

## PAEDIATRIC PATIENT OVERSIGHT (VANESSA'S LAW) BILL 2008

**Bill introduced on motion by Ms Jillian Skinner.**

### Agreement in Principle

**Mrs JILLIAN SKINNER** (North Shore—Deputy Leader of the Opposition) [10.01 a.m.]: I move:  
That this bill be now agreed to in principle.

This is a very simple piece of legislation. It has been prompted by the death of Vanessa Anderson, the young girl who died in Royal North Shore Hospital some three years ago after being hit in the head with a golf ball. Commissioner Garling, who chaired the special commission of inquiry into acute care, said in the first volume of his report that the Coroner, in delivering his findings in relation to Vanessa's death, called for a full-scale inquiry. That inquiry led to the Garling report released yesterday. I will read that part of the Garling report that refers to Vanessa Anderson because it is a very brief summary that explains why we are introducing this bill. Commissioner Garling said:

On 24 January 2008, the NSW Deputy State Coroner Mr Milovanovich reported on the death of Vanessa Anderson, a 16-year-old girl who died at Royal North Shore Hospital after being admitted with a head injury inflicted by a golf ball.

The coroner's report makes heart-breaking reading. In short, there was poor communication between doctors, staffing inadequacies, no or inadequate medical notes, poor clinical decisions, ignorance of protocols and incorrect decisions by nursing staff. The coroner concluded that Vanessa died from respiratory arrest due to the depressant effect of opiate medication. The coroner lamented that, in Vanessa's case, almost every conceivable error or omission occurred and continue to build on top of one another, leading to Vanessa's death.

The coroner observed:

There is little doubt that the NSW Health system, while certainly staffed by dedicated professionals is labouring under increased demands and expectations from the general public ... Unfortunately, the same issues are invariably identified: not enough doctors, not enough nurses, inexperienced staff, poor communication, poor record keeping and poor management. These are systemic problems that have existed for a number of years and regrettably they all surface in the death of Vanessa Anderson ... it is almost impossible to avoid comment on the unfortunate repetition of the same systemic problems that continue to surface ... the government of the day has the responsibility to provide adequate resources, training and staff to ensure the delivery of appropriate and timely medical services.

... It may be timely that the Department of Health and or the responsible Minister consider a full and open Inquiry into the delivery of health services in NSW.

I was in the Coroner's court that day, and I heard the Coroner deliver that finding and make many other remarks in relation to the death of Vanessa Anderson. I will read some of those remarks onto the record later. Commissioner Garling went on to say in his report that on the day the Coroner delivered his findings the commissioner's inquiry was announced. Commissioner Garling continued:

Vanessa Anderson's father responded to the announcement of this inquiry by saying, "From this moment on, Vanessa Anderson's ordeal, and the fact of what we've been through, will have meaning." I certainly hope that the work which my Inquiry has undertaken, and the recommendations made, goes some small way to making that so.

Commissioner Garling went on to make recommendations about the care of children in our hospital system. Whilst I have not had time to consult widely with the experts, I do have some contacts—I am sure that would not surprise any member of this House—who have specialised in paediatric care. Before I was elected to Parliament I was the Director of the Office of Youth

Affairs. In fact, I chaired a ministerial task force that developed the first youth health policy in the world. That policy was then introduced in New South Wales and then it was taken to no less than the United Nations and held up as an example of the way to go. This is an area I am passionate about. When the idea of Vanessa's law was first given media coverage I was extremely warmed to see that Professor David Bennett, one of the world's most respected paediatricians, when interviewed by the media said that when a young person under 18 is admitted to an adult ward there is a risk that they will receive inappropriate care. That is what is behind Vanessa's law.

I will go through it in some detail. The bill would impose a duty on the governing body of a major public hospital—I will define major hospitals, because they are quite specific—to ensure that a paediatrician oversees the medical management of any person under the age of 18 who is admitted as a patient in an adult ward of the hospital within 24 hours of the person's admission. Those words have been very carefully considered and thought through, and I will explain why. If a child is sick enough to be admitted to a hospital it will be a 24-hour admission. An admission of less than that may be for observation, it may be for a minor illness, or the young person may be in a hospital where there is no paediatrician in attendance. That is not the sort of hospital we are talking about. If a young person or child is so sick that they need admission beyond 24 hours that child should be admitted to a specialist children's hospital, the children's ward of a major hospital, or a major hospital.

The bill identifies major hospitals as teaching or referral hospitals, and it lists those hospitals as follows: Bankstown-Lidcombe, Concord, Gosford, John Hunter, Liverpool, Nepean, Prince of Wales, Royal North Shore, Royal Prince Alfred, St George, St Vincent's, Westmead and Wollongong. These are hospitals listed by the Government in all the reports it issues. The bill lists the rural base hospitals as follows: Albury, Coffs Harbour, Dubbo, Lismore, Maitland, Manning, Orange, Port Macquarie, Shoalhaven, Tamworth, Tweed Heads and Wagga Wagga. If a child is so sick that they need to be admitted to an adult hospital they should be admitted to one of those. Our law would apply when they are admitted to a general ward, not an emergency department or an intensive care unit or a high dependency unit, because it is obvious to anybody who has visited a hospital that in those places patients are under observation by staff at all times. It appears that Vanessa was sent off to a general ward to sleep without proper supervision.

What has prompted the legislation is the very clear evidence from many quarters—and anyone who wants advice on this needs only look at some of the paediatric expert sites on the Internet—that children and adolescents are not just little adults; they have different physiology, they need different treatment, they need different equipment, and they need different doses of medication from adults. I believe that was one of the problems in relation to Vanessa Anderson's death. The coroner concluded that it was an overdose of opiates that caused her to have respiratory failure, which was the direct cause of her death. There is no doubt that if Vanessa's medical care had been supervised by a paediatrician this would have been picked up very quickly, she probably would have been admitted to an intensive care unit or high dependency unit and observed more closely, and the litany of errors described by the coroner would have been avoided.

The legislation is simple and its aim is to protect young people and children from the kind of tragedy that befell Vanessa. We have called it Vanessa's law in tribute to the endless crusading by her father, Warren, her mother, Michelle, and Amanda and Nathan, her sister and brother, who had to support the family through this tragic time. Warren Anderson, who is in the gallery today, is an absolutely wonderful man. I pay tribute to Warren and the enormous amount of effort and energy that he has expended to try to make things better in our hospital system, particularly for young people, and also his generosity in speaking to doctors, nurses and others at the hospital. Warren Anderson attended every day during the parliamentary inquiry into the Royal North Shore Hospital. He spoke to some of the doctors there, who told me they could not believe the generosity of this man who had every reason to feel very bitter toward them because of what had happened to his daughter. But he was there, listening to them and supporting them—and he has done the same for me. Thank you very much, Warren.

I also acknowledge my colleague the member for Hornsby, the local member representing Warren Anderson and his family, who sat through all of the inquiries—I attended when she was unable to attend. Vanessa's law was her idea—and what a fantastic law it is. This is not a controversial piece of legislation; everyone should be able to support it. I received a letter from Dr Jenny Promios, a paediatric and adolescent health physician in the Children's Hospital in Melbourne, who raised concerns about whether there would be sufficient staff to implement the bill. I think she made her comments before realising that it was confined to teaching hospitals in the city and rural base hospitals. It should be pointed out that every one of these hospitals will have a paediatrician—sometimes more than one—on duty or on call because it is a requirement of a hospital with that level of responsibility. So it is not as if we are suddenly going to have to find a lot of extra paediatricians. This bill does not require a paediatrician to take over total management of a patient; it is an oversight role only, to double-check that what is being done on behalf of a patient is appropriate.

On 17 November the bill got media attention when Warren Anderson, Professor Bennett, the member for Hornsby and I were interviewed by Channel 7. The next day, 18 November, the document titled "Standards for the Care of Children and Adolescents in Health Services" was released. It is obviously a publication that is endorsed by the Government because it comes with the logo of children's hospitals in Australia. It is a long report, and it is on the website—I can make it available if anyone wants to see it. It says in its introduction, among other things:

Potential risks arising from co-locating children/adolescents with adults in health services include ... compromises in quality of care for children/adolescents if care is provided by staff without education and training in the care and treatment of children and young people or if the available equipment is inappropriate in size or design.

If anything spells out support for the legislation, this document does. It goes on to deal with aims and objectives. Some of those have been picked up in Mr Garling's report, which goes much further than what I am proposing—that is for another day. My bill is a first step. I particularly noted 2.2.2 of the recommendations:

Children and young adolescents should not be accommodated in adult wards.

Under 2.2.5 it states:

In the event of an unavoidable circumstance, when separate accommodation for children/adolescents and adults is not possible, the health service must identify designated areas.

It then goes on to talk about the experiences of staff, again highlighting what we are addressing in Vanessa's law, which I believe would have a major and profound impact on children who have to spend time in an adult ward. This is a symbolic piece of legislation, and it is only the start. I hope that over time we have a much better understanding and application of treatment for children and adolescents, and we can have a separate stream to make sure that they are not tucked away in adult wards when they should be in wards that are more appropriate for children and adolescents. I should say that there is a distinction between children and adolescents in many respects. Anyone who has had anything to do with kids would know that a 15- or 16-year-old does not want to be put in the children's ward with rainbows and fairies painted on the walls; they regard themselves as more sophisticated. Nevertheless, it is important to acknowledge that their bodies are young bodies—they are not just little adults who can be treated as an adult would be treated.

The legislation will not affect merely one or two people. Vanessa Anderson is one of thousands of children admitted each year to adult wards. The member for Hornsby used freedom of information provisions to ascertain how many children under 16 years of age were admitted to adult wards in hospitals in the North Sydney-Central Coast area: over 1,000 in the year 2007. So we are talking about a large number of people. This bill is important in order to prevent a repetition of what happened to Vanessa, and also to pay tribute to the tremendous efforts of Warren, Michelle, Amanda and Nathan Anderson to make things better for children and

adolescents in the New South Wales hospital system. I commend the bill to the House.