

Submission
No 636

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

Name: Name suppressed
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Partially
Confidential

In my final week of the placement I began to feel slightly dizzy and struggled to stand for prolonged periods. This progressed to a severe headache that would not respond to symptom relief, including codeine (which I had with me for my menstrual migraines), and nausea that was accompanied by inappetence, which in turn led to weakness and lethargy. Through an overheard conversation, I became aware that one of the nurses at my placement practice was on sick leave after having reported dizziness that sounded exactly like what I had initially experienced, leading me to suspect that the cause might be infectious, although nobody else at the clinic appeared to be affected. On my final placement day I felt so unwell that I was sent home early, which was when I discovered that the nurse who had taken sick leave was now in hospital with pneumonia.

My experience at Young Hospital caused me to marvel at the fact that anyone in that town makes it out alive.

On presenting at casualty, I wasn't surprised or concerned about the fact that I had to wait some time to be seen; I understood that my condition wasn't critical enough for me to be triaged to the front of the queue over a life-threatening emergency. However, it was once I was finally taken in for a nurse consultation that I realised there was a problem.

I described the nausea and inappetence, mentioning my nurse colleague's condition, and explained that my intense headache was not responding to codeine.

"If you have a headache, you should take Panadol or Nurofen," she told me condescendingly. This astonished me. In my studies, I had been taught that NSAIDs (of which ibuprofen is one) should not be taken orally on an empty stomach, and I had already made it clear that I hadn't eaten in days. In addition, paracetamol can be hepatotoxic when taken in excess of the recommended dosage. My headache was so severe that I would have thrown as much paracetamol at it as possible if I'd followed her advice without being aware of the dangers. I was talking about an extreme headache, worse than any migraine I had ever experienced, that wasn't responding to an opiate.

When she weighed me, she remarked that I was very thin and asked me if I'd been dieting or exercising. I repeated that I hadn't been able to consume more than half a biscuit and some juice for almost three days, surprised that this alone shouldn't have accounted for my weight loss.

In the treatment room, I was given injections of metoclopramide for nausea and the NSAID ketorolac for the headache, along with IV fluids. I explained to the doctor that my colleague was in hospital with pneumonia, in case this hadn't already been conveyed. She asked for my colleague's name, but when all I could provide was a common given name (which was all that I knew), she appeared to lose interest completely in this line of investigation, and I was sent home once I'd received the fluids.

I still felt dreadful, even after the injections, but my condition improved just enough for me to make my way into town to look for a pharmacy (it turned out they were all closed) before

returning to bed and sleeping for a few hours. However, later that night, when the drugs had worn off, the renewed headaches and nausea forced me back to the hospital, which was, thankfully, walking distance from my accommodation.

Back in the treatment room, the doctor asked whether the treatments administered on my previous visit had helped. I started to explain that there had only been a minor, temporary improvement, and that the underlying cause clearly had not been resolved, when she interrupted me, curtly demanding a “yes or no” answer to the question of whether there had been any improvement. I could only reply that there had been, at which she requested that the treatments be repeated. After this, I was sent home again.

The temporary relief of symptoms gave me enough confidence to drive away from Young the following day. However, the drugs wore off and I needed to ask my parents to meet me at Sutton Forest to drive me the rest of the way. The following evening, I presented at Westmead Hospital, where the emergency doctor performed a physical examination and quickly determined that diagnostic imaging was required. This provided a diagnosis of pneumonia.

The staff at Young had not performed a thoracic auscultation. I understand that small regional hospitals are not as well resourced as large hospitals; however, a stethoscope is a basic piece of equipment that every doctor and nurse at the hospital should have had. (Even I had one in the car that I could have lent them.) In addition, I was giving them a huge diagnostic hint with the information about a close contact who had reported similar symptoms and had been diagnosed with pneumonia. In short, my condition could have been diagnosed through history and a basic physical examination alone.

A few days of illness had given me a pale and gaunt appearance, and I wasn't wearing makeup, so it is possible that I came across as a recreational drug user

This possibility, however, should not have precluded a serious consideration of my condition. Problems associated with drug addiction (e.g. overdose, withdrawal, organ damage, serotonin syndrome, altered mentation) also need to be taken seriously, and a proper physical examination would have been warranted even if my primary purpose had been seeking drugs.

What I am certain of is that if I had stayed in Young, and not returned to Sydney, the outcome for me would have been worse, potentially even fatal. The atypical bacterial pneumonia I had was easily treatable, and I was eating normally within a couple of days of starting the course of cheap (but effective) antibiotics available from any pharmacy. However, in the days before antibiotics were widely available, pneumonia in otherwise healthy adults was a common cause of death, and still can be if it isn't treated. The difference between a good and a bad outcome is a timely diagnosis,

In summary, there were several shortcomings of my treatment at Young Hospital, specifically:

- failure to perform a basic physical examination;
- failure to perform further diagnostics;
- a recommendation to take oral NSAIDs on an empty stomach;
- a recommendation to take paracetamol for a migraine without warning of the consequences of overdose;
- failure to consider others' safety in discharging me with an infectious disease, particularly one that turned out to impair my driving ability

The fact that more than one person was responsible makes me concerned that my experience was indicative of a systemic problem. Although I didn't make a formal complaint at the time, I did call to let the hospital know what my outcome was, which I suspect (wrongly, I hope) was never passed on to the relevant people in order to be taken into consideration if another person presented with similar symptoms. I hope that others' lives have not been adversely affected as a result.