

**Submission
No 22**

INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

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“ 2. That the committee consider any strategies or measures in place or proposed for improving quality of care for patients at the hospital which may also benefit New South Wales’ public hospitals.”

Honourable gentlemen,

I am a doctor (MBBS, 1978) who was a student at RNSH. I did my internship at RPAH, another year at Christchurch (NZ), a year at Blacktown and two years at Nepean Hospital.

The situation at RNSH is neither new nor unique.

It is not new, as illustrated by the following:

My father in law was admitted to RNSH in mid 1999 with blindness, dementia, and pneumonia.

Had the family not organised “relative cover” he would have missed at least one meal a day as ward staff were all too busy to help feed him.

It is not unique –

virtually all metropolitan emergency departments have “Access block” due to the excessive bed occupancy ratio – (what happens if we get avian flu is unimaginable) – just ask the emergency medicine doctors

health departments staff hospitals according to squeaky interests -not in the interests of patient care e.g .

1. When I was a resident at Nepean (1984) a post operative patient was put into a newly opened ward as the ONLY patient in the ward for the night – with loss of a nurse from the (almost full) ward next door so two wards were technically understaffed but the minister could say “a new ward had been opened” as part of the “beds to the west” campaign
2. Contrast the staffing at Campbelltown Hospital before and after the whistle blowing – there was a huge increase - not because they suddenly became needed, only because the scandalous undersupply of staffing had previously been ignored and the ministers knew there would inevitably be disasters if they didn't fix it.

Not much of this helps politicians who serve a public whose values are increasingly personality, success, fame etc and do not want to hear hard home truths.

Yours Faithfully

Eric Hinder MBBS