Remote health care delivery a job for the stubborn

Providing health care to remote communities, especially Indigenous ones, is a task for the stubborn, says Dr Mark Loane, the keynote speaker.

Dr Loane, an ophthalmologist in Brisbane, has been providing cataract surgeries to scattered Indigenous communities in Cape York, far-north Queensland, during the winter months for the past 21 years. His message to the 250-plus audience was that the field of providing such care belonged to people “who are stubborn, who will stick around”.

“To do this is complicated and something that requires huge effort and takes maybe 10 years, maybe 20 ... to become familiar with the problems,” said Dr Loane, who is also famous as an Australian rugby union player and captain in the 1970s-80s.

Besides being in it for the long haul, he said, the other important key to the whole enterprise was having a personalised co-ordinator to make sure everything holds together and gets done.

“No one of this can be done without them. I think if there is an answer anywhere in rural remote and Indigenous health it is co-ordination,” he said.

Eye professionals, said Dr Loane, had been going to the Cape York area for many years but, until recently, co-ordination across the various parties and levels had been lacking. To this end, the federally funded Indigenous Remote Eye Service, of which Dr Loane is chairman, was launched last October.

Using a “hub and spoke” model, assessments are done at community level over the year, and those needing higher-level care are escalated to Weipa, the main town on the northwest coast of Cape York.

The idea, Dr Loane said, was to provide a “centre of capital city” level of care in remote areas, using “the best technology available in the Western world”.

But the difficulty with such projects, he said, was how to attain “some permanency of delivery”.

In this regard, he drew on his experience as a Wallaby. When he first joined the team in 1973, Australia had lost 28 tests out of the past 30. The team tried to turn things around. “We thought it had to do with psych-up talks, with intimidation. But we finally realised that we needed to look at structure and process. Instead of goals we needed to look at the individual parts of the game and improve those ... And we realised that once we put the process in place, the goals would look after themselves.”

Consequently, Australia started improving their winning record and in 1979, with Dr Loane as captain, the Wallabies finally won the Bledisloe Cup – the annual contest against New Zealand – for the first time in 30 years.

The lessons for long-lasting health care, he said, are obvious: “We have to evolve to the point that it means asking: ‘Will something exist when you’re no longer there?’”

Dr Loane, who was made a member of the Order of Australia last year for services to medicine, said delivering services to remote communities was not a matter of charity: “It is just people’s democratic right. My father and grandfather fought for this country, it’s a fair country, and [what we are doing] is just a question of fairness.”