

R. Frank Gorman Esq. MBBS DO FRACO FRACGP

P.O Box 211

MARRICKVILLE NSW 1475

Ph. 02 95583506 Fax 02 95583506

Email: rfgorman@hotmail.com

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**The Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600**

Dear Sir,

The factors affecting the supply of health services and medical professionals in rural areas

First, I apologize for being late with this submission, but I submit it because it is the only, really practical submission that you will receive on the matter of retaining general medical practitioners of competence in small country towns.

1. In the 1950s or thereabouts, when Dr. Ted Hudson was appointed to the Singapore General Hospital as chief of the anaesthesiology department, he entered the fray of how anaesthetic services should be supplied in the hospital. He demanded full time secondments (annual at least) in contradistinction to rotating short term attachments of interns from the pool of trainee medical practitioners.

He gave the new fledgling anaesthetists a week of intense training and then they were 'on their own'.

He insisted that every anaesthetic was performed to a set routine: Sleep was induced with IV pentothal, then the patient was intubated using IV succinyl choline to paralyse the throat muscles, which would oppose (by gagging) the entry of the tube into the larynx and trachea.

Once familiar with this technique after a week of repetitious performance under supervision, the trainees were 'on their own'.

Initially, there was great opposition to this initiative, but soon the surgeons became aware of the lack of drama associated with the anaesthesia of their cases; they became vocal protagonists of the scheme to the extent (I believe) that they insisted that all trainees, who embarked on a career in surgery, had to do one year of anaesthesia training at the outset.

2. In the 1950s, a general practitioner surgeon practicing in Mt. Isa, Queensland, found that ictal migraine attacks stopped completely in 75% of cases when their spines were manipulated under Pentothal and Succinyl Choline anaesthesia. If the treatment was repeated in recovery-recalcitrant patients, a further 10% became headache free.

3. Migraine is the commonest illness affecting mankind: patients abound in every community. Ictal migraine affects 20% of the community and this number would be doubled or trebled if interictal migraine sufferers, who do not have the ictal headaches, are added to the quotient.

4. In my opinion, competence of medical practitioners essentially can be measured by their relaxed familiarity with the treatment of migraine (ictal and interictal).

5. My advice to the Committee is to take a 'Ted Hudson' approach to the retention of competent general practitioners in country towns. There must be an insistence that they are competent to treat migraine by spinal manipulation under depolarizing relaxant anaesthesia.

6. The logic of this recommendation comes from the number of patients requiring this interventional treatment even in a small town; the result is that the practitioner gets repetitive experience in anaesthesia and spinal manipulation. As I have written in my book: "The Great Australian Medical Scientific Fraud", it is the repetitious nature of the process, which maintains the practitioners' interventional skills.

It is easy to train a GP anaesthetist, but it is not possible to keep him confident and competent in a small country town where only sporadic anaesthetics are required. He is faced with the choice, leave the country town, or essentially become a 'paper doctor' who solves medical problems with pieces of paper: prescriptions, letters of referral, certificates etc.

7. I am confident that this proposal is far too 'avante-gard' for the Committee to cope with, but I bring it to the Committee's attention notwithstanding.

8. Further information can be obtained from "The Great Australian Medical Scientific Fraud", which is available from Amazon. This book deals with the problems facing rural communities in greater detail as well as providing an account of the indications for the modern treatment of migraine and the science and logic of that treatment. In addition, it provides references to Dr. Milne's discoveries.

9. I would welcome the opportunity to enlarge on my advice by a personal appearance before the Committee.

Yours sincerely

RF Gorman

Copy Jim Sullivan – Katherine Hospital Advisory Board