

Chapter Eight – Conclusions

- 8.1 It would be a pity if the impression gained from this Report was that there were few capable, industrious and caring doctors still working within public hospitals. On the contrary, there are many, some of whom gave impressive evidence before this Commission.
- 8.2 But many capable, industrious and caring doctors have left the public system, particularly from provincial hospitals. The causes of this have been excessive and unsafe working hours caused by inadequate numbers of capable doctors, inadequate salaries and conditions, and a failure to involve them in decision making in areas in which there is tension between, on the one hand, patient care and safety, and on the other, budget integrity. The provision of inadequate funds to provide the services promised, is a root cause of all of these.
- 8.3 There has been a similar problem with nurses in public hospitals. One of the few heartening aspects of this Inquiry has been the positive remarks made about the high quality of nurses. But that is not the same thing as saying that the quality of nursing care was high. It was not because, as with clinical care, there were too few nurses to provide it, they were working unsafe hours, and quality thereby necessarily suffered.
- 8.4 Nor should it be thought from the defective nature of administration at Bundaberg, Hervey Bay, Charters Towers and Rockhampton that all or even most administrators are incompetent. On the contrary, I heard evidence from many able and dedicated administrative officers. Moreover, their performance must be viewed in the context of constraints imposed on them by inadequate budgets and then strict enforcement.
- 8.5 These constraints and their strict enforcement have been the main cause of conflict between administrators, whose main concern has been budget integrity, and clinicians, whose main concern has been patient care and safety. Unfortunately, the conflict seems too often to have been resolved in favour of an economic rationalist view of budget management, sometimes with harmful effects on patient health and safety. The view, which seems to be that of Queensland Health, that substantial adverse publicity is as serious a consequence as multiple deaths is shocking.
- 8.6 Also shocking is the view expressed by Dr FitzGerald to Ms Hoffman, echoed by both Mr Leck and Mr Allsopp, that even in the case of elective surgery, it is better to provide an inadequate service than none at all. Whilst it may be necessary, particularly in rural or provincial hospitals, for a doctor other than a specialist in the relevant speciality to provide urgent emergency care to a

patient, there can be no justification for providing elective care, including elective surgery, which is less than adequate and reasonably safe.

- 8.7 Because there are so many cases in which patient care and safety will conflict with budget integrity, it is essential to have clinicians involved in decisions about what is needed to provide adequate, reasonably safe clinical care, and, consequently, how much needs to be spent to provide that.
- 8.8 As indicated in Chapter Six, there were five deficiencies which together contributed to the unfortunate situations examined by this Inquiry in Bundaberg, Hervey Bay, Townsville, Rockhampton, Charters Towers and Prince Charles Hospitals. It may be reasonably inferred that they contributed to similar problems in other hospitals. They were:
- (a) An inadequate budget defectively administered;
 - (b) A defective administration of area of need registration;
 - (c) An absence of credentialing and privileging or any like method of assessment of doctors;
 - (d) A failure to implement any adequate monitoring of performance or of investigation of complaints;
 - (e) A culture of concealment by Government, Queensland Health administrators, and hospital administrators.
- 8.9 All of these deficiencies need to be addressed and effectively overcome. Anything less would be an inadequate response to the urgent need for a safe public hospital system. In Chapter Six I have suggested ways in which these deficiencies may be overcome.
- 8.10 There is one final point which I should make about this Inquiry and this Report. Upon publication of it, this Report will immediately be put on to the Commission's website. As has been shown in respect of other inquiries, particularly those into a public health system, reports such as this, and, indeed, the evidence on which they are based, are a valuable public resource. The websites of the Shipman Inquiry and the Bristol Royal Infirmary Inquiry in England remain as valuable public resources of fact and opinion. It would be a great pity if that were not permitted to remain the case in respect of the website of the Inquiry. I therefore recommend that it remain in existence for a period of 5 years from today.