In the wake of the Garling inquiry into New South Wales public hospitals: a change of cultures?

Martin B Van Der Weyden

Redressing the imbalance between community expectations and the capacity of the hospital system to meet them will require more than recommendations for prescriptive frameworks and practices

Should a Martian dispatched to report on the state of Australia's hospitals happen to land in New South Wales, the nation's most populous state, his report would be pertinent and predictable:

> Public hospitals are severely stressed and sick. They are afflicted by bureaucratic inertia, and riven with mistrust, poor communication and bullying. To add to their woes, they are chronically under-resourced and understaffed. To the outsider, they appear to be a collection of islands, with health professionals on one island, and administrators, health boards and bureaucrats on others; all are surrounded by seas of silence. Their political masters are at a loss over what to do or where to turn and, in desperation, they resort to conducting inquiries when media reports of adverse hospital incidents become political millstones. In short, there is a pervasive sense of loss — loss of control, loss of direction, and loss of ownership by the hospitals' serving health professionals, politicians, and the community they are meant to serve.

The Martian is puzzled by this loss and the state of public hospitals.

Is this harsh judgement reflective of an extraterrestrial mind, or is it accurate? The tenor of recent hospital-related media headlines or the frequency of high-level hospital inquiries may shed some light on this question. A sample of the former include: *Packed hospitals cause 1500 deaths*;[1] *Public hospitals on 'brink of collapse'*;[2] *Sick opt to walk out of hospitals — long delays in emergency wards*;[3] *Loss of morale driving doctors out*;[4] *Doctors seek cure for bullying*;[5] *Minor cases clog hospitals*;[6] *Longer wait for elective surgery*;[7] and *Westmead doctors seek boss's removal*.[8] As to high-level hospital inquiries, there have been no less than three in NSW in the past decade: the Walker Special Commission of Inquiry into Campbelltown and Camden Hospitals in 2003;[9] a NSW Parliament Joint Select Committee (chaired by Revd Hon Fred Nile) convened in 2007 to conduct an inquiry into the quality of care of Jana Horska, who had a miscarriage in the emergency department toilets at Sydney's Royal North Shore Hospital (RNSH);[10] and, in 2008, the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, led by Peter Garling SC.[11,12] This inquiry followed a coronial investigation into the death of Vanessa Anderson, a young patient at RNSH, following a head injury inflicted by a golf ball. In his findings on the Anderson case, NSW Deputy Coroner Carl Milovanovich noted that:

> There is little doubt that the NSW health system, while certainly staffed by dedicated professionals, is labouring under increased demand and expectations from the general public. Unfortunately, the same issues are invariably identified: not enough doctors, not enough nurses, inexperienced staff, poor communication, poor record keeping and poor management. These are systemic problems that have existed for a number of years and regrettably they all surface in the death of Vanessa Anderson … it is almost impossible to avoid comment on the unfortunate repetition of the same systemic problems that continue to surface … the Government of the day has the responsibility to provide adequate resources, training and staff to ensure the delivery of appropriate and timely medical services.[13]

In short, Coroner Milovanovich poignantly described a system failing because the demands on it exceed its capacity to deliver safe and quality services. On the same day that he delivered his findings, the NSW Labor Government announced the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (the Garling inquiry). In this issue of the Journal, Clare Skinner and her colleagues from the Hospital Reform Group provide a synopsis of the main recommendations of this inquiry (*page 78*).[14] The Garling report is in desperate need of such a synopsis. In his opening statement, Garling is nothing if not disingenuous, nonchalantly noting that his report is "voluminous and detailed". My copy of the report weighs nearly 3.5 kg! Leaving aside the 64-page "overview",[12] there are three substantial volumes comprising 1195 pages, accompanied by an incredible 139 recommendations.[11] This represents the outcome of reviewing more than 1200 written submissions from more than 900 individuals and organisations, listening to more than 600 citizens in public hearings, making 61 visits to public hospitals, conferring with 27 peak bodies, and holding two conferences — and all in just 10 months.[15] Notwithstanding the importance of such activities and the gravity of the resultant report, it provokes issues worth exploring.

Inquiries serve multiple complex purposes, including learning, discipline, catharsis and reassurance.[16] But an overriding purpose is to establish the truth and to recommend change, seeking to eradicate the shortcomings of the past by creating a more effective and efficient system. In some respects, reports of inquiries are like science. Science seeks the truth, but does not become science unless it is published, widely read, and widely accepted. Important to its reception and wide dissemination are the essential reporting qualities of focus, brevity, clarity and conciseness. These are hardly descriptors of the Garling report! One may well ask who has both the time and the stamina to read a report exceeding 1200 A4 pages.

A further complication lies with the very people who are to be instrumental in implementing the recommendations. Hardworking health professionals, including those who have been swept up in the intense scrutiny of the system in which they valiantly try to operate, may be understandably sensitive to criticism and additions to their already burdensome workloads. Furthermore, most health professionals now support the principles of evidence-based medicine, with its taxonomy of levels of evidence. In contrast, the Garling report is based on broad consultation and represents the

distillation of a constellation of opinions — the lowest tier in the levels of evidence. As such, it raises the spectre of the ancient Greek philosophical debate as to whether any consensus of opinion is necessarily synonymous with the truth.[17]

In any event, the report's lightning rods for change are the 139 recommendations (many with extensive subclauses), and herein lies another problem. The recommendations are presented with no sense of priority and, curiously, are not costed. Finally, while acknowledging that policy formulation is easy and implementation is hard,[18] the report is resoundingly silent on the details of implementation, beyond stressing the need for independence and auditing of the process. In this issue of the Journal, Stewart and Dwyer explore some of the conditions that have to be satisfied if the implementation of Garling's recommendations is to cure the sicknesses of NSW public hospitals and, for that matter, hospitals nationwide (*page 80*).[19]

The report unearths little that is new in the Australian hospital system that has not been broached by publications in the *Medical Journal of Australia* over the past decade or so. It aims to increase the efficiency and effectiveness of the current system by way of recommendations directed at optimising health through prescriptive frameworks and practices. It offers little in the way of modifying community and hospital cultures that are trapped in the prevailing imbalance between community demands and expectations and the capacity of the hospital system to satisfy these demands. The Garling recommendations touch ever so briefly on this disconnect; but these cultures can only begin to be addressed more fully by communicating the essence of the report to both the community at large and to all health professionals. Furthermore, we need to move beyond treatment of the symptoms of hospital diseases and determine if there is a commonality of their root causes. This analysis would also inform culture change.

For now, Garling's recommendations need to be prioritised and scrutinised for their ability to actually deliver an improvement in the quality and safety of NSW public hospitals. It is imperative that these recommendations (which are essentially only suggestions) be evidence-based, reality-tested and rigorously debated by health professionals working at the coalface in broad consultative forums, such as the well attended NSW Health Ministerial Forum held in Sydney in December 2008.

Will any of this satisfy our observant extraterrestrial Martian? Will the Garling inquiry make a difference to the cultures of health care? We need to know what the state apparatus thinks. As Skinner and colleagues note: "The response from the state government looms as very important, and is eagerly awaited".[14]

Author details

Martin B Van Der Weyden, MD, FRACP, FRCPA, Editor
Medical Journal of Australia, Sydney, NSW.
Correspondence: medjaust@ampco.com.au

References

1 Wallace N, Metherell M. Packed hospitals cause 1500 deaths. *Sydney Morning Herald* 2008; 13 Nov: 5. http://www.smh.com.au/news/national/packed-hospitals-cause-1500-deaths/2008/11/12/1226318741533.html (accessed Dec 2008).
2 Wallace N, Smith A. Public hospitals on 'brink of collapse'. *Sydney Morning Herald* 2008; 28 Nov: 1. http://www.smh.com.au/news/national/public-hospitals-on-brink-of-collapse/2008/11/27/1227491735544.html (accessed Dec 2008).
3 Medew J. Sick opt to walk out of hospitals — long delays in emergency wards. *The Age* (Melbourne) 2008; 24 Nov: 3. http://www.theage.com.au/national/sick-opt-to-walk-out-of-hospitals--long-delays-in-emergency-wards-20081123-6etv.html (accessed Dec 2008).
4 Wallace N. Loss of morale driving doctors out. *Sydney Morning Herald* 2008; 21 Nov: 3. http://www.smh.com.au/news/national/loss-of-morale-driving-doctors-out/2008/11/20/1226770649448.html (accessed Dec 2008).
5 Francombe H. Doctors seek cure for bullying. *Weekend Australian* 2007; 8–9 Dec: 20. http://www.theaustralian.news.com.au/story/0,25197,22882892-23289,00.html (accessed Dec 2008).
6 Wallace N. Minor cases clog hospitals. *Sydney Morning Herald* 2007; 10 Dec: 2.
7 Hall L. Longer wait for elective surgery. *Sydney Morning Herald* 2008; 16 Dec: 3. http://www.smh.com.au/news/national/longer-wait-for-elective-surgery/2008/12/15/1229189534078.html (accessed Dec 2008).
8 Robotham J. Westmead doctors seek boss's removal. *Sydney Morning Herald* 2008; 6–7 Dec: 5. http://www.smh.com.au/news/national/west-mead-doctors-seek-bosss-removal/2008/12/05/1228257317719.html (accessed Dec 2008).
9 Van Der Weyden MB. The "Cam affair": an isolated incident or destined to be repeated [editorial]? *Med J Aust* 2004; 180: 100-101.
10 Joseph AP, Hunyor SN. The Royal North Shore Hospital inquiry: an analysis of the recommendations and the implications for quality and safety in Australian public hospitals. *Med J Aust* 2008; 188: 469-472.
11 Garling P. Final report of the Special Commission of Inquiry: Acute Care Services in NSW Public Hospitals. Vol. 1–3. Sydney: NSW Government, 27 Nov 2008. http://www.lawlink.nsw.gov.au/lawlink/Special_Projects/ll_splprojects.nsf/pages/acsi_finalreport (accessed Dec 2008).
12 Garling P. Final report of the Special Commission of Inquiry: Acute Care Services in NSW Public Hospitals. Overview. Sydney: NSW Government, 27 Nov 2008. http://www.lawlink.nsw.gov.au/lawlink/Special_Projects/ll_splprojects.nsf/pages/acsi_finalreport (accessed Dec 2008).
13 Milovanovich C, Magistrate (New South Wales Deputy State Coroner). Inquest into the death of Vanessa Anderson. Westmead File No. 161/2007. Sydney: Westmead Coroner's Court, 24 Jan 2008.
14 Skinner CA, Braithwaite J, Frankum B, et al. Reforming New South Wales public hospitals: an assessment of the Garling inquiry. *Med J Aust* 2009; 190: 78-79.
15 Braithwaite J. What's Garlingesque got to do with health reform? *Croakey: the Crikey health blog* 2008; 9 Dec. http://blogs.crikey.com.au/croakey/2008/12/09/whats-garlingesque-got-to-do-with-health-reform/ (accessed Dec 2008).
16 Travaglia JF, Lloyd JE, Braithwaite J. Another inquiry into public hospitals [editorial]? *Med J Aust* 2008; 188: 437-438.
17 de Botton A. The consolations of philosophy. London: Penguin Books, 2001.
18 Menadue J. Policy is easy, implementation is hard. *Med J Aust* 2008; 189: 384-385.
19 Stewart GJ, Dwyer JM. Implementation of the Garling recommendations can offer real hope for rescuing the New South Wales public hospital system. *Med J Aust* 2009; 190: 80-82. ❑