Submission No 56

INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Organisation: Medical Error Action Group

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Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

20 November 2020

TERMS OF REFERENCE ADDRESSED

(a) Health outcomes for people living in rural, regional and remote NSW;
(c) Access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services (part);
(d) Patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW (part);
(l) Any other related matters.

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SECTIONS

FOREWORD

MOST LIKELY there is not a hospital In New South Wales that Medical Error Action Group (MEAG) has not heard about, some more than others, some frequently, some habitually.

It would take months to pull files and write a narrative on each hospital's adverse medical events and incompetent people in charge.

The health system fails far too many people but it fails regional and rural people regularly. Their medical care is not optimal. They get left-overs.

Medical care in the regions is an "out of sight, out of mind" approach adopted by the city-based NSW Ministry of Health (NSW Health) and if it is not attracting headlines, little happens. Bluntly, NSW Health and its kowtowing Local Health Districts are the problem. They are not the solution for they are lazy, spiteful, deceitful and incompetent.

How is it that for over two decades one small action group MEAG, with no resources, can expose the facts and the offenders involved; yet governments, with all the resources, expertise and thousands of personnel at their disposal, seemingly cannot?

Isn't it the job of NSW Health to:
- Listen, assess, provide, improve, monitor?
- Warn error-prone hospitals to shape up?
- Inform the public the true number of adverse medical events there really are?
- Help patients and bereaved families when medical treatment goes wrong?

For this is what elected government is for.

NSW Health gets reports every single day on hospital problems, adverse events and preventable deaths from across the state.

What does it do with this information?

No matter how many times MEAG has reported systemic failures, NSW Health is yet to realise that what they're doing is unproductive and, year in year out, money is wasted in trying to fix the same dysfunctional system where the promise doesn't stick beyond the headline.

BACKGROUND

MEAG was borne out of the discovery of dishonesty — dishonest doctors, dishonest nurses, dishonest hospital and medical services administration.

MEAG exists because of government failures and omissions.

MEAG receives hundreds of registrations for help each week Australia-wide. This adds up to a large number each month to observe patterns, trends in sub-optimal outcomes, repeated mistakes, incompetent doctors and nurses, preventable deaths, death certificates, error-prone hospitals, hostile complaint handling and HCCC omissions and failures. After years of listening to patients and studying their records and documents indicates that nothing much has changed. Stupidity rules.

Which health department is interested in this data? Not New South Wales.

MEAG is the depository of an extraordinary number of medical treatment blunders and it would be just a smidgen of what health departments receive so why haven't outcomes for patients improved?

Five years ago then Minister for Health the Hon Jillian SKINNER MP announced there would be a 'revolution in regional and rural health care'. What happened?

Time and again MEAG wrote to minister SKINNER to advise her of regional failures with various LHDs. She failed to address issues MEAG raised, ignored correspondence over years, and was instrumental in seeing matters were disregarded. She lied to the Parliament on three occasions pertaining to rural matters as evidenced in Hansard. Her obfuscation and cover-ups amounted to malfeasance in public office.

Former premier Barry O'FARRELL, along with former health minister Jillian SKINNER, former deputy premier Andrew STONER and Andrew CONSTANCE MP for Bega, had, while there were votes in it, a lot to say in Opposition about regional health care failures, not always factual or accurate, and swore to fix, but not one of the four fixed a system they pointed out to the previous Government needed fixing. Their turn out of the gate into Government indicates, 9½ years later, they have no intention to fix a thing.

These are the MPs in particular who failed country people - there are plenty others:

SKINNER Jillian — North Shore	(as Shadow Health and Health Minister)
KENEALLY Kristina — Heffron	(as Minister for Disability Services and Premier)
O'FARRELL Barry — Ku-ring-gai	(as Leader of the Opposition and Premier)
REES Nathan — Toongabbie	(as Premier and Minister for Central Coast)
TEBBUTT Carmel — Marrickville	(as Deputy Premier and Health Minister)
STONER Andrew — Oxley	(and as Deputy Premier & Minister for North Coast)
WILLIAMS Leslie — Port Macquarie	(and as Parliamentary Secretary for Rural Health)
CONSTANCE Andrew — Bega	(and as Minister for Disability Services)
SMITH Greg — Epping	(as Attorney-General)
BAIRD Mike — Manly	(as Premier)
HAZZARD Brad — Wakehurst	(as Attorney-General and Health Minister)
BEREJIKLIAN Gladys — Willoughby	(as Minister for the Hunter and Premier)
PAVEY Melinda — Oxley	(and as Parliamentary Secretary for Rural Health)
UPTON Gabrielle — Vaucluse	(as Attorney-General)
BARILARO John — Monaro	(and as Minister for Regional NSW)

When Members of Parliament lie to us, we know we have an uphill battle to be heard as truth is an anathema to them.

As for public servants and their nonfeasance, there's too many misdeeds to list. Their nonfeasance is ingrained in institutionalised corruption.

Hearing the failures in regional medical care has become routine. It is alarming. Repeating the same mistakes time after time hoping no one is the wiser is not the way to run a health system. Patients dying in hospital or shortly after discharge classed as "routine death" is spurious indeed. Listening to the six o'clock news is routine. Dying in hospital is not and no death should be classed as such.

- Why are country patients given "take it or leave it" care instead of options?
- Why is it OK for country folk to be served up sub-standard care but not city folk?
- Why are country patients forced to attend the city for specialist treatment and bear the associated cost and inconvenience?

Government cannot punish people because they live in the regions but they are when it comes to inferior facilities and inadequate medical care.

The median death age for rural and regional citizens is 13 years younger than Sydney. This is a statistic any government should be ashamed of.

WHEN MEDICAL TREATMENT GOES WRONG IN THE BUSH

In the country, patients cannot get away from bad doctors. They remain in the Local Health District and no matter where they go in their region, patients are stuck with the same troublesome doctors who gang up on patients who've questioned their care and their medical records are doctored accordingly. Too many junior medical officers running things lack the depth of knowledge and skill to do so. A number of bad city doctors head to the bush to hide whilst grooming another community.

When MEAG was forced to contact the NSW Police Force to report malpractice of doctors it was for public safety reasons because the Local Health Districts failed and NSW Health allowed them to get away with concealing it.

When NSW Health announced an inquiry into one particular regional specialist obstetrician and gynaecologist's malpractice, Dr Emil GAYED, the appointed inquiry head failed to consult MEAG which was the source of the media exposé. MEAG's evidence would have been more than an embarrassment having raised it with health authorities years earlier. All NSW Health had to do after the media exposé was to bring in police. No, they set up an inquiry instead.

This what is called a "selective inquiry" to get to the bottom of only what it wanted aired for and on behalf of its master NSW Health and disregard the messenger.

The appointment of counsel Gail FURNESS as inquiry head was astonishing as she had a glaring conflict of interest having held the position of HCCC deputy commissioner during a period of Dr GAYED's malpractice. No where can FURNESS' conflict of interest declaration be found. Informing Premier the Hon Gladys BEREJIKLIAN MP the appointment untenable was disregarded.

The medical regulatory system is a failure — evidence is monumental. Medical malpractice is a job for police, not a health department inquiry, not a health complaints commission, not a medical council. Hospital treatment deaths are for the coroner. The three important pillars of a civil society are (a) the rule of law, (b) the respect for the sanctity of life and, (c) the duty of police to serve and protect. Time NSW Health heeded these three pillars.

When mistakes are made in patient care and the patient's life hangs in the balance, they are airlifted (not always) to a capital city hospital for the poor care to be rectified. Unfortunately this can happen all too late and the patient dies. A lot of times seriously injured patients should be airlifted to capital city hospitals immediately for specialist care, not the other way round.

When things go wrong with medical treatment, hospitals are dastardly to deal with. Telling lies is the method employed by those wanting to exert more power over others and patients come to realise early on that they are not going to get anywhere with their complaint. They need hands-on-help as hospitals get ready to fight patients to the bitter end. The battle to be heard becomes just that — a battle. Patients and bereaved families endure sheer hell in dealing with obstructive, incompetent and devious LHD hospital administrators all the way to NSW Health which is equally obstructive, unhelpful, dishonest and conniving.

What differs between city and regional hospitals is that country patients are bullied into silence just by belonging to a rural community where the entire town can turn against one person raising a complaint which becomes public.

FEEDBACK NOT VALUED

Hospitals need to face reality that a complaint means something has gone wrong, something is wrong. A lawsuit confirms it. One would think that moneys paid out for medical negligence claims would be sufficient confirmation that patient care has been sub optimal, to say the least, and to do better.

Change must come. Complaints need embracing. Hospitals will never change until they face mistakes head on. Patients are not there to be practised on. Feedback and complaints are free. What does it cost hospital administrators to digest a complaint without getting hospital lawyers to prepare and stall explanations?

It gets down to this: Without a headline or two, to follow with the usual "spin" response to remedy, there are no changes — it's all shopfront dressing.

- Why isn't a complaint viewed as constructive and beneficial feedback?
- Why do hospitals respond to complaints aggressively?
- Why are patients who have suffered harm and death treated as the enemy?

How complaints are received and handled, in particular the discarding of such by hospitals, LHDs and the HCCC means nothing will ever change and the "agenda" is to see that it does not change. It will be just a process for the next victim to endure. Who cares? Patients probably won't come back a second time so why bother remedying it.

- What does a community think of its hospital facilities?
- Are communities prepared to go with the flow of inadequate medical specialities?
- Are communities too frightened to speak up for fear of personal repercussions?

The patient feedback forms completed after an hospital admission are like social media ratings. Littered with superficial questions of utter irrelevance to their medical treatment. Patients do not respond wholly and honestly for fear of repercussions and their medical record being "tagged" for future reference. It happens. For some puzzling reason hospitals think they're doing well if patients tick every agreeable box.

HOSPITALS' WAY OF THINKING

"Hospitals are never the problem, patients are.
Patients complaining? How dare they — we saved them."

WHERE DO PATIENTS TURN TO RESOLVE THEIR ISSUES?

The HCCC is an infuriating failure. Its behaviour is perverse. Borderline regulation for the public not to riot when in reality it is being used to cover up the extent of medical malpractice in New South Wales to take the heat off the Minister for Health portfolio responsibility. Conciliating death is the most offensive process HCCC engages in. Complainants are left incensed by their HCCC experience. Then they come back to MEAG and ask where to next!

How many politicians listed on page 3 have been a member of the Joint Committee of the HCCC? Ask any MP who was (or is) on this committee for an explanation how they allowed this statutory entity to continue to disobey its legislative parameter and remain unaccountable.

It's not MEAG's job to look after every patient affected by medical negligence — the numbers are in the tens of thousands! NSW Health is an adequately funded government department but MEAG is doing its work without any of their resources. In supporting and advising affected patients and bereaved families of patients what they're in for, MEAG has taken the load off NSW Health and in doing its work gets denigrated for pointing out its failures. But has NSW Health changed its methods? NO. Stupidity rules.

Being an observer for 26 years offers an insight to what is wrong and how to fix it with funding directed to where it is required and not wasted on bureaucratic "let's set up another department to deal with this". Case in point: Clinical Excellence Commission.

It can be extremely difficult for a country person to sort out their complaint in their region or consult a solicitor in the town where they live. Most town solicitors take on work from the hospital and shire council and due to a conflict of interest can't assist. Patients are forced into unfamiliar city territory with city prices.

COMPLAINT PROCESS RESULT A THORN IN THE SIDE OF EVERY PATIENT

Patterns in complaints are the same. Patients are not listened to by the applicable government department simply for they don't know how because they do not care. Dysfunctional methods are allowed to continue unchanged. The same letter template is used to fob one and all off.

Generally, complaints are not investigated. They're scoffed at then promptly dismissed. Hospital administrative staff have not got a clue how to deal with aggrieved patients and bereaved families — somewhat jarring from institutions of "care".

Grief comes to us all at some stage in our lives. How we are treated during a period of bereavement is never forgotten. It is devastating when a loved one dies and the family discovers the hospital covered it up and lied to their face. The lies are a secondary trauma, another aggravation to deal with and cause untold damage. For the bereaved family to be the driver of getting to the bottom of what went wrong to uncover the truth and being made to jump hurdles in the process is inhumane, perverse and immoral.

LOCAL HEALTH DISTRICTS

Local Health Districts, previously known as Area Health Services, are another layer of bureaucracy to contend with. Supposedly restructured to have clear responsibility and accountability for governing hospital and health care delivery for their local district. LHDs have demonstrated they are incapable of doing the most basic employment validity check of medical qualifications, experience and background history. LHDs are run by people out of their skill and knowledge depth but they're good at deflecting patient complaints and serving up ridiculous excuses. It is neck and neck for the worst.

As mentioned on page 2, there are too many hospitals which have stuffed up and covered up to write a narrative about, including private hospitals. Private hospitals have been left out of this submission but do not think this is an indication that they're any better — they are not — private hospitals make as many and same types of mistakes as public hospitals. Withholding treatment due to age has become more evident in past years. Sometimes the public hospital withholds transferring their patient to a private hospital because their lack of care will be evident — got to keep their mistakes hidden in-house even if it means the patient may die.

CENTRAL COAST LHD
Gosford Hospital. Need say no more. Wyong is also on MEAG error-prone list.

FAR WEST LHD
Broken Hill Base Hospital and its issues remain unresolved. Doctors wanting changes are up against a belligerent NSW Health. Balranald District Hospital pops up.

HUNTER NEW ENGLAND LHD
John Hunter, Maitland, Manning (Taree), Narrabri, Tamworth, Tenterfield. In denial they have *any* problems. Dealing with HNEH is dealing with stupidity. What does CEO Michael DiRIENZO get paid for? To cover up inadequate patient care and keep the deflection wheel spinning?

No matter how many letters MEAG sent to the CEO DiRIENZO and health minister SKINNER, they were ignored.

They received nothing but bloody hell from HNEH.

It wasn't the only time MEAG received complaints

They were also denied their medical records.

ILLAWARRA SHOALHAVEN LHD
Shellharbour, Shoalhaven, Wollongong hospitals all surface on MEAG's radar.

MID NORTH COAST LHD
Kempsey District Hospital, Coffs Harbour and Port Macquarie Base Hospitals. Mistakes, too many.

MURRUMBIDGEE LHD
Albury, Corowa, Wagga Wagga many complaints, many cover-ups.
Albury and Wodonga shunting adverse events back and forth to deflect responsibility cross-border. Trouble with this system it involves two states and disadvantages patients pursuing a complaint being either side of the border.

NEPEAN BLUE MOUNTAINS LHD
Nepean, Blue Mountains histories have been well publicised. Nothing's changed. Kidding themselves that a new hospital building will make a hospital any better. Buildings are not the problem — people who run them are.

NORTHERN NSW LHD
Troublesome, too many complaints. Lismore, Maclean, Murwillumbah and Tweed are on MEAG's error-prone hospital list all too often. Ballina District Hospital pops up.

SOUTHERN LHD
Its history has been well publicised. It's ugly. Nothing's changed. Problems remain. Bega, Goulburn, Moruya, Pambula. One case we had to report patient care failures to Victoria coroner to force New South Wales to deal with it.

The aftermath of several doctors including criminal Graeme REEVES is an absolute disgrace how it was (mis)handled by NSW Health and some MPs. MEAG did their work and that of Bega MP Andrew CONSTANCE and shadow health minister Jillian SKINNER offices as they, including NSW HEALTH, off-loaded their diligence and responsibility to MEAG. None of them went to police. NSW Health then reneged on reimbursing MEAG's out-of-pocket expenses for assembling evidence and assisting 832 patients as some sort of payback for pointing out their sub-standard governance. NSW Health wanted to work in MEAG's office to "help" and when we declined advised us to get quotes from other action groups to see what their expenses would be before the corporate governance director cried they had no funds in the budget and other risible excuses with conditions.

A further disgrace — NSW Health and SAHS turned on patients and double-crossed them. MEAG did the state of New South Wales a duty, legally and morally, but NSW Health would have preferred it remained smothered as it became apparent patients harmed and killed was standard. When the public gets a health department that practises a modus operandi of deviousness, it doesn't stop just at duping the public.

NSW Health lacks core decency and shows its true colours with bloody-minded bureaucrats clueless what happens to patients harmed and killed by their medical treatment. Its grip on hiding its maladministration is rigid. MEAG's FOI applications were denied with a financial impost ploy when in fact they were being censored for any potentially damaging material they might show.

WESTERN NSW LHD

Trouble-plagued for years. Bathurst, Bourke, Cobar, Cowra, Dubbo, Narromine and Orange hospitals. Dubbo Base Hospital is a regular on MEAG's error-prone list. What does the CEO Scott McLACHLAN actually do?

Cobar District Hospital calls itself a hospital when it is at best a medical clinic. It does not want patients — apparently an inconvenience to its peculiar agenda. What does CDH actually offer in way of hospital care to keep its status as "hospital"?

MEAG receives a lot of complaints about Cobar . Why?

INTERFERENCE / WASTED RESOURCES

What costs money is not safety but bad safety management.

THE NSW MINISTRY OF HEALTH

NSW Health interferes in the running of regional hospitals and it's not helping. It tries to force its city thinking onto country areas and it does not work. The LHDs become the gatekeeper for them. Doctors should be able to run their hospitals and have NSW Health accede to their needs promptly and not be put under bean-counting pressures. Performance excellence outcomes are the only pressure hospitals should face. One preventable patient death is one too many deaths. LHDs are the puppets for NSW Health HQ and are an extraordinary waste of resources just by their very existence.

HOSPITALS TOP HEAVY WITH MEDIA AND PR OFFICERS

Unheard of until recent times, hospitals are big spenders when it comes to PR personnel engaged for media management of complaints and churn out good hospital stories and self-serving press releases. A huge waste of resources. If hospitals changed their disposition to honesty they could dispense with PR personnel and save themselves a lot of resources.

One recent issue was a COVID-19 patient being discharged from Dubbo Base Hospital to cheers of medical staff. It was offensive for harmed patients and bereaved families to see this. Their loved ones who ended up dead due to their medical treatment weren't cheered out. DBH's lack of common sense was astounding. They didn't like the brewing *Sydney Morning Herald* story on its failures so churned out a good news story in readiness. Covering up patient maltreatment is the biggest use of resources.

HOSPITAL LEGAL DEPARTMENTS / IN-HOUSE LAWYERS

There is a growing over representation of in-house lawyers in our public hospitals. Hospitals are getting in-house lawyers to answer simple matters of correspondence and medical record requests as a way of keeping a lid on things. Why is there a need for in-house lawyers to respond to patients when they're simply seeking a copy of their medical records? Then deflect any questions the patient or bereaved family may have. This is not a job for lawyers to respond to. If you cover-up it apparently is, but it's a waste of resources. Patients are entitled to a copy of their medical records for any reason they want them — not a grilling and ridiculous charges they currently get. They are also within their rights and expectations to demand an explanation.

LOCAL SHIRE COUNCILS

Shire councils interfere in the running of hospitals as well. There appears to be a cross shire council—hospital board representation. What has a shire council got to do with a hospital's function? Local government needs to keep its meddling and thinking out of hospitals. Running a council can have no comparison to the functioning of a hospital except bean-counting and over-loaded bureaucracy.

MEAG has received reports about residents having had a shire council fence boundary dispute / planning application rejected and find that when lodging a complaint with the hospital that they're dealing with same people somewhere up the line.

FLY IN, FLY OUT DOCTORS

Unsustainable, unfair, unworkable. I'm not talking about the Royal Flying Doctor Service (RFDS). Specialists flying in is a huge financial impost on the hospital system. It is unsatisfactory. Specialist doctors do not remain to attend to the patient and those patients are then left with junior medical officers to the detriment of patients.

RAISING ONE'S HEAD ABOVE THE PARAPET

REPERCUSSIONS

After reporting doctors' malpractice to police, one town's medical community generated vile, anonymous and threatening emails and untoward correspondence to the MEAG. Even their enraged spouses sent emails, anonymous of course. Willing to attack the messenger MEAG but failed to strike the right target and report their colleagues' malpractice themselves. The arrogance of these individuals wanted their patch protected and couldn't care less their medical mates were a danger to their community.

COMMUNITY VICTIMISATION

When patients go public with their adverse hospital care, the town can turn against the patient and family and neighbours shun them for outing *their* hospital. It can become so ugly that people end up selling up and shifting house.

Patients reported to MEAG of being bullied by their employer and warned that if they pursued their hospital complaint further they could expect to be out of a job. In country towns someone knows someone who is on the hospital board or shire council or golf club and the pressure is put on the patient to shut up or else.

Other incidences of doctors threatening patients with defamation and uttering snide comments to them when sighted in the town's vicinity.

RECOMMENDATIONS

1. MEDICAL OFFICERS' ROTA SYSTEM

   The MEAG considers there is a critical need for doctors, all doctors, to participate in a rota system to work in regional hospitals on an annual basis for 2-3 weeks at a time and that regional doctors rotate to capital city hospitals. This shares learning experiences and that city doctors know and understand the functioning and needs of rural medicine.

   Doctors voluntarily participate in Doctors Without Borders / Médecins Sans Frontières and enjoy the team experience of sharing skills and helping underprivileged individuals. Doctors Without Borders also means getting out of the city and heading to the bush to share expertise with their country counterparts.

2. SPECIALISTS TO RUN HOSPITALS, NOT OVERSEE HOSPITALS

   Hospitals need to be run by specialist doctors 24/7, not led by specialists. Junior medical officers running hospitals after hours should be dispensed with and should not ever be permitted without a specialist doctor in charge and on duty in the hospital. Medical needs don't run 9-5. Televisual health care should be dispensed with altogether. One may as well use Google.

3. DOCTORS RUNNING THEIR LOCAL HOSPITALS, NOT BUREAUCRATS

   There are a number of regional hospitals across Australia that run their hospitals efficiently, effectively with outcomes to match without the interference of the respective state health department LHD bureaucrats. When doctors collaborate as a team, outcomes improve and communities benefit.

4. PUBLISHING PERFORMANCE DATA OF HOSPITALS AND DOCTORS

   No hospital wants performance tables nor do doctors. Herein lies their problem with transparency, truth and justice. Poor-performing hospitals and doctors need to shape up and this is the only way it will happen. Performance information helps GPs make informed referral decisions. Many a time GPs refer patients to specialist doctors unaware of their track record for negligence.

5. AUDITING PATIENT CARE

   All hospitals should audit every patient admission, immediately after discharge, every time. Not just ad hoc auditing! This is an easier task for regional hospitals due to the bed numbers and should be conducted with vigour. A number of regional hospitals do it interstate and the MEAG recommends hospitals implement it forthwith because it works.

6. AUDITING DEATH CERTIFICATES

   This remains an unaudited area. The Medical Certificate of Cause of Death is vital that it be accurate and truthful. They are not. Two doctors should be signing off on death certificates, not just one, as there are no checks and balances. A growing trend in hospitals is that LHD personnel are completing death certificates, so too are nurses, and getting a doctor to sign off, sometimes a doctor who did not see the patient. Too many death certificates are false. Mode of dying is crucial when it is homicide but disease or condition directly leading to death and any other significant conditions contributing to death such as iatrogenesis are lacking; the latter is glaringly omitted.

Deceased estates encounter many problems when death certificates contain wrong information, particularly Alzheimer's Disease and Motor Neurone Disease when the patient had not ever been diagnosed for such. When it is erroneously recorded on a death certificate leads to will validity disputes and probate issues.

7. HEEDING CORONERS' RECOMMENDATIONS AND COMMENTS
   Largely ignored by state health departments, hospitals and medical personnel, coroners' recommendations are a rich source of what went wrong and how to prevent unnecessary death. Delivered in a non-blame atmosphere, vital for fixing medical procedure failures and hospital system problems. The alternative is to face up to preventable deaths escalating for that is exactly what is happening now. Take heed, you might be next.

AFTERWORD

It is interesting what sickens people in this country and medical malpractice is not one of them — until it happens to them.

The level of medical mismanagement, incompetence, disrespect, criminal behaviour and magnitude of iatrogenic deaths is incomprehensible.

Since founding MEAG, 470,000 patients, at least, have been killed by their medical treatment, not their disease or illness. This is Australia's killing fields. The cover-ups are immense and conduct of medical practitioners, nurses and health bureaucrats criminal.

Government solution to the elderly patient problem is introduce laws to legally bump them off by euthanasia, i.e. legalised murder. If politicians listened intently, they would make better decisions.

There is an old proverb, indeed, which tells us that it is unwise to meet troubles half-way, and that, therefore, there is plenty of time to deal with mistakes when they happen. But there is another proverb which informs us that prevention is better than cure; and if this is to have any weight, we ought to lose no time in making as perfect as the circumstances will permit.

Health care is inherent in the social contract of governments. But what does it say about a country that excludes its rural, regional and remote citizens from health care and medical treatment for all? Disgrace — that's what it says.

GOVERNMENTS' WAY OF THINKING

"We only care if you're close by. Out in the sticks? You're on your own."

Ignoring country health care needs cities automatically receive indicates country folk — the backbone of this country — do not count. They do count. Change must come.

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