

**Submission
No 367**

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

Name: Mr Denis Strangman AM

Date Received: 18 December 2020

Hon Greg Donnelly MLC

Chair

Portfolio Committee No. 2 - Health inquire into and report on health outcomes and access to health and hospital services in rural, regional and remote NSW.

Dear Mr Donnelly

I trust I am not too late to make a submission to the above Inquiry. I read about it in an ABC news item today about Bowral Hospital. (Portfolio Committee No. 2 - Health inquire into and report on health outcomes and access to health and hospital services in rural, regional and remote NSW).

I went to school in the Bowral area. My late mother died at the local hospital and my late brother spent a short time there before being transferred to a hospital in Sydney where he subsequently died. I have no information about my family's medical treatment at the local Hospital but I have an interest in the apparent mis-treatment of Mr Atwell's brain tumour. I seem to recall that he was several years below me at the local school we attended.

I should explain that my late wife died from a malignant primary brain tumour in Canberra in 2001 and subsequent to that event I co-founded the support and advocacy organisation Brain Tumour Australia (the forerunner to Brain Tumour Alliance Australia) in 2003 and served as Chair of the International Brain Tumour Alliance (www.theibta.org) during 2005-2015.

I have served on numerous Committees and Inquiries, including that which developed Clinical Practice Guidelines for Adult Gliomas (a form of brain tumour) and a recent EviQ Inquiry (NSW Cancer Council) about educating nurses about the treatment of primary brain tumours. In 2015 I was recognised by the US-based Society for Neuro-Oncology (SNO) for my advocacy work for patients with a brain tumour.

If the information of Mr Atwill's widow about her husband's treatment at Bowral Hospital is correct then I can only say that the staff treating him must have been quite inadequate in their competency to treat people presenting with a brain tumour.

The patient should have been offered an MRI when his symptoms persisted. I imagine there might have been questions of cost involved when someone was faced with a choice of another CT scan as opposed to an MRI. If this was the case then it could be a case of "false economy" in operation at the hospital.

I would be pleased to expand on any of this information if required.