QUEENSLAND

COMMISSIONS OF INQUIRY ACT 1950

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY

SUBMISSIONS IN RESPONSE TO DR ARONEY ON BEHALF OF JOHN SCOTT

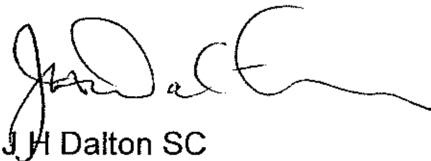
1. There is reference at paragraph 10 and paragraph 29 of Dr Aroney's submissions to Dr Scott linking cuts to TPCH to Dr Aroney's public statements. The only mention of this is that cited at those paragraphs - ex 263 paragraph 44. It is not proper or safe evidence and should not be acted upon. Particularly having regard to how quick Dr Aroney is to attribute blame and serious misdemeanour on the basis of what turns out to be hearsay, impression, rumour, etc. - see our previous submissions, and indeed paragraph 3 below.

2. The transcript reference at paragraph 17 of Dr Aroney's submissions - t 5209-1 (attachment K to these submissions) supports the point which we make at paragraph 1.2 of our submissions dated 25 October 2005.

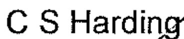
3. As to the last dot point at paragraph 34 of Dr Aroney's submissions:
   (a) the substance of the evidence of Drs Galbraith and McNeil and Mr Bergen was put to Dr Aroney as is quite proper. It would have been quite improper to have put questions such as: *"Dr X says ..."*;
   (b) the statements of Drs Galbraith and McNeil were distributed by Commission staff. They were provided to Commission staff well before Dr Aorney was cross-examined. This is not to attribute blame to those staff, or adopt Dr Aroney's criticisms, to the contrary, it is quite improper for Dr Aroney to submit that he ought to have known the evidence of others about contentious matters before he gave his own evidence;
   (c) we made the decision not to tender the statements of Drs McNeil and Galbraith. Ironically enough, it seems to be Dr Aroney who wishes to discuss the statements - see paragraphs 8, 34 and 45 of Dr Aroney's submissions. No doubt if the Commission wishes to have regard to the statements to understand these submissions it will do so, bearing in mind (of course) that the evidence was not tested.

4. Finally, as to paragraph 44 of the submissions, the discussion between counsel for Dr Scott and Mr Morris referred to is attached (attachment L). Dr Aroney conceded at the end of his cross-examination - tt 6274-5 (attachment M) that the amount of money needed to address the concerns he was putting to the Premier in 2003 was not possible within the current funding framework - see particularly at t 6275 ll 20-30. This is what was taken up with Mr Morris at t 4827. There is nothing odd about Dr Scott claiming credit for providing funds to Prince Charles Hospital. He responded to Dr Cleary's requests for large amounts of money promptly and by giving the amounts of money sought and the documents show this. They show that it was Dr Scott's decision to provide the money. They are attached as attachment F to our submissions of 25 October.

Dated this 28th day of October, 2005.



J H Dalton SC



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people; Ross Cartmill, who's Chair of the Visiting Medical Officers Group has been prepared to say that; and Keith McNeil has been prepared to say that. 1

So did that - you didn't bully Dr Aroney?-- No, that I'm not a bully.

Right?-- I'm sorry, as I say-----

All right. Dr Scott, I'm almost finished. Did you discuss with either Dr Cleary or Ms Wallace the budget cuts instituted in late 2004 at Prince Charles Hospital prior to them being implemented?-- Well, there weren't any budget cuts. 10

All right, the reduction in numbers of procedures?-- Yes, I'm sure that I did.

All right. And who was present at those discussions?-- I'm just not sure, I don't know. I mean, I might have talked to them on the phone, if I'd talked to them together, then I would believe that it would have been one or both. 20

And it was part of your role as their superiors, Wallace and Cleary, to ensure that those reductions went ahead; that's right, isn't it?-- That they maintain budget, yes.

All right. And other areas, other areas such as the transplant area were not similarly cut in terms of the procedures, the numbers of procedures available at the same time, were they?-- Well, again, I know we're playing with words, but I'm not aware that the transplant team were overbudget, and if they were, then I would have taken the same approach, that we expect people to work within their budget and if we know that there are pressures on the budget and we believe they're legitimate pressures, then we would seek to put extra funding into supporting increases and, as I said, we've done that across the State in terms of the money that we've put in $11 plus million last year, $17 plus million for this year and into the future, some of that's gone to the transplant team, some of it's gone to management of cardiac failure, some of it's gone to increases in implant and defibrillators and some of it's gone into increases in angiograms and stents. 30 40

You see, you said in answer to a question this morning that you several times or many times made application to your superiors, in effect, I suspect, the Director-General and the Minister, if not the Budget Review Committee, for further funding?-- Mmm. 50

That's right?-- Yes.

Now, why did you not then regard Dr Aroney's disclosures of the severe shortage in funding as helpful to your cause?-- Well, I think we did see them as helpful to the cause through the channels of submissions to me and to the Director-General. I don't believe that going to the media and talking about death rates in the media is helpful because the only way it

can be helpful is if every other clinician who believes that they have needs in their area is allowed to go to the media as well. So in other words, I'm fine with people putting their requests forward, so long as we get a balance in terms of what's put forward and then we make appropriate investments in terms of the areas that we know are priorities. 1

And does that principle which you've just articulated apply also to Dr Aroney having written to the Premier which he did before he made any public disclosures?-- Well, again, I think everyone's welcome to write to the Premier, the Premier then manages those letters according to his want and that's up to them. 10

And it would be absurd to take offence at such a letter to the Premier, wouldn't it?-- Not if the implication is that I as an administrator are happy to let people die just to maintain my budget, it's not absurd.

But finally, Dr Scott, I suggest to you that you bullied Dr Aroney out of his job and out of service to the public patients of Queensland?-- Is that a suggestion or is it a question? 20

Yes, I suggest that to you, I'm sure you're going to say that's not the case?-- Yes, it's not the case.

And I suggest to you that you were concerned to make an example of Dr Aroney by ensuring that the services with which he was concerned were cut, or reduced if you'd prefer that term, so that other persons would be dissuaded from making public disclosures?-- You're obviously welcome to your point of view. If cutting the servicing means increasing the number of procedures done between PA and Prince Charles, if it means increasing the budget to Prince Charles for cardiac services in that year and subsequent years, then I guess I must be guilty, but I don't see that as cutting. The budget for that year increased, it didn't go down. 30

Thank you Commissioner. 40

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COMMISSIONER: Well, I guess Royal Commissioners are allowed to have regard to what appears in the newspaper, and my understanding is that Mr Nuttall subsequently conceded that he had received briefings. So I am not sure that there is an issue at all, but I am just making the point that if that's the sort of thing Mr Nuttall's concerned about, I would not expect we will be going down that path anyway.

MS DALTON: No, but the other issues I suppose I am concerned about in relation to the ex-Ministers are the things Dr Aroney raised in his evidence-in-chief that rather implied it was in my client's gift to be handing out money for this and money for that, so there were no constraints upon him, which, of course, is complete contrary-----

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COMMISSIONER: Yes.

MS DALTON: He is concerned because they are substantial allegations as to his conflict.

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COMMISSIONER: I understand his concern, and I guess the best test is that if those things had been said about me, I would feel very upset and I would wish to get the situation sorted out, but I think Dr Scott and, for that matter, Dr Buckland should understand that merely because something is said in the witness-box, doesn't mean that we accept the criticism involved in it. Indeed, whilst you were absent this morning during Professor Aroney's evidence, I made the point to him that he says he wants lots of money to have the world's best cardiac service but no doubt there are nephrologists who wants-----

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MS DALTON: Everybody would like some money.

COMMISSIONER: Yes, and the real problem is there is not enough money to go around, and Professor Aroney very properly conceded that is the case. He is passionate about cardiac care and it is great to see a specialist who is passionate about his field, but that doesn't justify any adverse finding or any criticism of those who are given by the Parliament a limited budget and need to make the most of that. So I think that's as far as we can take it. You have leave to come and go as you feel-----

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MS DALTON: Thank you, Commissioner. The other thing, as I understand, looking at the transcript from yesterday afternoon, my client won't be required before Friday, is that-----

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redirected back at PA. As I say, a lot of these patients couldn't get access to PA, and that's why they were coming to Prince Charles. As you know, PA, apparently, had no Category 1 and 2 patients. They were all lumped into this ridiculous Category 3, which was a total misclassification, and has only recently been redressed. 1

So that while Prince Charles lost funds in cutback number one and they were reallocated to PA, it also lost the patients it would have treated with those funds, and they were moved to PA too?-- Some - it did lose some patients. That's correct, yes. 10

Did you read the evidence that 11 million extra dollars are given to cardiology in the 2004/5 financial year, and $17 million in each year after that?-- Yes.

And you'd say that that's completely inadequate still?-- As I say, I cannot make comments about the overall budget, and questions like that I cannot answer. All I can answer is what was happening at the coalface at the hospitals that I was working at - at the hospital I was working at. 20

Well, you know one of the things you say is 25 - this is back in July 2004 - 25 cardiologists employed by Queensland Health - and really, per population you say there should have been 75?-- Yes, that's in our Cardiac Society submission, and that's based on the UK taskforce numbers. Queensland has one-third of the number of cardiologists looking after public patients that it should have. 30

All right. That's your submission, that it should be 75?-- That's a Cardiac Society submission.

Now, each of those cardiologists is going to cost about 300,000 a year to employ. Is that right?-- If they're employed as a full-time cardiologist, yes.

I presume that that's what you're talking about, full-time cardiologists?-- Yes, some of them are employed as VMOs, as part-time cardiologists, for instance. So there's an option to go both ways. 40

Apart from the cost of employing the cardiologists, would you know - would you have any idea - it's about $800,000 a year to fund the work that the cardiologists will do when you look at the operating theatres and the anaesthetists and the machines and the consumables and the outpatient appointments and inpatient stays?-- No, that would depend on what the cardiologist is doing. For example, a non-invasive cardiologist in Rockhampton, who doesn't do any angiograms or operating, there wouldn't be any of those extraneous costs that you mentioned at all, but for a cardiologist like myself who is doing a lot of interventions, that might be the cost. 50

But you're talking 10s of millions of dollars a year to increase the number of cardiologists to the level you say or the Cardiac Society says it should be; correct?-- That's correct. I mean, there is no cardiologists in the public system between Nambour and Townsville for instance. There is one private cardiologist there. So if you're anywhere along that central coast area, you won't come in contact with a specialist cardiologist when you have your heart attack. The same was true in Cairns for at least a year where the cardiologists there all resigned from the public system, and those hospitals coincidentally have the highest rate of death in hospital from a heart attack.

All right. So just to put the cardiologists in place is tens of millions of dollars every year and the other things you outline in your long letter to the Premier would be of an equal magnitude, wouldn't they, in terms of cost?-- I think it is consistent with what Dr Stable said about being underfunded by about a billion dollars a year and I think cardiology would fit into that argument as you've suggested.

Well, do you accept then that the things that you're asking for in that letter just can't realistically be provided in the current framework where our society doesn't give that extra billion dollars a year to health?-- That's right. It can't be provided with the current funding, that's correct, and that was why the submission was put in, in an effort to improve cardiac care and to improve funding. Thanks, Dr Aroney. Thank you, Commissioner.

COMMISSIONER: Thank you. Mr Fitzpatrick.

CROSS-EXAMINATION:

MR FITZPATRICK: Thank you, Commissioner. Doctor, I'm Chris Fitzpatrick and I act for Queensland Health. Can I ask you before I forget some questions about Exhibit 401 which was a
HER HONOUR: letter produced from the Medical Staff Association to Debra
Podbury, the then District Manager at the Prince Charles. Doctor, the-----?-- It's a petition.

Thank you. Its covering page presents as a letter which bears the words "faxed 25 August 2005". To whom was the document faxed on that date, do you know?-- Oh, that's - that's my faxing to my barrister here.

That's your faxing to your barrister?-- That's correct.

Because you would be aware of Ms Podbury's evidence in the sense that she has told Dr Cleary in specific response to his question about whether she ever remembers receiving this letter?-- Mmm.