

Robert Cassidy

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31 January 2021

Honourable Members and Inquiry Secretary
Legislative Council Sessional Committee
Government Administration A
Sub-Committee
Rural Health Services Inquiry
Parliament House
Hobart, Tasmania, 7000

Dear Honourable Members,

RE: Rural Health Services Inquiry

I would like to offer my perspective on *health outcomes and access to community health and hospital services for Tasmanians living in rural and remote Tasmania*, based upon my experience. I am 66 years old.

Though retired, I had earned my living for 36 years as a military and civil pilot, starting with flying US Army helicopters to the pinnacle of a pilot's career serving as a Captain of Boeing 747-400 jumbo jets. To be eligible for that, I needed to hold a Class 1 Aviation Medical Certificate. Starting as an Army helicopter pilot, I could not need to wear prescription lenses and needed 20/20 vision. The Class 1 Aviation Medical is the highest medical standard for pilots. So, I consider myself healthy.

A recent visit to the GP for a minor concern, I was told that I rarely visit the Bothwell Clinic. Please consider this, when you progress through the following.

Bothwell, in the past, has struggled to keep its Medical Clinic open, due to the retirement of an excellent Doctor and friend, Greg Booth and, before him, as well. I know the Central Highlands Council worked very hard to source another GP, which seemed to be scarce.

I think that is a challenge for any rural Medical practice, anywhere in Australia, not just Tasmania. It would take a very special person to want to be a GP and a GP who lives and practices anywhere in rural Australia/Tasmania.

Factors I would imagine contributing to this situation . . . universities are not producing sufficient numbers of GPs. And, it would seem keeping them in Tasmania, once they graduate is an issue for them. Even Registered Nurses graduating UTAS must seek graduate placement opportunities interstate and then after completing graduate placement must seek employment opportunities interstate, yet there seems to be a shortage of both Doctors and Nurses. There are insufficient General Practitioner Doctors and Registered Nurses, especially in rural clinics. Fix that as #1 priority.

The same could be stated for Paramedics. I was a Nationally registered Emergency Medical Technician (paramedic), whilst concurrently serving as an US Army Medic, on the surgical side of the Emergency Ward of the 97th US Army General Hospital, Frankfurt, Germany. Not only did I serve in the ER, but I would serve on the Ambulances, as well, as a first and often the only responder. All that experience and that certificate is not worth the paper it is written on, in Australia. I would not even receive any credit at UTAS for it. To become a Paramedic, is a two years to five years course. Why not spend the same time and money to become a Registered Nurse or Doctor? For my Nationally Registered Certificate, it was not a requirement to attend university. Consider I earned a US Army Commendation Medal for meritorious service, during that period. Is there a critical shortage of Paramedics, especially in rural and regional Australia/Tasmania? AND, once a person graduates from a university as a Paramedic, the opportunities in rural and regional Australia seem to be “voluntary” (unpaid), which makes paying off HECS more challenging. Personally, I would not volunteer for a career that should be a salaried position. I never served as a pilot (Captain or First Officer) free, nor would I. Fix that as priority #2. Paramedics should be salaried, not expected to volunteer to be traumatised, verbally abused, and assaulted. Overseas credentials and experience should count.

The one time I needed the Bothwell Medical Clinic, some years ago, the ladder I was using to clean out the last 5 feet of gutter, slipped out from under me, and I fell on top of the ladder, bracing my fall with my right hand. I believed I broke my wrist. I seem to recall it was on a day the Bothwell Medical Clinic was closed. I drove myself to Oatlands' Midlands Multi-Purpose Health Centre, about 40 minutes away. I had remembered the facility had an X-Ray machine. I remembered correctly, BUT it had been de-certified. I had to drive myself to Glenorchy, about 50 minutes away. I was in excruciating pain, all that time. Try steering and shifting a car in that condition.

There have been many vehicular accidents along the Midland Highway, not far from Oatlands, as in the recent accident Friday, 29 January 2021, near Jericho, but due to the lack of trauma staff, and proper facilities at Oatlands, the victims were transported to Hobart. The Oatlands and New Norfolk and other “District” Hospitals should be upgraded to receive, triage, stabilise trauma patients before sending them on to Hobart for more thorough evaluation and treatment . . . That may help reduce Ambulance banking, as would charging \$250 for an Ambulance call-out and \$2,500 for a Helicopter Ambulance . . . Fewer would be used as taxis.

Considering Tasmania's unemployment rate hovers around 7.0% and has Australia's oldest population, with 19.4% over age 65, according to COTA-TAS, the lack of Bulk Billing is an issue for that cohort . . . BUT, that is also a limiting factor for GPs wanting to serve in rural/regional Australia/Tasmania, regarding earning significantly less than a downtown Hobart Doctor, discounting commuting costs, which is \$25.00 in petrol roundtrip from Hobart to Bothwell and return, for example. So, the Federal and State government must assure Bulk Billing whilst making some financial contribution to Doctors and Nurses serving in rural and regional Australia/Tasmania. May I be so bold as to suggest a minimum of two years National Service for Doctors and Nurses, with the Local, State and Federal Governments paying their university debt and books, as compensation and incentive to serve in rural and regional areas.

Pharmacy services in rural and regional Tasmania are ridiculously expensive compared to downtown, if or when available. Also, in the case of the Bothwell Medical Clinic, Dr. Greg Booth, was specially licenced to provide prescriptions. His annual income depended upon being able to dispense medicine. Once the more expensive pharmacy came to town, he could no longer maintain his special licence, which adversely affected his income. Margins are so thin for Doctors at rural and regional facilities . . . Planning Schemes/Authorities that cannot consider whether or not an established business model will be adversely affected when giving Planning approval to a newcomer causes adverse impacts, in unexpected ways. Did the loss of an income stream influence Dr. Greg Booth's decision to retire? Bothwell lost an excellent and dedicated Doctor, thus the community went without for many months.

Dental services are non-existent in rural and regional Tasmania, except the string on a door knob and a toothbrush. It is a well-established fact that poor dental health contributes to other maladies. I brush my black Labrador's teeth, every night, that is how important I value dental health, but I cannot afford to visit a Dentist down town as often as I would like.

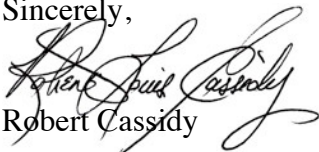
The same can be stated about Vision care, equally important as dental health and early diagnosis of certain conditions, such as those related to diabetes and high blood pressure, but those services are not available in rural and regional areas.

Lastly, I would like to state that when I make an appointment to visit the GP, I do not want to sit and wait for 30 minutes to an hour. An appointment should be punctual. If an Emergency kept me waiting, I can accept it, but nothing else. Also, I feel during my appointments, they are a bit rushed. Once, I asked a Doctor to take my Blood Pressure, but the Doctor responded, "Do I have to?" and, did so reluctantly.

How seriously does the State and Federal governments take Health? A healthier population is a more productive population and ultimately costs governments less money in the longer term, though they may have to spend more, up front.

If the portion of Tasmania's GST that was supposed to be spent on health care and services, but was diverted to other budget black holes, then the Tasmanian state government is doing itself a disservice –and adversely affecting the health and well-being of Tasmanians, especially those who cannot afford health insurance and private hospitals.

Sincerely,



Robert Cassidy