



Media release

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Doctors concerned at latest bypass of rural hospital, with Victorian woman impaled for nearly an hour

The latest appalling bypass of Yarrawonga Hospital in country Victoria is a further example of the growing divide between rural hospitals and the State ambulance service, President of the Rural Doctors Association of Victoria (RDAV), Dr Mike Moynihan, said today.

A woman was left impaled on a fence for nearly an hour on Tuesday night despite being just 100 yards from Yarrawonga Hospital while police and emergency services prevaricated and waited for an ambulance to come from Wangaratta.

The *Border Mail* newspaper has reported that 'volunteers supported the woman's body during the agonising wait during which she had no pain relief and lapsed in and out of consciousness.'

Dr John Emery, one of three experienced practising anaesthetists and emergency generalists based in Yarrawonga, stated: "I was in Yarrawonga, I could have helped her, I could have given her pain relief, I could have assessed the situation and perhaps taken action. If necessary I would have taken telephone advice. We are used to dealing with emergencies and usually work with local ambulance services but these were not rostered on and there was no ambulance available in town that night. Put simply, there's not enough ambulance staff in Yarrawonga to provide a full-time service. We have two ambulance officers for a town of 12,000 people, which swells to 50,000 over the holiday period."

RDAV President, Dr Mike Moynihan, said: "This is the worst example of bypass since the extraordinary bypass of local hospital, surgical and medical services at the time of the Kerang train disaster, when a team of fully-equipped local doctors with advanced emergency and resuscitatory skills and used to dealing with local emergencies was left standing and waiting for a call to assist, and the local hospital was completely bypassed.

"There have been other bypasses and failures to call for assistance since then, but this is the worst. It cannot be over-emphasised that death and permanent disability result from failure to treat accidents and emergencies early in the first hour. Transfer is not treatment. Delayed treatment can cause irreversible damage.

"This confirms our worst fears about the amalgamation of rural ambulance services with metropolitan ambulance services. It's as though rural medical services and hospitals don't exist. In short, we need local ambulance services to work closely with local doctors in our rural communities.

"What does the State want for its rural population? It is not enough for the Minister to apologise. We need action for properly integrated, developed and sustained rural emergency services. The ambulance service must develop mechanisms to ensure they work effectively and interactively with the whole range of rural services in all locations. Already we are seeing the effect of amalgamation and a service with trends to disengagement with the local community. This seriously questions whether the State has got it right."

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