

Submission  
No 499

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

**Name:** Name suppressed  
**Date Received:** 15 January 2021

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Partially  
Confidential

The experience I would like to raise is regarding the treatment of my elderly mother in a Sydney metropolitan hospital. I am aware that this inquiry is focused on healthcare in regional areas, however, I believe treatment in metropolitan areas also relevant to this discussion as it regards experiences in NSW healthcare.

I took my mother (81) to emergency in 2020 as she could not stop vomiting. We had to wait there for some time after tests were conducted to see 'which department would put up their hand' to treat her. We kept getting shifted around as there wasn't anywhere for her to wait.

After being admitted to the surgical ward, the specialist proposed surgery. Mum did not want surgery as she had a history of high blood pressure (over 200) and did not want to die whilst in surgery.

She was placed on a nil by mouth diet with the aim of introducing her back onto food through a liquid diet. Three days later she was given coffee and cake and then omelette and potato and bacon for lunch. I asked the nurse why she'd been given a solid diet not the liquid as we'd been told, to which she said "I don't control the kitchen".

I was at the hospital every day from about 9am to 6-7pm. Most procedures - e.g x-rays and nasal tube insertion - were performed in the middle of the night after I had left. The first nasal tube inserted at the ward caused such a din, the patient diagonally across from my mother told the hospital staff to be more respectful, threatening to call the media. Another patient directly across later told me "they treat her so badly". The evening before discharge another tube was inserted.

Upon my arrival to the hospital 8:30 am a nurse came running to me saying "Your mother won't open her eyes, I need to change the bed, she just tells me to go away, we had trouble with her last night" Mum immediately told me they'd given her a needle and that she was now dying. She'd had the tubes for oxygen in her nose. These were removed just after I arrived.

I asked the nurse doing the ward rounds what medication mum had been given over night. He couldn't find anything out of the ordinary. I asked the same at the circulation desk. That nurse checked her record. Again, nothing out of the ordinary.

The specialist and her team repeatedly came to trying to pressure her into surgery. On one occasion one of the doctors stood over her and said, 'Do you understand you are going to die?' On the day we left the hospital, two of the team of Doctors again tried to talk her into surgery. No other option was provided. My mother has been in hospital for over a week by now. I was concerned that she'd had no nutritional intake. I asked for other options and was told "Palliative Care" was the only alternative.

The Palliative Care doctor that came to visit was sure my mother could survive this. A doctor that came to the house at the being of this Palliative Care thought she could be saved too and then backed out of his claim after talking to to team (he was an outsider helping out on a temporary basis.)

In all, two doctors outside of the surgical team strongly believed she could be saved without the need for surgery.

My mother's preference to not have surgery was not listened to or taken seriously and her rights dignity as a human being were overlooked.

In this way, the healthcare system fails the individuals it is supposed to treat and care for. In this inquiry, I hope that the overall healthcare system in NSW in both regional and metropolitan is considered.