

What's Wrong with Public Hospitals

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The delivery of health care is intrinsically a public service, not a business or a profit-making venture. The delivery of that public service costs money and the service needs to be delivered with care and compassion. The Doctors Reform Society (DRS) is not opposed to the delivery of some health care within the private system and recognizes that some people prefer to access services within the private system. We do object, however, to taxpayers' money propping up the private system at the expense of the public system.

The DRS does not have any specific information to provide to you on matters related to Dr Patel and his appointment and performance at the Bundaberg Hospital. We believe, however, that the alleged debacle that has occurred at Bundaberg is a consequence of a number of factors, all applicable to a greater or lesser extent in every Australian state and territory. These include:

- i. The failure of consecutive Federal governments to train adequate numbers of doctors at universities over the last 20-25 years. For instance, this has led to the need for Queensland to be reliant on 1700 overseas trained doctors.
 - ii. The failure of successive Queensland governments to fund adequate numbers of training positions for specialists over the last 25 years has resulted in a severe shortfall in the number of specialists in Queensland hospitals.
 - iii. The policies and blinkered thinking of some specialist colleges has further contributed to the shortfall in current available specialists. For instance, the practice of some colleges to only recognise certain registrars as trainees even though other registrars not recognised trainees may be doing essentially the same work.
 - iv. The current policies of the Federal Government are making it difficult for public hospitals to attract specialist staff. The 30% private health insurance rebate is conservatively robbing around \$500 million per year from just the Queensland public health system and is driving the rapid growth in private medicine.
- Private medicine is much more lucrative for doctors and whilst incomes for public specialists are in the range of \$150,000 - \$200,000 per year, such incomes look meagre when compared with incomes earned from fee-for-service work in the current environment. It is also worth pointing out that there is no demonstrable improvement in Australia's health despite our recent rapid increases in health expenditure. There is increasing anecdotal evidence that our health is declining.
- v. Consecutive state governments are only too ready to beat their chests and proclaim they provide the best public health service in the country. Unfortunately, their belief in health care delivery is limited to the elective surgery waiting list and waiting times in casualty departments at hospitals in

marginal electorates. Funding for health care is driven by such considerations rather than aiming to achieve good health outcomes.

Bureaucrats and government aim to come in on budget and keep the waiting lists out of the newspapers rather than get good health outcomes within an efficient health system. As a result, funding for equally important areas of health care are neglected (management of chronic disease, prisoner health, indigenous health, care of the frail aged and mental health) as they do not attract the same media attention.

Queensland Health often appears less interested in delivering health care than in appearing to deliver health care. Many of their failures are due to poor planning and inadequate determination of the health care needs of the state.

Rather than having a department which determines what needs to be delivered in terms of health care, we have a department which hands out a parcel of money each year to a District Manager and expects that District Manager to deliver the health care the Government is claiming it is providing. It is likely that the measure of a District Manager's success is his or her ability to bring their District in on budget and meet pre-determined elective surgery and casualty waiting time targets, rather than more usual measures or even more appropriate measures of health outcomes. In such a climate, it is not surprising that the chronically ill and the mentally ill are largely forgotten by Queensland Health.

Much has been made of the 'surgery for cash' mentality within Queensland Health. It is true that hospitals are funded to a significant extent on the basis of the amount of elective surgery that is performed. It is probably not unreasonable that hospitals are given some financial incentive to increase the quantity of elective surgery performed. In many hospitals management of emergency patients is compromised because of the need to maintain elective surgery.

It should be pointed out that patients requiring elective surgery are just as entitled to the health care they need as are emergency patients. Often the lack of timely elective surgery results in a patient developing an urgent medical problem. It is also important that these people are not left waiting for months or years on end, hopeful of being given a time for operation which is all too often cancelled. The fault in Bundaberg was not that Dr Patel was doing lots of operations (one presumes much of the work he did was necessary), but that he allegedly didn't do some operations very well.

The DRS would like to draw your attention to the following matters:

i. Failure to provide an adequate level of health care to all Queenslanders

In parts of the State, services are often non-existent or so disgracefully poor that GPs know not to bother referring patients for a service. In many places, examples include referral for management of cardiovascular disease, cancers, mental health problems, many eye conditions including cataract and diabetic eye disease, chronic knee and hip pain requiring joint replacement surgery, urological disease, chronic rheumatic diseases and treatment of skin diseases including skin cancers. To add insult to injury, governments regularly publish waiting lists claiming they have short waiting times for many clinics and surgeries when in fact they are not offering the service at all or people are just not being referred.

ii. Failure to ensure an adequate supply of staff to Queensland Health institutions

We have already mentioned the problem of inadequate medical student places over the last twenty years. This is a Federal responsibility and not a State responsibility; nevertheless state governments have some responsibility in staff training and should not shirk their responsibilities.

We specifically wish to draw your attention to registrar (i.e. specialist) training. This has historically been the province of public hospitals as it is the large public hospitals that have had the numbers of patients and sufficient specialist staff required to provide training.

There is no logic in determining the number of training registrar positions for the state. It should be relatively easy to calculate how many specialists in any particular specialty are needed for the state, how many extra are needed over the next ten years based on expected population growth, and how many are likely to retire or move elsewhere, balanced by migration in.

If such an exercise was conducted twenty years ago and training positions funded accordingly there should be far less need to be looking overseas for specialists, or at least overseas trained doctors could have been recruited earlier in their careers and received specialist training here.

Queensland Health, like its counterparts in other states, will argue that the Royal Colleges will not allow large numbers of trainees. To an extent this is correct, however Queensland Health has never tested the point and advertised the positions. In some specialties, notably the medical specialties, it is likely that greater numbers of trainees would be appropriately recognized.

It has to be pointed out that one of the attractions of public hospital practice for consultant staff is the opportunity to be part of the education of students, junior medical officers and training specialists. Queensland Health's lip service

to education does not foster a good educational environment, with staff expected to provide education to junior staff and students in an otherwise busy schedule. We draw your attention to the current industrial dispute between Queensland health and allied health staff over protected time for education.

iii. Overseas trained Doctors

Queensland, like the rest of Australia, is currently very reliant on overseas trained doctors. Making it more difficult to recruit such doctors is likely to worsen shortages within the health system, both public and private. It must be remembered that, according to reported facts, Dr Patel should not have been registered at all. One might ask that had he been say initially registered in Victoria, is it any more likely that the Queensland Medical Board would have failed to detect his past registration problems? Or, if the responsible people in Bundaberg were so casual about checking referee reports, would they have been more critical if Dr Patel was moving from Perth?

Many Queensland trained doctors take the opportunity to travel overseas and work, as do many overseas trained doctors come to Australia for a year or two. Such practices are to be encouraged. It is important that proper reference checks are made and past good standing ascertained but making the registration of overseas trained doctors too difficult is likely to be counter-productive in the short to intermediate term.

Whilst the short-comings in Bundaberg and Hervey Bay seem to be easily identified because of the nature of the practitioners involved (apparently inadequately-trained or supervised doctors with sharp objects in their hands) a closer scrutiny of Queensland Health - and elsewhere in Australia - is likely to identify many patients suffering as a result of acts of omission rather than commission as services are severely restricted.

