

# **An open letter to Health Minister John Hill regarding the SA Government's Country Health Care Plan**

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**From: Dr Alison Edwards**  
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**Date: Wednesday 25 June 2008**

**(Note to media: this letter was sent to Minister Hill on Sunday 22 June 2008)**

Dear Minister Hill

I am wondering if you would clarify a few things for me and my patients who are worrying themselves sick about the future of our local hospital under your proposed Country Health Care Plan for South Australia.

Since its release with great fanfare and publicity on June 5, the ambiguity and easily misconstrued Government statements about what the Plan really means for the future of 43 country hospitals in South Australia have put rural South Australians into a state of panic. I am hoping you will be able to clear these things up for us with some direct answers to a few easy questions.

While your plan has some positive points like the provision of more primary health care and improvements in information management, we will not be able to really digest these improvements until the overhanging threat to our local hospitals and health services is removed.

The major impact of the Plan thus far has been to create a significant feeling of dread in rural South Australia. Thousands of country residents are feeling threatened, anxious and disempowered about what they believe will be an inability to access local hospital care should they fall ill or be injured in the future - this is much-needed care that city residents would scream blue murder about if the same downgrades were to be proposed for their hospitals.

Of most concern is the fact that your Plan seems to indicate so-called GP Plus Emergency Hospitals will only have short-term observation beds and will not be able to provide much-needed acute medical inpatient services. We seek urgent clarification on this matter. Do you really propose that 43 country hospitals across South Australia will lose their ability to provide acute inpatient care when their patients need it?

As a rural South Australian doctor, please allow me to explain a critical point. The bulk of hospital-based care provided by rural GPs is acute medical inpatient care, for conditions ranging from farming and road accidents through to asthma, heart attacks, serious musculoskeletal problems, and the

treatment of significant infections. It is very rare that we admit patients only for observation. When acute medical inpatient care is required, we admit a patient for the length of time they need to be in hospital, according to clinical guidelines.

If I admit a patient to hospital and commence appropriate acute medical inpatient care, can you please explain how that patient would get better care by being transferred up to 200 kilometres to a distant hospital to be managed by another GP with the same skills but who is unfamiliar to them?

Can you please explain how transferring an acutely ill patient will not jeopardise that patient's safety, even though it goes against all clinical guidelines regarding the need to only transfer a patient when absolutely necessary on medical grounds?

And can you please explain how this will save taxpayers' money when it will cost the hospital for the road or air ambulance to transfer the patient (upwards from \$400 for the trip) and it will not change the number of nursing staff working at the hospital (because most of these hospitals are already operating on the minimum number of nursing staff allowed under clinical guidelines, and even your proposed change in role for these hospitals will not result in a lower number of nurses working at them)?

Regardless of how many days an "observation bed" is allowed to be filled by a particular patient (we have been told by your most senior health manager that it will be for 24 hours only), it remains patently ridiculous to require a patient's transfer under these circumstances.

Why spend significant amounts of taxpayers' money and tie up already overstretched ambulance services in sending a patient often many hours down the road for the same medical treatment they can already receive locally?

Please would you reassure my frantically worried patients that you do not intend to strip from South Australia's rural hospitals the acute medical inpatient services that are already so well provided, highly valued, very cost effective to run, and much-needed by patients?

I look forward to your prompt clarification of these pressing questions to relieve the epidemic of anxiety sweeping across rural South Australia!

Yours sincerely

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