

**Submission  
No 357**

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

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Today marks the second anniversary of the worst day of our lives. On this day two years ago I lost the love of my life in a medical episode in which everything which could go wrong did go wrong.

August 29, 2017, on a camping trip to Perth to see our son, daughter-in-law and two of our grandchildren, we stopped for lunch at a roadside rest area about 100km east of Broken Hill. Myree had a severe coughing fit and we camped the night at a caravan park in Broken Hill. Next morning Myree was quite ill with pains in the chest and between her shoulder blades, so we went to Broken Hill Hospital where blood and other tests revealed a heightened white blood cell count which indicated there may be an infection of some kind. 'You are right to go, but see your doctor when you get home.'

We spent the night of August 30 in a Broken Hill motel, deciding next morning we would return home, as Myree was still unwell. On September 11, our doctor arranged an x-ray and other tests which resulted in a diagnosis of 'pneumonia ?' on September 15 and a further appointment in a week.

On Saturday September 16 we presented at Kempsey District Hospital around 4pm with Myree quite unwell. More tests and medication with an echo cardiogram arranged for Monday morning to be conducted by a visiting technician from Coffs Harbour (Mondays, Wednesdays and Fridays under an arrangement with Dr Johnston and not under hospital control). Apparently three people were to have an echo test on the Monday but no one turned up to do the tests and the hospital did not know why.

By this time, the hospital knew there was fluid around the heart. There was a suggestion of moving Myree to Port Macquarie but apparently there was a backlog of patients there as weather conditions had delayed flights out of Port Macquarie.

Operator turned up from Coffs Harbour on Wednesday September 20, found 5cm tear in the aorta and by 10am a helicopter was on the way to take Myree to John Hunter Hospital in Newcastle. A doctor at Kempsey hospital explained the condition was rated at level 1 on a scale of 1 to 4. The tear was high enough on the aorta from major heart blood vessels to allow a Dacron sleeve to be sewn into the blood vessel. Around 7pm at John Hunter Hospital, the situation had changed from fixable to fatal as a doctor told my daughter and I that sutures would not hold. Half an hour later, Myree passed away. We were told the result could have been the same even if the operation had been performed four or five days earlier; have you any questions?

I was in no condition to ask questions at that time.

Over the past two years, I have conducted research mainly from a source criticised by the medical profession — 'Dr Google' which revealed aortic dissection is fairly rare, occurring in three people in 100,000. Symptoms of aortic dissection are pain between the shoulder blades and in the chest — SHIT! — These were the symptoms we presented with right at the beginning!

I have also made several approaches to our local area health organisations (with little success or result) and the line dancing group of which Myree was a member for many years has raised over a thousand dollars to go towards equipment at the hospital which could help prevent or reduce the chances of such an event in future.

Today, on this special morning, I walked past the relatively new and massive Kempsey District Hospital (as I often do, it is the last place where I saw my darling wife alive). There were (as usual) at least 100 cars parked in and around the hospital, which indicates it would have to be one of the major sources of employment on the Macleay, yet it is still only an out-station for Port Macquarie Hospital.

Port Macquarie Hospital, as the major hospital in the area, is quite often stretched beyond its limits, especially as many who are not well go directly to Port hospital rather than to what is considered a first-aid station at Kempsey. Australia is supposed to have the third best health system in the world, however, after watching the Four Corners programme on Monday night, coupled with both my experience and those of others in the area, rural Australia is about third-world standard. If you have to go to hospital, you have a very good chance of not surviving the experience.

In the faint hope that it may do some good, I would like to submit the following:

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## Background

I come from a background in newspapers and print and learnt my trade way back in the days of hot metal. There had been only incremental changes in the craft for 100 years and

I had been taught to not only do the job but also repair and maintain hot metal equipment.

Suddenly, everything changed with the advent of computerisation to the

industry and my place of employment was an early adapter of the technology. I was fortunate enough to be young enough to retrain and rode the wave of change in the print industry.

I saw a highly skilled journalist and editor go to early retirement rather than adopt changes, even though the system was set up to cater for her style of operation as much as possible.

I saw skilled tradesmen shaken by the technology to the extent that even when it was pointed out that it was only a new tool, like a hammer or a

saw. Their skills with layout and how things should be done still applied. They chose to leave the industry rather than adapt.

The main lesson from such drastic redirection was the realisation that people generally hate and resist change — this applies in all fields.

Change is inevitable and happens mainly because it is necessary. Unfortunately, rather than having it come in a co-operative way with everyone in a particular industry being consulted and considered, people with influence hold it up, hobble it or outright resist until forced to adapt.

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## The Health System

Many years ago, my mother suffered a sub-arachnoid haemorrhage, which her doctor picked up, he had seen it at least twice before, where people died. It is a haemorrhage in the brain, which the body clamps off for about 48 hours then relaxes and the secondary bleed into the brain kills you.

For the rest of her life Mum was a medical oddity as when medical practitioners learnt she had survived such an event they had many questions.

Similarly, symptoms Myree displayed from the beginning indicated a possible aorta dissection. X-rays and

blood tests were of no assistance in looking at soft tissue. From a layman's understanding, it seems the only way to have seen what was actually going on was with either an MRI or an electrocardiogram.

An MRI machine is not only fantastically expensive but needs a fixed location, while an echo machine, though expensive, is portable. There does not seem to be enough of either of these machines or technicians who can use them in rural Australia. Broken Hill relies on visiting services from Adelaide and Kempsey relies on the same thing from Coffs Harbour,

which may or may not happen on a regular basis.

The care and attention we received in Broken Hill, Kempsey and Newcastle seemed to be the best available and everyone seemed to do the best they possibly could. However, not only in this case but many others, there are serious deficiencies in our health system.

There is little doubt many health professionals are under a great deal of stress with heavy workloads where mistakes don't just break something they can, and do, kill or maim people.

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## Can The System Be Fixed or Improved?

Experience is hard won and takes many years for an individual to accumulate. It is a hard teacher, especially in the health system.

Improvements can only come from health professionals applying their knowledge and recruiting other skills to make their jobs safer and more efficient for everyone.

I do feel confident in suggesting two courses of action which could be of assistance.

**Firstly:** It seems to be an almost impossible task in attracting sufficient doctors to rural areas and then retaining them there for more than a

few years. Would it be a worthwhile exercise to canvas doctors to see what the reasons are for this. Is it a lack of support, facilities or what?

With so much public money being invested in the health system it seems reasonable to expand provider numbers for doctors to areas of need and restrict them where there is over-supply, after all, we all have to go where the work is. Why is that not so with doctors?

**Secondly:** With the capabilities of relational databases at the moment and a situation which is ever-improving, it seems past time for 'Dr Google'

to become a real specialist for the health system. By combining the vast experience of many professionals into a knowledge base which can process lists of symptoms presented by patients and/or observed by doctors in a form which would complement the efficiency and practicality of the system by accepting change.

Anyone can make mistakes, and busy people are even more likely to miss something vital.

Enter the described and observed symptoms and get a full list of possibilities — not just the obvious or the current illness going around.

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## Conclusion...

The powers that be can easily choose to ignore this as the ravings of an aggrieved recipient of their medical services who has had an adverse outcome. I have lost a most wonderful wife of 54 years. We have raised three children and have four grandchildren. Her loss is an experience from which I will never recover.

I can assure you I am not the only person in this position, there are many of us, and we can only hope you will do your utmost to achieve an improved outcome to not only justify the vast expense of our health system but to improve its fail-safe mechanisms, efficiency and value for money. — I hope to hear from you soon.

John Cruickshanks