

Submission
No 690

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

Name: Name suppressed
Date Received: 12 January 2021

Partially
Confidential

12.01.2021.

Mr Andrew Rathford
Parliament House
Director Committees
SYDNEY.

Re: Submission to Parliamentary Inquiry
(M.L.C.'s) into regional health care.

Dear Andrew,

It was wonderful to get your assistance today whereby I am enabled to forward to you.

I know the length of the documents overall may trouble you. It was necessary that I put together a brief sourced from interaction I have had in certain ways the past 16-18 months as we strive as a community here and elsewhere in these areas to create and retain medical practitioners. I can tell you it is a real problem it will NOT go away and the broader community is alarmed and troubled. I thank you for your indulgence and I would be prepared to come before the Committee if deemed necessary.

Sincerely,

'A'

DATED. 11.01.2021.

Personal Health Experiences

(1) Evening of Swallowed a huge rounded jagged type ham bone when eating soup. Stuck seemingly in throat or chest. Caused great distress, pain, difficulty in swallowing, whistling effect in thoracic region. Attended Donedoo M.P.S early A.M next day. Referred to Dubbo Base Hospital (91 kilometres) Taken privately attended Emergency about 11.30am. Seen by two D.R's, assessed, X-rays and Scan both negative. I was unwell, unbelieving, knew I had swallowed the bone felt it lodge there 'somewhere' not sure where. Sent home, struggled to get to vehicle in car park as breathing was forced. Got to Donedoo about 6pm. In pain & really distressed and alone all night. On issue continued I worsened and became afraid. Took Craviscen and liquids. Heaved constantly trying to clear passage. At 12 noon I decided I must return to local M.P.S. Walked from house slumped over a normal Council garbage bin gave several deep 'heaves' and the bone 'pepped' out into my hand. I retain that bone. It is huge.

I wrote an extensive letter to Health, Dubbo. I complained bitterly. I criticised the procedure and physicians.

'A'

I received a written acknowledgement from C. E. O. Told internal inquiry would follow.

On [] I received a telephone call from a female handling complaints Dubbo Base. I sensed a "Whitewash" of my complaint. She asked me yes, the size of the bone, yet I had detailed such dimensions in my letter. Thereafter nothing, no further advise. I gave up in frustration.

I had requested in writing & orally that

(1) The DR's be consulted

(2) That the incident be raised as a learning 'tool' at the regular 'In-house' on the Job medical consultations.

I would be satisfied that neither event occurred. The complaints handling procedure was Sham belle.

(2) On [] I had a fall at gam in a street in Mudgee. I fractured several ribs. Was transported to Mudgee Hospital and 15 hours later to I.C.U. at Dubbo. Numerous medical procedures were undertaken.

I was discharged on [] All medical and nursing staff performed to the highest level. It was a good experience.

'A'

(3) On (Saturday) I attended the Dunedin Medical Centre Waigundy Street, Dunedin. Was in attendance practising. I was turned away by his Clerk as I did not have an appointment and it was said the "Computer" would not allow me to be "entered". I went direct to the Dunedin M.P.S. I was aware a DR. would not be present. I had a severe Virus in the chest which had worsened over days.

I was admitted to Emergency, managed by an R. Nurse, normal procedures followed, I suggested I was in need of Anti-biotics. She basically concurred however then commenced this tedious, unwieldy, slow and inept Tele-Health. I was of course placed on a casualty 'bed' remained there for hours. Had two Tele-Health consultations, bloods E.C.G etc. Was finally prescribed meds (Anti-biotics) and discharged 3.30pm, some 6½ hours after admission. That was onerous. To be 80 years feel unwell & placed on a new for center's 'cas bed' for hours is not proper.

Views ON Tele-Health.

Some may say it is the 'New' tomorrow. Spare us if that is so. In short it is not the answer. Rather it raises the question,

'A'

Why do we need it? Is it not merely seeking to fill a void, one which can only be filled by permanent doctors. Is it not common only to rural, regional and remote areas? Say, if you reside Sydney, are you treated similarly?

It is impersonal non-reassuring. It is clearly a "Substitute" service intended to meet and placate the needs of the patient in the absence of a 'hands on' physician. It is a classic example it would seem of the expectation Health has of facilitating an alternative procedure whilst ensuring the patients acceptance of mediocrity.

In other words "Be seen to be doing something, anything, but ensure it does not have a great cost."

So, as I have alluded to in other attached papers, It is all about the mighty dollar.

It is also silly, because such a large and important problem which will not go away can be met simply, by providing monies sufficient to ensure the placement, retention and longevity of an appropriate level of physicians. It is the inducement and the magnitude of it which will determine the future.