

## UNEDITED TRANSCRIPT

**THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS-TRAINED MEDICAL PRACTITIONERS MET IN THE CONFERENCE ROOM, GOVERNMENT OFFICES, 68 ROOKE MALL, DEVONPORT ON THURSDAY 16 APRIL 1998.**

**Mrs DEBRA JOY BALDOCK**, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIRMAN** (Mr Wilkinson) - Debra, thanks for coming along. Can you state your full name, address and the reason you are before us, please.

**Mrs BALDOCK** - My name is Debra Joy Baldock, my address is PO Box 307, Latrobe, Tasmania. I am here in the capacity of resident of the north-west coast and also as a nurse from the Mersey Community Hospital. I work in the capacity of an after-hours coordinator in charge of the hospital in the absence of the CEO or the director of nursing.

I would like to thank you for this opportunity to speak in support of Dr Iastrebov. The reason this issue is so important to me is that I believe the people of the north-west coast deserve to have the best, and Dr Iastrebov is, in my opinion, the best we have. I am sure there is very little I can tell you that you do not already know about Dr Iastrebov, his qualifications and credentials.

**CHAIRMAN** - I was about to say that a number of people have come before us and told us how good he is, and we certainly do not argue with that at all.

**Mrs BALDOCK** - Yes. As you know, Dr Iastrebov came to us over two years ago. In that time he has worked tirelessly; he has changed the culture of the critical care unit of the Mersey Community Hospital and probably the hospital in total. He has implemented policies and procedures; he has been instrumental in initiating treatments not performed on the north-west coast, if at all in Tasmania - treatments such as haemofiltration, dual lung ventilation and organ donation. He has taught medical practitioners, ambulance officers and nurses during the time he has been here. He treats every patient as an individual with respect and professionalism, including families in their management and care. He gives 100 per cent of himself in every situation. He works with calm and control.

Since the privatisation of the hospital and the arrival of Dr Iastrebov, the only patients transferred out have been those in need of neurosurgery, spinal and long-term renal management. This in itself is a remarkable achievement and saving of taxpayers' dollars. But saving dollars should not be an issue here, and neither should the ethnicity and basic training of Dr Iastrebov. The issue is about saving lives. Whether Dr Iastrebov's training was in Russia, Japan, or wherever, is of little consequence to the general public when they are in need of an intensivist. What is of some consequence here is that prior to Dr Iastrebov's employment by HCOA the north-west coast was without an intensivist for some five years. I would like to say where were our Australian standards then when we were without an intensivist on the north-west coast?

We have allowed Dr Iastrebov into our country; we have allowed him to practice in this community for over two years. I feel that we have used, and in a way abused him; we have allowed him few privileges

- those privileges afforded other consultant specialists. He deserves the respect as an Australian citizen and the conditions afforded those of his coworkers. The lives of the people on the north-west coast have obviously been important to the Government and the AMA over the past two years, however the situation could change as Parliament sees fit. Although the AMA have been unable to attract Australian graduates to rural areas of Tasmania as anticipated, Dr Iastrebov may still not be given specialist recognition.

I would like you to take the time to imagine this scenario. Your son or daughter is involved in a critical incident, the injuries sustained are life-threatening. You are told that your son or daughter will probably survive if we could get that person to a major centre for further specialist management and care within the next few hours. The air ambulance and retrieval team are organised; the estimated time of arrival is 8 p.m. It would appear that everything will be okay. At 7.50 p.m. communications contact the hospital and convey their concerns; the fog is too thick or the wind too strong and they cannot land. Attempts to get the plane down continue for as long as fuel permits, and then efforts are aborted before endangering the crew. The family have to be told.

This is the type of situation I have experienced in the past - the helpless and hopeless situation that needs to be conveyed to the next of kin. Imagine apologising for the inability to provide a specialist intensivist and the subsequent care. I do not want to find myself in this position again. For these reasons and the reasons I have expressed, I believe that the Minister for Community and Health Services should be in a position and have the power to accommodate the needs of isolated areas such as the north-west coast. The people deserve the best, I believe we have the best in Dr Iastrebov. Our circumstances are exceptional and need to be addressed immediately. Thank you.

**CHAIRMAN** - Should members of Parliament, without any expertise in medicine, be able to actually register, through an act of Parliament, doctors such as Dr Iastrebov?

**Mrs BALDOCK** - I believe in exceptional circumstances they should.

**CHAIRMAN** - And how should they, because they are not experts?

**Mrs BALDOCK** - Members of parliament need to be able to listen to their people, the people of the north-west coast; the educated advice that they are given and the support that they receive from the public.

**CHAIRMAN** - Should they speak with fellow anaesthetists to see whether they believe Dr Iastrebov is up to scratch, for want of another word?

**Mrs BALDOCK** - If you are saying 'fellow anaesthetists' as the anaesthetists he is currently working with or has worked with in the past, then certainly because I know in my own mind that he would receive full support from all his colleagues.

**CHAIRMAN** - What would happen - and I suppose it is open to the Medical Council if the Council acted as a defacto registration board, and I am just posing questions for you - if the Council might - why I say it, and it might sound a silly simile but I do not think it is. Years ago playing football, a coach who was one of the best coaches in Australia, Norm Smith, the doctor of the football club left and as he was leaving and storming out the door - he was a terrific doctor - somebody said to him, 'Why are you leaving?' and he said, 'The only reason I'm leaving is because I can't coach a football team. You've got a coach and you've got the doctor as well'. What would happen if the Medical Council suddenly turned around and said, 'The Legislative Council is the medical council, they're the ones that are registering specialists. Why do you need us? We're off'. Taken to its nth degree, that could well occur.

**Mrs BALDOCK** - Yes, it could, but in the past we have not been catered for, I feel we have been let down. For whatever reason, Dr Iastrebov stumbled across our community and that was our gain and we want to keep him. I feel this situation and the circumstances are exceptional and I do not want to lose what we have.

**CHAIRMAN** - If he was given full registration, let us realise that he could go anywhere he wanted. What do you say about that?

**Mrs BALDOCK** - I think that Dr Iastrebov has made it quite clear that he is prepared to give this community  $x$  amount of years, whether that be five or ten years - I have seen both written. I do not think we can expect any more than that from anybody.

**CHAIRMAN** - What would you think if he took off within four months? Would you feel let down? I am not saying that he will at all, and please do not think I am. This is not just about Dr Iastrebov, it is about all overseas-trained doctors, you see.

**Mrs BALDOCK** - To me every situation needs to be looked at separately.

**CHAIRMAN** - So do you make sure that he remains by giving provisional registration to say that he remains working at the Mersey General Hospital for a period of three or five years, or something like that? Is that a way around it, do you think?

**Mrs BALDOCK** - I think so and I think Dr Iastrebov would be more than happy with that.

**CHAIRMAN** - Can you think of any other ways around it?

**Mrs BALDOCK** - Apart from approaching people who want to work in isolated areas - and this is the situation we have here. We have somebody who is prepared to give us years of his time, he wants to stay here. How can we let that person go? Why not allow people who want to be here the right to stay if they have proven their ability? We have doctors who come to the hospital who are qualified and have different levels of care. They come with excellent references often, but they are not very good clinical practitioners. Dr Iastrebov has proven over the last two years to be excellent in every situation. He has represented our hospital at world congress meetings, as I am sure you are aware. I just cannot see how we can let this man go.

**Mr SQUIBB** - Debra, did you indicate how long you have been working at Mersey?

**Mrs BALDOCK** - I have been at the Mersey Community Hospital just over twelve years now.

**Mr SQUIBB** - Right. So you also have been there during the period when it was in the public sector, administered and run by the department and in the period since HCOA have been there.

**Mrs BALDOCK** - I have, yes.

**Mr SQUIBB** - I would be interested in your comments on the performance of the hospital, as you said, in comparing the two.

**Mrs BALDOCK** - I feel that there is no comparison. The hospital now has services that we have never had in the past. We have been able to offer the people in our community the best; we have been able to offer them services to enable them to stay within the area so that they do not have to travel to Launceston, Hobart and even out of the State. Those services are improving all the time.

**Mr SQUIBB** - Is that a result of the fact that the current operators are private sector and therefore are probably more inclined to be seeking additional business? Is the reason attributed to the fact they are now able to provide an adequate intensive care section, or combination of both?

**Mrs BALDOCK** - The hospital has a contract with the Government for fifteen years. I believe that they want to provide the best possible facility that they can during that time. There is no doubt in my mind that Health Care of Australia want to make as much money as they can in the period they are here - and I hope that is an indefinite period. But in doing that, they are also providing us with a facility that we have never had before.

**Mr SQUIBB** - I gathered from your prepared statement that you have witnessed at least one occasion when a life was lost because Mersey were not able to offer the services and facilities that it currently

does. Was that just the one occasion, or had there been a number of occasions where you personally experienced that?

**Mrs BALDOCK** - Over the years, because of our geographical isolation, I have experienced many situations similar to that one. They have been very real and I have stood in front of people and tried to console them in hopeless situations.

**Mr SQUIBB** - What was the problem on those occasions, a lack of an intensivist at the Mersey?

**Mrs BALDOCK** - If those people had been able to stay here then the situation would have been different.

**Mr SQUIBB** - Why couldn't they stay?

**Mrs BALDOCK** - The lack of intensivist was in every situation that I have experienced more - it is difficult for me to word - it was not so much the facility or the equipment as the lack of intensivist or the ability to maintain that patient.

**Mr SQUIBB** - If the patient had remained here their chances were next to zero anyhow and the fact that they could not get out because of the lack of an appropriate means of quick transportation.

**Mrs BALDOCK** - That is right. We have lost people in transfer, if not on route then as soon as they get to another hospital, because of the time that it has taken to transfer people out. It takes something like three hours to organise a transfer out of the area if you need to get a retrieval team in and organise a plane and things like that.

**Mr SQUIBB** - That is three hours since the headquarters ... then transferred to the Launceston, I take it?

**Mrs BALDOCK** - Yes.

**Mr SQUIBB** - Prior to that when it was at Devonport it would have been shorter.

**Mrs BALDOCK** - Yes, it would. Also it depends more often than not it is the intensivist that we need and depending on whether the retrieval team is in Melbourne, Hobart, Launceston, these circumstances all come into every situation.

**Mr SQUIBB** - You indicated - I think you did, certainly other witnesses have - that the number of transfers from Mersey to other hospitals within Tasmania has dropped considerably since you have had a person of Dr Iastrebov's standing. What about the transportation of patients interstate, to Melbourne for instance, has that changed in any way?

**Mrs BALDOCK** - It certainly has. I believe - and this is only my personal opinion - our numbers have dropped dramatically and I am sure that we can arrange those statistics, given time.

**Mr SQUIBB** - What have the procedures been in the past? If it was considered that Mersey did not have the equipment, staff or expertise to deal with the patient, would they then be referred initially to Hobart or Launceston and then on to Melbourne or would they go directly from here to Melbourne, in those instances? I guess we are looking mainly at spinal cases and serious head injuries, I should imagine.

**Mrs BALDOCK** - From my experience, the best management is to get people to the nearest centre that can provide that care. To stabilise a patient at the Mersey and then get them to Hobart would probably be faster than taking them to Melbourne. Often we are in a position whereby Hobart do not have a bed and we do not have any choice.

**Mr SQUIBB** - Is it a matter of whether Hobart has the equipment and the expertise, even if there was a bed available? Would there be occasions when a bed was available but because of the seriousness, Hobart did not have the equipment or the expertise and they would have gone directly to the mainland?

**Mrs BALDOCK** - In the past that has been the case. Head injuries go to Hobart normally, but most of our spinal injuries - or probably all of them - would have gone to Melbourne, to the Austin Hospital.

**Mr SQUIBB** - When you transfer patients to Victoria, they would be transferred to specialist hospitals like the Austin, rather than to Health Care of Australia's own establishments?

**Mrs BALDOCK** - Absolutely, yes.

**CHAIRMAN** - Did you want to put anything further to it?

**Mrs BALDOCK** - No, thank you.

**CHAIRMAN** - Thank you very much for your input and your interest. Hopefully we will be coming forward with some recommendations which the Council hopefully will take on board.

**Mr SQUIBB** - Could I just ask - before Debra goes - if you do have access to that information if you could send it to the same place you sent your submission to and we will take it as evidence.

**Mrs BALDOCK** - All right then, thank you.

**THE WITNESS WITHDREW.**