Unhealthy system in need of special care

THE TERRITORY DECIDES

Hayley Sorenson

The Northern Territory ranks at the bottom of the nation in just about every metric measuring health outcomes. Remoteness, a high indigenous population and difficulty retaining medical specialists make delivering a quality health care service difficult in the NT, but a forward-thinking government could bring improvements, Australian Medical Association NT president Rob Parker said.

Dr Parker said seemingly simple initiatives such as the supply of fluoridated water to indigenous communities could make a big difference. He said it was “haute” communities in the NT didn’t already have access to what is considered a basic service elsewhere in the country.

“Dental issues can be life threatening for those who are most vulnerable and they’re the ones who aren’t getting fluoridated water,” he said.

Dr Parker said major reform was needed in the area of alcohol policy.

“We’re very keen on the banned drinks register being reintroduced to deal with problematic indigenous alcohol use,” he said.

Abolishing the register was the “worse thing Terry Mills did as Chief Minister”, Dr Park said.

“And (reform) is not just for problematic Aboriginal drinkers; two thirds of broken jaws to RDH come from Mitchell Street on a Thursday and Friday evening.”

“It’s an outrage. For the government to say to the medical profession it’s our responsibility to mop these people up while people are getting severely injured as a result of alcohol policy. They should be thinking of more proactive initiatives.”

He pointed to upgrades to health IT systems, the implementation of local health boards and the allocation of money for a cardiothoracic and neurosurgical unit as major CLP health successes of the past term. The reintro-duction of open speed limits and mandatory alcohol re-habilitation were its chief fail-ings, he said.

Opposition Health spokesperson Lynne Walker said she was supportive of efforts to fluoridate water, and that Labor would consider the proposal to bring fluoride to remote settlements.

“We know that dental health issues are at the source of so many other chronic health issues, particularly for indigenous people. It’s something we need to look at,” she said.

Ms Walker said Labor would work with Aboriginal medical services to give indigenous people greater control over their health.

“We definitely want to see the growth of Aboriginal medi-cal services because they’re the ones who are best positioned to address their primary health care needs,” she said.

Ms Walker said making Darwin an attractive place to live, so the health service could retain specialists and address its high turnover of nursing staff, she said.

Ms Walker said Palmerston Hospital project had been a “complete disaster” under the CLP. The NT News revealed earlier this year that the budget for the project had blown out, and Chief Minister Adam Giles had requested more Commonwealth money to fin-ish to hospital, a request which was denied by the Federal Government.

Outgoing Health Minister John Efferink did not respond to requests from the NT News for an interview.

Heartbreaking choice for sufferers in remote NT

Territorians needing heart surgery — about 25 a year — are forced to travel interstate, far from friends and family.

It can be a daunting prospect, particularly for people from remote indigenous communities, who are about six times more likely than other Australians to need the lifesaving procedures.

The outflow of patients looks set to change, with the Country Liberal Party allocating $8.3 million towards a new cardiothoracic and neurosurgical unit to be based at Royal Darwin Hospital.

Territory Labor has indicated it intends to honour the commitment should it win government.

Roderick Arthur, who lives on Kiana Station near Borroloola, is preparing to travel to Adelaide for surgery.

Undiagnosed rheumatic heart disease means he needs a valve replaced through open heart surgery.

He first noticed something was amiss two months ago.

“I could feel myself slowing down and I said something was wrong with me,” he said.

He complained of shortness of breath and was told by another ringer on Kiana Station he should have it checked out in Katherine.

Indigenous communities in the Northern Territory have some of the highest rates of rheumatic heart disease in the world.

Mr Arthur’s brother and father have both had similar procedures and it’s likely other family members are also suffering from undiagnosed rheumatic heart disease.

Mr Arthur said it was difficult leaving his wife, who is a schoolteacher, and children behind at home for so long while he went away. It will be his first time outside of the country.

He said his focus was on getting the procedure done so he can return to his family and work on the station.

“Dental issues can be life threatening”

Dr Rob Parker
NT AMA President

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Roderick Arthur has had to leave his wife and three kids to come to Darwin for heart screenings. He also has to travel to Adelaide for his surgery.

Picture: KATRINA BRIDGEFORD

Bowden McCormack Lawyers + Advisers welcomes Ashley Marsh to the firm as a Legal Practitioner.

Ashley has a wide range of experience and has provided legal advice to individuals, public and private companies and government departments. He has also worked in Australia and overseas in the education and training, health and agricultural sectors and has been self-employed. Ashley is able to take instructions in our key areas of commercial, corporate and property law and is available for appointments from Monday 15 August 2016.