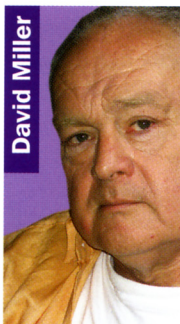


If it's not cancer, it's not urgent?

David Miller



THE GREAT GOUGH famously quipped that 'health is far too an important matter to be left in the hands of doctors'.

Over the intervening years this concept seems to have seeped into the bedrock of bureaucratic thought, such that clerks working deep in the bowels of the health department are making important clinical decisions which can directly affect the health of individuals.

In a recent statement, the state health minister proudly announced something like an 80 per cent satisfaction rate with public health services. That's very reassuring, but there's another view.

In private practice, a dissatisfaction rate of 20 per cent would create a well-worn path from the complaints unit to the doctor's door.

This is a story about one of those twenty.

The patient is Mrs M, a 67-year-old who takes a pride in remaining attractive as a woman, and is a part-time journalist and

active grandmother. She came for advice some three years ago with abdominal wall pain and signs of a defect with lump, a hernia inherited from a Caesarian wound infection many years before.

The hernia was duly patched up under the public system in August 2007 by a good surgeon. So far so good, except for the caution of 'friable tissues' which afforded poor anchorage for the repair.

Early this year she came back to the GP with a recurrence around the patch edges. Her original surgeon had retired so it was necessary to replace him, another challenge.

By the time she got her appointment in June, the condition had deteriorated and the lump was large and painful. Her appointment with the new surgeon was on June 30. He promised a laparoscopic hernia repair within three months. That seemed a reasonable outcome because after all, public patients have to wait. In this case, a stitch in better time might well have saved nine. But that's the deal.

Just before the appointed operation day, August 25, she was surprisingly bumped off the list, as there were more urgent cases. Ok, we can wear that for a bit longer, although it was apparent that her abdominal wall was breaking down further.

A call from the GP to alert the surgeon's secretary, asking for her to be reclassified as more urgent got a response that the VMO surgeon had no power over this and he just turned up to do the list on the appointed day. We would have to contact the booking office. Fair enough but somewhat annoying and very time-consuming for what should have been routine.

Appropriate pleadings from the GP fell into a deep well and instead of being pushed up the list, Mrs M was bumped a second time, to October 20. Why? The reason given, she was not a cancer

case, so therefore not urgent. A suggestion was made that she attend the emergency department. A helpful secretary advised Mrs M to 'make a big fuss there' because 'the squeaky wheel gets the oil'.

The busy grandmother, in desperation, wasted a day of her life in emergency and because of extreme discomfort was given a dose of morphine. Ultrasound revealed the condition had progressed to a second hernia. The patient was sent home reportedly because 'a more urgent case needs this bed'.

Mrs M's case has become a veritable bag of worms, in more ways than one. She can hardly get around her own garden without great discomfort.

Then what happened?

Amazingly she was bumped off the list for the third time. Same reason. Not cancer, so not urgent.

Her GP tried to fathom whether this form of reasoning was a legacy of some odd by-rule bubbling back from the ancient bureaucratic bedrock? Certainly not medical thinking.

Our health system is excellent at dealing with emergencies. No doubt about that. But there are many patients in the minister's 20 per cent basket, like Mrs M, who just need something fixed so they can get on with their lives. But if they don't fit the pattern, then too bad.

One day, it might be a norm that a medical doctor will naturally fill the health portfolios, one with training to understand the nature of human suffering and medical issues. Tell me I'm dreamin'!

Until that day, perhaps we urgently need a medically qualified ombudsperson in each unit, with power in these decisions, someone the coalface doctor can call on for help.

In the meantime poor Mrs M is still waiting, holding it all in as best she can. When will her nightmare end?

