Submission No 389

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

Name: Name suppressed

Date Received: 13 December 2020

Email – 13 December 2020

The Chair,

The first point to make about rural health providers is that they are trained in appropriate institutions to a national standard.

I can only speak of the standards in Mudgee ,but assume that the problems in other rural areas are only of degree.

Here there is insufficient and or no doctor staff employed at the hospital, I understand it is mainly staffed by the local GP's on a rotational basis.

This creates a 'closed shop' , no competition standards., as well as dissipating the hospital funds.

The financial returns here to the doctors are very good, the fees charged are the same as those charged by practitioners paying CBD rents for surgery space,

and housing is very cheap compared to city or seaside prices .

There appears to be an administrative move towards substitution of tele -health for hands on, fortunately this is resisted because of the doctor income limits it creates.

It would be readily accepted specialist doctor to local doctor, because then the income aspect would not arise.

There is often reference to the difficulties of employing doctors in rural areas yet there are many practitioners in England , Scotland and Ireland ,

without a language difficulty, and with a comparatively small retraining requirement, who are trying to come to Australia to live and get no assistance to do so.,

The islands have many of these people trying to negotiate the Australian immigration requirements , they have got this far on their own , and would jump at help,

The ones of like mind at home who have not made it out , would respond to contact. The reasons people emigrate are surprisingly consistent over time.

The training here in Australia is creating problems for doctors in that it appears that the basics of dealing with patients as fellow human beings are omitted,

The result of the technical automata approach is that they are disliked, criticised, feared ,and blamed for all outcomes.

Those here who can afford it have a GP in a capital city that they go regularly, and immediately if they are concerned about their health.

Meanwhile the doctors are terrified of being complained about and or sued. The hospital and private practice managers reinforce and perpetuate this,

by teaching them how to avoid liability on what they believe to be a legal basis. They are treating the symptom, not the cause.

In my experience people are not fools, they are well aware that this is not a perfect world, treated kindly and with personal interest they will routinely

accept that the care is genuine, and no one is perfect, nor can every outcome be what they had hoped for.

It is obvious that victims of professional negligence ought to be able to consider seeking redress.

It is easy for a mixed assortment of unacknowledged bias, and a desire to be considered "on trend and suitable for preferment" to so muddy the waters

when viewing a situation that it is not dealt with efficiently by planners and administrators and funds providers.

My personal opinion is demonstrated by the fact that I have a call device round my neck, a GP in Sydney, and strict instructions to my next of kin that I be

removed at once to Sydney if seriously ill. In the interim I live with a system where there is a two week wait for an appointment,

or I can try on the day if there is one available for a more urgent matter, if I can get through on the phone. This applies to both practices.

I think it is time that administrators faced the fact that immigrant doctors will fill the necessary places , and start to seriously devote time and money to employing them .

(noting that it is not necessary that they be women, foreign, aged, black, transgender or fall into any other fashionable group. }

It works for fruit and vegetable picking, while the locals are paid to seek the work they prefer.