

One Nurse's Experience with Australia's Emergency Healthcare System

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It started with an uneasy feeling as I was scuba-diving among multi-colored flowing anemones cemented to coral along Australia's Great Barrier Reef. There...it came again...that queasy feeling in the pit of my stomach. Something was wrong, but what? I motioned to the Dive Master, pointing up. He shook his head and took my hand. Tethered to him, I had no choice but to swim along. He nodded to the right and my eyes followed his gaze as a school of silvery streaks of lightening swam by, their scales reflecting the sun's rays on the water's surface, some 30 feet above. I pulled back and again motioned that I wanted to surface. This time, he reluctantly guided me back till in the murky distance I could finally discern the guide rope ladder suspended from our boat's bow. As quickly as he brought me here, he disappeared to rejoin the others in his charge.

As I ascended slowly pondering the enormity of the fact that not only was I indeed in Australia observing the Great Barrier Reef from the inside on what would be the only opportunity for this particular folly on our three week Australian/American Nurses' Exchange, but also that I was throwing the opportunity away by surfacing prematurely. No sooner had I surfaced when I saw a commotion on board and realized instinctively that I was right in thinking something was wrong.

Stumbling over the slippery deck footing I made my way toward the crowd assembled mid-ship. In the midst of it all, sat Jan, a member of our group, now pale and anxious, gulping voracious breaths and then, coughing up pink splats of water. It was evident that Jan had almost drowned but what was not evident was how it happened.

In the meantime twenty-one nurses from very different practice disciplines swung into action. Clearly we had to allow Jan's lungs to expand--a non possibility with the vise-like rubber wet- suit girdling her torso. Of a collective mind, it seemed, several nurses began the rubber peel while the others scattered some of the other 125 passengers on the semi-cruiser in order to confiscate a table. We lay her on the table while we formed a human privacy shield around the newly designated bed.

One of our group retrieved a T-shirt and shorts, while another coaxed a small tank of oxygen from the Captain. We rolled her on her side and encouraged coughing. No, we demanded coughing! Weakly, she complied. For a short while we tried tipping Jan in a Trendelenberg position but the position was more than she could bear. We used alternative therapies; one nurse made back and forth motions with her hands around Jan chanting and smoothing the air of frayed nerve energy waves; another lay her hands on Jan and brought healing energy to her; still another told Jan positive affirmations about herself while another tried to calm Jan's anxiety through use of guided imagery. With my flight background, I requested ship-to-shore transmittal asking for a medical transport helicopter and an immediate return to Cannes.

To our surprise, the Captain refused! He made no call for a rescue helicopter and refused to cut the trip short by turning back even though we were dangerously close to losing a passenger who had just experienced a life-threatening event.

Was our experience due to the politics of socialized medicine? Australia's medical system is modeled after the socialized medical system of Great Britain. By the end of our 3 weeks in Australia, I came to understand that the Socialized health care system is not the panacea it is purported to be. Although it is true that tax-paying citizens are entitled to free healthcare—the problem lies *in trying to obtain that healthcare*. One Australian I spoke with, on our tour, claimed that he had been on a waiting list to see a dentist for 2 years! I was told that even though Australia's citizens pay a lot in taxes for their “free” healthcare, they have an exceptionally hard time getting access to it. Oddly enough this has encouraged healthcare insurance private providers to start doing business in Australia. On the heels of this came private hospitals that only accept patients who have private insurance. Then, there is another problem...the person who has bought private health insurance and is admitted to a private hospital will still find he/she has to meet an out-of-pocket deductible. The state will not allow anything from the socialized budget to meet this need.

So...the economics of our present situation (as seen in retrospect) were that a medical transport helicopter existed (and was probably stalled on a heliport in Cannes), but the life-threatening medical emergency of a non-tax paying foreigner did not warrant the expenditure of scarce medical resources. The Captain himself explained his decision not to turn back to port for help. The cruise held 125 paying passengers. Our group comprised only 1/6th of those passengers. Rather than cut the trip short and risk having to reimburse the majority of passengers for an aborted trip when they had already expended resources like fuel, food and crew salaries, he decided to take a calculated risk that she would survive and opted to continue the trip.

We tended to her, one-by-one as she continued to cough up water. We were well aware that an oxygen flow at 2L per minute from a small E tank would soon run out. Then what?

Jan maintained a marvelous sense of humor throughout the ordeal. As one nurse combed and parted her short red hair I overhead another passenger walk by who said, “Looking beautiful.”

“No, I'm just getting an estimate,” Jan quipped.

Finally when frustration over our inability to do anything more to improve Jan's plight seemed to be as stressful as possible, a major break-through happened when a few of us got together and prayed. The ship turned. It was a subtle shift at first and then the unmistakable arc of waves in the water signaling we had indeed turned back. Over the intercom the Captain announced that he had made arrangements for the ship to make a short stop at the first port available and an ambulance would be there to meet us. Only

two were clinical nurses in the group (the others were primarily educators, researchers, and executives) so Deb and I volunteered to ride with her. The Captain also told us that he had contacted the hospital in Cannes (approx 100 miles further south) and they were preparing an ICU bed for Jan.

Once docked, Deb and I quickly loaded Jan into the ambulance and watched as the ambulance driver applied leads to Jan's chest. Our mouths dropped in horror as he then turned North instead of South on the road that led back to the safety of Cannes and the ICU bed that Jan so needed. We asked him what was wrong. Why did he turn in the opposite direction? What was going on? He ignored us, concentrating instead on driving like a whirling dervish to wherever he was bent on going. We finally concluded that he couldn't speak English rather than accept the rudeness of no acknowledgement whatsoever.

After careening for the better part of an hour toward the setting sun he finally turned into a driveway adjacent to what looked like a run-down old barn. Inside, a kindly looking woman in a blue and white aproned-uniform greeted us and welcomed us to the hospital! Hospital!? This was a hospital? As she bent over to plug the exam light into a box-battery on the floor, I knew we were in trouble.

To our added surprise, the ambulance driver now gave the admitting nurse an excited report! It appeared he could speak English after all and was as rude as we initially suspected by not answering our questions. He told the nurse that he saw inverted waves after placing monitor leads on Jan's chest and thought she was having a heart attack. That was why he made the choice to drive one hour to this small rural hospital instead of two hours to the modern ICU at the regional hospital in Cannes. Deb and I looked incredulously at each other at this revelation. A simple matter of lead placement and misinterpretation could have been so easily cleared up had he only communicated with us! But...he chose not to and now we were even further from getting Jan the help she so desperately needed!

They did have a doctor on duty though, and rudimentary hazy x-rays confirmed suspicion of large amounts of water still in Jan's lungs. The Dr. quickly recommended that the ambulance driver take Jan to the hospital in Cannes. One of their nurses volunteered to ride with us on the way back. With the fresh supply of oxygen afforded by the small hospital, Jan was feeling somewhat better.

The road was pitch dark as we rode back because, in Australia there are no rural street lights to uselessly waste electricity. The Australian nurse sensed our wariness of the dark road. She told of many animals, primarily kangaroos, being killed on the dark roads. Startled by fast approaching vehicle headlights, they freeze and wind up as large road-kill. Many of the kangaroos have babies, called Joeys, in their mother's pouches. Sometimes the penitent motorist will stop and pull the Joey out of the dying mother's pouch. By paying a small fee and registering the baby with the state a person may adopt the kangaroo as a pet in this manner. Our Australian nurse had done exactly this and told us how the kangaroo was house-broken in time and how she had even taught the animal

to drink tea from a teacup at the table. She cried then when she told us that after heavy insecticide spraying for spiders (all spiders are poisonous in Australia) their beloved pet suffered massive seizures and died. They thought the seizures were related to absorption of the insecticide through the kangaroo's feet.

Jan took off her red St. Louis T-shirt and gave it to the nurse as a gift. Later, towel-clad, Jan was admitted to the ICU at the regional hospital in Cannes. She remained there for four days-the exact remainder of the time our group was scheduled to be in that city. The ICU was as modern as any one in America. (When speaking with one of the doctors, I found out that he had just interviewed in St. Louis with the cardiologist on the unit where I worked! Small world!) Jan was transferred out of ICU to one of the six-bed wards. There was an H-tank of oxygen on a rolling cart next to her bed and no electronic call bell system. Jan was too weak to push the heavy tank of oxygen every time she walked down the hall to the bathroom so; we took turns staying with Jan at the hospital.

Over the course of the remaining time we spent together we were able to piece together how the incident on the Great Barrier Reef occurred. As the ship proceeded toward its Great Barrier Reef destination, all the passengers were given choices about how they would like to enjoy the Reef. These choices included snorkeling, scuba diving, or remaining on board and going below deck to view the oceanic habitat through the boat's glass bottom. I had trained for this opportunity by taking scuba diving lessons stateside well in advance of the trip, so naturally that was my choice. Four of the other members of our group were also interested in the scuba experience- after all, they reasoned, if *I* could do it why couldn't *they*? The Dive Master accommodated them and said that they did not need to have prior certification; that they would be given training adequate for an observational dive. This is where the multi-faceted problem began.

Remember, this was our first day in Australia and we were giddy with excitement. We chattered unceasingly through the orientation. An orientation complicated by the fact that the vernacular was strange to the other nurses, and the speech of the man doing the orienting was heavy with a foreign German accent. Vat? A BCD? A regulator? Vat's dat? Who cares?

At one point he held up a piece of equipment (that I knew from my scuba lessons diverted air from the tank to fill the buoyancy control device (BCD) acting as our life vest) and told us to NEVER press that button. This seemed an odd instruction to me, yet I knew that many people would, in a panic situation, inflate their vest, rise too quickly to the surface and experience the intensely painful "bends". It could even be fatal to them.

Since I had taken scuba lessons they separated me from my friends and placed me in an intermediate group with a different dive master, while my buddies went with the German orientation guide as their dive master. One of the other nurse's later accounts of the incident combined with Jan's, flesh out the rest of the story. Once submerged, and unused to the tight wet-suit and the unnatural way of breathing through the regulator in her mouth, Jan's anxiety level began to rise. She wanted to back up, but the Dive Master would not let her. At one point she started toward the surface anyway only to be caught

by the ankle as the Dive Master pulled her down. Now in full-blown panic, Jan was determined to surface. Another nurse intervened on her behalf using hand signals to get the Dive Master to let her go. Finally he did release his hold on her ankle and Jan ascended. She recounts looking up as she floated up in the water. The light seemed brighter and brighter as she neared the surface. When she felt sure she was close to the surface, Jan took the regulator out of her mouth! She forgot that she still had 20 lbs of lead weights around her waist. No one had told her to release them when surfacing. And she didn't know the power of the little button she had been cautioned NEVER to press that would have inflated her BCD life-vest- because the orientation instructor never explained its purpose. As Jan bobbed helplessly two feet below the water's surface only one thing was certain: her head would never clear the water.

It was a phenomenal stroke of lucky coincidence that someone was on deck, saw Jan floundering, and got a life vest to her in time. Or was it a coincidence? I once read the definition of coincidence that seems to have relevance in this situation. It says, "A coincidence is a small miracle in which God chooses to remain anonymous".

One thing the entire experience has shown me how good our healthcare system in the United States is. It seems to me that our system fulfills its healthcare responsibilities to citizens or foreigners alike. To activate an emergency response, you just have to indicate a need. America's 9-1-1 system takes care of rapid emergency responses in most localities. Even if you don't have healthcare insurance, there are options like Medicaid and social service departments that help the individual acquire aid. Although mistakes can happen anywhere and in any country, my experience contained in this article has led me to reanalyze my thinking on healthcare practices in foreign countries. Sometimes we can be taken in by the hype and positive marketing on certain issues- namely "free" healthcare for all. Now that I have experienced the inability to gain access to this "free" healthcare, it does not seem as enviable as maybe it once did. Even though our healthcare practices in America are not perfect, after my involvement with Australia's healthcare system, I don't take what we have for granted.

Darlene Sredl, PhD, RN is the author of over 80 articles in professional and lay journals and two books. *Airborne Patient Care Management: A Multidisciplinary Approach* (which has been chosen by the government of Chile as their official air evacuation manual.) and *Nurse Yourself* is a humorous and zany book on unusual stress-relief tips from A to Z for nurses and other healthcare professionals. Familiar with nursing issues at both staff nurse and nurse executive levels, Dr. Sredl now teaches nursing to BSN and MSN students at the University of Missouri in St. Louis. Additionally, she is a licensed pilot and the former CEO of AV-Nurse International, a flight nursing dispatch company. You may reach her at sredld@umsl.edu