

**Submission  
No 351**

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

**Name:** Ms Jamelle Wells  
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December 12, 2020.

To: Greg Donnelly (Chair NSW Rural Health Inquiry),

Quality of care and patient experience of Mr Allan Wells in Dubbo Base and Cobar District hospitals, run by the Western NSW Local Health District (WNSWLHD)

Dear Mr Donnelly,

What haunts me most about my father Allan Wells ordeal in Dubbo and Cobar hospitals before his death in November 2019, is the sound of his voice begging for pain relief after the ward ran out of morphine and paracetamol and him begging for food and water for three days because a manager said they 'could not afford' to roster staff on a weekend.

Months later I was gutted to see a photo of the New South Wales Health Minister, Brad Hazzard, and health executives on the front of a Dubbo newspaper, launching a new \$30-million hospital carpark.

Dubbo Base Hospital thought it was ok to let my 85-year-old critically ill father beg for pain relief, food and water to cut costs. They thought it was ok to publicly celebrate spending \$30-million on a new carpark.

This is a cruel indifference to human suffering and to the elderly, that I never thought I would see in a country like Australia.

It's one of many examples of a badly managed Local Health District that is out of touch with the needs of the country people it is meant to be taking care of.

### **Background**

My kind, hard-working and trusting 85-year-old father, Allan John Wells, was born in Cobar and lived in the town his entire life. He had full private health insurance, was a local employer, served in the Army, and as Lions Club President did volunteer work and fundraising for Cobar District Hospital.

Dad rarely complained and always put others first, but the trust he put in the health services in the hometown that he loved, let him down.

My father's ordeal started after he was flown from Cobar to Dubbo Base Hospital for surgery on September 26, 2019 after falling and breaking his hip in his house, where he lived independently at 85.

Dad was a private patient and Dubbo Base Hospital billed his health fund over \$12,000, yet the doctor whose name was written on his bed and medical records did not perform the surgery.

After the operation, the surgery site was oozing and doctors ordered a second 'exploratory' surgery five days later on October 1, 2019.

Although Dad was very unwell after the second surgery, a Nurse Unit Manager tried to discharge him. The family fought the discharge, and hours later my father went into cardiac arrest with a pulmonary embolism and deep vein thrombosis in both legs, after the hospital stopped giving him post-surgery anti-clotting medication.

Doctors advised against resuscitation because of my father's 'age' despite being aware of his full resuscitation plan and wish. At the family's insistence he was put on life support and pulled through, with full mental capacity.

This 'implicit bias against life' in the treatment of my father was something our family had to fight tooth and nail, throughout his Dubbo Base Hospital stay. Family members were so alarmed by some of the care he received, we took it in turns to stay in the ward with him almost around the clock.

In intensive care, my father screamed in pain as a nurse turned him over soon after surgery without pain relief. He was terrified when an unsupervised junior doctor repeatedly failed to insert a feeding tube in his nose.

A staff member told us Dad might have his hands tied to the bed to stop him pulling tubes out. We did not allow this as he was too weak to pull any tubes out and he had full mental capacity.

On October 6, 2019, my father was moved from intensive care back to a ward, but because it was a long weekend no dietician was rostered on to assess if he could swallow properly after having an intubation tube down his throat.

It was heartbreaking hearing him beg for food and water for three days, after his trauma of a cardiac arrest and being on life support.

'I just want a glass of cold water. Please, why can't I have it' he repeatedly begged. It was a simple request from a brave and stoic 85-year-old man who had died and been brought back to life.

When I approached a hospital manager I was told they 'couldn't afford' to

roster someone on a weekend, so my father would 'have to wait'. There was no consideration for his distress.

Dad was covered in bruises, especially around his spinal anaesthesia site. He was denied pain relief on one occasion because a nurse said the ward had run out of morphine and panadol.

After a doctor failed to seek family consent before ticking 'not for clinical reviews' in a revised resuscitation plan, doctors were no longer coming to see my father. We had to fight to have clinical reviews by doctors reinstated.

Staff incorrectly wrote 'dementia' in my father's files because he was hard of hearing. My father passed all hospital mental acuity tests with near perfect scores. He never in his life had any reason to be tested for dementia and was never diagnosed with it. He had his unrestricted Drivers Licence renewed just weeks before his fall.

On October 24, 2019, Dad was suddenly discharged from Dubbo back to Cobar Hospital still in pain and vomiting, by road ambulance for a four-hour trip in 40-degree heat, arriving at night.

We were rushed out of Dubbo Base Hospital by two Nurse Unit Managers so quickly, we barely had time to collect our belongings and our thoughts. Inexplicably, one nurse refused Dad's last-minute request to send him to Dubbo Private Hospital where he wanted to recuperate.

I later discovered Dubbo Base Hospital doctors had written 'not to be returned' on my father's discharge papers. They did not want to treat him anymore, even though he had a legal right to seek treatment at any time.

Back in his hometown of Cobar, we assumed that because the hospital was almost empty, Dad would be well cared for as he was a respected local resident with private health insurance.

On November 4, 2019, a visiting aged care assessor deemed Dad should rest in Cobar Hospital for another week, as he was too unwell to move anywhere. Minutes after the assessor left the building, Cobar Hospital staff came into the ward and told us Dad could not stay and had to go to the local nursing home.

I can still see my father's frightened face. He was in pain and still unable to walk. He knew Cobar Hospital staff did not want to look after him.

Dad was taken to the nursing home on Melbourne Cup Day thinking he was not

worthy of a hospital bed. He grabbed my arm and cried as he said ‘They’re giving up on me’

My father died five days later.

### **Regional hospitals don’t want people to speak up**

The WNSWLHD has lacked transparency in responding to concerns about my father’s care

When the Sydney Morning Herald questioned Dubbo Hospital about him going without pain relief, food and water, a spokesperson said the hospital never had a shortage of morphine or paracetamol and staff were always available on long weekends and public holidays to assess if patients could swallow following intubation. That was the opposite of our experience in the hospital.

After the story was published May 19, 2020, the Health Minister directed the WNSWLHD to conduct a review of patient experiences and report the findings back to him.

The review team scheduled a meeting with me for 2pm Thursday July 9, 2020 - just one working day before they were due to report to the Minister on Monday July 13, 2020. At the meeting I was reassured the deadline would be extended to include my ‘serious’ concerns in the report.

A week later, on July 24, 2020, I received an email from the WNSWLHD stating that the concerns I raised with the review team were excluded from the Minister’s report because ‘It was not possible to delay the submission of the report.’

The WNSWLHD betrayed my trust, prompting me to write to Minister Hazzard and ask him to intervene to extend the deadline.

I recently received a copy of the report prepared by the Clinical Excellence Commission, which describes itself as ‘the government’s lead agency supporting safety improvement in the NSW Health system.’ The report has errors, including the type of surgery my father had, giving me no confidence in the review.

Dubbo Base Hospital charged me over \$600 for my father’s medical records when the amount for a pensioner’s records should have been around \$30. The records were missing operation reports, a key blood report and had the wrong surgeon’s name.

The hospital breached patient privacy laws by selling me some of the records of an 85-year-old man from Narromine mixed in with my father's.

It did not offer to refund the \$600 until just before a 60 Minute's story about my father's death went to air on September 13, 2020.

At the same time, Dubbo Base Hospital refunded \$900 they charged a woman from Broken Hill for her late father's medical records after she indicated she was going to reveal her concerns to 60 Minutes. Her father's death after treatment in Dubbo Base Hospital is being investigated by the coroner.

I am a senior ABC reporter with 30-years of experience still trying to get answers about my father's care. Given the obstacles put in my way, what hope do ordinary people in country towns have if they want to complain or speak up about hospital care? Most are too scared to speak up because they fear retribution in small communities.

Since stories about my father's death appeared in the Sydney Morning Herald and in reporter Liz Hayes' 60 Minutes story about her own father's tragic death in a regional hospital, I have received hundreds of calls and emails from country people who have had similar experiences.

I am not alone in my concerns. There are systemic patient care problems and a lack of compassion in Dubbo and Cobar Hospitals which are run by the WNSWLHD, especially with treatment for the elderly.

Please see attached photo of my late father Allan John Wells.

I draw to your attention to recent media stories about the two hospitals.

<https://www.smh.com.au/national/nsw/no-food-or-panadol-anger-over-third-world-conditions-before-hospital-death-20200515-p54tdb.html>

<https://www.smh.com.au/national/nsw/incredibly-distressing-minister-intervenues-over-patient-death-and-bungled-records-20200806-p55jac.html>

<https://www.smh.com.au/national/a-hospital-turned-him-away-three-times-then-2-5m-of-his-bowel-died-20200519-p54ud9.html>

<https://www.smh.com.au/national/nsw/from-a-walk-at-manly-to-amputation-hospitals-putting-lives-at-risk-20200511-p54ruz.html>

<https://www.smh.com.au/national/nsw/baby-s-death-leads-to-extraordinary-discovery-of-2000-unchecked-results-at-hospital-20200911-p55uom.html>

<https://www.dailyliberal.com.au/story/6999845/why-you-wont-have-to-circle-car-parks-at-dubbo-hospital-from-2022/>

<https://www.facebook.com/60Minutes9/videos/no-on-60mins-the-greatest-loss/3250601271642760/>

<https://www.smh.com.au/national/nsw/liz-hayes-reports-on-the-heartbreaking-death-of-her-own-father-20200911-p55uwl.html>

Yours sincerely,

Jamelle Wells.





