EX.450

PA/ks

2 December 1997

DEPARTMENT OF SURGERY

Dr Brian Thiele
Director of Medical Services
BUNDABERG BASE HOSPITAL

FILE COPY

ar Brian

Re: P364

Just a note to let you know that this lady had a transanal excision of a villous adenoma in June 1995. She was followed up but then put on the colonoscopy list 12 months ago. When she came to colonoscopy on 31 August she had a small palpable carcinoma present in the lower rectum. This was excised transanally today, but she may face an abdomino-perineal resection if the histopathology is unfavourable. Delayed diagnosis seems to be a result of her being on the colonoscopy waiting list for so long and not having regular three monthly sigmoidoscopies and rectal examinations.

Kind regards

PITRE ANDERSON
Director of Surgery

FILE COPY

CN/gs

DEPARTMENT OF SURGERY

7 April 1998

Dr Pitre Anderson
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

Dear Pitre,

Re: P365

I wish to put in writing yet again my deep concern at the length of time for the endoscopic waiting list. As discussed with you only last week on the 1 April 1998 I endoscoped this lady with gastric carcinoma who had waited six months. As previously discussed this is a repetitive problem and needs to stay on our agenda to try and get the hospital administration to do something about this extremely worrisome pattern.

Yours sincerely

Charles Nankivell
Staff Surgeon

CN/ns

DEPARTMENT OF SURGERY

25 May 1999

Dr John Wakefield
Acting Medical Superintendent
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

Dear John

RE: P364

I feel obliged to follow up on this lady about whom Dr Anderson wrote a letter to Dr Thiele in 1997. This lady had a colonoscopy that was delayed a year longer than scheduled after Dr Anderson had previously excised a villus adenoma of the rectum. Dr Anderson was in no doubt at the time that progression to carcinoma had been significantly delayed diagnosis because of the excessive colonoscopy wait.

After reviewing this lady in my clinic she is currently dying of liver metastases and will not last the year. The family are aware that the delay in diagnosis has contributed to her terminal illness and in Dr Anderson's absence of course I am seeing this patient. I do not believe they will sue the hospital for the delay but if they did I do not believe the hospital has a legitimate defence. This demonstrates so clearly the need to keep the colonoscopy and gastroscopy list within reasonable limits and certainly the waiting list is < than one year we used to have.

Yours sincerely

CN

Charles Nankivell
Staff Surgeon

CN/ns

DEPARTMENT OF SURGERY

23 July 1999

Mr Peter Leck
District Manager
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

Dear Peter

I am becoming more and more concerned by the unsafe length of time patients are having to wait to see a Surgeon at this hospital.

The number of referrals we get each week are more than we can cope with. We have a system of classifying the patients 1, 2 or 3 according to the perceived urgency of the case. It needs to be stated quite emphatically that although I make a very conscientious effort to categorise people appropriately there is obviously a huge logical error in categorising people who have never been seen. As a consequence some people will be categorised 1 who really are not 1's at all when seen or people might be called a 3 when in actual fact they have something serious. The classification decision is made upon the basis of the GP referral, which is often inadequate. One might say philosophically if the GP knew what the problem was he would probably deal with it himself whereas the fact that they are being referred often means it is a problem that is beyond the level of the skill of the GP, and therefore the referral letter might reflect that lack of diagnostic certainty in not giving me the crucial information that I might need.

The current situation in my clinics is the patient's given a Category 3 Category are put on a limbo list. These patients are not even given an appointment date. It is unlikely that any would be seen this year anyway. Any patients called Category 1 are seen within the month which is of course appropriate. The problem is the Category 2 waiting list which is currently five months long for the next routine appointment. That is likely to increase in size due to holidays/Christmas shut down etc. Patient's frequently complain to the me about this problem often involving a delay in cancer treatment. Some patients may well seek legal damages against the hospital for having waiting lists that are out of control. Invariably over time some patients who are called 2 or even possibly 3 will turn out to have a cancer unbeknown to us. These patients would be justified in seeking legal action against the hospital. In a court of law I would have to absolve myself of any responsibility as there is nothing further I can do. The clinics are already badly overbooked and the patients are frequently not given the amount of time that they actually need.

This is clearly not a problem that can be put on the waiting list of problems to be fixed but needs urgent attention because the condition is dramatically deteriorating year by year.

Yours sincerely

Charles Nankivell
Staff Surgeon

cc Dr J Wakefield
United Medical Protection Society

COPY

CN/ds

DEPARTMENT OF SURGERY

4 October 1999

Dr P Anderson
Director of Surgery
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

Dear Pitre

We need to have a meeting to formalise just how many patients we can be seeing at the clinic.

This afternoon, for example, in my follow up clinic, I have 28 patients to see. They all get jammed in over a 2 hour period which of course is not possible and as a consequence two things happen.

Firstly the patients are all seen late which leads to irritation and grumpiness. One patient stormed out today, although she had only had to wait 25 minutes at the time she left which I think was pretty exceptionally good for our clinic. But to wait an hour is quite standard and I think is not acceptable when it is happening all the time.

The second problem is that I can't see so many people and it is left to the juniors to get through what they can. This lessens my control over the patient care and lessens patient satisfaction. The other problem of course is that we are on call on a roster which usually corresponds with every 2nd clinic and if the registrar is being called away or phoned regularly it makes even further disruptions.

Personally I think we should see no more than 4 patients per hour as I think the sort of patients we see demand an average of 15 minutes each. We are under unrealistic pressure to see the patients referred to us and I think the time has come where we just simply cannot keep going with bigger and bigger clinics, giving second rate care to our patients.

Yours sincerely

Charles Nankivell
Staff Surgeon

Copy to: Dr John Wakefield. Acting Director of Medical Services

CN/ds

DEPARTMENT OF SURGERY

14 October 1999

Mr Peter Leck
District Manager
BUNDABERG BASE HOSPITAL

Dear Peter

I am getting more and more concerned about the abuse of staff, by patients, that is occurring regularly in this hospital. One area that must be looked at is the Specialist Clinic area. This area at the moment can only be described as a shambles. There is frequently not enough seats for patients to sit down on. The receptionist's desk is in the middle of a heavy traffic area and usually there are 5 patients standing around all at once giving, what is private information. There is regular aggression being expressed by patients, usually quite unfairly. Because of heavy clinic over booking, which unfortunately seems to be unavoidable, it is not uncommon for patient to have to wait an hour to see a doctor, even an hour and a half at my clinics sometimes. All of us are working very hard to do our best and we are getting sick and tired of the abuse that is being hurled at the staff here. It may be appropriate to have a close circuit television in this area with a videotape, so that everything can be recorded. Certainly a security officer needs to be on close standby.

Yours sincerely

Charles Nankivell
Staff Surgeon