

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Members of the Senate,

It has come to my attention that there is an inquiry into the conduct of the Professional Services Review Scheme provided for under the Health Insurance Act. I welcome this inquiry and submit that it should take all the stakeholders into account, which includes Patients as they too are indirectly affected by the actions of the review processes.

Due to various issues, including difficulty in finding information on where and how to send in my submission on an open access computer, I have not been able to read the guidelines before formulating my input, so, I beg your forgiveness for straying from them.

I believe that it was my mother's and my use of our General Practitioner's services which drew the eye of Medicare for the Professional Services Review. As patients, both my mother and I have also been affected by the conduct of the review.

In this case my mother was the 25th multiple service patient in a practice specialising in gerontology and providing a vital service, to mostly aged and frail persons who come from a non-english speaking background, in the language they are most conversant in, so that they can be adequately treated with fewer instances of miscommunication resulting in misdiagnoses and mistreatment.

My mother has multiple health issues ranging from the long-term effect of starvation as a child labourer and displaced person, such as bone decalcification and spinal compression, to heart issues such as heart muscle defects, past adhesion surgery, and asthma. She has suffered a couple of strokes accompanied by heart attacks and is currently bed-bound.

I am the Carer for my aged and bed-bound mother and I am, myself, on a Disability Support Pension because of the long-term consequences of past conventional medical treatment for chronic asthma. My medical history is contained in many thick volumes in several hospitals and I have in the past attended several different General Practices. Unlike my mother, who currently has increased difficulty getting out of bed, I still regularly travel all the way from Surrey Hills (where there are several practices within walking distance) to Balaclava which is a bus ride followed by either a train and tram ride or two tram rides away. I do this because of the services offered, diagnostic skill,

dedication to patient welfare and integrity of my current General Practitioner, . Also, rather than attending several hospital outpatient clinics, without guaranteed continuity of care or choice in treating specialist, we have chosen to be treated by one dedicated and knowledgeable General Practitioner. To my understanding, the very reasons for my mother's and my attendance of his clinic are the probable root cause for the Professional Services Review he is now subject to. Without the treatment my mother and I have obtained in the past and which we are still availing ourselves of at his surgery I could neither care for my mother nor even myself. Mostly, the treatment I currently receive relates to pain management necessitated by long-term use of medically prescribed high dosage steroids.

My mother's very complex health issues were made light of by one hospital specialist to whom she was referred to from Casualty after her first heart attack, when he enquired of her why she was attending his outpatient clinic since there were no problems with arterial disease, and thus inferred nothing wrong with her heart. My mother's problems lie with the actual heart muscle and an unknown disease relating to the veins tearing without imposed trauma. As a concerned GP her doctor called in professional favours to obtain the services of a specialist who was prepared to treat her case appropriately. This saved her life.

Most of my current Medication is not on the PBS list and my Pharmacist receives a quarter of my pension to pay for items, which would be rebateable if I was under 15 but, as I am an adult requiring an adult dosage, I must pay full price. The alternative conventional treatment is steroidal, the side-effects of which I believe have contributed to my current incapacity. I also believe that, if I had remained on the conventional steroidal-based treatment, I would now no longer be numbered among the living. Over the decades (with regular trips to hospital by ambulance followed by numerous admissions, including intensive care), I have gained what I consider to be a healthy contempt for the medical profession, in general, on which my life depends. (My current GP is exempt, due to my experiences of his avocation in fulfilling his Hippocratic Oath and consideration of the welfare of his patients, sometimes to the detriment of his own.) I have, to some extent, taken control of my own treatment. I have learnt to not accept the omniscience of treating doctors and to refuse to accept common practice. I am now considered to be a difficult patient, because I will question and I will do what I consider to be best for me and my mother, irrespective of conventional wisdom. If my mother or I have been prescribed any new drug, I will research it independently, before we decide whether or not we will agree to take it. I tell doctors that they have been brainwashed by drug companies and I mourn the loss of truly independent University research. As a result, my hospital visits have markedly slowed their pace, thus saving taxpayers a serious amount of money.

Returning to the impact of the conduct of the Professional Services Review of my GP on my mother and myself as a patient –

- By threatening my GP with a charge of over-servicing persons, such as myself, who require treatment, which is different than what is commonly obtained, my welfare is also threatened. Currently, I receive regular Laser-Therapy treatment for pain management, which enables me to

write this submission. Without it I would no longer be able to use a keyboard, nor even hold a pen in my hand. Without it I would not be able to sleep comfortably at night. I know this because that is what the situation was before the treatment began and that is what it reverts to if I miss a session. At one stage my GP refused to continue the Laser Therapy treatment without a steroid injection into the joint, the result of which was total incapacity of that arm for a month followed by a long term of increased Laser Therapy as remedial treatment to return the utility of that hand. is now forbidden to provide longer consultations under Medicare. I require longer consultations because of my mother's and my chronic complex health issues and, as we have no money to pay for such out of pocket, it is a measure of character, his understanding and devotion to his patients that he still provides long consultations whilst bulk billing standard ones. I consider this to be unfair.

- My mother's medical records were removed from our GP's surgery without my permission. (I hold both Financial and Medical Power of Attorney for my mother.) These records contain sensitive information relating to our family, some of which she would never have provided to our GP if she did not believe that it would be kept in confidence. Much of this business is nobody's business but our extremely personal issues relating to private family matters. Since my medical and personal history is also encompassed within my mother's, this also impacts on me directly, as total strangers and possibly acquaintances will be reading intimate details relating to my personal life. Does this not contravene Privacy Legislation as well as provisions in the Australian Constitution? There are three professions whose records should never be violated:

. There are currently concerns relating to the Census regarding the ability of databases to be used to gather diverse items and then extrapolate from different repositories to identify individual persons from de-identified data. If the information obtained by Medicare through the Professional Services Review Scheme was transcribed into a database the security of which was compromised, this could allow the whole world access to this sensitive information (which should never have left the GP's premises in the first place).

I submit that, if the Professional Services Reviewers require patient information to provide evidence of roting, that they should be required to obtain the permission of the patients it relates to and that the inquiry be conducted through the participation of the patients in question revising their own records, so that the patient can substantiate whether or not services were provided, without the records being viewed and recorded by persons who the records do not directly relate to. The patients should also have the right to black out any notes they do not wish anyone apart from their GP to be able to access. Medical records are extremely personal, containing sensitive and intimate details of patients' lives,

and should be the property of the patients to disclose or dispose of as the patients see fit.

Yours sincerely,