The Victorian
Consultative Council on
Anaesthetic Mortality and Morbidity

Level 7
589 Collins Street
Melbourne Vic 3000
Tel: (03) 9616-1381
Fax: 1300 138 933
Website: http://vccamm.health.vic.gov.au

28 September 2004

Dr Robert Hall
Director, Public Health and Chief Health Officer
Public Health
Department of Human Services
Level 18, 120 Spencer St
MELBOURNE VIC 3000

Re: Discussion Paper on the *Review of the Health Act 1958*

Dear Dr Hall,

The following is my response as Chairman of the Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM)

Issue 1
The title of the act - A suggestion would be the "Human Health Act" which would embody implications for both the collective population as well as for the individual.

Issue 6
Guiding principles should be flexible and while evidence-based decision-making is one approach it has to be appreciated that evidence-based medicine is still in its infancy. The quality of evidence in some studies is doubtful and with present knowledge, rigid application of this approach would be inadvisable.

Issue 23
The section on Health Information is of the greatest relevance for VCCAMM and indeed all medical professionals concerned with the collection of data on adverse events and the quality of care. However, the information must be adequately sourced if firm recommendations are to be made to all personnel involved in health care, including medical personnel, educators and administrators. At present, due to voluntary reporting and limitation of availability of hospital records, there is no proper numerator or denominator to enable Councils to make reliable assessments. Thus, the Secretary should be empowered to collect all relevant health related data, although the exact use of such data should be monitored by the appropriate advisors and clinical experts.

In addition all health practitioners who undertake invasive procedures or therapy on patients should be required to report to the Department on adverse events. This would include ambulance officers who now undertake advanced procedures in emergency situations but there is no public audit of the effectiveness or outcome of their activities.

Issue 24
It is agreed that all Consultative Councils should be established under the same provisions, while always ensuring that they are independent specialist bodies but with limited power to exchange information, as determined by the Chairmen of the said Councils. This would include provisions for subcommittees where these are considered appropriate and this is an area where there may be scope for participation by non-medical practitioners and consumer representatives.

Address all mail to: GPO Box 4923, Melbourne, Victoria, Australia, 8060

The configuration of the Councils should not be too proscriptive as issues in medicine are constantly changing and new subspecialties are emerging. When VCCAMM was established in 1976 there were 4 general anaesthetists appointed. Today there are 18, many with sub-specialist expertise, such as pain management, cardiac and vascular surgery, neurosurgery, obstetrics, etc. Such diverse representation is essential if constructive opinions are to be provided to hospitals and practitioners.

The power to make recommendations would also need to be handled very carefully as there would be legal implications if there was any enforcement for practitioners or hospitals to follow such recommendations.

It is agreed that there should be an obligation to provide an annual report.

Issue 25
In order to carry out their functions effectively, Councils need both direct reports from the practitioners concerned and the availability of at least selected parts of the hospital record, coronial autopsy and other reports in the case of mortality. Confidentiality is an issue but not insurmountable, as is evidenced by the West Australian Anaesthetic Mortality Committee where, by State law, all records must be made available to the Chairman of that Committee.

Issue 26
Mandatory reporting is a difficult issue as there are suggestions that information would be 'sanitised' where the hospital or practitioner feels threatened. However, with the trend to open disclosure this may become a minor issue and it is the only way in which proper statistics can be applied. Certainly specific issues would also need to be targeted from time to time and regular provision of specified information would be essential.

Thank you for the opportunity to comment on this important Act.

Yours Sincerely

DR PATRICIA MACKAY
Chairman
Consultative Council on Anaesthetic Mortality and Morbidity

cc: Mr Jonathan Rush, Chairman, Surgical Consultative Council (SCC)
Prof. James King, Chairman, Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)
A/Prof. Christine Kilpatrick, Chairman, Victorian Quality Council (VQC)
Dr Jenny Bartlett, Chief Clinical Advisor, Department of Human Services