

Submission to the Senate Inquiry into Migration Amendment (Repairing Medical Transfer) Bill 2019

Additional documents

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Submission authors

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Material and methods

Data source

After the Medevac Bill became law on March 1, 2019, refugees and asylum seekers in offshore processing countries were invited to apply for medical assessment if they felt they had unmet health needs.

As of August 1, 2019, 581 patients have applied for medical assessment. We acknowledge that our analysis only applies to this cohort of individuals, and cannot be more broadly extrapolated to the whole group. It is not our intent to do so.

Of the 581 patients who applied, only 338 patients had adequate reliable, objective medical information to include in this health audit. No patient for whom additional information arrived after August 1 was included in this audit, nor were any new diagnoses that may have arisen or that we may have been made aware of, included after this date.

Patients consented both orally and in writing to assessment by Australian doctors, and to the release of their medical records for the purposes of assessment. Medical records are held by a number of organisations, predominantly the health care providers contracted by the Government. This includes records kept by International Health and Medical Services (IHMS), as well as other providers including Pacific International Hospital. These medical records date from 2013 to 2019. Medical records were interrogated for active medical issues as on August 1, 2019 or for the patients who had already been transferred to Australia under the provisions of the Medevac Law, at the time of their transfer. These medical records contain the health interactions for each patient, and include inpatient and outpatient doctors notes, physical examinations, nursing and counselling session notes, and test and operation results. Resolved medical issues were not included in the audit.

Patients were also assessed directly by teleconference. These telehealth consultations were undertaken by two independent, fellowed Australian doctors. The calls lasted between 50 and 170 minutes, with an average length of 80 minutes.

All patients either had adequate up-to-date medical records or comprehensive clinical assessment by an Australian doctor; many patients had both. All other patients were excluded.

Selection of cases to be included

These 338 patients because they had comprehensive medical information available as of August 1, 2019. The other 243 patients have not been included solely because there is not enough objective evidence of their medical conditions as at August 1, 2019.

The reasons we do not have a complete record of all patients are multifactorial. Firstly, this is a process that has been unfunded and conducted largely by volunteers. There have not been adequate human resources to request and follow-up the acquisition of medical

records, or undertake direct health assessments on all patients who have applied up to August 1, 2019. There are also lengthy delays in receiving these records after they have been requested. It should be noted that even when received, a repeat request must be made because they are incomplete.

While this is not a purely random sample, it is likewise not an intentionally biased selection.

Ongoing analysis suggests that these 338 patients are likely to be representative of the total 582 applicants. We acknowledge that no conclusions can be drawn about the health of those who have not applied for medical assessment.

Data recording and analysis

Four researchers read through the available medical notes for 338 patients and manually recorded each confirmed health problem into a database.

Active medical issues were broadly separated into organ systems, with greater delineation of certain health conditions which were found at much higher rates than the normal population. The reason for this is that the range of health conditions affecting this population was found to be extensive, and the purpose of this study was to provide a snapshot of the disease burden. Therefore the many diseases that affect any single organ system were grouped together.

It is notable that the data entry method only allowed one disease in any single organ system to be recorded. If a patient had more than one issue affecting an organ system, then it was only included once, and therefore this analysis underestimates the overall burden of disease.

It is also notable that even where there was a high index of suspicion for any diagnosis, it was made only where the patients met the diagnostic criteria for that diagnosis, according to Australian standards. For many reasons, the required tests to confirm many diagnoses may not have been done, or may not have been available, and in these cases, a diagnosis was not recorded. This is a further reason why this analysis underestimated the overall burden of disease.

The database was collated and proportions of the population experiencing each condition were calculated. Confidence intervals were also calculated to suggest the likely range of proportions for each condition in the full sample of 581 patients.

All analyses were performed in Stata 16.

Physical Health Problems

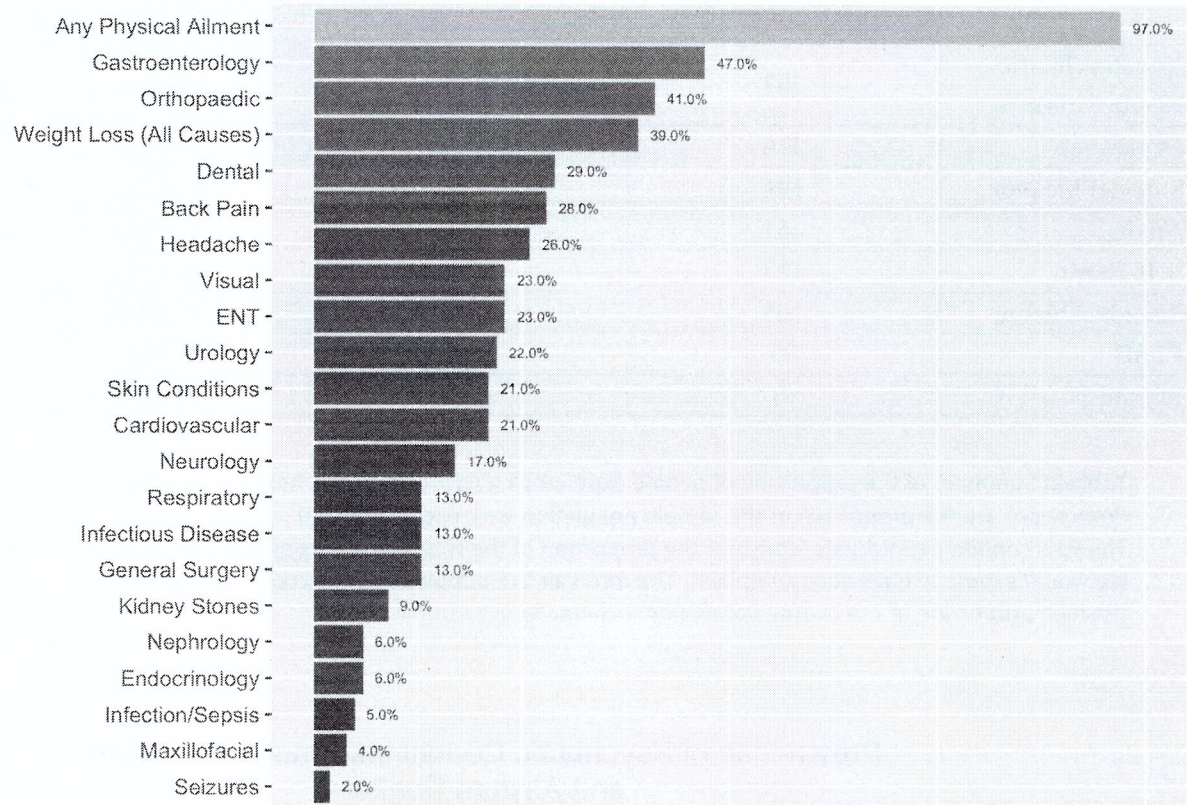
	Number of patients (Total = 338)	Proportion of patients in this sample	95% Confidence Interval
Any Physical Ailment	329	97%	96-98%
Gastroenterology	160	47%	43-52%
Significant Weight-Loss	107	32%	28-36%
Lower Limb	97	29%	25-33%
Dental issues	97	29%	25-33%
Back Pain	94	28%	24-32%
Headache	89	26%	23-30%
ENT	79	23%	20-27%
- Ear	31	9%	7-12%
- Nose	43	13%	10-16%
- Throat	20	6%	4-8%
Visual	77	23%	19-27%
Urology	76	22%	19-26%
Upper Limb	71	21%	18-25%
Cardiovascular	71	21%	18-28%
Skin Conditions	70	21%	17-24%
Neurology	58	17%	14-21%
General Surgical	45	13%	11-16%
Respiratory	44	13%	10-16%
Infectious Disease	44	13%	10-16%
Food Refusal	34	10%	8-13%
Kidney Stones	32	9%	7-12%
Endocrinology	21	6%	4-9%
Nephrology	20	6%	4-8%
Infection/Sepsis	17	5%	3-7%
Maxillofacial	13	4%	3-6%
Rheumatology	6	2%	1-3%
Seizures	6	2%	1-3%
Malignancy	4	1%	1-3%
Haematology	2	0.6%	0-2%
Vascular	2	0.6%	0-2%

Table 1: Summary of the proportion of patients experiencing each physical ailment.

Proportions are the proportion of the sample population with each complaint

The *95% confidence intervals* represent the proportion of the total remaining offshore population we would expect to have each complaint. The intervals are population corrected to account for the high proportion of the overall population included in our sample.

Prevalence of Physical Health Conditions Among Refugees and Asylum Seekers

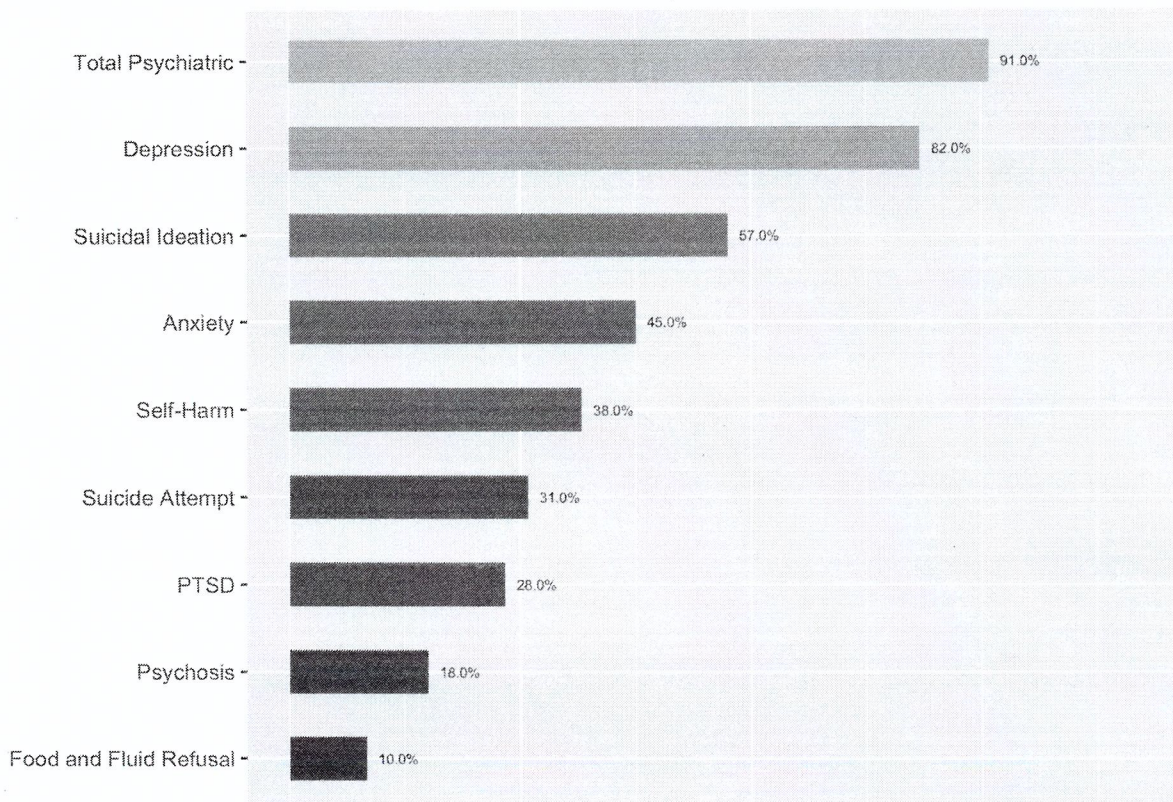


Psychiatric Health Problems

	Number of patients (Total = 338)	Proportion of patients in this sample	95% Confidence Interval
Any Psychiatric Health Problem	307	91%	88-93%
Depression	276	82%	78-85%
Suicidal Ideation	194	57%	53-62%
Anxiety	153	45%	41-49%
Self-Harm	127	38%	34-42%
Suicide Attempt	105	31%	27-35%
PTSD	96	28%	25-32%
Psychosis	61	18%	15-22%

Table 2: Summary of the proportion of people experiencing each psychiatric health problem. *Proportions* are the proportion of the sample population with each complaint. The *95% confidence intervals* represent the proportion of the total remaining offshore population we would expect to have each complaint. The intervals are population corrected to account for the high proportion of the overall population included in our sample.

Prevalence of Psychiatric Conditions Among Refugees and Asylum Seekers



Location Breakdown

	Number of patients (Total = 338)	Proportion of patients
Papua New Guinea	256	76%
Nauru	82	24%

Table 3: Number and proportion of people in Papua New Guinea and Nauru

