ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

SENATE SELECT COMMITTEE ON MEN'S HEALTH

Fellowship Services Committee
Final Version
19 February 2009

Table of Contents

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1. Introduction

In this submission the College deals primarily with treatment services and general programs for men's health and the adequacy of injury avoidance strategies in relation to two significant categories of injury: land transport accidents and male indigenous trauma, to inform the Senate in line with the Select Committee terms of reference (see Appendix 1) which include:

> *1(ii) Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community*
>
> *1(iv) the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.*

Our submission focuses on men's health in 2 sometimes interconnected fields.

- Male over-representation in land transport accident injuries particularly between 25 and 44 years of age
- Male Indigenous trauma and treatment services

2. Executive Summary

Injury as a disease category is highly preventable and is a huge component of men's ill health in Australia. As surgeons are key advocates for prevention and primary contributors to treatment in this field this is the focus of the response from the College.

a. What the Commonwealth should do

- Ensure that Commonwealth transport funding and motor vehicle standard setting properly address injury prevention priorities for men's health
- Set national standards through Australian Health Care Agreements for the treatment of injury in Australian Trauma and Emergency Departments
- Develop and fund a National Injury and Trauma Database to both inform national men's injury prevention strategies and to measure outcomes and hospital performance
- Consider the development of a Central Australian trauma system
- Continue to support the Overseas Trained Specialist Up-skilling Program as a mechanism to address workforce shortages impacting injury treatment in rural and remote settings
- Reconsider proposals for up-skilling medical personnel in surgical fields in remote areas such as proposed by the College in its successful Providing On-site Skills, Procedural Education and Clinical Training (PROSPECT) program
- Recognise that declining workforce supply and resources will delay efforts in improving the health of Indigenous populations.

b. How can we help

- Assist the Commonwealth up skill trained specialists
- Advise and cooperate with the Commonwealth on standards and outcomes in the fields of trauma
- Advise and cooperate with the Commonwealth on the creation of a Central Australian trauma system
- Provide workforce solutions such as *PROSPECT*

3. On the College in this field

The College has been a leading voice in the field of trauma-related injury dating back to 1970 when it successfully advocated for the introduction of car seat belt laws in Victoria. The College has also been a leading advocate of compulsory blood alcohol testing, child restraints and

bicycle helmets to prevent trauma injuries. Trauma-related injuries kill more 1 – 44 year olds than any other cause[1].

The College supports national and state trauma committees, hosts an annual "Trauma Week" bringing together leading trauma practitioners from Australasia, and overseas, and holds symposia such as "Injury in Indigenous Populations: Towards a Safer Future" (Attachment 1). The College has recently published "Blood Belts Booze and Bikes"[2] a history of the response of the College to the epidemic of road trauma (Attachment 2).

It is noteworthy that approximately 66% of Trauma Directors in Australasia are Fellows of the Royal Australasian College of Surgeons and that therefore the College is capable, connected and informed to advise in this field.

The College is committed to contributing to the national "closing the gap" campaign. This is manifested by the establishment of a College Indigenous Health Committee, an Indigenous Health Position statement and the funding of an Indigenous Health Officer within the College. The College has set itself aggressive targets within its strategic plan particularly pertaining to the training of indigenous surgeons.

The College is active and highly engaged on rural health issues through its Divisional Group of Rural Surgeons.

4. Two key male health challenges

a. Land transport accidents

Key facts

- Injury is a highly preventable disease
- Land transport accidents are a main cause of loss of potential years of life in men (3rd after coronary heart disease and suicide)
- Males lose 75% more potential years of life than females
- The avoidable death rate of men is nearly 2 times that of women
- Between the ages of 25 and 44, injury and poisoning is the leading cause of death in males
- The disease category *injury* is ranked first in direct and indirect health system cost at $14.3 billion ahead of cardiovascular, digestive and cancer disease[3]
- Evidence is emerging which indicates that the brain undergoes a maturation process where a person's risk-management and decision-making processes are not fully matured in males until aged 25 (23 years in females) and could effect a person's ability to drive, operate machinery etc.[4]

While land transport accidents rank 14th as a cause of death of men (1.7%) they are prominent contributors to the greatest numbers of potential years of life lost (PYLL). PYLL is important because there is greater preventability in this field and there is a huge economic, social and emotional loss associated with premature death. Males lose 75% more potential years of life than females. Land transport accidents are the third biggest cause of loss of potential years of life in men in Australia. Only coronary heart disease and suicide are a greater cause of potential years of life lost.[5]

Death is only part of the picture. Injury as a disease category was estimated to account for $19.4 billion cost of uncured disease in Australia in 2000-01. The analysis of Access Economics placed the larger cost burden on the indirect costs of injury including…

- Disabling nature of the illness causing premature retirement and absenteeism
- Premature mortality
- Earnings forfeited by carers
- Aids and modifications (walking frames, wheel chairs etc.)
- Other costs (legal fees, forensic costs)

[1] *Trauma – The Ignored Epidemic* Professor Caroline Finch NSW Health Futures Planning Project
[2] Alan Gregory 2008 published by the Royal Australasian College of Surgeons
[3] Excellent returns: The Value of Investing in Health R & D IN Australia Access Economics 2003 page 55
[4] National Institute of Mental Health. *Teenage Brain: A work in progress*. NIH Publication No. 01-4929, http://www.nimh.nih.gov/health/publications/teenage-brain-a-work-in-progress.shtml
[5] Australia's Health 2008 Australian Institute of Health and Welfare Section 2 pages 43,44, 50,51

Land transport accidents are only one important component of injuries. Because of the disproportionate involvement of young men, the cumulative, direct but most significantly indirect economic costs are greater. Put crudely it costs more to deal with the consequences of a motor vehicle accident for a young man than those of a cardio vascular disease in an older man. The hospitalisation, rehabilitation, care, and loss of economic activity for the young man may have impacts for 50 years.

For every person who dies from trauma, there are several hundred who survive but are left with permanent disabilities or incapacity.[6]

It is the role of Fellows of the College to save the lives of the young men involved in motor vehicle accidents and to see them achieve the best rehabilitation. Lives, money, and quality of life are saved when this is done in the most optimum way as discussed below. There is an essential Commonwealth role in both the prevention of land transport accidents and dealing with the consequences.

i. Farm injuries

Key facts

- There are twice as many male farm workers as female farm workers
- Of the total on-farm deaths recorded for the period 2001-2004, 85% occurred to males and 15% to females
- Between 1999 & 2002 there were 33 deaths from tractors - all male
- There were 18 deaths from All Terrain Vehicles (ATVs) – all male
- There were 33 deaths from motor cycles – all male
- There were 15 deaths from Ute/truck – all male
- Tractors are the most reported cause of un-intentional farm related fatality
- ATVs are an emerging cause of farm fatalities – in 1989-92 there were four ATV fatalities in 2000-04 there were 51[7]

Summary of main issues

- Land transport accidents are highly preventable
- Land transport accidents impact young men disproportionately
- Farm fatalities disproportionately affect males
- Land transport accidents are a huge cost to the community

b. Trauma amongst the male Indigenous population

Key facts

- Indigenous Australians are 2–3 times as likely to have a transport related fatal injury than non indigenous Australians. As with non-indigenous Australians, Indigenous Australian males are more likely than females to be seriously injured or killed as a result of a road crash[8].
- Indigenous Australians are 30% more likely to have a transport related serious injury than non-indigenous Australians[8]
- Indigenous people are more likely to be killed as a passenger than as a driver relative to non-indigenous people
- A higher proportion of indigenous road fatalities are pedestrians (35% vs. 13%) this also applies to serious injuries
- Whereas in non-indigenous communities there are high rates of male road trauma to 24 years and thereafter decline until age 60 and over, in indigenous communities fatal injury rates continue to be high in middle adulthood[9]
- The proportion of both indigenous and non-indigenous people either killed or seriously injured as a result of a road crash increases sharply with the level of remoteness from

[6] Trauma The Ignored Epidemic Professor Caroline Finch at al NSW Health Future Planning Project
[7] Traumatic Deaths in Australian Agriculture – Facts and Figures on Farm Health and Safety Series No. 11 2007 National Farm Injury Data Centre
[8] Berry JG, Nearmy DM, Harrison JE Injury of Aboriginal And Torres Strait Islander people due to transport, 1999-00 to 2003-04. Quoted in Clapham et al Understanding the extent and impact of Indigenous road trauma Injury 2008
[9] Understanding the extent and impact of Indigenous road trauma Clapham, Senserrick et al INJURY 2008 39s5 s19-s23

an urban centre[8]. This is a significant factor for indigenous Australians that comprise the vast majority of those living in very remote centres.

- Indigenous Australians have fatal injury rates 2.3 times higher than non-indigenous persons[8].
- Interpersonal violence accounts for more than half the annual trauma case load at Alice Springs Hospital which is also attributed to diminished socio-economic status[10]

The combination of alcohol, unlicensed incompetent driving, overcrowded cars, distance, poor roads and the absence of trauma systems and assets is disastrous for male health in rural and remote indigenous communities. In Central Australia, interpersonal violence is a major public health issue[11]. A comparison of stab injuries recorded at the Alice Springs Hospital (ASH) and the Royal Prince Alfred (RPAH) in Sydney show annual male stab injuries in the Alice 2.6 times greater than the city hospital.

The de-skilling, ageing and diminution of the rural surgical workforce were reported by the College in submission to the Commonwealth. This has seen the decline in concentrated attention to the challenges in addressing Indigenous trauma injuries.[12] In addition there are limited cultural safety measures in place that address the many barriers Indigenous patients may experience before, during and after hospitalisation which result in unsuccessful outcomes and higher incidences of disease and mortality.[13]

Recognising the need to equip surgical trainees, Fellows and International Medical Graduates/ Overseas Trained Specialists on culturally safe practices, the College was sponsored by the Australian Government Department of Health and Ageing to develop, implement and deliver eight on-line educational modules that looked at how to provide better healthcare services to Indigenous patients in a clinical setting. Furthermore, efforts by the College to extend clinical training, onsite skill development and procedural education to isolated medical personnel (non surgeons) through the PROSPECT program were no longer available following withdrawal of Commonwealth funding in this field.[14]

In 2006 the College celebrated and welcomed Australia's first Indigenous surgeon. It is therefore fair to suggest that the development of a robust Indigenous surgical workforce is a decade away.

The College hosted a symposium in November 2007 'Injury in Indigenous Populations – Towards a Safer Future' (Attachment 1). The Symposium aimed to promote the well-being of the Indigenous people on injury-related matters. It is estimated that 25% of the health gap between Indigenous people and other Australians is due to injury. Therefore efforts in injury prevention could result in a rapid improvement in Indigenous health.

The College accepts the prevention is better than cure solution however in the medium term, the current volume of presentations suggest that from a surgical viewpoint, cure is the immediate solution. The College commends the Government's commitment to the *Closing the Gap* campaign however in the span of a generation whilst the sustainable basis for first world health outcomes is built, the current human and economic cost of injury amongst the Indigenous population must be addressed. The College submits that the Commonwealth must meet that challenge to both cure and prevent Indigenous trauma.

Summary of main issues

- Interpersonal violence and land transport accidents are preventable contributors to the high level of mortality for Indigenous males
- There is high surgical demand and low surgical supply in particular in remote and rural Australia
- There is a negative trend for surgical supply in remote and rural Australia

[10] The growing burden of injuries and trauma in Alice Springs Ollapallil, Benny, Jacob INJURY 2008 s3-9
[11] Ollapallil, Benny, Jacob Op CIT
[12] Rural Surgical Workforce Submission RACS June 2008
[13] The challenges of developing a trauma system for Indigenous people Plani and Carson INJURY 2008 s43 -53
[14] PROSPECT Providing Remote On site skills, Procedural Education & Clinical Training Commonwealth grant application 2008

5. Towards Solutions

a. Land Transport accidents

i. Safe systems approach

The College continues to support the Safe Systems Approach to road safety and see it as the Commonwealth Government's role to invest in improving the safety of the road infrastructure either directly through funding safe, national road projects or indirectly through joint arrangements with jurisdictions and, ensuring the mandated car standards are continually improved and in line with current world's best practice. The Commonwealth Government can also play a major role in ensuring jurisdictions take up best practice recommendations in regards to graduated licensing and driver behaviour.

ii. National injury and trauma database

The Commonwealth should play a pivotal role in the establishment of a national injury and trauma data base to provide statistics, not only regarding land transport accidents but other causes of intentional and non-intentional injury. The College is a member of the National Trauma Registry Consortium and stands ready to advise on the best approaches to this.

A National Trauma Database provides critical information for the purposes of outcome measurement in relation to prevention strategies and treatment of men's injury.

The Commonwealth might find common purpose in this field with the Compulsory Third Party Insurance sector who are key funders of trauma in Australian hospitals and of rehabilitation.

iii. Emergency and Trauma Department standards and Australian Health Care Agreements

The Commonwealth and States and Territories have agreed to move to a new framework of national agreements, including on health, which will focus on agreed outputs and outcomes and which will enhance accountability to the community. A new performance and assessment framework will be developed to support public reporting against performance measures and milestones.[15]

The Commonwealth as a principal funder of public hospitals has an emerging role as a setter of standards for hospital outcomes. Emergency and trauma departments make a highly significant contribution to the treatment of key men's health disease of which injury is a significant component. It is important to the treatment of injury (and to good governance practice) that emergency and trauma departments have a systemic approach to continuous improvement towards better standards, that they are accountable for measurable outcomes and that they are open to public scrutiny for that part of their outcome for which they are directly responsible. An example of an outcome is the mortality rate for a patient with given Injury Severity Scores. For different State conditions (demography, geography, spending etc.) different outcomes might be expected but nevertheless the trend in each jurisdiction should be to higher standards of outcome. The Commonwealth as a key funder and higher authority would be ideally placed to work with States and Territories on appropriate standards.

The College through its Trauma Committee is currently identifying an array of measures of outcome in trauma settings. As previously noted a National Trauma Database would provide a critical statistical database. In addition independent quality reviewers can assist hospitals achieve improved outcomes. The College Trauma Verification Program provides hospitals with the opportunity to improve their standards and procedures within a Trauma System, in line with world's best practice.

[15] Minister Roxon foreword to The State of our Public Hospitals June 2008 Report http://www.health.gov.au/internet/main/publishing.nsf/Content/E6CAF670D550F646CA25747700074A51/$File/Ministers%20foreword.pdf

b. Closing the Gap of trauma amongst the Indigenous population

i. National trauma database

As mentioned above improving data collection and high quality research that provides essential information to Governments to formulate the best approaches to solving the problem. Currently, there is little information available on Indigenous-specific. The College therefore recommends collection of Indigenous status in trauma registries.

ii. Remote area trauma systems

There has been a trend in Australasia to the implementation of trauma systems. This is evident in Victoria (following the ROTES Report) Queensland, Midlands Region in New Zealand and contemplated in the Garling Inquiry in New South Wales. Trauma systems concentrate trauma assets at a States, or jurisdictional, level and integrate the different components of the total patient journey from ambulance to triage to trauma reception through to rehabilitation. In a State the size of Victoria it is feasible to med evacuate most patients to one of 3 designated metropolitan trauma hospitals to achieve optimum overall outcomes. State or Territory based trauma systems are probably inappropriate for central Australia. For example patients in the east of Western Australia may be better served by either Royal Darwin or Alice Springs Hospitals than Royal Perth. Equally as argued by Plani and Carson given the prominence of Indigenous men's trauma in the overall remote health challenge in Central Australia, a community based trauma system may be the answer. [16]

Developing a multi jurisdictional, community based Trauma System for Central Australia is a challenge that should be lead by the Commonwealth. Only the Commonwealth has the scope, resources and national imperative on closing the gap to be the leader in this field.

iii. Rural and remote workforce

The Commonwealth should reconsider its funding of programs such as PROSPECT to equip non surgical medical personnel to help play their role in dealing with the significant level of rural and remote procedural demand[14].

The Commonwealth's Overseas Trained Specialist Up-skilling Program is commended by the College as a program likely to contribute to surgical workforce supply. The College is likely to make application to that program and we look forward to working with the Commonwealth in this field.

The College will make its own significant efforts to increase the availability of Indigenous surgeons in Australasia.

Equipping rural general practitioners in advanced emergency response is another area of prospective Commonwealth-College cooperation.

[16] The challenges of developing a trauma system for Indigenous people Plani and Carson INJURY 2008 s43 -53

6. Appendix – Terms of Reference

Extract from Journals of the Senate
The Parliament of the Commonwealth of Australia, The Senate
Extract from Journals of the Senate, No. 44 dated 13 November 2008

Senator Bernardi, pursuant to notice of motion not objected to as a formal motion, moved general business notice of motion no. 276—

1. *That a select committee, to be known as the Select Committee on Men's Health, be established to inquire into and report by 30 May 2009 on:*

   General issues related to the availability and effectiveness of education, supports and services for men's health, including but not limited to:

   i. *level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression,*
   ii. *adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community,*
   iii. *prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general, and*
   iv. *the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.*

2. *That the committee consist of 7 senators, 2 nominated by the Leader of the Government in the Senate, 4 nominated by the Leader of the Opposition in the Senate, and 1 nominated by any minority party or independent senators.*
3.
   a. *Participating members may be appointed to the committee on the nominations of the Leader of the Government in the Senate, the Leader of the Opposition in the Senate or any minority party or independent senator;*
   b. *participating members may participate in hearings of evidence and deliberations of the committee, and have all the rights of members of the committee, but may not vote on any questions before the committee; and*
   c. *a participating member shall be taken to be a member of the committee for the purpose of forming a quorum of the committee if a majority of members of the committee is not present.*
4. *That the committee may proceed to the dispatch of business notwithstanding that all members have not been duly nominated and appointed and notwithstanding any vacancy.*
5. *That the committee elect as chair one of the members nominated by the Leader of the Opposition in the Senate.*
6. *That the chair of the committee may, from time to time, appoint another member of the committee to be the deputy chair of the committee, and that the member so appointed act as chair of the committee at any time when there is no chair or the chair is not present at a meeting of the committee.*
7. *That, in the event of an equally divided vote, the chair, or the deputy chair when acting as chair, have a casting vote.*
8. *That the committee have power to appoint subcommittees consisting of 3 or more of its members and to refer to any such subcommittee any of the matters which the committee is empowered to examine.*
9. *That the committee and any subcommittee have power to send for and examine persons and documents, to move from place to place, to sit in public or in private, notwithstanding any prorogation of the Parliament or dissolution of the House of Representatives, and have leave to report from time to time its proceedings, the evidence taken and such interim recommendations as it may deem fit.*
10. *That the committee be provided with all necessary staff, facilities and resources and be empowered to appoint persons with specialist knowledge for the purposes of the committee with the approval of the President.*
11. *That the committee be empowered to print from day to day such documents and evidence as may be ordered by it, and a daily Hansard be published of such proceedings as take place in public.*

7. Attachments

1**:** Supplement to INJURY – an International journal of the care of the Injured - '*Injury in Indigenous Populations: Towards a Safer future – A Symposium at the Royal Australasian College of Surgeons 22 November 2007*'

2: Blood Belts Booze and Bikes by Alan Gregory – A History of the Royal Australasian College of Surgeons to the epidemic of road trauma