are seriously impacted by stroke and medical conditions and all the stuff that stroke can cause. How did you transition into that space and then have to deal with the the more direct impact of stroke? Because I imagine, as a person who worked in hospitals, you deal with people for a short amount of time, you diagnose, support, treat in a certain way, and then they're off, and they do their thing, and you tend not to run into them again.

Bill Gasiamis 4:50
Hopefully, especially we're hoping, that they go home, they're well enough not to come back to hospital. But the Stroke Foundation doesn't allow you to do that. You are interacting with people regularly who have been impacted by stroke. So what's that personal journey and professional journey been like to transition into that type of experience?

Dr. Lisa Murphy – Impact of Working with Stroke Survivors

Dr. Lisa Murphy 5:11
Fantastic question. So as you say, and particularly as in intensive care, anesthesia emergency medicine, those interactions are very short and often, well, when you're putting somebody's sleep for an operation, it, it can be the matter of minutes. So one of the things you get from that is building rapport instantly. You know, you've gotta get the trust of the person straight away. So that definitely is something that's been such a valuable skill to have. But then, you know, you're talking about the longer relationships and getting to know people as they are, where they're at.

Dr. Lisa Murphy 5:51
And understanding their journeys. And I think, because I do have two boys with chronic conditions, I get a glimpse into the role of a carer, and what it's like to live with with a chronic condition. And obviously, you know, there's differences, but it's spending time with people like yourself, Bill and and other people with

lived experience of stroke that gives you insights into people's day to day lives that strokes just not all about them. You know, their parents, their they've got, you know, their own roles in society.

Dr. Lisa Murphy 6:29
Adrian O'Malley, one of our other community members, always says he's a parent, he's the owner of his dog, he's into horticulture, and then his last little bit is, and I'm a survivor of stroke, and I think that's lovely, because it tells the picture of the whole person. So that's been a journey is building up those relationships with people, and not just that one second sort of interaction.

Bill Gasiamis 6:58
Is there a conversation with a stroke survivor that has kind of embedded itself in your memory, that has really impacted you, that you kind of are aware of, or that's always in your awareness.

Dr. Lisa Murphy 7:14
There's one in particular, just because it's so recent. And you know, recent memories are always there. First last Thursday, we had a leadership meeting where Simone, who leads our inclusion and diversity portfolio and leads the childhood stroke project, co designed with some of our childhood stroke lived experience working group session for our leadership group on walking in their shoes. And so during that session, we heard from some of the childhood stroke working group, Tommy Haley and Michelle, but also we got to walk in their shoes just for a short amount of time.

Dr. Lisa Murphy 7:59
So we had some special classes which were taped over. So we got the feeling of what it's like to have visual impairment and also a bit of Hemi one sided weakness. So had our arms strapped down, or walking with a stick, and that was incredibly challenging, and it was just you need that constant reminder of what it's like, and we had the privilege of being able to just go back to being our normal selves at the end of the day, but the reminder that Tommy and Hayley and Michelle then went back to their lives in stroke and how exhausting and never ending that is.

Dr. Lisa Murphy 7:59
So that's kind of sits with me at the moment, because it's the most recent. But

interactions with so many people in so many different ways, everybody's journey is different, and so little bits of people's journeys just just stick with me. I told you the story about aid, who introduces himself. But then there's other people in our community who are still very traumatized by their stroke and, and sometimes I feel, you know, I am a bit of a therapist, because they tell me their story and, and it's all about that conversation.

Dr. Lisa Murphy 9:17
So there are other people who I know are still very raw, but there are other people like yourself, Bill, who have been on this growth journey and using your story to support other people. I suppose so everybody brings something different.

Bill Gasiamis 9:32
We've already covered some powerful ground, from Doctor Lisa Murphy's journey into leadership at the Stroke Foundation to the emotional weight and responsibility of working so closely with the stroke community. What really stood out to me was her reflection on that recent walk in their shoes experience how physically and emotionally exhausting it was, even for staff without stroke, and how it deepened their understanding of what stroke survivors live with everyday, as we continue this conversation.

Bill Gasiamis 10:02
We'll dive into the challenges of raising awareness about stroke in a crowded health space, how international collaborations are shaping new support models and the surprising role of microplastics in stroke risk. Lisa also shares why the stroke Foundation's new vision fewer strokes, better outcomes, support and care for all marks a big shift in how they're working with the community. If you'd like to learn more about the Stroke Foundation, access resources or get involved in any way, whether through advocacy, education or fundraising, you can head to Stroke foundation.org.au

Bill Gasiamis 10:39
At the end of this interview, I'll also include all the relevant links in the show notes. Let's get back to it. Yeah, I totally get what you're saying about walking in somebody's shoes. I was completely ignorant. You know, I never come across anyone who was unwell. I never dealt with anyone who had a stroke in my life. I was 37 years old, and somehow I managed to avoid anyone and everyone who had been unwell before in their life. And I imagined very I didn't even imagine.

Bill Gasiamis 11:12
I'm not sure how I even got to the conclusion that people in a wheelchair were just sitting down, and that there was no other trouble or problems or issues that come with that. And it was such a weird thing to find myself in a wheelchair and not be able to walk after brain surgery, and then the only thing that came into my awareness was "Oh my gosh. All those other people who I've ever come across or have been in a wheelchair weren't just sitting down." There was something profound going on in the background that we weren't aware of, that you don't see, that they don't express.

Bill Gasiamis 11:44
But should be obvious when you see somebody turn up in a wheelchair and has hemiplegia or quadriplegia, or paralysis of some sort and and even though I am a stroke survivor. It's still interesting to hear the stories of other people who have been through their journey and their version of the journey, so that I can bear that in mind when I'm creating a podcast interview, or when I am doing all the things that I'm doing that are around stroke recovery, writing the book, etc, because I am trying to create a picture, be it a broad way.

Bill Gasiamis 12:22
It doesn't matter if it's broad and it doesn't matter if it's like a very big spectrum. However, I don't think I could have run the podcast in the way that I'm running it without having that multiple person's perspective of stroke, and even though the people in the stroke organization are doing a great job in supporting people, I think that initiative, what you guys did, kind of living in a person's shoes, just for a moment, helps tremendously better understand the people that the organization is serving.

Bill Gasiamis 13:01
That's kind of what I feel. How did the other staff respond to going through that? I know some of them have been touched by stroke. They've known somebody who's had a stroke, but a lot of the people there, thankfully haven't had a stroke. So how are they in after the exercise?

Dr. Lisa Murphy 13:18
Yeah, I think, yeah, we were all fairly exhausted, which was interesting in itself. And, you know, walking around with those glasses on it, it was time, because you're having to suddenly switch on all of the other senses that you, you know,

maybe sitting in the background. So, one, it was exhausting, two, we haven't done the formal sort of survey, but just anecdotally. You know, best one ever. We need to do more of this. And this was just a leadership level, but what I'm planning to do and but it was great to have you at our last team stroke face to face.

Dr. Lisa Murphy 13:55
But we bring everybody in the organization together about every 18 months for a two day face to face, and what I'd love to do is, is do that for everybody, because it was just so valuable. It just really hit you. It reminded you of, one, why we're doing what we're doing, why we're all working so hard, but two, just that perspective of just walking in their shoes. It was just for, you know, an hour or so, but it was so powerful. So I want to do that with our board and also with all of Team stroke at our next team stroke face to face event.

Bill Gasiamis 14:32
It's interesting that you said it was exhausting, ladies, it was exhausting. Yeah, that's very interesting to me and that's exactly how all stroke survivors feel when they are dealing with somehow trying to activate everything else in their body to help them walk or see or move, etc. So I never expected that you would say that, not, you know, just from the I didn't think that. What it would cause for people tired.

Challenges Dr. Lisa Murphy Faced in Raising Awareness About Stroke

Dr. Lisa Murphy 15:04
We weren't expecting it either, and we didn't actually get to the end of our agenda, but I cut the meeting short because I just looked around the room and everybody was emotionally exhausted and physically exhausted. So it was, you know, time to call it a day, and that was just another insight into some of the hidden disabilities of stroke. And there was quite we talked quite a lot about some of the hidden disabilities at that meeting as well, not just the fatigue, but sensory overload and things like that, you know, people just don't appreciate, for many, many survivors of stroke.

Bill Gasiamis 15:42
Yeah, fascinating. So I know that your challenge in the Stroke Foundation is always to raise awareness, funds, support research, support stroke survivors, etc.

What's the biggest challenge in getting the attention that stroke deserves.

Dr. Lisa Murphy 16:08
It's very crowded market out there, and one of our main stumbling blocks, would you believe it is often in the media where they have a story about stroke, but then they put an image of a heart up and you go, stroke. It's the brain, and there's that, you know, there's competition with our friends and our partners. So again, competition with the Heart Foundation about their messaging. So there's that, there's, we've got a really tight community in stroke, but raising awareness outside of that stroke community is also challenging.

Dr. Lisa Murphy 16:46
So one of the things we're trying to do, in fact, it's on at the moment, is Australia's biggest blood pressure check, which is all around raising awareness about how important it is to get your blood pressure checked, because it's a big risk factor for stroke.

Dr. Lisa Murphy 17:00
And so by raising the prominence of that campaign, we're reaching people that are outside of our sort of stroke community, because blood pressure affects so many people in Australia that if we can reach them and get them the messaging about stroke as well, it's a Stroke Foundation initiative, but it got a wider audience. So if we can reach that wider audience, then we can potentially get a bit cut through, yeah.

Bill Gasiamis 17:26
The interesting thing is, your, you know, the other organizations, definitely, there's an overlap. You know, remember ages ago, doing a TV, being a part of a TV advertisement for the Cancer Council, which is raising the awareness of why people, you know, amongst other things, should stop smoking. And one of them is because of stroke, and I used to be a smoker. And you know, perhaps the smoking wasn't directly the thing that caused my AVM to bleed, but it definitely didn't help.

Bill Gasiamis 17:59
You know, created part of the perfect storm I call and then realizing that both organizations would benefit from people, or people would benefit from stopping smoking, because of all of the benefits that it does. You know, it avoids stroke, it

avoids heart problems, etc, and then you guys actually would all organizations would achieve an amazing outcome if somebody stopped smoking, and yet you have to compete with each other for you know.

Bill Gasiamis 18:32
The rare funds that are available out there in the community and from governments to jointly promote a message that is going to support the Australian economy, the Australian community, etc. That is a fascinating problem to kind of try and wrap your head around like, I don't envy you. It's like me, for example, in my painting company, you know, having a collaboration with three different painting organizations and then going to the same house and competing against them as to who's going to get the work it feels so tough to do.

Dr. Lisa Murphy 19:11
It is a challenge, and in the past, there has been challenges with that. But I think with our new strategy, which we might get to later or not, I don't know, but that partnership, that prevention piece, is all around partnership. So we're not saying we're going to do something on our own. All of our activities in prevention are either through the Australian Chronic Disease Prevention Alliance, which I'm currently the chair, and that's all around policy and advocacy, or in partnership with other task force.

Dr. Lisa Murphy 19:46
So we've got a shared position with the Heart Foundation that we fund 50% and the Heart Foundation fund 50% and that's all around prevention priorities. Because, as you say, if all. These risk factors affect all of the conditions, so heart disease, kidney disease, diabetes, so there's no point doing anything on our own. And in fact, government don't like it if lots of different organizations come to them with with something that should be a collaborative effort. So that's why, in our new strategy, prevention is partnerships. Partnerships.

Bill Gasiamis 20:21
I love the sound of that so on that partnerships discussion. Do you guys collaborate much with International Stroke organizations, foundations? I imagine there is a tight working relationship with the world stroke organization. But what about those other organizations in different countries.

Dr. Lisa Murphy 20:41

So World Stroke Organization, definitely. And I'm the co chair of the stroke society organization, so that's organizations such as us, but in in lots of countries, and the main remit of that one is to support more low income countries and provide our resources so they can use them so they don't have to develop them up. But we have a great relationship with Stroke Foundation New Zealand, and also the Stroke Association in the UK. I have regular catch ups with Juliet the CEO there, and then also Canada and the US.

Dr. Lisa Murphy 21:15
So those are probably the three strongest, but through the world stroke organization, then there's that international lens as well. It's all about, you know, once again, collaborating, sharing resources. We do this program here, but I need a bit of help with this, or, you know, whatever it's a great global community as well as an Australian community.

Bill Gasiamis 21:38
You know, in the 2024, economic impact report. There's some statistics talking about how that stroke, the instance of stroke, is on the rise. Is that. Can you talk about that particular situation? Is it on the rise globally? Is it on the rise in Australia? Is it on the rise because of the population increase in Australia, or other factors give us a little bit of an insight as to why it's on the rise.

Dr. Lisa Murphy 22:08
Sure, so it's on the rise, both in Australia and globally. So we're not an exception. The 2024 report there, the data is basically saying that at the moment, there are about 45,000 strokes per year in Australia, and by 2050 that's likely to go up to 72,000 strokes per year. So that's quite significant. And as everybody knows, you know, we've got an aging and growing population. And although Stroke can happen to anybody anytime. It is more common in older Australians. So that's that sort of shifting demographic is definitely part of it.

Dr. Lisa Murphy 22:49
But what we have been seeing recently is an increase in strokes in younger Australians, and that the cause for that is multifactorial, I'm sure. And, you know, there's no definitive answer yet, but we all know that we're not moving as much. Our diets are getting poorer with the amount of processed food that we're eating. And so there's probably something around that, you know, we're not as healthy as we were, say, 10 years ago.

Dr. Lisa Murphy 23:22
And also things like microplastics. So there was paper recently where microplastics have been found in the plaques in arteries, and which might potentially have a link to increased stroke and increased in in heart disease as well. So there's other factors going on as well. And there's need to be a bit more research and understanding why that particular increase in strokes in young people is happening.

Bill Gasiamis 23:51
Well, I've never heard of that before. That's the first I've heard of microplastics, obviously, and the impact that they have all over the planet and on animals and on humans. But there's that's, is that one of the first discussions about microplastics specifically being found in plaques and or is that, or is that a discussion that's been happening for a while?

Dr. Lisa Murphy 24:13
It's recent-ish, I think the paper, and I think it was in the New England Journal of Medicine, but I can find out the paper for you, Bill, and you can put it in the show notes, but it was last year that was published. So you know, they're actually looking at the composition of some of those plaques and definitely microplastics in there, and they are associated with an increased risk. So, fascinating area of research.

Medical Advances and Technological Innovations

Bill Gasiamis 24:41
So, there's one of the negative things is, you know, the increase of the stroke in people throughout the community, especially younger people. That's a negative. I don't like hearing that. However, there's a lot of positives. We are making a lot of progress in the way we treat stroke. What are some of the latest things that we can get excited about, as far as how people are being supported after they've had a stroke in hospital and then on the way home, both from perhaps the Stroke Foundation perspective, or just from a medical perspective that you're aware of?

Dr. Lisa Murphy 25:23
The advances in medicine are dramatic. I know as a medical student, probably 25-30 years ago, and at that point, if somebody came in with a severe stroke, you would put them in the side room in palliative care, and, you know, look after

them, make sure they're comfortable, but that was kind of about it. But now, you know, we have fantastic clot busting drugs. We have endovascular clot retrieval, where you go in, in the groin and you you pick the clot out, which produces incredible results, if done, you know, in a timely manner.

Dr. Lisa Murphy 26:07
And so you know, the next stage is using technology to improve those further. And many of your listeners might be aware of the Australian stroke Alliance, which is a partnership project in Australia, which is looking at which Stroke Foundation is involved in, which is looking to miniaturize CT scanners so they are light enough to go in aircraft and small enough to be in, you know, really rural or regional hospitals. So, as you know, strokes and medical emergency, but you have to find out whether it's either an ischemic stroke or a hemorrhagic stroke.

Dr. Lisa Murphy 26:45
As to whether you're going to give clot busting treatment. And so having a CT scanner at the patient's bedside, basically in their home or wherever the aircraft lands, is absolutely game changing. So these CT scanners are either the size of a bicycle helmet or a small kind of doughnut more than traditional one. And that's kind of, you know, that's a game changing thing. And the project's about, it's more than halfway through now, and they've got two these two prototypes that look like they're going to be able to be commercialized and used.

Dr. Lisa Murphy 27:19
So that's an incredible project. Another sort of exciting one on the acute stroke front is robotic endovascular clot retrieval. So at the moment, the patient and the doctors need and nurses etc, need to be in the same room. But this project is looking at having the patient roommate remotely, and they have to be in a catheter lab, so they need CT scanners and all the proper equipment. But the actual doctor can be remotely. So they could be at the Royal Melbourne Hospital, and the patient could be, I don't know, in Darwin or somewhere more rurally.

Dr. Lisa Murphy 27:19
And then they could be doing the endovascular clock retrieval robotically, so that, you know, mind blowing stuff, incredible. So that's kind of on the acute phase, but then in rehabilitation, and once you get home, I think, you know, AI, and all the technology robotics is, really pushing rehab supporting patients so they can do a lot more of their recovery at home as well.

Dr. Lisa Murphy 28:31
And I think the rehab sector is probably got a bit of a lag, and I can talk about that in our new strategy a bit, but some of the tech and the apps and all of that are really enabling people have had a stroke to to really focus their rehab, because rehab is just so important. And the amount of rehab and the intensity, you can probably never have enough.

Bill Gasiamis 28:59
I love that discussion that you had about treating people remotely from different locations, that's sensational, because I know that in rural communities we have in Australia, at least, there's like a five hour extra delay from people showing signs of a stroke to actually getting treatment. Was that right, compared to Melbourne metropolitan or other metropolitan areas?

Dr. Lisa Murphy 29:25
Yeah, and if you live really further away, it can be much longer. So you know, it depends where you are, where your local hospital is, but yeah, that and that delay every minute, as you know, counts 1.9 million brain cells die every minute after stroke. So if you can just shave keep shaving off, keep shaving off, it will just improve the outcomes.

Bill Gasiamis 29:51
So that's the aim, just to keep shaving off time that it takes to get somebody treatments. Hence, a CT scanner hopefully Review. Tools, something that they proposition well previously couldn't reveal inside an ambulance or a airplane, so that then that person is transported to the correct hospital, the correct location, and if not transported immediately to the correct hospital, perhaps treated immediately with the right medical intervention.

Dr. Lisa Murphy 30:22
Yeah, correct, on the spot, thrombolysis a point of of care, and in the patient's home even so the mobile stroke units that are in Victoria, in Melbourne, they can give thrombolysis in the ambulance. So you there's you hear incredible stories of somebody who's got recovery of their their arm or their leg on the way to the hospital before, you know, they've got that, that motor function back by the time they get to hospital.

Bill Gasiamis 30:52

Yeah, how involved has a Stroke Foundation been in the type of outcome for patients? As in, I know there's been some kind of involvement. There's, there must have been. But where did that start? How long ago did it start? And how do you guys actually support that type of idea or thought? How does it bubble up? Where does it come from?

Dr. Lisa Murphy – Involvement of Lived Experience in Program Design

Dr. Lisa Murphy 31:19
So the mobile stroke unit. It's been going so there was a five year review. So we're probably in about the seventh or eighth year now. So before I started at Stroke Foundation, and Stroke Foundation did give a significant donation for the ambulance. So we've been involved right from the start, and for the Australian stroke Alliance, the mini CT scanners, we're a partner on the project, and we also provide the lived experience element to it. So part of our lived experience Council provide involvement and etc into that project.

Dr. Lisa Murphy 32:01
And I know Sharon was intimately involved in the pitch to government to get this massive MRF Fund. So very much involved in that. And I'm on the board of the ASA as well. And people always reach out to Stroke Foundation when they're doing research projects, because they know the value of having somebody with lived experience either on their research project or actually having Stroke Foundation staff on their project.

Dr. Lisa Murphy 32:27
So we get involved all over the place in all sorts of projects, which is great, because we get to know what's going on, but also we get to bring that lived experience expertise, or expertise of our guidelines, or whatever it might be into projects in your time.

Bill Gasiamis 32:43
How are you able to pinpoint one of the greatest achievements that you've been around to see perhaps directly connected to where you've been involved or not? Doesn't matter, but I imagine there's just an amazing amount of things that you guys achieve. Is the one that stands out that you think "Oh my gosh, I'm so glad. Out of all the ones, that was the one that I was around to see."

Dr. Lisa Murphy 33:10
It's pro, it's probably involving people with lived experience in program design, in projects, whatever it might be. So although that's not breaking ground in treatment, I think you know the role the journey we've been on, and the importance of that it should never be underestimated on how important it is to involve people who are affected by something in their programs and their services. And so we probably still don't get it right, but we've been on, a bit on, on a massive journey of of getting it right, and that's really been led people by lived experience.

New Vision and Strategy of the Stroke Foundation According to Dr. Lisa Murphy

Dr. Lisa Murphy 34:01
And it started with the Young Stroke Project when that first started. And, you know, just listening to people, understanding where they're at, understanding their needs and priorities, and actually going through a proper co design project. So not tokenistic, and we will always get things wrong. But I think acknowledging that we'll always get things wrong and that constant improvement, you know, it's only going to get better all the time.

Dr. Lisa Murphy 34:30
And working with people like yourself, Bill and other people in the stroke community, you know, it's not a massive step in treatment, but it's an important role that we play, and we like to think that we do lead this space a bit and can support other people to do that.

Bill Gasiamis 34:48
Yeah, I think about that and not getting things wrong per se. But, you know, refining your approach is what I feel is kind of where you guys come from. It's not about it's going "Oh, you know, we stuffed that one up." It's about "Okay, what can we learn from that first experience, that first way forward into this new space, and then how can we adjust and keep going forward and keep involving people?" That's kind of how I see it, that you guys are approaching it. And that leads me to the next part of the conversation.

Bill Gasiamis 35:17
Is, which, you know, recently the Stroke Foundation kind of slightly changed it's

motto. It's thought about how it's going to serve the community, what role it's going to play. Tell me a little bit about that, what where it was previously, and then where you guys are heading now, because I was excited when I heard about the new the new the new path forward.

Dr. Lisa Murphy 35:39
We/Our previous strategy came to an end at the end of last year. So we spent a lot of the previous year developing up our new strategy, which involved a lot of consultation with the community, both people with lived experience, but researchers, health professionals, you know, you name it. We consulted with them, and we started hearing, particularly from the young stroke community and the childhood stroke community that our vision, which was a world free of disability and suffering caused by stroke.

Dr. Lisa Murphy 36:14
Was one we're never going to get to a situation regardless of a world free of because there will always be strokes that are due to congenital causes a hole in the heart, or whatever it might be, and so that's not going to be achieved. And then also the world, the disability and suffering really grated against particularly our childhood stroke community, who absolutely celebrate their children, and so having that word disability and suffering was just not right, so we did a lot of consultation with the community about, okay, so we need to change our vision.

Dr. Lisa Murphy 36:54
But what it's going to look like? And there was many, many, many hours spent, you know, because a vision is a North Star of an organization. It's where you're heading, it's your direction, it's your vision. So it's not often that an organization changed it. So we really wanted to nail it so our new vision is fewer strokes, better outcomes, support and care for all. And I haven't spoke to anybody that hasn't liked it yet, but that's, you know, you talk about proud moments of what you've achieved as a CEO.

Dr. Lisa Murphy 37:30
And I think that's for me today. That's it, you know, changing the vision of of the Stroke Foundation, but not just changing it. Changing it because we listen to the community changing it, because we co designed it with the community. So I'm very proud of it. And you know, it might well change in the future, but it's fit for now, and it's fit for where we want to go.

Bill Gasiamis 37:55
Yeah, I agree. And previous song was probably fit for purpose as well. In the time that the Stroke Foundation has been around. It certainly helped and made a massive difference. And I love that idea of aiming big. Free world, a world free of stroke. I mean, that's pretty decent. You can aim for that. And if you don't get there, you've probably achieved a heck of a lot on the way to that journey and trying to get there.

Ways Stroke Survivors Can Support the Stroke Foundation

Bill Gasiamis 38:17
But then also readjusting and taking into consideration the parents or or the people who care for younger kids that have a stroke may not have been something that was considered previously, and that's pretty cool, because there wasn't that many strokes happening to younger people with the increased incidence of that. I think it's a great way forward. And I love the fact that, you know, it's about, how do you support stroke survivors going forward, which the Stroke Foundation has always been anyway. But it wasn't really specifically about that.

Bill Gasiamis 38:52
It was about it felt, to me like it was about raising awareness preventing stroke, which is amazing, and also then finding ways to support researchers, etcetera, in that space. And although I know it was about the survivor, it wasn't specifically mentioned that it was about making life better for stroke survivors. And it felt like, at some point, to me, it felt like there was a bit of a disconnect between the foundation and the survivor, not in the intentions, the intentions were awesome, but just in the way that it was positioned.

Bill Gasiamis 39:27
And now I think it's more positioned to supporting the survivor as well, and I can see that with the other programs that have been that I've been involved in, and that I've seen happening in the last few years, which include lived experience. I was at a conference where I spoke as a lived experience person, which is amazing. And I and that was never an opportunity before, although there was a lot of opportunities for me to be involved, and I certainly have been since 2013 on

and off when health and energy levels and, you know, life has an.

Bill Gasiamis 39:59
Enabled me to be and I suppose where I'm heading is I want to kind of get to the stage of talking about, hopefully what we've got is a whole bunch of Australian stroke survivors listening and international stroke survivors, and this relates to them as well the international listeners. But one of the first ports of call for me was the Stroke Foundation. I remember, you know, 2012 going through brain hemorrhage, then the second one, and then going home, and then not allowed to work, exercise, do anything for as until the doctors told me otherwise.

Bill Gasiamis 40:44
Until they worked out what was going on in my head. It was researching, and I didn't know what stroke was. It didn't know what a brain hedge hemorrhage meant. I didn't know any of that stuff. And one of the first Google searches that I did was, what is a brain bleed or something like that? And of course, the Stroke Foundation page came up and said, it's a hemorrhagic stroke, etc. And then I felt like for the first time, that I had an explanation for what happened to me, whereas nobody else had done that.

Bill Gasiamis 41:11
And then that encouraged me to come and to join one of the programs about going into the community and trying to prevent stroke, talking about our story and sharing the risks and sharing the lifestyle changes that people can make to avoid stroke, and I want to encourage people. It was a really important part of my healing and recovery, and I think it's led to my podcast, my book, and all the other things that I've done around this. It was just, it felt like I was, I don't know, like I was putting what happened to me and making it.

Bill Gasiamis 41:50
Is the word worthwhile, not worthwhile, making it purposeful. It was what happened to me and turning it into something that's going to help other people. I felt, what are some of the things that stroke survivors can do to support the Stroke Foundation now, in whatever capacity they can I know that everyone has a different capacity of support.

Bill Gasiamis 42:12
So what are some of the things that they can do to that they don't know yet is

going to make a massive difference in their recovery, believe me, that's lived experience there. How do you guys, how can you guys get some support from stroke survivors?

Dr. Lisa Murphy 42:28
Yeah, great question. And when you say, you know, we've recently looking at one of our programs and unpacking a bit, which is the stroke SAFE program that you got involved in, Bill and understanding some of the elements to it. And there definitely is that return to work, return to confidence. Bit about it because it gives you a safe space to, you know, practice some skills and things like that. So anyway, many, many ways to be involved. You can sign up for stroke safe, which is where people go out to the community they talk about, as you say, the fast signs of stroke.

Dr. Lisa Murphy 43:04
But also ways to prevent stroke and just spread the message about the Stroke Foundation. We are currently developing through the public affairs and media team what's going to be called fight stroke 2.0 and that will be really around advocacy, and how you campaign to your local member or minister or whatever, for government, both state and federal, the support of the Stroke Foundation. So there's an advocacy thing there. And what I'm trying to do is develop that further into almost like choose your own adventure with the Stroke Foundation.

Dr. Lisa Murphy 43:44
So have much time you've got, what your skills are, how you can get involved, and whether it be advocacy, or whether it be talking to local groups, or whatever, whatever it might be, there'll be more ways to get involved. And then if you're kind of interested in more program design, we've got working groups to be involved in. So, you know, young stroke, or we've got some Community First Nations work that goes on, so our Reconciliation Action Plan.

Dr. Lisa Murphy 44:17
And then if you go a step higher, then we've got our governance committee, so our lived experience Council, we've actually got some vacancies at the moment. So pop onto the Stroke Foundation website. I think we got one in the ACT and one in Queensland. And that's that's a great way to get involved at sort of that higher governance level. So many, many ways to get involved. Probably your first point of contact is the Stroke Foundation volunteer website.

Dr. Lisa Murphy 44:43
And then as we connect more with you, we get to understand and learn what your your sort of interests are, your skills are, etc. Then we and once we know you, you'll know this bill, that's it. We kind of reach out to you for all sorts of stuff.

Bill Gasiamis 45:00
Yeah, that's alright. That's the whole point of it. I don't mind being reached out to and having my head be used on painful it's and busses and all that kind of stuff. I don't know why my head was chosen, but whatever, I'm going to go with it. And then, of course, we would love people to donate, and if they can't do any of that stuff, and they're happy to donate, and they can afford to there's a number of different ways that they can donate. We're talking about stroke survivors, caregivers or other people in the community that are just happy to support. Where would they go to do that.

Fundraising and Community Engagement Campaigns

Dr. Lisa Murphy 45:31
Again, to our Stroke Foundation website, and if I think one of the first tiles is, you know, donate. But it's not all just about donating, so if you want to get involved in some of our campaigns. So at the moment, we've got a 131 kilometers in May Facebook challenge going on. So not only is that raising awareness, it's raising funds, but there's also a fantastic Facebook community that are out there supporting each other, making sure that they get their kilometers in, whether it be walking, whether it be on the recumbent bike, whatever it might be.

Dr. Lisa Murphy 46:07
And so that's a lovely community that's building up, raising awareness, connecting in with each other, raising funds as well. So it doesn't have to be just donate. You can get involved in in our campaigns. And then in September, we've got strive for stroke, which is a similar thing, but it's a bit bigger, and it's all around, you know, getting physically active, preventing your risk of stroke, but then also raising awareness and fundraising.

Dr. Lisa Murphy 46:35
So lots of stuff you can do. You can run the Melbourne run marathon, or coast, city to coast, whatever it is, it doesn't have to be just a simple donation. They're

good as well. But if you want to get involved as sort of the more deeper level, then that's the option too.

Bill Gasiamis 46:53
And you've run the marathon a couple of times.

Dr. Lisa Murphy 46:56
Well, I ran them full marathon back when I was a lot younger. I think I was about 26 but I've done quite a few halves the run Melbourne, one for for Stroke Foundation. I didn't do it last year because I hurt myself.

Bill Gasiamis 47:10
But yeah, so if you're fit and capable and able to and you want to participate in any way, you don't have to run that either. You can also bike it.

Dr. Lisa Murphy 47:18
First year I did run Melbourne, I then caught up with the most beautiful family and the main guy, he was 97 and he was doing the 5k in honor of his wife, who'd had a stroke. And I ended up walking with him and his daughter and his granddaughter and his great granddaughter. And there's a great photo of all of us in the line walking the 5k and that sort of thing. Then what a great story of, you know, this 90 set.

Dr. Lisa Murphy 47:55
I think I was actually holding him up as he went over the finishing line, but for him to do that in memory of his wife, just it's just another story of the power of our stroke community.

Bill Gasiamis 48:06
Yeah, and it is really a community. I feel that, and when stroke happens, sometimes it's hard to access a community. So I love that there's a Facebook page. I love that people can get involved in their own community from where they are in things like the Facebook campaign to raise, you know, to achieve an outcome, raise money, and you don't have to do all the hard yards of getting to a central location and all that type of thing. It's brilliant.

Final Thoughts and Encouragement

Bill Gasiamis 48:34

I love that the strike Foundation's national, and there's people all over the country, and I met some of those at that event that I was invited to. That was amazing that they were all there. And I think you guys are doing fantastic work. And I haven't had the chance to interview previous CEOs, but it is an honor and a pleasure to interview you. And I feel like that kind of that's something that I, well not should have done, but that would have been great for me to be able to wrap my head around doing earlier, because I met them both the previous CEOs that I've been around for.

Bill Gasiamis 49:15
And again, I felt like, I feel really grateful and honored that there is a so many people in the background that I've never met who were doing all this work to support people who have had a stroke. I mean, it just staggers me that exists. I know that it exists in all sorts of communities all over the place. But I just feel really, it makes it a little better that there's researchers, a foundation, volunteers, and "oh my gosh" it is such. We're in such a lucky space.

Bill Gasiamis 49:55
You know, we have this terrible thing happen to us. It's very difficult to deal with a whole bunch of problems, and yet there's a whole bunch of people have our back, and I love that. So thank you for being one of those people. I really appreciate it.

Dr. Lisa Murphy 50:11
It's such a privilege to be part of the stroke community. As you say, it's we're all there for everybody. And when you first have a stroke. It's just, you know that walking, get home, and it's just like this black hole opens up. So our stroke line team are there. They're qualified health professionals. They are experts at navigating the system. They've got mental health first training, so they've got it covered.

Dr. Lisa Murphy 50:39
So I would encourage anybody who is newly had a stroke or, you know, even further down their journey, do reach out to stroke line. They're an amazing team, and we are here to support people wherever you are on your journey.

Bill Gasiamis 50:53
They're kind of connectors, aren't they? The stroke line. They kind of get people

on the phone, and then they can refer to different services and support groups, etc, that might be able to assist.

Dr. Lisa Murphy 51:06
Yeah.

Bill Gasiamis 51:07
Excellent. Well, we'll have all the links to all the things that we mentioned in the podcast in the show notes. Thank you so much for joining me on the show.

Dr. Lisa Murphy 51:14
Absolute pleasure, Bill, and it's great to have you as a member of our community.

Bill Gasiamis 51:19
Well, that wraps up my conversation with Dr. Lisa Murphy, CEO of the Stroke Foundation, and someone who's deeply committed to making sure every stroke survivor has access to care, connection and meaningful support. We explore some powerful topics today, including the emotional impact of working alongside survivors, the rising rates of stroke in younger Australians, the hidden toll of stroke-related fatigue and some of the incredible medical advances on the horizon, like portable CT scanners and remote clot retrieval.

Bill Gasiamis 51:53
But what stood out most was Lisa's emphasis on listening to the community, on valuing lived experience, not just as a side note, but as a driving force in shaping programs research and policy. If you or someone you know is looking for guidance after stroke, remember, the stroke line is there to help.

Bill Gasiamis 52:14
It's staffed by health professionals who understand stroke and can connect you with the right services, and if you feel ready to give back, even in a small way, head to strokefoundation.org.au, and explore how you can get involved. Thanks again for joining me today. I'll catch you in the next episode.