

31.07.20

Dear Chief Minister,

RE: Northern Territory Election 2020

The Royal Australasian College of Surgeons (RACS) is committed to ensuring the highest standard of safe and comprehensive surgical care for the communities it serves and, as part of this commitment, strives to take informed and principled positions on issues of public health.

Prior to all government elections in Australia and New Zealand, RACS provides an opportunity for political parties to outline their policy positions on key issues relevant to the delivery of surgical services. RACS then distributes these responses to its membership and the public.

RACS has identified the following key focus areas for the 2020 Northern Territory election:

Investment in infrastructure and the surgical workforce

The latest RACS Activities Report highlights that the numbers of surgeons per 100,000 population is lower in the Northern Territory than any other jurisdiction (16 per 100,000 compared to at least 24 per 100,000 for other jurisdictions). Furthermore, the NT is the only jurisdiction that does not have resident surgeons in all nine-subspecialties. This means some specialty areas, are reliant on visiting surgeons.

The availability and funding of infrastructure is essential in addressing the needs of the NT population. The Top End has 17 theatres available across four hospitals; only 13 are funded to be staffed. Two theatres within the Greater Darwin area, and one theatre in Katherine Hospital would be enormously valuable if staffed and funded with beds to provide care that is close to commensurate with demand and addresses specific areas of need.

As an example, according to data from the Northern Territory Audit of Surgical Mortality (which involves the clinical review of all cases where patients have died while under the care of a surgeon), the median age of death of Aboriginal and Torres Strait Islander patients was 17 years younger than non-Aboriginal and Torres Strait Islander patients (53 compared to 70). Although no deficiencies of surgical care were identified as contributing to this gap, the results give an insight into the physical disadvantages and difficulties that still exist within Aboriginal communities.

The Committee strongly believe that there is sufficient workload for additional surgical positions across the NT and investment and funding of infrastructure, and we are happy to work with the elected government to identify the greatest areas of need. An example of how this could be achieved is the State Surgical Taskforce which was recently developed in South Australia as a response to the COVID-19 pandemic. The Taskforce's main priority was to advise on the surgical and procedural resources available in SA during the crisis, and how they could be best utilised.



It brings together experts from across surgery and the health sector to provide timely advice to decision-makers, while also allowing them to disseminate key information through their networks. The success of the Taskforce was reflected in the Government's decision to establish the Taskforce as a permanent advisory and clinical engagement body even beyond the time when the pandemic has passed us.

Addressing the treatment of climate change

In 2009 the first Lancet Climate Change Commission stated that "climate change is the biggest global health threat of the 21st century". Already, damage to the environment indicates that there will be an inevitable rise of the global average temperature over the next century. To avoid a rise beyond two degrees Celsius, and to limit the worst effects of climate change, strong leadership and a commitment to reducing emissions is needed.

RACS acknowledges that a societal wide response is needed. We recently published an updated position paper on 'Environmental Impact of Surgical Practice'. In mitigating the impact of surgical practice, it proposes initiatives to reduce, reuse, recycle, rethink and research.

The College has also established the Environmental Sustainability in Surgical Practice Working Group which will continually review our position paper and provide advice on initiatives that the College can take to reduce the contribution of surgery towards emissions.

The COVID-19 pandemic is generating a huge amount of medical waste from bodily fluid to infectious materials, as well as disposable personal protective equipment (PPE). Gloves made of latex rubber are not eco-friendly choices when the amount is so great in numbers.

Medical waste remains a real threat to the environment with discarded masks, gloves and hand sanitizer containers ending up on landfills or in the ocean. With the sudden short-term increase in the manufacturing of PPEs, this poses the great possibility that there will be an increase to harm to our environment and our health through the mismanagement of waste. Conversely, it also presents an opportunity for the Territory and Commonwealth Governments to support metropolitan and rural regions, by promoting and investing in innovative and sustainable local manufacturing of PPE.

If elected we would like to know how your government plans to respond to the threat of climate change, including the increased burdens it will place upon the health sector. We would also like to know what role the Territory Government will play in progressing this issue at a national level, including supporting manufacturers of medical equipment and the medical industry to become much more sustainable.

Reducing Alcohol Related Harm

In 2017 The Riley Review, highlighted just how unhealthy the drinking culture in the NT had become. It outlined a long list of unenviable records held by the Territory, including the highest rates of both alcohol related hospitalisations and deaths in Australia.

Since that time, the recommendations put forward by the Review, which were widely applauded for setting the benchmark for effective alcohol harm reductions measures, have been almost entirely passed by the NT parliament.

RACS has offered our strong public support for these reforms, and we congratulate all parliamentarians who supported this legislation. As surgeons we are well aware of the devastating effect of heavy alcohol consumption on the lives of Territorians. Misuse of alcohol is strongly implicated in our high rates of injury due to interpersonal violence, road traffic

accidents and family violence.

It is also responsible for our high rate of deaths from alcohol related diseases including cancers, liver disease and the heartbreaking lifelong disability that results from foetal alcohol syndrome. Daily, we deal face to face with the trauma that alcohol misuse generates.

Since the implementation of harm minimisation policies recent reports have highlighted declines in alcohol-related harm across a range of key areas, most significantly in:

- alcohol-related assault offences (a 23% reduction in alcohol related assaults across the Territory in 2018/19 compared to the same period in 2017/18);
- alcohol-related emergency department (ED) presentations (17.3% reduction in ED presentations in the NT in 2018/19 compared to the same period in 2017/18);
- the number of child protection notifications, protection orders, and out-of-home care cases;
- alcohol-related road traffic crashes (resulting in injury or fatality); and
- alcohol-related ambulance attendances.

Despite these successes, the reforms have unfortunately attracted vocal and alarmist opposition from the alcohol industry and many within the media. RACS acknowledges that each of us have the right to make personal decisions about the amount of alcohol we purchase and consume. However, as medical professionals we are very aware this is not a level playing field. Skillful advertising and the aggressive promotional techniques by the liquor industry is not done with the primary intent to increase the wellbeing of Territorians.

Maximising good and minimising harm for the whole population is however the primary responsibility of our elected government. Now more than ever it is important that the next Government of the Northern Territory demonstrates leadership, and continues on the path of transforming the Territory from lagging behind the rest of the country, to becoming a national leader in the prevention of alcohol related harm and trauma.

Reducing the impacts of domestic and family violence

Domestic violence is one of the most urgent social and public health issues of our time. In Australia, females are three times more likely to experience at least one incident of physical and/or sexual violence by a current and/or past domestic partner compared to males (17% compared to 6.1%).

Conversely, males are the main perpetrators, accounting for 75% of all reported domestic violence cases in Australia. Becoming a perpetrator can be associated with a number of factors including societal issues (gender-based power); history of childhood abuse; mental or personality disorders; diagnosed with acquired brain injury; drug and alcohol abuse or simply a history of bullying and difficulties respecting boundaries. Recent media reports have also highlighted troubling increases in domestic violence during the COVID-19 pandemic.

Domestic violence is a major contributing risk factor to mental and physical ill health, and homelessness. It contributes to the highest burden of disease in females aged 25–44 years (higher than other well-known risk factors such as smoking or alcohol). Among Aboriginal, Torres Strait Islander populations, domestic violence is estimated to contribute five times more to the burden of disease compared to non-Indigenous populations.

We must all take responsibility for addressing and eliminating domestic violence from our society. RACS recently updated our position paper on domestic violence, which aims to provide guidance to clinicians about the potential presentations of domestic violence observe on victims, and about how they should approach suspected domestic violence cases. The College will continue to review our position to make sure it remains relevant and achieves its

intended purpose.

In recent years there have been many targeted and effective policies (including those identified in the Riley Review), aimed at reducing the rate of domestic and family violence in the NT. However, rates of domestic and family violence continue to remain far higher in the NT than other Australian jurisdictions. The College believes that a wide ranging and comprehensive review similar in nature to the Riley Review, is needed to develop a long-term strategy aimed at eliminating domestic violence in the NT. Like the Riley Review it is imperative that sensible evidence-based measures are accepted, implemented and funded if meaningful change is to occur.

Conclusion

In Summary the College would like to know your party's responses to the following questions.

1. Will your party commit to fully funding and staffing all 17 operating theatres in the Northern Territory?
2. Will your party fully commit to ensuring that the fully staffed and appropriately located surgical beds are made available for elective surgical patients?
3. Will you commit to creating a Surgical Taskforce or similar clinical engagement body, with the aim of identifying the areas of greatest need for targeted investment in NT surgical services?
4. What steps will your party take to advocate with the federal government for national action on climate change, including conducting a national review on how we can reduce medical waste in Australia and support local manufacturing of PPE?
5. Will your party maintain the strong alcohol harm reduction policies that have been established in the Territory since the Riley Review?
6. Will your party commit to conducting a comprehensive review (similar in nature to the Riley Review), to address the devastating levels of domestic and family violence in the NT?
7. Will your party commit to accepting in full sensible evidence-based measures identified by this review?

On behalf of the RACS Northern Territory Committee I would like to thank you for taking the time to read and respond to this letter. I look forward to sharing your responses with our membership.

Yours sincerely,



Mr Mahiban Thomas
Chair, RACS NT Committee