

Dear Ruth

This submission to the Legislative Council sub committee is from the Medical Staff Association at the RHH.

If you would like to discuss any of the details I am happy to meet with the committee. A number of my colleagues have indicated their availability to present themselves to the committee to discuss the issues and I am confident they have important information and insights that would be of great value and should be heard.

Regards and thanks,

**Frank Nicklason
Chairman, MSA**

SUBMISSION TO THE LEGISLATIVE COUNCIL REGARDING THE HEALTH BUDGET CUTS FROM THE MEDICAL STAFF ASSOCIATION OF THE ROYAL HOBART HOSPITAL

Many senior clinicians of the hospital have made comments which I have attempted to synthesise into a document which encapsulates the key points.

Comments have come from Staff Specialists, Visiting Medical Officers and University Academics. A wide range of medical fields are represented including; Medicine, Surgery, Paediatrics, Anaesthesia, Emergency and Critical Care Medicine.

It is clear that there is a striking concordance of views in these following areas;

1. The severity and long term implications of the cuts.
2. The range of impacts; clinical service provision, teaching and training and the reputation of the Royal Hobart Hospital, its training positions, and the medical school.
3. The moral imperative that doctors have to point out the long term ramifications to politicians, bureaucrats and, most particularly, to the public.

It is easy to overlook the plight of those people who have serious health problems and are entirely dependent on the public health system.

(It is understood that budgetary cuts have affected other parts of the public service with likely serious effects).

Some representative comments made by members of the senior medical staff of the RHH;

- “The Health ‘Ecosystem’ in Tasmania is a fragile symbiosis between public, private and university sectors. We are yet to see an appropriate public debate about the consequences of the current budget cuts in the areas of teaching, training, recruitment, retention, specialist skill and knowledge maintenance, and succession planning in Tasmania’s health sector. The short term rapid withdrawal of funds and attempts at cost shifting risks everything that has been built up over recent decades”.
- There has been a complimentary and supportive role of the private sector in Hobart which has been very poorly recognised and appreciated. This is true both in the areas of service provision (Intensive and Critical Care, Emergency Room services, Surgery and other areas) and in the teaching of medical students and provision of jobs for medical graduates. The Private sector failing in any of its functions is not an option, the RHH would be inundated by patients at a time when there is already severe bed pressure. Already the RHH is having to increasingly accept patients with private medical insurance who are not able to access a bed in the private hospital because a consultant doctor cannot be found to care for that patient. Public and private systems are critically dependent on each other and any decisions which will impact on one sector will necessarily affect the other.
- “At present our community has only a limited appreciation of what is at stake”.
- “The RHH is Tasmania’s tertiary referral centre and major teaching hospital – We need to be sure everyone understands what this entails and what will mean to the State if the RHH ceases to function”.
- “I do not believe there is ‘no more money’ – A political decision has been made that State debt will not be increased and the health, service along with its patients, will be paying the price for this decision for many years to come”.
- “The financial system may recover in 2 or 3 years but it could take a decade or more for the RHH (and the medical school) to recover”.

Many respondents deplored the decision to have 3 Tasmanian Health Organisations (THO’s), (There was no support at all for the 3 THO’s in the comments received)

- “There is no doubt these (3 THO’s) will be vastly more costly than 1 THO and will create more opportunities for duplication and cost shifting”.
- “These (3 THO’s) are clearly motivated by a desire to win votes”.
- “The proposed structure (of 3 THO’s) will adversely affect State-wide specialty service delivery – we are a small state and we need (some) central planning and rationalisation of clinical services”.
- “The vulnerability of non acute “less sexy” services is great under 3 health regions and Tasmania is too small not to have consistency of health provision. A single entity is essential.”

Some contributors have attempted to categorise the impacts of the health cuts into immediate, middle term (within 6 months) and longer term consequences on clinical service provision, skill retention and maintenance teaching and training.

1. Immediate impacts;

- “There is a message out there that the community need to accept a lower level of care”.
- AND “A 20% reduction in hospital beds will impact on both emergency and elective patients – (because there will be fewer beds and fewer elective patients). If in the middle of the night there is a need for, say 10 new seriously ill patients to have a bed, we will not be able to discharge or cancel 10 elective patients. With (20%) fewer beds acute admissions will flood the hospital – they will have to take beds in preference to elective surgical patients”.
- “For example with increased day case surgery there will be pressure on intensive care beds for recovery from these procedures”.
- “In order to have their patients operated on, surgical units (responding to the clinical needs of their patients) will not book those patients who may require high dependency post operative care. They will be tempted to operate on those people in any case and, if there are problems, refer as emergency cases, or, worse, attempt to manage them on their own wards in an inappropriate environment for the severity of the condition”.

2. Middle term impacts; (Within 6 months)

- “A reduction of medical staff in ICU will mean that less intensive and critical care expertise will be available to assist patients who have become seriously ill on the wards”.
- Bed blocks will occur in the new medical assessment/planning unit (APU) with knock on effects on the functioning of the Emergency Department”.
- Junior medical staff and medical students will miss out on teaching/training opportunities – especially in the surgical areas – due to reductions in patient numbers”.
- “Hospital clinical placements are a vital part of education in the latter part of the medical course with severe restrictions on patient contact and clinical exposure, as a result of the cuts, students will be less prepared for their internship. This will become a badge of shame for Tasmanian Medical School Graduates who seek jobs elsewhere in Australia (and seriously affect our Medical Schools reputation).”
- “Although the Australian Medical Council has only recently recredited our medical course for another 5 years, we should perhaps invite them to reconsider their appraisal – in the light of the changes which will occur”.

3. Long term impacts; (Within 3 years)

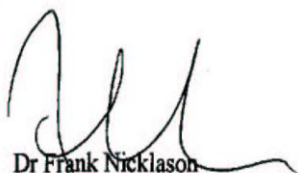
- People who have been unable to access appropriate medical (including surgical) care will increasingly present with inability to function at home and requiring more community supports (including residential care), and deteriorating acutely. Their medical and surgical requirements will be more complex, more difficult to satisfy, much more expensive, and with poorer results.
- There will be people dying on waiting lists and much suffering and mental health morbidity.

A GENERAL STATEMENT ABOUT THE EFFECTS OF THE PROPOSED BUDGET CUTS
AND THE CULTURE OF THE HOSPITAL AND IT'S ROLE AS A TERTIARY REFERRAL
UNIVERSITY TEACHING HOSPITAL

With the loss of training programs there will be an inability to recruit the best of our local medical graduates in our intern and resident positions. With loss of accredited training positions and the quality of junior staff that they attract there will be a much greater need for consultant supervision (if this need cannot be met there will be a loss of high quality and safe medical care, with predicted medico-legal ramifications). There will be more specialist recalls and this will be expensive. Many of the most highly skilled, knowledgeable, and committed doctors choose to work at the RHH because of the ethos of quality care, research and teaching and continuous service improvement. All this is compromised very severely by the proposed budget cuts. Succession planning will be almost impossible.

There was a frequently expressed recognition that it is morally untenable for medical practitioners who are aware of the disastrous consequences of the health budget cuts to remain silent.

- "There is a moral obligation for Medical Practitioners to speak out".
- "I don't want someone telling me in a few years time that if only I had told him/her how bad things really were they would have acted and now if it is all too late".
- "It is the community that needs to express well informed outrage – not just Doctors and Nurses".
- "The question the community needs to ask is whether it wants the outcome the current economic and political thinking will produce – that is catastrophic damage to the long term viability of the public, private and university healthcare sectors of Tasmania".



Dr Frank Nicklason

6/12/2011