

**Submission
No 206**

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

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Date Received: 6 December 2020

Submission to the NSW inquiry into Rural and Regional Health

I have suffered on and off from atrial fibrillations (AF) since 2006. I have been waiting for an ablation for almost three years.

In the last twelve months, I have had five cardio-versions and trans oesophagus electrocardiograms in Lismore Base Hospital (LBH). The last one included being kept under observation for a week at the hospital.

I was first referred to Princess Alexandra Hospital in Brisbane for the ablation, but as I was moving forward in the priority list, my case was transferred to the Gold Coast University Hospital because of the travel restrictions imposed due to the COVID19 emergency.

Obviously, this is an unanticipated worst-case scenario aggravated by the inadequate facilities and funding available at LBH. I am keeping my fingers crossed that no resurgence of the virus causes the closing of borders again.

But in reality, what is the real cost to the Government of this lack of funding?

Consider this; an ablation has the potential of resolving my AF condition. While waiting to be processed in a distant hospital in another State, I have had numerous visits to GPs and my cardiologist, x-rays, blood tests, angiograms, echocardiograms, ECGs etc... My five cardioversions involved ambulance transport to the hospital, emergency observation, up to a week waiting in the hospital. The other costs include operating theatre/cardiologist, anaesthetists and assistants, nursing staff in the theatre and in the recovery bay and more. When you add all these costs together and repeat them multiple times to the many other patients on waiting lists – whatever ails them – it seems to me that the lack of proper facilities and funding in regional hospitals might just be an **illusory comparative economic advantage**.

I also want to state that I am in awe of the dedication and care provided by nursing staff, doctors, cleaners etc... at LBH but I have witnessed with dismay the unrealistic work load of nurses, the abuse and aggression they are subjected to by some patients. I have feared for their safety and this is an issue the inquiry could look into. In one incident, a patient next to me lit up a cigarette while on oxygen. It was a miracle that an alert nurse happened to be in the room at that very moment. This is one instance where inadequate staffing could have had tragic (and very onerous) consequences.

Dated 6 December 2020

Signed André Paul Othenin-Girard