

MEDIA RELEASE

**FROM THE HEALTH COMPLAINTS
COMMISSIONERS OF AUSTRALIA AND NEW
ZEALAND**

Friday 12 December 2003

The Health Complaints Commissioners of Australia and New Zealand are deeply disturbed and distressed by the action of the New South Wales Government in terminating the contract of our highly respected colleague Amanda Adrian.

We call upon the New South Wales Government to undertake an independent inquiry into the circumstances of the sacking of Health Care Complaints Commissioner Amanda Adrian, and to report on the implications of her dismissal for the work of independent Complaints Commissioners.

Governments in Australia and New Zealand have recognised the importance of independent complaints agencies, as a way to promote and protect the rights of patients. The Commissions play a key role as watchdogs, able to alert health authorities and registration boards to situations where patient safety is at risk. To be effective, Health Care Complaints Commissions must be able to investigate and report on patients' complaints without fear or favour, independent of the Government of the day.

Commissions must be accountable for the quality of their work, but the sacking of a Commissioner - because the Government does not accept the message contained in a major investigation report undertaken by a Commission - sends a very unfortunate signal. The possibility of a Commissioner being removed from office by a Minister who doesn't like the outcomes of an investigation is inconsistent with the concept of independence.

The situation in New South Wales highlights the need for statutory officers to be appointed by the Governor in Council, to report directly to Parliament and that they should only be removed from office by the Parliament where there has been evidence of misconduct.

Effective health complaints systems should not be concentrating on punitive measures but should emphasise the importance of addressing systemic issues as a means of improving quality in the interests of patient safety.

The work of Fiona Tito, the Australian Patient Safety and Quality Council and others has demonstrated that "blame and shame" approaches to human error do not bring about quality changes. In solving system errors it is much more effective to use initiatives such as root cause analyses and open disclosure.

Shaming and blaming does not help to bring about cultural changes. We need to promote openness and honesty to improve quality in health services.

In performing their functions, Commissioners must be able to operate independently, impartially and in the public interest.

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