

Submission
No 590

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

Name: Ms Vicky Ansin
Date Received: 15 January 2021

Partially
Confidential

This submission is on behalf of the Ansin Family. My name is Vicky Ansin and my father passed away on the 30th January 2018. I currently reside in Adelaide, South Australia, but previously lived in Cobar, New South Wales. My mother Faye Ansin and sister Toni Olfen both live in Cobar, New South Wales and my older sister, Nicola Armstrong, resides in Cairns, Queensland.

We are a close family, who are New Zealanders by birth, but lived in Papua New Guinea from the early 80s through to the mid-90s. My father was a successful man who had worked in the transport industry his entire life. From driving trucks to managing transport and shipping companies. He was a charismatic man, who loved to have a chat. He had lived an active life and had always been up for an adventure. Hence, why in 2017, he and my mother moved to Cobar from Cairns.

My father had been diagnosed with prostate cancer, while living in Cairns. He had undergone surgery and radiotherapy. This was discussed openly in our family and we had always had open and clear communication with my father and his medical team. We knew that there was an end date. However based upon all communication we had received in QLD, was that we had a “good” couple of years before we had prepare for that.

- health outcomes for people living in rural, regional and remote NSW;

Based upon our experience we feel that the level of care does not match those living in metropolitan areas. Having previously had excellent care and communication whilst living the Cairns QLD, we identified that the medical professionals did not have the same level of experience or knowledge, which we had previously experienced.

My father was admitted to hospital on the 26th Jan 2018 after having a fall. It was then at the request of my mother that he was transported to Dubbo Hospital late on the 28th Jan 2018 after being asked if she would like discharge him to take him home. He passed away on the 30th Jan 2018 at Dubbo Hospital.

The poor level of communication from the Cobar Hospital resulted in myself and my sister having to travel quickly to Dubbo to be with him in his final hours. At no point was it communicated to us, prior to him being admitted to Cobar Hospital that my father was in the final stages of his life. We have no medical reports from his specialists in the lead up to this event. In contrast, we still have all the reports from the care team in Cairns QLD, prior to his relocation to NSW.

- a comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW;

As we do not have experience with health care services across metropolitan NSW, we can only make comparisons to the care provided by QLD Health.

Communication was always open and honest with QLD Health. We knew at any given point where my father’s health was at and we were able to plan accordingly. This was severely lacking with NSW Rural Health service. We are still in a position of not knowing, what exactly occurred. From our perspective, our father still had time. However, after a fall on the 25th Jan 2018 he was admitted to Cobar hospital, only to be advised that he was at “end of life”.

Though we have been told that he died from cancer, we have never been advised as to why it had spread so quickly. We know from medical records that he presented with a “Big fat palpation” to his abdomen, we can see that this was not investigated further. We also know that it worsened over the two days he was in Cobar hospital, but still no further investigation. We also know from the medical records that he meet the criteria for both Cardiac and Sepsis pathway, but the medical officer advised to not commence.

- access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services;

My father travelled the four hours each way from Cobar to Dubbo on numerous occasions to see specialist in Dubbo over the eleven months he resided in Cobar. This required significant planning, cost and generally required him and my mother to stay overnight.

It is our belief that if he had been admitted to a metropolitan hospital and had had access to suitable, knowledgeable, experienced specialists then the outcome would be different.

- patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW;

Again only being able to make a comparison between QLD Health and NSW. Whilst my father’s General Practitioner Dr _____ had always been very clear about my father’s prognosis. Communication from him had been comparable to the reports that we received in QLD.

Our experience with Cobar Hospital’s attending medical officer, Dr _____ was not as positive. He had limited communication with my father, even though he was lucid and able to communicate. He spoke to my mother and sister and was more interested in discussing my sister’s recent trip to America, than what was occurring with my father. We have identified multiple errors in the admission notes. EG: “wife refers that he has not been eating or drinking for the last 2 weeks”. My father was still eating and drinking, however he had reduced the amount.

My father became more and more distressed during his stay at Cobar Hospital. Multiple attempts to get an IV line and to take blood. Unsuccessful attempts to secure a cannula left him very uncomfortable and resulted in having to get an urosheath from Lillian Brady Village, as none were on site. All of these attempts left him anxious and uncomfortable. This combined with lack of understanding of what was happening resulted in my father being very distressed.

We again state that communication was severely lacking from all parties. Not only from Dr _____, but also from Dr _____ and NSW Health in general.

As a family we have attempted to understand how my father had an appointment on the 15th Dec 2017 with Dr _____, another was booked for the 23rd Feb 2018, to suddenly be in the final stages of life. This did not allow our family to plan and prepare for my fathers final days. He was provided no palliative care and we were told, “to take him home and let him die”.

- **any other related matters.**

It is now three years since my father's passing and we are still no closer to having closure. We have felt that we have had no avenue to ask the unanswered questions, no service to help us understand what happened and to allay our concerns.

My father has not been with us to meet his first great grandchild, he has not been with us to see his granddaughters graduate, he has not been with us to celebrate our successes and to support us through our losses. We have not been able to talk to him, hold him, laugh and cry with him and this has impacted our family greatly. The mental health of the four of us has been significantly diminished as a result of not having closure and having so many unanswered questions.

It is our hope that through this process we will have our questions answered. However, our motivation is so that no other family has to experience what we have been through.

Regards

Vicky Ansin