CORRECTED TRANSCRIPT

RURAL AND REGIONAL SERVICES AND DEVELOPMENT COMMITTEE

Inquiry into cause of fatality and injury on Victorian farms

Kerang – 23 March 2004

Members
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Mr B. P. Hardman        Dr D. V. Napthine
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Witness
Ms J. A. Boyd.
The CHAIR — This is the time in the hearing when the committee invites comments from the floor.

I wish to advise all present at these hearings that all evidence taken by this committee, including submissions, under the provisions of the Constitution Act is granted immunity from judicial review. I also wish to advise witnesses that any comments made by witnesses outside the committee’s hearings are not protected by parliamentary privilege.

This is an all-party parliamentary committee, including members from the Liberal and National parties and an Independent member.

I welcome the first person who wishes to make comment, Ms Boyd. I ask you to state your full name and address for Hansard.

Ms BOYD — My full name is Jacinta Ann Boyd and my address is a box 441, Kerang, 3579.

I apologise, I was unaware that this meeting was happening today. I am in a farming family and I am also representing Kerang District Health as one of its senior nurses.

I believe that there are two strategies you could adopt. You could use a fear or friendship type of strategy. In a lot of the farming community the wives tend to do a lot of the family paperwork, whereas the males tend to go out and do the farming work. I believe many farmers are very frightened of legislation and the paperwork involved. I do believe that because of the fear factor we have to decide whether or not we want our farmers to be very scared of the legislation and the potential responses, or whatever, of not to complying; or whether we want to embrace them on a friendship basis and do things like send out councillors to assess the farm as a friendship, helping-hand type of option. I did not say that at all well; if I had had time to prepare, I may have, but I hope the committee understands what I am saying.

The CHAIR — It does. Which way do you prefer?

Ms BOYD — I believe we need to target the farmers’ wives, because it is through the wives, who are actually filling out the paperwork and making sure they comply with regulations that we can get to the menfolk and instigate some of these changes a lot better. Also, in a lot of situations wives are the primary caregivers to the children, and because of their very nature they are out to protect their children at all costs. I think we should be targeting wives, who then go back to their husbands often with these things.

A lot of people that present to our organisation for treatment will be deliberately very elusive. In the usual cases of bone injuries or lacerations, for example, when we ask how the accident occurred, they will tell you how they did it, but when you say, ‘Really?’ and they will reply that no, it really happened another way. It is because of their fear of being persecuted or us collecting statistics on how they did it and those things that they are not telling us how it actually happened. I do not know if we want to do it from the perspective of saying to people, ‘If you do not comply with these regulations this is what can potentially happen’. We often get told in the media that a person lost their farm because of a particular accident that happened. You hear the bad stories, not the good ones, and the Farmsafe Alliance itself and government initiatives need to be very farm focused, showing that they are out there to help, be friends and be supportive.

When the shire councillors were before the committee earlier they were talking about going out to people’s farms and doing spot checks and those sorts of things. From a farmer’s perspective I believe farmers would be afraid of the knowledge that they gained from that; thinking that the inspectors had gone out and looked at 150 farms and not one had come up to specification, or whatever, and they would be worried, thinking, ‘They have been to my farm, and when are they going to come back to check to see if we have complied?’. There would have to be a no-penalty type of situation. It is one thing to be aware of the risk and plan to make these strategies, but there would have to be no penalty.

Dr NAPTHINE — You also work in the local health service.

Ms BOYD — Yes.

Dr NAPTHINE — How important is it to have a well-resourced local health service to be able to respond within a close proximity in to your farming community when farm accidents do occur?
Ms BOYD — It is extremely important. It is vital. We are talking life or death situations at times, so is vital that we are well resourced at all times.

Dr NAPTHINE — How does your accident and emergency department operate?

Ms BOYD — We do not have a doctor present in the hospital at all times. We do have a doctor on call at all times. That response time in reality could be 15 to 20 minutes, depending on the situation. During the day, of course, the response time would be a lot quicker, but after hours, by the time you get somebody out of bed and they get some clothes on and so forth it could easily be 20 minutes. Kerang hospital is very proactive in further education. All the nurses are very much encouraged to keep up their skills and so forth. We try to make all our nurses ACLS — advanced cardiac life support — accredited, and several of us are senior nurses that are trauma trained.

Dr NAPTHINE — Where are the nearest other hospitals to Kerang?

Ms BOYD — Swan Hill and Bendigo. The Victorian health system has a very good set-up that has been instigated only in the last several years. It is a 1800 trauma response number. It has been set up for situations like this, where we are in the country and, knowing that our resources are limited, we get first priority to beds and retrieval services, advice, support and all those sorts of things if we dial the 1800 number.

We also have, not a helipad I am told, but a designated helicopter landing area — politics! — and the retrieval teams take the patient wherever it is deemed most appropriate. A lot of accident patients do not even come to us nowadays if it is quicker for a retrieval to go to the accident scene. It is all about getting the right person to the right hospital at the right time, so if it is more appropriate to send them to us for stabilisation they will, otherwise they are sent off in the helicopter from the scene.

Dr NAPTHINE — With the current system, for more minor accidents, perhaps cuts and things that are not life threatening — things that may go the Melbourne — the doctor then charges back through Medicare.

Ms BOYD — Yes.

Dr NAPTHINE — If that system was banned, how would that affect your ability to provide after-hours service.

Ms BOYD — If the Medicare system was banned?

Dr NAPTHINE — Yes. There are suggestions that doctors coming to a hospital A and E and charging back through Medicare is a breach of the Medicare agreement and, hence, should not be allowed. From country Victoria I think it would make it totally unworkable if that strict interpretation were implemented. I would be interested in your views, without putting words in your mouth.

Ms BOYD — I could not agree more, because it is now patient service that is a very expensive service to the patient. We are working in a rural community where funding is short, especially for farming families, and for the community in general funding is short. If you are paying — and I am pulling a figure out of thin air here — $130 or $140 to go a to a doctor after hours, if you cannot claim some of that back on Medicare then your are less likely to go, therefore you potentially are putting people’s lives at risk.

The CHAIR — Thank you very much. You will receive a copy of the transcript and you can correct matters of fact or grammar, but not matters of substance.

Witness withdrew.