

Submission

No 76

## INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

Name: Dr Ronald Mackinnon

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Ronald Mackinnon

Monday, October 29, 2007

The Reverend F. Nile  
Chairman Investigation Emergency Care royal North Shore Hospital  
State Parliament Offices  
Macquarie Street  
SYDNEY NSW 2000

Dear Reverend Nile,

Medical specialists assert that private hospital care is superior to the "public system" and Mr Howard has coerced the electorate into private medical care.

However emergency hospital medical care is not available in the private hospital system. Most privately insured patients only discover this anomaly at their first emergency presentation.

The superb public hospital system must be made available to those unable to afford insurance premiums or the fee gap, and the private hospital system forced to care for privately insured emergencies with no fee gap, in addition to cherry picking the lucrative elective procedure market.

I have been in medical practice for 44 years and can assure you that the private system is merciless in its refusal to attend to privately insured medical emergencies even during office hours, let alone out of hours.

It would be instructive to know if the patient who unfortunately aborted in a WC did have a private gynaecologist, if that gynaecologist provided the patient with instructions on accessing his care in an emergency, if she contacted her gynaecologist in her emergency and just what advice she was given?

Yours sincerely,



Ronald Mackinnon

cc. Copy of submission to Mr Tony Abbott Minister for Health

Ronald Mackinnon

Monday, October 29, 2007

Mr Tony Abbott  
Commonwealth Minister for Health  
Commonwealth Parliament Offices  
CANBERRA ACT 2600

Dear Mr Abbott,

Your government has coerced patients to privately insure. However emergency care is not available in the private hospital system and this incredible anomaly is only discovered at a first emergency presentation.

Medical specialists assert that the private hospital system is superior to the public system for their elective procedures. You would assume some popularity if you would coerce the private hospital system into providing the same superior care in the insured patient's emergency without a fee gap, instead of cherry picking lucrative elective procedures some of which has little basis in evidence.

Thus the SUPERB public system could be freed for those unable to afford insurance or fee gap.

I have been in a rural medical practice for 44 years and can assure you that the private hospital system is resolute in its refusal to attend to privately insured emergencies during office hours, let alone out of hours. The exception is the Adventist Hospital, but the fee gap for emergency attendance is prohibitive.

Yours sincerely,

Ronald Mackinnon