Timing of transfer for pregnant women from Queensland Cape York communities to Cairns for birthing

Robert D Craig

TO THE EDITOR: The recent letter by Cox, about transfer of pregnant women from remote communities to Cairns for birthing,¹ mirrored my experiences while working in general practice and psychiatric community outreach in rural Australia for many years. The removal of people from their familiar surroundings (especially for extended periods) in itself exacerbates health problems, even more so when they are already hindered by impaired socioeconomic status or ethnic disadvantage. Almost always, the security of their attachment and capacity to maintain resilience are strained. Furthermore, this displacement often occurs in emotionally charged or threatening health situations, where it is likely to be most damaging: childbirth, treatment of lifethreatening disease caused by malignant neoplasm or cardiovascular disease, and management of mental disorders or substance misuse.

The increasing concentration of "expert" treatment centres in fewer and fewer (usually metropolitan) centres, together with the degradation and de-skilling of rural and remote services that I have observed for the nearly 30 years I have worked in Australia, are sad. However, even worse is the failure of government to do anything to reverse the trend, despite repeated hand-wringing and talking about the rural health "problem".

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¹ Cox JW. Timing of transfer for pregnant women from Queensland Cape York communities to Cairns for birthing [letter]. Med J Aust 2009; 191: 580-581.