

## Queensland in sickness and in health ... until death do us part

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*Following revelations that individuals such as Jayant Patel can be 'deemed' specialists in Queensland, Roger Allen takes a hard look at the realities of medical practice in the Sunshine State.*

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The doctors' dilemma

### Curriculum vitae

My wife and I, both medical specialists, have between us more than 50 years service as 'doctors' in big cities, remote country towns, aboriginal settlements in the Gulf of Carpentaria and, also in East Timor with the Army and the United Nations. We are both graduates of the University of Queensland, have spent time in overseas hospitals and have associations with overseas medical societies. I gained the University Medical and First Class Honours in Medicine. We have both worked in public hospitals for decades but are now in private medicine. We have both taught and examined undergraduate and postgraduate students for no remuneration and held office in medical societies. I also have a Doctor of Philosophy in Medicine and have written many critical and philosophical articles about the state of medicine in Australia and the western world. In 2000 I served, at considerable expense to myself and family, as a lieutenant colonel in the RAAMC Reserve in East Timor in charge of an intensive care ward in a field hospital. It is from this background that I make the following comments:

### The Sounds of Silence

Ever since graduating we have observed that the Queensland Health Department has been a closed bureaucracy, dominated by a culture of 'silence', fear of speaking out and, fear of punishment. You are taught from an early age: 'One does not rock the boat'. Young medical officers and nurses are powerless as their promotion depends on 'loyalty'. Staff specialists (I have been one) do not speak out for fear of victimization, loss of promotional opportunities, being moved into a cupboard or, of being forced to resign. The Kremlin ran a similar system.

### The Kremlin

Health Commissars are a subspecies of *Homo circumscriptus* usually characterized by unimaginative souls who showed little promise as medical students. They include medical superintendents (especially in the bigger hospitals and often loathed), regional directors usually wearing wire-rimmed spectacles and trench coats. The supersurvivor and 'yes-man' doctor, the director general, is the first member of the Holy Trinity, followed by the under secretary (Paraclete Sanctus, as he is not seen much) and the minister, with the form of a ventriloquist's puppet whose vocational qualifications are more an Act of God, adult suffrage and the system that allocates such responsibilities than anything else. Then there is the President who intrudes only when the mops can't soak up anymore blood and who, like Zeus, can metamorphose into anything he likes according to the needs of the media and the

Party. But that is another story. May I recommend Ovid's *Metamorphoses* for those Queenslanders who think that an intellectual is one who watches ABC News.

### **The Magic Pudding**

Onto this exquisite nutty summer pudding of fresh berries and stale bread the politicians have lavishly drizzled, like finger-licking Nigella Lawson, extravagant lashings of a sweet sticky syrup made from a mixture of self-replicating, yeast-impregnated middle management bean counters - usually more 'accountantoid' than medical - and also money. (Patients are now sorted according to post-code eligibility for hospital admission and whether they come under 'core business' but that is another story in itself... lest I explode.) The job of the bureaucrats is to contain the atomic pile of the 'Magic Pudding' so no one eats too much and to produce the impression that it is contented, happy, energy-efficient and hard-working. This takes considerable slight of hand but as everyone knows the 'Puddin' is a miscreant and there are always trouble makers around trying to get more than their fair share. We all know of the analogy of the deck chairs on the Titanic which applies to both 'Puddin' physics' and human resources management. The whole system runs on the smell of an oily rag, unrealistic budgets and a standard of care and sophistication well below that of other states and equivalent second world countries.

### **Something's rotten in the State of ...**

This state is BIG and as result country people suffer many problems, including substandard medical support. The expedient answer has always been to import doctors from overseas whose tenure is dependent upon their working in rural and regional areas and 'less desirable' peripheral hospitals. These can be young, poorly trained, inadequately supervised and, sometimes, even without the appropriate degrees. However, the government can get around this by making, or 'deeming', anyone a 'pseudo-specialist'. In the 18th century press-gangs dealing with a shortage of sailors for Her Majesty's Royal Navy worked to a similar system. There are few attractive incentives for ordinary 'doctors' and 'specialists' to go to the country. Such rewards do, however, exist in the mining industry and the military where there seems no shortage of people willing to work in the bush. It is all a matter of money, imagination and will. There are no real short cuts.

### **The Patricians**

The specialist colleges responsible for training post-graduates have been repeatedly criticized by the media, politicians and even certain trade practice bodies as being 'boys' clubs' who purposely limit numbers in an effort to keep fee levels high. Whenever, however, there is an incident like the 'Dr Death' affair everyone clamours for the highest possible medical standards. Strangely, we tend not to hear a lot of lobbying for lowering the standards of training for jumbo jet pilots. We are not being flooded with overseas pilots who have a certificate saying they have 'flown' a flight simulator on their home computer. Yet, I have heard of one 'doctor' who had a diploma on the wall proudly stating ... 'MBBS, Failed, Madras'. We either want a national standard or not. We can't have in both ways.

### **The Plebs**

Politicians, especially Labor members, pretend to arise from the masses ... the Hoi Poloi (*oi poloi* in Greek to be more accurate) i.e. the many. However, we all know some are lawyers, send their children to the best private schools and have private health insurance for the private hospitals they use. If they ever do front up at a public hospital emergency room, they

expect to be treated like royalty. None have been on a three-year waiting list for cataract surgery and unable to drive, as occurred to one patient I recently saw - who was looking after a dementing wife to boot. We would rather spend money on tonnes of fireworks burned triumphant over the Brisbane River for our festivals or in the cauldron of Lang Park. Bread and circuses keep the Vox Populi from murmuring too much.

### **The AMA**

As one who has been in the AMA for years, I appreciate the unselfish work done by many dedicated souls, usually busy specialists and GPs who take time away from their practices to fight for a better system both in private and public medicine. The recent fight against the scourge of litigation at a state and national level is one such example. However, to some extent it is a toothless tiger. Otherwise how would the Bundaberg fiasco have continued for so long? Surely the AMA knew about this? If they did not, they are out of touch and this would be an indictment of the body. Doctors who fight against such iniquitous behaviour by individual 'rogue doctors' and the intransigence of the bureaucracy often have no choice but to resign out of protest - and then no one usually cares. Others and I have written letters as members to the AMA executive and not even had our correspondence acknowledged, let alone a considered reply. It still smacks of the Hogwarts of Herston Hill with glossy ads in the AMA magazine for the best lease on the latest BMW or the super fund from heaven. Endless committees, corridors of power and young pretenders to a safe seat are too much part of the culture. For many it seems an irrelevance. I hasten to add I remain an AMA member nevertheless.

### **Whistle Blowing**

There is nothing new in what I say here but, in a complex technological system like Queensland Health, there is no enlightened culture where systemic and isolated errors are fed back into a responsive machine, which creates better and better health outcomes. The messenger, regardless, is always shot. Even when one makes a mistake due to a larger system fault, the culprit (victim) who made the 'end-error' is shot, pilloried, hung-drawn-quartered. When there is any feedback to an error it is usually cumbersome, often comes too late and, usually in response to pressure on a political raw nerve. The same goes for procurement of everything from computer systems to band-aids, which are usually the product of the lowest tender. Scapegoats wander for a while in the health system desert and then leave. Those with vitality, ideas, ideals, morals, initiative, dynamism, scruples and courage, sooner or later, are worn down by it all and leave for greener pastures and all too often, their own private practices.

### **'Gaudemus Igitur' and the Medical Schools**

Our new Queensland medical course is a further deterrent to doing medicine for many students now burdened with 'HEX' fees and other costs. To get into medicine they now have to do a preliminary degree. This makes it more of a gamble to be accepted and there is no convincing evidence the outcome is any better. Many students with high OP scores now go interstate and, ironically, this favours more wealthy families - including those of doctors. For most of my post-graduate life I have taught free of charge, examined in my own time, for no fee, no feedback and no thanks. I had medical students at my rooms in private practice until I finally declined the offer to resubmit a pile of paperwork to the university for the privilege of being appointed once again. I could have been an axe murderer and my rooms a brothel. The university in question never once sent someone to meet me or thank

me in person, assess my facilities or ensure that I was not Quasimodo. I felt used. I resigned in disgust when I could not even get a faculty library pass after ten years of teaching. I was forthwith requested by the faculty head to remove from my letterhead the 'Mickey Mouse' qualification of 'Clinical Associate Professor'. I was pleased to oblige despite having a final year medical student on an elective in my rooms at the time. The university and hospital teaching system is run on the smell of another oily rag, oiled by the goodwill of numerous 'honorary teachers', specialists and GPs, who receive scant, if any, recognition. Yet, hospitals receive a lot of kudos and money by holding such standing in the medical system.

**As it was in the beginning ...**

Bundaberg will long be remembered by the medical profession for the great vaccination debacle in the 1950s when lots of children died. It is also famous for Bert Hinkler. 'Doctor Death' will become another part of the folklore for a while but will soon be forgotten. It is a tiny 'bloop, bloop' in the many mud pools in the Yellowstone Crater we know as Queensland Health. It will erupt again, perhaps catastrophically one day on a much larger scale, but erupt it will. This article will change nothing. The system is immutable. It will always remain mediocre. We don't have a House of Review in parliament. The culture abhors review ... it is too intellectual. As the Romans asked, 'QUIS CUSTODES CUSTODIET' ... who will guard the guards? Or should our state motto be 'PANIS ET CIRCI' ... bread and circuses?

*In an effort to stimulate wider debate about issues affecting society today, Roger Allen has provided many contributions to journals throughout the world. He is particularly well known internationally for his thought provoking articles about the professional practice of medicine.*