

The Secretary
Senate Office
Public Administration
Parliament House
CANBERRA 2600



Mr B.W. Hamilton
28 Puna Rd
Wangi Wangi 2267
ph. 02 4975 2058
19/9/01

Dear Sir

INQUIRY INTO THE PUBLIC INTEREST
DISCLOSURES BILL 2001.

I have perused the Bill. Just
the add in the paper was a deterrent
to criminals. I blew the whistle at the CB Corp.
I believe the bill in its present form
should go through parliament
urgently before 21/12/01 when the
new privacy measures take effect.
Otherwise there will be a dangerous
void.

The bill lacks retrospectivity.
What will become of those of us
injured and disaffected by past
malpractice, left unable to have
our cases investigated for act of
grace purposes and already financially
penalized by the retrospective Comcare
Act 1988? What about those of us injured
fighting corruption in government?
Yours sincerely (B.W. Hamilton) (s.s.w.d.)

If doctors can say sorry why can't the Australian government do something about the personell mismanagement of whistleblowers to date like myself? Take the responsible initiative!

B. W. Hamilton
19/9/01



Doctors told to say sorry for mistakes

Mark Methereil

Australia's doctors will be instructed how to explain why their treatment went wrong and even to say sorry to bereaved relatives under a national disclosure code covering medical mistakes.

The code is part of an Australia-wide strategy to end the "culture of cover-up" shrouding many of the adverse events that affect more than 250,000 hospital patients a year, up to 16,000 of whom die.

Despite many specialists' concerns about the growing use and cost of legal claims, the Australian Council for Safety and Quality in Health Care will commission an expert group to produce guidelines, and hopes to implement them within a year.

The council chairman, Professor Bruce Barraclough, acknowledged the plan might be resisted by some doctors. "You are not admitting liability by saying sorry," he said. "There is some evidence from overseas that just by the very act of talking about incidents like this actually reduces the medical litigation rate."

This has been backed up by American and English research showing patients and relatives were less likely to sue doctors if the mistake had been explained, according to the chief executive of the Medical Indemnity Protection Society, Dr Paul Nisselle.

Professor Barraclough said his council's plan was part of a \$55 million five-year project to reduce adverse events in hospitals, many of which, he said, were caused by preventable infection and misadministration, of drugs.

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