

## Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

### Your Personal Details

*This information will be used only for contacting you in relation to this submission*

<b>Title</b>	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input checked="" type="checkbox"/>
<b>Organisation</b>	Teacher, writer, advocate
<b>First Name(s)</b>	Katherine
<b>Surname</b>	Summers
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### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

- I do not want my submission published
- I would like my submission to be published but remain anonymous

### Submission Guidance

**You are encouraged to address the following question:**

**In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?**

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

### Submissions Response Field

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#### To Whom It May Concern:

**I am submitting the following paper with the aspiration of bringing the issue of medical error/adverse events and their often-devastating outcomes for patients to your attention.**

There is assistance for motor vehicle accident victims, victims of crime, Workcover and the NDIS – however if a medical practitioner harms a patient there is generally no assistance and an endemic culture of ‘cover up’ further victimizes the victim. This ‘culture’ of denial, causes even further trauma. (As you are aware, often the circumstances as to how an event is received, affects the victim as much as the actual traumatic events themselves.) Many of these victims of medical error lose their health, their mental health, their employment, their relationships, homes, families and in some tragic cases their lives.

**The World Health Organization has indicated that Australia has the highest rate of medical error in the world – not the western world – the world! WHO’s (2005) figures estimate that:**

- **18,000 people may die every year in hospitals through preventable medical negligence in Australia**
- **50,000 people suffer from permanent injury annually as a result of medical negligence in Australia.**
- **80,000 Australian patients per year are hospitalized due to medication errors**

These figures surely have increased in tandem with population growth, and yet recently, I was part of a radio interview, in which the AMA President made the comment that there were maybe a thousand cases of medical error a year in Australia. His attitude was cavalier and this number is at odds with other indications. I began approaching hospitals for ‘adverse events’ figures. I was consistently given the run around. In short, there is no transparency; the figures are muddled, muddied and most often obscured, but as far as I can estimate, the numbers are horrific – and many of these events go unreported.

#### **Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;**

By providing uniformity, easy accessibility and full transparency of medical error data, the outcomes and solutions offered would make for a far more efficient system in avoiding and informing future errors.

The primary focus should be on helping patients who have been hurt by the health care system. While the reams of data gathered from claims should not be used to publicly rate doctors and hospitals, or to systematically search for bad actors, they can help flag providers who have repeat errors and may pose a risk and allow them to manage, address and change consistent areas of error

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#### A PERSONAL CONTEXT:

In 2010, I was diagnosed with a benign uterine fibroid and in 2011, was advised to have a hysterectomy to deal with the issue. (I have since discovered this 'sledgehammer' approach to women's gynaecological health is archaic.) While in hospital for this common women's operation my ureter was cut in two places, I was given the very drugs that my medical notes recorded as 'adverse reaction drug alert', the epidural was left in 10 hours too long inter alia 'complications'. (Other health issues developed, I will spare you the details, suffice to say hysterectomy is the gift that keeps on giving.)

As a sole parent and provider, the outcomes of being so ill, and the many procedures that followed caused significant life impacts: I lost my job and financial hardship ensued, family life, my health was and is still seriously impacted, my mental health deteriorated which lead to a suicide attempt in 2012. I survived...many other victims of medical error do not.

Eventually, I obtained my medical notes and realized that some of what had happened had not been recorded, or had been reported inaccurately, or the records had been altered; a film of the first operation had been destroyed. Through FOI, I requested to the hospital that my medical records reflect the truth of the treatment; I was told that my claims were 'defamatory'.

The lasting effects of these events on my life (and on the lives of my children) have been significant and I started a support and advocacy group 'No Harm Health' to give some assistance to the many people that turn up at my door and to reform the current culture.

#### IF THIS WAS A 'TERROR ATTACK' IT WOULD BE FRONT PAGE NEWS

From my research it has become apparent that:

- ***Adverse medical errors have severe impacts on victim's lives and can include any, or all of the following:  
Loss of job, income, home, relationships, family, health, mental health and in some cases loss of life.***
- ***Adverse events also effect those closest to the victim***
- ***Adverse events commonly include: surgical or staff error, incorrect medication, incorrect dosage of medication, equipment error, misdiagnosis, incorrect treatment, untimely delays in treatment, failure to act, loss of chance, etc.***
- ***After a medical error there is a struggle to get straight answers and accountability. Financial compensation for additional care, pain, disability or lost work is reserved only for a relative few.***
- ***Medical notes are routinely purged, altered, adverse error events minimized, or even not recorded.***

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- ***There is a ‘fear’ culture that discourages truthful disclosure and meaningful ‘duty of candour’. It should be accepted that human error is part of medical practice.***
- ***Victims of medical error are further victimized by the current culture.***
- ***There is no transparent database on hospitals/ practitioners who consistently make or errors, or any comprehensive, national accountability management system that deals with these issues, which leads to an unsafe environment.***
- ***The AMA is essentially a ‘union’ and advocacy group for medical practitioners and not patients. This poses a significant conflict of interest. What is needed is an independent body that holds health practitioners and hospitals accountable and supports both patients and practitioners. (A signed consent form should not be ‘a get out of jail free’ card.)***
- ***Claims have fallen in WA over the past years, not because there are less victims (there are more!) but because it is made so very difficult for victims to navigate a legal system, which is heavily weighted against them. Largely, insurance companies and lawyers, not the victims, are the ‘winners’ in these cases. This is neither fair, nor just.***
- ***The current policies and law on medical negligence are unjust, and need to change as a matter of priority. Thousands of Australians suffer and die every year – it is a ‘black hole’ that has been ignored and ‘swept under the carpet’ for decades.***

### THE SOLUTION – A ‘WIN WIN’ FOR ALL!

**Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;**

**The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;**

**Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system:**

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#### **THE EXPERIENCE OF DENMARK AND MEDICAL NEGLIGENCE REFORM FOR AUSTRALIA**

Denmark's compensation program has been in place since 1992, replacing a lawsuit-based approach much like Australia's. The change followed a series of high-profile cases in which patients weren't able to get compensation through the courts because it was too difficult to prove their doctor did something wrong. The Danish parliament adopted a system similar to those used in Norway and Sweden..

- ✓ Common to this program is a commitment to provide information and compensation to patients regardless of whether negligence is involved. That lowers the bar of entry for patients and doesn't pit doctors against them, enabling providers to be open about what happened.
- ✓ Today, medical injury claims aren't handled by the Danish court system but by medical and legal experts who review cases at no charge to patients. Patients get answers and can participate in the process whether or not they ultimately receive a monetary award.
- ✓ Filing a claim is free. Patients are assigned a caseworker to shepherd them through the process. The hospital or doctor is required to file a detailed response, which patients may rebut. Patients have access to their complete medical record and a detailed explanation of the medical reviewers' decisions. All of this is available for patients and their families through an online portal, which alerts them when there are developments in their claims process.
- ✓ Compensation is awarded if reviewers determine the care could have been better, or if the patient experienced a rare and severe complication that was "more extensive than the patient should reasonably have to endure."
- ✓ Patients may file an appeal at no cost if their claim is rejected.
- ✓ If a patient believes negligence was involved, it can be reported to a parallel system for professional discipline.
- ✓ The Danish health care system helps patients file medical injury claims by providing an independent nurse with legal training to assist at every hospital. Because physicians don't have the threat of malpractice hanging over them, they also can be helpful to patients who have been harmed.

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- ✓ Danish doctors are known to file compensation claims on behalf of patients, which occurs in about 10 percent of the cases. All Danish physicians are legally required to tell patients when they've been harmed during medical care. That is not always the case in Australia, where State disclosure laws and policies vary and almost never cover the information patients most desire.

As you would be aware, New Zealand has a compensation system, which is somewhat flawed – but it is better than nothing. I have created a map of the process that I am happy to forward to you, if interested.

### CONCLUSION

In making this submission, I strongly urge you to investigate these matters in full. The problems are endemic across all health systems in Australia, not just Western Australia. I would ask them to bear in mind that thousands of Australians are suffering and that they are largely unheard, and unrepresented.

I am more than happy to speak to anyone on this issue, to offer my expertise in this area, to work with any agency and to offer any assistance in these matters - in the desired hope of engendering positive medical reform for medical practitioners, patients and taxpayers alike.

Kind regards,

**Katherine Summers**

**For and on behalf of**

**NO HARM HEALTH - WESTERN AUSTRALIA**