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I Will Not Die But Live! – Smashwords edition  
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## Forward

Standing in the Trauma room, I was thinking about the limitations I faced as an emergency nurse. I not only wanted to care for my patients physically, I wanted to share God's love with them. I helped save their lives but was not able to tell them about God's love. It was with this in mind that I was praying, "Lord, you know how much I love my job. However, I feel like I'm not doing enough for my patients. How will they know of Your love and care for them? But government laws forbid me from sharing my faith with my patients. Please help me and use me."

Little did I know that this was the beginning of the end of my working career. Without knowing it, I would be left with the personal decision to either stand up to a hospital system that wanted to hide poor, inadequate and dangerous patient care, or else to accept bribes. Because corruption and cover-up was such a major part of the running of that hospital system and those entrusted with the monitoring of it, I was walking straight into a career-ending conflict. As a result, I subsequently came to suffer severe depression that was resistant to medication, and I was also diagnosed with post traumatic stress disorder.

My experience is not a lone one.

There are many others with this same story but in different locations and different careers. Why is it that we humans can be so upset when something bad happens to us, but when we see others beaten to death in front of us we just walk away, or worse yet... stand by and just watch?

I believe it is at times like this that the true character of a person comes out. You either stand up, no matter what, or succumb to the tyranny. There is no middle ground. If you choose what you think is middle ground you are really succumbing to the tyranny.

My story begins in Bundaberg, Queensland, Australia.

I worked at Bundaberg Base Hospital, within the Queensland Health system. That very hospital was home to a Royal Commission some years earlier. There was an overseas-trained surgeon who had been previously removed from practice in New York and Oregon in the U.S., but had filtered through the cracks and was consequently made top surgeon at our hospital. I will not take the opportunity to share that story except for a small portion of what I witnessed. Following the Royal Commission, the people of Queensland probably thought that was the end to problems within that hospital.

It most certainly was far from it.

I wanted to write about what happened to me. My purpose is not to write to tell what I did. My desire has been to speak of the experience, share the pain of it and hopefully teach and encourage. A lot of education has become public over the last decade regarding depression, but a real-life story may help bring the illness a little more clarity.

If you are a whistleblower or know one, this may sound familiar and provide insight into the mind of someone fighting for the weak or for those who are unable to speak for themselves.

If you work within a health system, please allow your mind to be open to questioning how you work within that system. Whether or not you share my Christian beliefs and desires is irrelevant, because you will still be subjected to the same pressures and problems as I was.

Will you take a stand or succumb to the tyranny?

The problems I witnessed are not particular to one hospital. Indeed, they are rampant worldwide. The problems continue today.

As you read through these pages, my hope is that it will give you a glimpse of what living with depression is like. Depression is a horrible sickness. It attacks so many people and can sometimes rear its ugly head for no obvious reason. Or it may be brought on by some overwhelming event in your life. That is what happened to me and also to my husband, as a result of what I went through.

Also, I want to share thoughts about work culture in general. This has come about after many years of thinking about what happened to me. If I can get people thinking about their work culture and how they fit or do not fit into it, that in itself will prove a positive influence. While I was still a

nurse and working within the health system, I was unable to see that I was being slowly dragged into a very twisted work culture.

Even though the demands of the job seemed to make it understandable, this did not mean it was right or acceptable.

Perhaps as you read through the following pages you may recognise yourself as suffering some of the same problems, or just as significantly, you might recognise your own tendencies to be a bully, cause distress to workmates or to those you serve. If I leave you asking questions and looking at your own life, I will be pleased. This, for me, is all about sharing my experience in the hope that it will help and/or encourage others.

I have had many careers and have enjoyed study. This story that I share had its beginnings in and even before 2007, but it exploded in January of 2008, seven years ago at the time of my writing. At the time I was a highly qualified emergency nurse. Not only was I a registered nurse but I had my Masters of Advanced Practice in Emergency Nursing and had a significant list of additional qualifications that would have easily led me into a career of Nurse Practitioner, if I wanted to head that way.

I must admit that a good portion of this book is taken from numerous reports and letters my husband and I wrote during that period. I have found it all so helpful because there is no way I would have ever remembered everything that happened.

Also, in the final chapter I mention my husband and his unwavering support. He was not left free of scars from this either. However, one positive thing it did do for him was allow him to support friends who have family members going through the same type of experience. He now knows what it is like to live on both sides of depression. I have been overwhelmed by his support and love throughout all of this.

Early on, when my depression was accelerating, one of my greatest fears was that my state of mind would be too much for my husband to handle and that he would leave me. He never gave a hint of leaving me but it was a great fear of mine. I was recognising how sick I was, and figured I would just be too much to bear. Perhaps the fact that I had seen couples split during tough times fed that fear.

Today we remain best of friends and continue to help each other through the subsequent depression we have both been left with. We sometimes joke that together we make a whole person. Some days it seems rather true.

My story is not a new one, but sadly it is not uncommon either. If you are suffering, then I sincerely hope this brings you comfort. If you are a worker I hope it causes you to contemplate your work culture and whether or not it is a healthy one. If you are in management, I would be thrilled if it really made you think about your responsibilities.

If I bring about even just a ripple of change, it will have been worth it all.

## Chapter 1

### **Life as a “whistleblower”**

Hindsight is a wonderful thing. For those of us who unknowingly were thrown into the fire pit of whistleblowing, we certainly can understand our situation and see it more clearly than when we began.

I took my responsibilities as a nurse very seriously, and that is where I fell foul of the system. Nursing has many facets but, ultimately, the nurse is an advocate for the patient. This is the nurse's first responsibility. All other aspects, requirements and training work toward that fact.

Unfortunately, in (some) current health systems, that responsibility appears to have been lost. Financial pressures on health organisations force nurses into a precarious situation. The nurse is forced to either do what can be done (usually with insufficient resources or personnel), or to suffer for speaking out. Add to this the family financial pressures of keeping your job, and the almighty dollar reigns supreme. Patient advocacy gets lost, nurses just do what they can, and the patients suffer to varying degrees.

I faced these pressures in every area of the hospitals in which I worked. Unsafe patient loads were placed on us, and patients suffered. There was no avenue for help. Unions provided forms to fill in to complain about the situations we faced, but these brought no help when we needed it. I lodged numerous complaints about issues with patient care through appropriate channels. We are talking about basic human rights in a lot of the cases. However, there was never a response from my nurse unit managers on any of them. In the absence of any such response, I was left hoping something was being done. But I never saw help, and patients continued to suffer.

I could not cope at work and eventually applied to WorkCover for stress leave. At that time I still had not really recognised what was happening. I presumed that management would agree with my statement of job mismanagement by my superior, and my stress leave would be approved. I hoped that time off would help me get better. Dealing with my complaint and resultant health problems would almost certainly have been that simple at that time.

The million-dollar question is: Why do organisations hide the truth? Especially when people's lives are at stake? Things would be so much easier if the truth was simply told at the outset. I remember hearing that WorkCover rejected my work-related injury claim because management had “acted reasonably” and “supported me.” Thankfully I was able to easily prove my claims with the documentation I had saved, and my appeal was approved. But that was only due to the fact that I had saved documents that proved my statements. However, things did not change at the hospital.

After seven different investigations and almost two years, there were state-wide system changes within Queensland Health, including immediate additional funding of \$250,000 to the emergency department where I had worked, and a further increase of \$5.4 million to its budget. The emergency department had been the focus of my complaints.

When the final “investigation” was due out, I was given a preliminary report. It was rife with what I considered to be mistakes, twisted statements and downright untruths. After I was able to prove the report was erroneous, biased and grossly inaccurate, it was then revealed that the investigation had never been undertaken by an investigative body at all.

It became quite a confusing and obscene mess run by top officials in the state hospital system. This flagrant lack of ownership of the investigation, along with blatant mistakes and outright false statements left me with no confidence in a reliable process. Like the investigation itself, even the report's ownership was flawed and confused.

But when one examined the content of the report, it was little wonder that anyone in management would wish to distance themselves as far as possible from it. So blatant was the obvious effort by all those in management to distance themselves from what was clearly a bogus and appalling report, that at one point I asked if ownership of the investigation changed because they feared a negative outcome. There was no response to that question.

In e-mails from the District CEO, he stated "Each investigation can make different and conflicting findings due to the differing purposes of each investigation."

How could there be conflicting findings when the same evidence was provided, unless there was bias on the part of the investigator/s? I asked what was the real purpose of the investigation, given the amount of evidence that was ignored by the investigator. I was sure that if a different body investigated, and actually quoted the documented evidence provided by me then a very different outcome would have indeed been reached.

I complained that not a single investigator ever questioned me after obtaining statements from management. In a court of law, I would have had the natural justice of being able to respond to the statements and/or evidence presented by those opposing me. They were provided the right to respond to my charges, but I had no right of reply to theirs. This appeared to suit the investigative body but it was not fair or moral, and was clearly done to add to the bias against both me and the truth. They considered that I should not be provided the opportunity to respond to management's statements, no matter how erroneous or inept they were.

After a long period away from reading this material, I have just now read through our public response regarding the Ethical Standards Unit (ESU) interim investigation report. (It had been our understanding and confirmed in correspondence that the ESU was in charge of the investigations regarding my claims.) We were scathing in our response, and rightly so. We had spent long enough wondering how strong we could actually be in our remarks regarding obvious omissions and misrepresentation of documented evidence. We came to the conclusion that no one had been listening to us previously and it was time to speak more clearly.

Our (mine and Ian's) very public disgust and response regarding a totally biased and botched investigation must have been very humiliating, or at least, annoying. Each person involved in that investigation deserved to lose their jobs, but only after they were forced to answer publically for their belligerent and biased efforts. Our response left no question that it was an unmistakably biased investigation, as we were able to provide documented evidence to our claims, while management was almost without exception, not. To this day our response can still be seen online on the Queensland Parliament website.

<http://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2009/5309T1485.pdf>

I often think about what I believe was absolute spite directed at me in April 2011, the day of my one and only legal compensation meeting. I think back to the ESU representatives in that meeting. I was not aware of any need for them to be at that meeting, but they were. I wonder now whether they were there to see my destruction and to report back to those we publically humiliated. We believed their actions showed a clear lack of proper investigative technique, and after repeated erroneous and blatantly biased findings on their part, we stated as much. With each successive inept and biased finding by the ESU, we began stating our distaste at such bungling in clearer and clearer terms.

Perhaps we were too clear in our comments about their lack of ability to perform their job appropriately... "And before some other spin-doctoring, responsibility-dodging ignoramus tries to tell me..."! In the end, unfortunately, when being purposely ignored and misrepresented, one begins to feel that at least such a brash statement might somehow get someone's attention.

The investigations that came about because of my claims missed the opportunity to bring about much needed changes within the system. How could things change for the better, for patients and staff, if investigations such as these sought more to ignore and cover up problems, than to expose them? If problems are exposed and identified, then measures can better be put in place to ensure problems do not recur, thereby better serving the public, whom health systems and their employees are charged with the proper care of.

"Everyone working for Queensland Health should understand our commitment and obligation to the public. In the same way, everyone working for Queensland Health deserves to be treated with respect. And all of us can expect a workplace where leadership and integrity are foremost."

That statement was attached to the QH Code of Conduct and Policies. Somehow, the intention of the statement was not what actually took place in the work environment. I am unable to

remember any integrity, let alone it being foremost. What did manifest itself with flying colours was a noxious desire on the part of all investigative bodies to cover up problems and issues of wrongdoing, to the detriment of all.

I can speak about what happened. But sometimes to get a feel of what it was like, requires something extra. If you will excuse my indulgence for a few more pages I will include some issues from the ESU report, how they reported it and our response to that. Yes, this is documented paperwork.

1.Regarding the doctor who said the ambulance were “shit crew” the ESU stated that there was a “lack of recall of witnesses relating to the alleged inappropriate comments by Dr xxxx towards the xxxx”.

The report never mentioned that I provided them with two written statements; one by an ambulance officer to whom comments were actually made, and another by his own manager since he reported it to them upon his return to the station that day, immediately following the incident. The report also never mentioned that it was most certainly not reflective, or acceptable within, the Queensland Health’s Code of Conduct.

2.Regarding a junior doctor who wanted a patient with a suspected stroke to be given an aspirin before a CT scan (if it were a stroke with a bleed, it most certainly could have proven lethal). The investigation stated that, “However it also should be remembered that many of these medical practitioners are junior doctors and would not be expected to have the knowledge of the senior doctors within the DEM.” Most certainly I would expect a junior doctor to know not to give a possible stroke patient an aspirin until after a CT had been performed to confirm there was no brain bleed! I would also expect a junior doctor to be able to insert an IV and take bloods. If junior doctors are not expected to know basic things while working with patients, then the public needs to know this; especially when these junior doctors are not supervised. This kind of attitude is very dangerous and poses very real and unacceptable risks to patients.

3.On rare occasions when the investigation actually acknowledged that my concerns were valid. It then excused them because they “are ongoing issues for hospitals which cannot be fixed immediately”. There were no recommendations to ensure these concerns were actually addressed.

4.A new nurse-to-patient ratio system was placing patients (and nurse’s credentials) in jeopardy. Nurses were directed to use the PRIME system to make complaints. However, when nurses complained in the only prescribed manner available to them (the PRIME system), they were directed to cease complaining! In other words, “Endanger patients and put your hard-earned nursing credentials at risk, but DON’T DARE COMPLAIN!” This was workplace bullying of the worst kind, and represented culpable liability on the part of the person making the directive! It showed no concern for the welfare of patients or nurse professionals!

5.Regarding enrolled nurses (EN’s) accessing the IV’s of patients, this was something the EN’s were not qualified to do at that time within the Australian Nurse’s Guidelines. This was beyond their scope of practice. I had encountered EN’s performing this task on the ward I was working in, so I raised this concern with the nurse educator on the ward. I was curious as to whether the regulations had changed. Her response to me via e-mail was that with the registered nurses’ discretion, the practice should be allowed to continue by the EN’s. The ESU investigator later asked the nurse educator what her response was to my statement. The nurse educator stated to investigators, “if this issue was raised with her, the expectation would be that IW (me – the Internal Witness) immediately raise the issue with the Nurse Unit Manager...” The nurse educator for the ward suggested to the investigator that the practice would be utterly unacceptable, and yet in her private e-mail to me she supported it. Either way, e-mail proof of her knowledge of the event was indeed available, including her response to me. Notably, the investigator omitted my own e-mail of this event from evidence.

6.One of my complaints was that the course for learning to read electrocardiograms (ECG/EKG’s) was not adequate. Numerous other nurses were also complaining about the course, that it needed to be better. The investigator stated that “Ms xxx has no evidence of the IW (me) completing the first module...” for the ECG course. I actually provided my certificate for having

completed the course to investigators, and their response said nothing of the inadequate course material.

7. When I complained of how my job application procedure had been mishandled in early 2008, the investigators used my manager's statement from my work stress claim where she actually stated that I was "junior" at the time. I had been in the department two and a half years and was also one term away from completing my Masters of Advanced Practice in Emergency Nursing, a qualification no one else in the department held. I completed this qualification on time and without problem or issue. I gained many other career-based qualifications at and around that same period. Among these were: Trauma Nursing Core Course, Ventilation Workshop, Member of Society of Critical Care Medicine, Member of College of Emergency Nursing Australasia, Preceptor training, Patient Communication workshop, I had started a research project surrounding the Fast Track trial, and was also working on researching the issues of privacy and of overcrowding in our department. I initiated changes to one particular nursing procedure in our department and had other documentation waiting for a permanent director to discuss further changes with. I represented the department on the Child Advocacy Team, I supported our unit in relation to child safety (having formerly worked in Paediatrics), I supported my colleagues in completing and working through mandatory reporting of suspected child abuse documents, I wrote a new Competency Training Manual specifically for nurses in relation to the Hospital's own child protection intentions and programs, for some time I was the only nurse in the department who was competent in accessing port-a-caths (no doctors in the department were able to perform this task), I represented our department as a member of the MET (Medical Emergency Team), I kept my competencies up-to-date, I was qualified to prescribe certain drugs (unusual for a nurse to be able to do). I took every opportunity to further my education as I wanted to continually improve the care I provided. In short, I was extremely passionate about my job. I was 'acting up' as shift supervisor – at management's request and with their support – during my final period in emergency. Surely management would only suggest and promote such a 'junior' to acting shift supervisor if management were utterly incompetent. So we asked: "Was I junior, and therefore management was irresponsible for promoting me to this position, or was I in fact (as was the case), NOT junior at all, and so management has again coloured the facts to gain a desired outcome and slur upon my credentials and character? To include a statement that I was "junior" without clarification could be seen as an attempt to discredit my overall position within DEM(emergency). However, even if I was junior and had only been there a short time, I still should have been afforded the proper attention due me through the QH recruitment policies and QH Code of Conduct. I was not. Indeed, if xxx wishes to deem me as 'junior', then xxx is culpable beyond all previous imagination, since xxx has failed to protect and support someone who by being 'junior', would naturally require extra care and attention! So, which is it? xxx and the ESU cannot have it two ways. If the ESU believes this ludicrous statement by xxx that I was 'junior', then the ESU should surely be expected to recommend that xxx be stood down or at least disciplined for failing to care for the (innately) most vulnerable in her care."

8. My unit nurse educator was offering a course to help you apply for a higher position. I asked her for this course through e-mail. Her statement to investigators was: "I reminded Christine that if she still felt she would benefit from the one-on-one workshop, we needed to get together. I heard no more from Christine concerning this matter. I had no knowledge of her application for the clinical nurse position, until the NUM showed me all the applicants in my role as part of a panel member." I was able to provide e-mails where I had told her that I was ready for the course and that I required it prior to the applications being advertised, as I was applying for that position. The investigators received proof but no action was taken.

9. My unit manager stated that she spoke with me regarding my concerns about Dr xxx, and that she had been trying to assist me with dealing with different personalities. Our response was that this was certainly not in line with the QH policy and it did not address the issue at hand, Dr xxx's abusive behaviour. Hence, management not only lacked the courage to deal with the issue when it arose, it then attempted to blame the victim when their incompetency was exposed. I was and



remain convinced that because I complained about issues such as Dr xxx's bullying behaviour, that management tired of me, and (I believe) conspired to cripple my career. And indeed, they actually succeeded in destroying it completely. Moreover, it was and remains my firm belief that by trying to hide or play down the problems I raised, the ESU compounded my injury, leaving me to suffer far greater injustice. It seems that no one had the will to follow QH policies or Code of Conduct. Indeed, those rules were treated as mere fantasies – looking good on paper but never something to be taken seriously.

The workplace harassment orientation program for the department identified that managers and supervisors are responsible for setting appropriate and ethical standards of behaviour by ensuring that dysfunctional and unethical behaviour in the work area is identified and promptly addressed. Management failed miserably, and indeed, added to the problems.

It was my belief that the ESU interim report reflected a clear bias on the part of the investigator/s against me. The documented evidence I provided at the outset of the investigation was ignored almost without exception, all to my detriment. The dubious testimony of management was consistently taken as proof, despite my documented evidence stating otherwise. When trying to explain it to others it was like explaining something that only happened in movies. It seemed totally unbelievable, but we lived it.

A few times I mention my “documented evidence”. The paperwork would fill two large suitcases. The computer and paper copies are shared with trusted colleagues in case the originals are ruined or stolen. There are also interview recordings and transcripts produced for a few of them. My evidence is varied and comprehensive. It also contains documents shared with me by other whistleblowers. It ranges from being as obscure as a politician's taped interview stating that a married leader in his party put his girlfriend in charge of a government department, to the names and details of patients who died at the hands of spiteful and reckless health professionals. What I claim can be backed up with proof, and indeed was, for numerous investigators. Unfortunately for those whose lives have been ruined by it, it means nothing.

Oddly enough, the very day the final report was to be sent to me, someone within the District CEOs' office thought I should be warned of a “whitewash investigation”. That person contacted a local Member of Parliament by phone, an old friend. That worker secretly asked the MP to contact me and warn me. This person thought I should have some support with this report about to arrive on my doorstep. This person would have known of my fragile state because the District CEO was the QH contact left in charge of weekly/biweekly contact with me to ensure I was “ok”.

My husband and I made requests to the Queensland Crime and Misconduct Commission (CMC) for intervention at this “final stage” of the investigations but these were initially rejected. I decided to go public. Even then, it was months before the Chairperson of the CMC agreed to investigate my allegations into the “investigations” that took place. You won't be surprised to know that the CMC supported the findings of Queensland Health, despite the fact that the ESU totally and completely ignored my documented evidence and showed undeniable and flagrant bias, choosing repeatedly to take the word of management in various serious matters.

Further, the CMC Chairperson made the following statement: “The evidence does not support any finding of official misconduct or other conduct warranting consideration of disciplinary action on the part of any of the Queensland Health members of staff against whom Mrs Cameron has made a complaint.” My documented evidence was disregarded without exception, but this was considered more than adequate by the CMC, even though they had been repeatedly made aware of the evidence.

At the initial CMC meeting in January 2009, my complaints were taken along with those of two other staff members from my department. The three of us were all subsequently given whistleblower status. Once it came time for “compensation” payments, we were all given a typically low initial notice of assessment figure. I'd be embarrassed to offer \$24,000 for a permanent disability payment to a professional who had just been cheated out of their beloved occupation, but obviously WorkCover was not.

As had become the accepted path to take with WorkCover's usual impractical compensation offers, all three of us proceeded with individual legal action. After each of their case conferences, the other two were offered compensation payments, which they accepted. It is worth noting that my two colleagues did not speak out during the process of their claims, whereas I did.

At my first and only case conference regarding my compensation claim, the lawyer for WorkCover began by making comments about my speaking out in the past. He said in effect, "I want to begin this meeting by reminding your client [me] that this meeting is confidential since she has a website she tends to put things on ...". During my case conference, other comments were made regarding the documents I had produced, which sought to expose continued problems and corruption within the Queensland Health system. At that meeting, I was given a compensation offer of "zero dollars." My injury had been rated significantly higher than the other two whistleblowers. (In fact, WorkCover's own medico had evaluated me as having suffered a 74% health loss.)

Nonetheless, it is my understanding that my two fellow complainants were subsequently given significant compensation payments, certainly not "zero dollars." (It is worth noting that at that time, I had already been approved for the Australian permanent disability pension, my husband approved as my carer (carer's pension) and my retirement fund had approved a permanent disability payout.)

There is whistleblower legislation to protect whistleblowers from this type of reprisal, but finding someone to enforce the legislation is another matter. The Queensland Ombudsman looked at my request to investigate and suggested I take it to the CMC — which I did. However, having learned not to expect justice throughout this process, I was not surprised when the CMC decided not to become involved.

So, when asked if I would do it all again, I have to say yes. How can you watch people suffer and say nothing? I could not. Unfortunately, many nurses did, and continue to do so. Some even become aggressive toward those who do speak out and take a stand. Perhaps it is time they should reconsider their chosen profession. Ignoring or hiding the chronic sickness of the health system will only prolong the sickness and likely exacerbate the damage.

When I look back on my initial application to obtain stress leave, I realise that I was so naive about what lay ahead. Everything was a shock along the way. I was completely overwhelmed by the realisation that people could be so abused yet authoritative bodies purposely turned a blind eye, and indeed magnified the corruption. Alas, it seemed to be the task of most managers and investigative bodies alike to do everything in their power to hide allegations of abuse or error.

The Human Rights Commission declined my request to look into the matters as they were not claims made by the individuals themselves. Her Majesty the Queen stated that she was unable to intervene but would discuss the matter with the Governor General. The Governor General stated that she had no power to intervene.

The Medical Board decided that a doctor who assaulted an 18-month-old child was innocent since the mother had not complained, even though the nurse did. The hospital found foreign doctors acting in an abusive manner to be acceptable, and stated as much, citing cultural differences to be a valid reason for abuse. The four jobs I was denied, the profession I lost, the health I no longer have, the extreme financial retaliation I have suffered, and the patients who suffered are left alone and unassisted. Who will listen, or care enough to act? It appears that there is no one who has power or the will to intervene. This makes one ask, why have legislation in the first place then?

I had hopes along the way that I would be able to make a difference for the better. I still remain unsure whether I made a difference. However, I am not sorry I stood up against abuse, even though I suffered for it. I would not do anything differently, and I am glad I had no idea of where this whole saga would lead. I might have run away instead of standing and fighting. My husband and my daughter have been my greatest support and without them I would not have survived thus far. (I mention more about their care for me and the cost to them, throughout the book.)

At times I feel that I have only caused a ripple, but sometimes that is all it takes. What had happened to me was no new thing. The treatment of whistleblowers is well known to be a dangerous situation to find yourself in... just ask one.

Whistleblowers Australia is an organisation dedicated to supporting those who speak out. They kindly encouraged me in a simple way by printing an article I wrote about my experience, in the early days. Their website has numerous stories of people just like mine.

<http://www.whistleblowers.org.au/whistleblowersstories.html>

I was also contacted by a researcher in England, who was studying the health consequences of speaking out. I was able to assist her in her research by being one of her cases to study. The research paper by Rosemary Greaves and John McGlone is now in print.

Hospital managers need to recognise that nurses are on the frontline. Hospital managers need to see the value of this profession, and support it far more than they do. Nurses experience the problems firsthand, and need to see that management takes their complaints seriously, with open communication that brings about needed change and assistance. Nurses are not asking for better staff rooms to enjoy meal breaks that they never get! Nurses are asking for caring, ethical management, so that patients are better cared for, and so that nurses themselves do not suffer as they have done, as I have done, and as nurses continue to do.

However, those in management are not simply one day going to just notice how important nurses really are. Nurses will only bring about this change themselves, by acting as a united profession. The nursing profession is big enough to bring about change, but the fear of losing job-security has paralysed any hope of unified action. Unfortunately, without any real change I believe that the nursing profession has lost sight of its objective and is slowly and inadvertently adding to the ill-health and eventual death of any good and proper health system.

My final statement to the investigative body remains true today: "Personally, I hate being a whistle-blower. Regardless of legislation, it's effectively a career-ender. But I never had a choice – since the belligerence of management had already effectively ended my beloved career!"

I will ask this again and again... In 20 years time, will you be sorry you did not act this day, or will you be pleased with your choice? I am pleased with my choices, even though they have cost me dearly.

## Chapter 2

### **Your workplace choice**

Life is about choices.

Every day of our lives we make choices, whether we recognise them or not. Whether old or young, we make choices. And whether they are good or bad choices, we live with the consequences or benefits of those decisions. They could be simple or difficult choices. No matter, we all make them.

Through listening to people from various occupations, I have recognised that each work environment has its own culture. This unique culture within the workplace grows and develops over time. It gains its ownership of the workplace through choices made. Its strength comes from the fact that workers choose to “go with the flow” instead of perhaps bringing about change.

A new or young employee may arrive in the work culture after a lengthy time of training. The new employee may have been taught that “this is how it should be done” in a clinical environment, but in reality, when they reach the “real world”, things are a whole lot different. The new employee soon learns that “THIS” is how it IS done. Even if the training taught a much better way, usually the work culture is so strong and engrained that the better way is ignored. The new employee soon learns to keep quiet or face consequences. This can include losing their job, lack of advancement or bullying on the job.

It is within that work culture and the choices we make, where we will delve.

One particular older nurse provided me the opportunity to think about my career. I was concerned that I would become as negative as she was. I started to pay attention to other nurses and realised that I had a choice to make. Did I want to become like them and provide less than adequate care for my patients? If not, then I had further choices to make. The system I worked within did not allow for adequate patient care. I would have to step up and fight for my patients’ rights.

Unfortunately, back then I never really saw the “culture” aspect of the workplace. These thoughts have come about after years of thinking about what happened to me. I remember that once some of the older nurses left the department, the culture (environment) did get slightly better... for a time.

I have met and spoken with quite a few whistleblowers from different professions (teachers, police, government agency workers etc.). Occupations that provide essential services for the public are very susceptible to developing an ethic that can lead to abuse of the public. When people work with the public all the time, they can develop their own opinions (judgements) of those they are serving. They can forget that they are “serving” and that is the beginning of the abuse cycle. They begin to see the public as “deserving” or “non-deserving” and change their work practices to suit. The whistleblowers I met were trying to change these abuse cycles they were observing in their work places.

For example, take unemployment benefits. The government puts the system in place. The people come to obtain the benefits for whatever reason. The worker at the unemployment benefits office believes he or she can tell whether the person “deserves” the benefit or not. They in turn become harsh in their dealings and in turn, the people needing the benefits may become aggressive. The employee loses sight of the “service” and holds power over those in need.

This happens in so many government services. Employees can end up treating the service as if they are paying for it themselves, and have every right to decide who can utilise the service and who cannot. Who deserves help and who does not? I probably should not have used this example because I know so many people have such strong opinions about unemployed people. However, those possible strong opinions may help you with my next example.

The medical profession is a high-risk area for abuse. The various workers in most health care systems are overworked and likely underpaid. They get pushed by managers to get through patient numbers as quickly as possible. That pressure in turn gets passed on to patients, and they can

receive less care, bad care or even no care. And, who cares? You hear the statement made, “Oh well, they are trying to keep up”. Because staff are “trying” does not excuse what is happening in health systems today.

Time, pressure and money all place heavy burdens upon health care. That is a major problem. When money takes priority in health care, patients will always suffer. When money takes priority in health care, workers will always suffer. And again I ask, who cares?

The Emergency Department where I worked did not have a permanent director the whole time I was employed there. The hospital hired temporary directors and that provided the department with a vast array of various personalities and leadership. This, in turn, affected the entire department and how it operated.

Those who provided good leadership stepped in and worked among the other Doctors to ensure patient care was maintained at a high level. During those times the department seemed to function much better.

The abusive leadership of others allowed them to set their own climate as culture and made way for other abuses to freely come out in the open in relation to patient care and professional support. When someone asked one particular doctor how to spell his last name he stated, “G-O-D”. He verbally abused numerous patients with no regard for them or their family. It seemed to me that in his eyes he was a god, and if you did not bow down to him (in attitude), you were open for abuse.

Through that period of turmoil, I had been introduced to many nurse whistleblowers throughout the state of Queensland. They each had much the same story. They individually saw a problem, fought it and suffered for it.

As I spoke with each one I recognised that we had a common thread: We took our responsibility as the patient advocate to be the priority, even over our careers. I must also mention that I met whistleblowers from public housing, education and the police force. They all fought against a destructive and problematic work culture. These problems are not only in the health system.

There have been some fabulous nurses lost to the profession in this way. The level of experience lost is overwhelming. The nursing profession has lost so much and will continue to do so if nurses do not take up the challenge to stand up and be counted together.

When I asked each nurse whistleblower if they would do it all again the answer was always the same, a resounding “yes!”. Even though we were left personally ruined, the fight was seen as a necessary part of our profession. We are responsible as the patient advocate, nothing less. If you were true to your profession there was no other choice.

As I see it now, the state of most health systems is partly a result of nurses not banding together and taking a stand. This fight is nothing anyone can do on their own. Professionals need to band together to fight against the downward spiral that patient care has been forced into.

New Zealand Nurses Organisation CEO Geoff Annals said that “nurses are frequently in situations where the weight of demands for their attention is greater than the support available to them...In these situations it is not possible for any nurse to do all the things that are required.”<sup>1a</sup> Should nurses just let it go and accept the situation or fight for their patients’ lives?

I remember years ago in Canada it seemed that most unions were striking for one reason or another. Today it seems we rarely hear of a strike by a union. Perhaps there is more control over unions, I do not know. But at one point, I remember the nurses union striking. At that particular time my grandfather was dying from cancer and my mother was understandably distraught. She was upset and wanted her father to receive care.

I can see the upset on the part of family and patients when nurses strike. However, at some point, if nurses do not take a stand as a profession, then poorly funded health systems with questionable management practices will continue to reign supreme.

I remember one nurse telling me that she was so close to retirement she just wanted to quietly work in her corner, not make any waves and she would be out as soon as she could. Even though that attitude is understandable, it only serves to feed a downward spiralling health system. It allows

poor and/or corrupt management to continue, unchecked. It also supports poor patient care. That nurse was failing at her job and did not realise it.

That nurse, along with numerous others, refused to provide me with supporting statements regarding my claims of problems within the emergency department. They would freely discuss the issues between themselves and with me, but they were afraid to make their concerns known in any official capacity. They were afraid to stand up. Even when someone else was taking a stand they refused to stand behind me and publically support what I was saying... exactly what they were saying in private.

In 2007, Ontario Superior Court Justice Campbell was quoted as saying “unless there are people somewhere in the system that want to change, the system will never change.” 1b He went on to reinforce what we already know, “health has a huge bureaucracy. And to make changes in the health system is like trying to steer an iceberg.”

I’ll ask again, in 20 years time, will you be sorry you did not act this day or will you be pleased with your choice to remain safe and silent? And how safe will you be when a corrupt or dogmatic management has you in its sights? In 20 years time, will you remember your neglected patients? Will you or they have benefited from your choices? What choice will you make today?

This is about a choice I made and what happened as a result. Given the opportunity, I would do the same thing again... even though it almost killed me. My life will never be the same but I am pleased with my choices.

**‘The only thing necessary for the triumph of evil is that good men do nothing.’**

**Edmund Burke**

## Chapter 3

### **My choice made**

Nursing is all about patient advocacy. Patients require care and nurses are foremost the advocate for the patient. Nurses are the only one with the patient 24/7.

Think about it. How many times have you stood up for your patients? Have you witnessed hospital managers forcing excessive workloads and thereby threatening quality care for patients? Have you seen bullying and unfair treatment in the workplace? Patients abused by doctors? Nurses abused by doctors? It is a continual problem. Health officials, managers and Doctors so often simply do not listen to nurses.

Unfortunately, this not only takes its toll on patient care, but nurses suffer also. If the nurse is the advocate for the patient, who then is the advocate for the nurse?

No one.

Work related stress is a fact; there is no denying it. It can be extremely prevalent and destructive in any profession, but especially in the nursing profession if the nurse seeks to uphold the most important virtue of the profession. The nurse's top priority is to be an advocate for the patient, and when we see a health system that actually hinders the patient's right to receive safe, timely and proper health care, the nurse suffers that much more. Nurses literally hold their patients' lives in their hands, and management continues to force more stresses upon the nursing profession. Stress is a destroyer and I am one of many victims.

I had previously enjoyed my work in emergency so much that I found myself feeling guilty that I looked forward to going to work. It was such a privilege to care for my patients and at times, their families. I think of some of the severe trauma patients I worked on. I breathed for some when their bodies could not; their lives depended upon me holding the mask to a tight fit over their face while I squeezed the bag that gave them oxygen.

There were always various tasks to take on when a trauma patient arrived, and I enjoyed each one. Often times I chose to take care of the parents of child trauma patients. I always left it up to the parent; they could be present with me during treatment or I would provide them with frequent updates while they were next door in the private waiting room. If they chose to be present I would stand with them, answering all their questions, describing what was happening and supporting them through a time when they thought their child might die. I can still see those beautiful little lives and the horrific injuries that they survived.

When the situation looked quite grim, I sat and discussed with parents the possibility that their child would not survive the injury. I have phoned Ministers to come and sit with parents (at their request) and offered counsellors.

I spent numerous shifts working with trauma patients and often stayed hours past my work time so I could provide a smoother transition of care for their transfer to either Intensive Care or an expected helicopter airlift with a trauma team to a major hospital. At times this involved me taking on the patient's full care as they were transferred by an ambulance to the airport and a transfer onto the airplane and handover of their care to an aerial ambulance nurse.

I stood beside patients as they took their last breath. As terminally ill or elderly patients came toward the end of their lives I was able to help their families identify the process that was happening, getting them prepared for what was ahead.

There were patients who became severely ill over a short period. I particularly remember one husband who thought his wife just had the flu. I was able to speak with him for some time and explain that it was possible his wife would not survive the night. Unfortunately, her illness was due to the lack of training by the junior doctor she had seen the evening prior, who did not understand how to provide proper care to a patient undergoing chemotherapy.

I worked well with the Police and assisted them as quickly as I could while often the doctors just wanted to leave them and their patients waiting for as long as possible. Some doctors purposely waited until after the required time for a blood test to legally prove drunk driving.

I remember one particular night a young doctor got caught off guard and didn't notice why the patient was waiting to be seen. When he entered the room it was too late to back out. He gave the most pitiful performance of "trying" to get a vein to remove blood that it was obvious that he was trying to avoid performing the required task.

I confronted the doctor outside after that incident and he gave me his true thoughts about why he faked the attempt. It was from that night on that I stopped passing those patients to the doctors and performed the tests myself upon the patient's arrival. The Police were always thankful as it also meant that they could return to their duties more quickly.

I loved my job so much that I decided to undergo further study, and subsequently gained my Masters of Advanced Practice in Emergency. What a pleasure! I loved the knowledge it gave me, and the confidence to be a better professional.

Unfortunately, through a ridiculous series of events, it became painfully apparent that management did not support me. A doctor assaulted an 18-month old patient. I documented it in the young patient's chart. Nursing management said to me, "If you write things like that in the chart, families will just sue the hospital".

An elderly patient died after being refused a more acute bed by the senior nurse in charge, because the nurse believed the patient to be drunk when he was not. That patient's young nurse suffered long after the dreadful night with the unnecessary outcome, and the family does not know the full and distasteful story. Another senior doctor said to one ambulance crew, "You must be the shit crew because that is all you bring in"! This was said over the patient on the ambulance trolley with their family standing around, and with the rest of department hearing the loud, offensive comment.

Unbelievably, EVERY management staff member who responded to my claim said that this doctor had the highest qualifications in his field, and therefore refused to take any action. However, whether you have the highest qualifications or the lowest, nothing makes this kind of abuse acceptable.

When a senior nurse in management responded regarding one doctor's outburst at a patient, he stated that, "I agree that QH (Queensland Health) has no room for bad behaviour but in this instance cultural differences require consideration and understanding". So, it is obviously ok to abuse if there are cultural differences, or if you have high credentials... Since there are so many cultural differences in Australia, then workplace bullying is ok?

The problems I faced as a nurse took place at the Bundaberg Base Hospital in Bundaberg, Queensland Australia. A few years earlier that same hospital was the subject of a Royal Commission into a foreign doctor who had been indicted for killing, injuring and mistreating hundreds of patients. The nurses had been speaking out about the doctor but he was making so much money for the hospital that management at the time simply covered up the problems. It was not until a nurse secretly met with Member of the Queensland Parliament Rob Messenger, with her grave concerns, that the case was exposed publically. (Flashback: The untold story of Toni Hoffman) [Flashback: The Untold Story of Toni Hoffman](http://www.allenandunwin.com/default.aspx?page=94&book=9781741148817)

The surgeon at the centre of the problem went to prison for some years but was later released for legal reasons. I do not understand what happened with his case, but I know many people were very upset and rightfully so. He had previously been barred from working in New York and Oregon, but somehow managed to hide his past from authorities. (A book was subsequently written about what happened during that time titled "Sick to Death" by Hedley Thomas. Here is a link to the book, which is available through numerous sites:

<http://www.allenandunwin.com/default.aspx?page=94&book=9781741148817>

I (and others) had personally seen a surgeon rush his dying patient to the operating theatres, joking words to the effect that he could perform a "living autopsy". He and his anaesthetist laughed, excited as they raced toward the operating suites with that poor man in his bed... still alive.



And yes, that happened in Australia. Thankfully the man died before the surgeon could get his hands on him in the theatre. \*A 15-minute film can be seen via YouTube about this matter at: <http://youtu.be/HzoYz3RhvEQ>

The day after the incident, I wrote the report of exactly what happened. I gave it to my nurse manager. After she read it she said that she would get someone else to write the report. I guess that she thought that the truth should not go in the dead patient's file. Thankfully I saved that report, and there were other witnesses.

The incident was later reported to the Queensland Minister of Health. Sometime later there was a response back from him. To quote in his exact words in a letter dated July 30, 2013, "This is to advise that following an internal review, the alleged matter has been referred to the Crime and Misconduct Commission for its investigation."

When I recently asked the CMC if there had been an outcome of the investigation yet, their response on March 11, 2015 was "a search of our database did not reveal a complaint related to you or Rob Messenger (the MP assisting me) regarding a report of this nature".

Is it ok if I make a sarcastic comment and ask for hands to raise if anyone reading this is surprised at the response?

After the recent response from the CMC, I decided it was time to pass my documented report of the incident and the two letters on to the media to do with as they would like. The public deserved to know that either a high government official was attempting to cover up this incident, or he or the CMC were at best, very poor record keepers. Alas there were no takers for the story. One media person I know responded back to me, "To be frank, I do not believe (this doctor) would do such a thing - he was negligent, not a murderer. Thanks for your offer but because I do not have confidence in the allegations, I cannot justify the time that would be needed to investigate an impossible-to-prove claim."

I figured this media person had just misunderstood what I was saying, but the words still hurt. The surgeon knew the patient was going to die. However, it seemed to me that he thought it would be "fun" to open up the man and watch him die. To me, at the very least, he should have been questioned on the matter. But, no one wanted to know about it when I reported it. And no one wanted to print it.

At the height of the investigations regarding my claims, I was told that I made the second highest number of formal complaints about incidents that happened with patients in our hospital. It must be noted that often times a 'complaint' is actually written as (or understood to be) a request for help / explanation etc. These numerous requests for help were made by me, and yet I was continually ignored. The "code of conduct" in the health system regarding behaviour in the workplace very clearly outlaws bullying in any form, and yet by constantly ignoring every plea for help by me, and refusing to give me any feedback on issues I raised, this very much manifested itself as bullying against me. Truly, there are standards, and unprofessional behaviour is no longer acceptable... at least on paper.

I wonder if there is even one nurse left who has not witnessed or endured bullying or unprofessional behaviour. Yet it continues. Why fight it? Believe me, it seems an impossible process. We could all list numerous stories identifying bullying behaviour in any workplace.

I could go on but I am sure you have heard it all before, first hand no doubt for many of you. I went on sick leave due to the stress I had experienced. I then applied with WorkCover for a work related stress injury. As part of that process I was contacted for a formal statement. A private investigator was employed by the hospital to obtain unbiased statements from all parties to be submitted to WorkCover.

Six hours after arriving, the investigator rose to leave our home. Do not get me wrong; he was extremely supportive in obtaining the required information. I revisited the prior nine months of extreme stresses. As he rose he mentioned the likelihood of "TV news stations" getting hold of my story. I was shocked. I had basically learned to accept these situations because management never responded and did not appear to care. I had been slipping into the culture of my work environment

more than I had realised. An outsider sat listening to unacceptable working conditions, poor patient care, abuse of patients and staff, avoidable death of a patient, and that was his response.

Still today I suffer at the injustice, lies and bullying. I have since spoken to many other nurses who have been through similar issues. Why do we allow these injustices to continue? Why do we say nothing?! Why do we suffer in silence? Nurses are the patient advocate, but who advocates for the nurse?

WorkCover refused my claim initially, stating there was no injury because management “did” support me. They based that presumption on the statement of my manager who testified that she did support me. I was never asked to provide the proof I had, and I didn’t offer it at that time since I did not think I would need it. WorkCover based their decision entirely on untruthful responses.

This began quite a surprising chain of events.

However, because no investigative body ever asked me to produce my actual evidence on paper (even though it was made very clear that I possessed documented proof of all my claims), it was not shared with those who were to respond to my accusations. This, I have since come to believe, was done on purpose, since it meant that those who made statements were unaware of the evidence I held. Consequently, this scenario then brought to light many false statements which I/we could very easily disprove. Still, my evidence meant nothing in proving the truth because no investigative body would quote it.

Indeed, it is my firm belief and experience that not a single investigative body even wanted my evidence to ever come to light.

The hospital forwarded a minimal number of my complaints to a Workforce Investigation Unit (WIU). They actually made some recommendations for change. However, WorkCover wrongly ruled that I was supported in the workplace, even though the WIU identified changes needed to be made. Why would changes need to be made if management actually were supporting their staff? Management now tell me that my case has even highlighted a shortcoming in the way management deal with complaints. And yet they continued to maintain that I was fully supported. Go figure!

My husband and I appealed the initial negative decision by WorkCover. I was told that it was a difficult task and not many applicants were successful. After a hard and painful effort working through my review submission, there was a subsequent long and painful wait. Q-Comp (the organisation that handled the appeal process) approved my 250-page request for a review, exactly 4 months to the day after the WorkCover rejection. I provided evidence to back my claims and highlighted management’s untruthful statements made with regard to my original WorkCover claim. I included e-mails, statements, policy, photos and more.

Unfortunately for the worker, a discriminatory clause against employees in Queensland hindered psychological claims. If the employer can prove (or even unrighteously claim) they acted with reasonable management, there is no psychological claim recognised through WorkCover.

Take for instance an Australian male teacher, who in 2005 was accused by two female students of sexual misconduct. The school rightly decided to investigate. After over two years of investigation and accusations made towards the male teacher, it was found the female students had lied. Of course the teacher suffered. Most of us are unable to even begin to imagine what he went through.

However, WorkCover rejected his claim because management acted in a reasonable way. Of course the school acted reasonably. But according to WorkCover, whether the teacher suffered an injury is not the case within their calculations, because the school acted reasonably. This ridiculous law ignores the injured worker and further adds to stress by saying “you have no injury”.

Sound ridiculous? This is what the loophole does to stress related work injuries.

WorkCover is supposed to be a support for the worker, but this did not seem to be the case for a psychological injury in Queensland. Health and education boast the highest incidences of psychological injuries. These jobs are stressful, and management who do not act appropriately make it worse. Unfortunately, the government, employers and WorkCover would like to see the law stays in its biased, unfair state; it costs them less in claims. However, it would be right for the government to fix this discriminatory law but they dare not because of the opposition there would

be to it from employers and WorkCover. This is a discriminatory, belligerent law! How loud can employees voice their opposition? I am afraid it is not even a whisper!

When I had listened to other nurses tell me their stories, I was often asked, "Why are you in this department and not in your usual area?" My response, "I'm on a self-imposed stress holiday". That opened the way for so many others to share their experiences with me. I met numerous nurses who were on antidepressants or had left their usual work areas, or even the profession due to work related stress. I met many in a short time, and I know there were many more. This problem will not stop until people take a stand together and confront the issues that face them daily.

Nursing is a helping and caring profession. Nurses are highly skilled professionals, and without them, the health system would not function. Nurses are the keepers of a safer system but the system I worked under in Queensland was often not safe for nurses or patients, and those nurses who dared to take a stand against what was so blatantly wrong and injurious to all, were essentially assassinated by the very corrupt self-investigative systems put in place by Queensland Health itself.

Nurses need to band together to fight, but they know too well what happens when you stand up to management. So, they just stand by and succumb to the tyranny.

I do not have a simple fix to the problem, but I do know that nurses need to talk with each other and act as a group. When the Patel situation exploded in Bundaberg, I told the whistleblower then that I was sorry that we had not all talked while we were seeking help to fight against the suspect doctor. If nothing else, it would have empowered us all against the unfairness of management, who actually knew of the problems. Nurses would seem to be a dying breed. Without nurses the health system will crumble.

I want to say something to those nurses reading this. Please do not turn me off or hate me for this comment. I just ask that you consider it deeply. I truly believe that because nurses have failed at their wider duty of upholding patient advocacy, the health system is in the state that it is today. I do not mean that bad nursing is the problem. What I do mean is that nurses are patient advocates.

If all nurses were performing their first priority without consideration for themselves, management would not dare act as they do. The nursing profession is large enough to take a stand, but nurses cower and refuse to do so. The nursing profession is supposed to be, first and foremost, the advocate for the patient. If the patients are being abused, allowed to suffer or even die, etc throughout overwhelmed health systems, then nurses are not doing their jobs properly. The nursing profession is large enough to direct that iceberg, that unmovable object, if the nurses act as one.

Sadly, they do not act.

If you find that I am hitting home on a few sore points, may I please give you some suggestions?

1. Always correspond with management via e-mail and save these, including responses, if any. Also, print all e-mails as a record. When questioned, management could easily deny what you claim, so ALL requests, complaints and conversations MUST be written to prove they existed!

2. Report incidents through the appropriate paperwork and save details for future reference (i.e. what the report was about, date reported, number, etc) and responses, if any. I had completed a large number of incident reports but received responses to only two of them, with never a response from my Nurse Unit Manager (NUM). The policy for any incident reports in Bundaberg directed the NUMs to respond directly to you personally regarding each one you completed.

3. Ensure your union membership is up-to-date and talk to your local paid representative about your problems. They should help; give advice, support, etc. I am unable to say that I received good support from my union but I was able to use a few of their services. If nothing else, should trouble arise later, this contact can act as evidence that you were actively reporting problems and seeking help.

4. If you are stressed, see your own doctor. Access a psychologist or counsellor. Talk about your troubles. Write down what has been happening. Keep notes, dates, etc. Apart from clarity of mind later, again these can act as evidence of ongoing problems in the workplace.

5.Support your fellow nurses. Often I've seen and heard, "Oh, it can't be all that bad". Just listen and let them talk. Yes, it CAN be that bad... and worse! You haven't even heard an eighth of my story!

6.Once you recognise an unworkable stressful situation, request a temporary transfer for six months to step back and think. In the short term it kept me nursing when I wanted to quit, and it reminded me that I was an asset to my work environment and colleagues, even though management had failed me. A short period away from your stressful environment may help you make better decisions about the direction you want your future to take. Unfortunately, I was left unable to work again.

7.Tell your story. All workers need to speak out. If you do not then those going through the same problems will be left to believe they are the only ones, that they are alone.

Nurses are largely ignored. If health systems, managers and Doctors learned to listen to nurses, the stress levels of nurses would virtually disappear. True, the financial advisers might suffer some form of coronary event at the mention of such an idea, but then, isn't the health system about people? Isn't it about the patient? Should that not be the top priority?

As an individual nurse, the fight is futile. As a profession, it is achievable. Nurses need to survive. Patients need to survive a health system in crisis. Patients need nurses to survive. As a profession, it is the nurse's duty to win the fight, or nurses will have failed at the basic heart of nursing-advocacy for the patient.

**'The only thing necessary for the triumph of evil is that good men do nothing.'**

**Edmund Burke**

Or

consider this....

**"The only thing necessary to ensure a bad health system is for nurses to do nothing."**

## Chapter 4

### **Eye witness to abuse**

Over a period of time, I advised management at the Bundaberg Base Hospital of many issues relating to the safety and welfare of patients, and the welfare and mistreatment of staff alike, but to my knowledge at the time, no action was ever taken.

Some of the issues reported that related to patients involved:

- The assault of an 18 month old child by the treating doctor. (When this issue was verbally reported to the head of patient safety, the nurse in charge thought severe repercussions would take place for the doctor and his behaviour. The Doctor was allowed to continue working.)

- Junior doctors not supervised and making dangerous mistakes

- Patients abused by doctors and staff

- Foreign doctors not able to understand English nor communicate with their patients

- Foreign doctors refused to report domestic violence and child abuse because it was “ok” in their culture (they were required to report these in Australia).

I was in charge of leading the child protection regulations in our department. Child protection has no place for apathy. Child protection requires active involvement. I had been present for child examinations of sexual abuse, I listened to a story of a family where children under four years old were expected to prepare their own meals and disciplined severely if they did not eat it all. I was present when parents lost custody of their children, and after they gained them back. I took care of children from foster homes, and some where their natural parents were allowed visits on the wards. I saw children never visited by their parents except to be picked up on discharge from the hospital. I saw a mother hoping to have a child’s leg amputated so she could receive a better pension. The common denominator? Children, vulnerable and in need of support. These children all needed defending. No place for apathy.

Foreign trained doctors did not see the need or requirement to get involved. So many times they refused to help. Numerous times I saw abused women sent back home to the one who had injured them and the foreign trained doctors refused to refer them to the domestic violence support network. The doctors refused to help the women and instead, sent them back home to face it again.

- Doctors refusing to see patients

- Mental Health patients denied appropriate care. Mental Health patients were very often made fun of.

- Bullying behaviour by senior emergency consultant on a regular basis to staff, patients and ambulance crew. Told nursing staff it was a good thing he didn’t triage the patients because none of them would be seen, they would all be sent away.

- No support from management when the department was overcrowded. Patients and their health were left in danger. In an effort to “appease” staff, the night nurse managers were given instructions to begin a “Phase 2” overload protocol when the emergency nurses requested due to overcrowding. One particular night nurse manager refused, putting lives at risk.

- Doctors inappropriately changing triage scores given by triage nurse on a 9 month old patient. Changed triage category from 3 to category 6 (which did not even exist). This same doctor was already on probation for other issues. He saw minimal patients, often stood around doing nothing, played on the computer, disappeared for full shifts even when he was in charge, talked on his mobile phone for extended periods while on duty. Another doctor changed the triage score for another patient, said he hoped by doing this the mother of the 3 year old to be seen would just go home after having to wait longer. The child had asthma.

- The unit manager was changing “Dr seen time” on the triage records to alter figures so the department would look better even though staff were suffering AND complaining.

- Young doctors refusing to see patients other than severe cases.

- Inappropriate/unprofessional behaviour by anaesthetist who was fighting with a paediatrician over a young patient's care, and refusing the parent's access to the child.

- A visiting doctor attempted to access a Port-a-cath and was asked if he was competent to perform the task and said he was, but he was not.

- Paid consultant refused to see patients, even when an excessive number were waiting to be seen.

- Administration officers were being forced to triage and treat patients due to workloads of nurses. When they complained about this issue to the CMC, the hospital denied it had been happening.

- Triage nurse who, due to their actions, caused the death of an elderly man whom he/she felt did not deserve a high level of care bed, and did the same for another patient. The young patient was of Aboriginal descent and the nurse said the patient did not "deserve" a bed, and kicked him out of the room. That young patient eventually left the department and was found dead the next morning after having run from attackers the night before.

- X-ray department staff refused to attend during the night unless they deemed the injury was worth their time. Due to these problems, patients had to wait hours, without assistance. One particular patient had his dislocation put back in place (with extreme pain) when in fact, it was found on x-ray the next morning that the bone was broken, not dislocated.

- Radiologist abused doctors for waking them to assist in emergencies. Doctor had a patient with a possible Abdominal aortic aneurysm. (An AAA may cause death immediately if not treated appropriately and quickly.) The radiologist yelled at the doctor for waking him and said the management of this possible diagnosis would not change. Actually, the patient would have immediately been transferred to a major hospital for appropriate treatment.

- Mental health patients were left in the emergency department for up to 19 hours while the mental health doctors refused to attend. Unfortunately, numerous mental health patients were subject to Security/Police, force, screaming, distress, etc. because the emergency doctors were unable to treat those patients. This meant the MHU patients were abused but hospital management would not intervene on behalf of the patients.

- One of the MHU patients was made to wait over 6 hours to see a mental health doctor. The patient left upset and was brought back one hour later by ambulance with an overdose and slashed wrists. The patient was admitted to intensive care.

- The Mental health unit staff were overworked, and to the best of my knowledge, overtime pay was not provided. A mental health patient came requesting treatment at 8:25pm. The MHU worker refused to treat the patient as she finished work at 9pm and stated it would take too long to treat the patient. The patient left the department without any help.

- Elderly woman (in her 80's) physically restrained in the emergency department for three days, without treatment or assessment. Carpet had to be removed professionally due to the fact she was tied to a chair and left to urinate and defecate in her clothes on the chair.

- Medical doctors were so overworked there were extensive delays which backlogged every department of the hospital. When it came to evenings or weekends, the senior doctors went home and left the junior doctors to sort out all of the patients on their own. At the very end of my time in the department I phoned the senior medical doctor at home and told him of the problems we were having. He said, "Why are you telling me?" After a very straight "discussion" I had with him, he came to the hospital and assisted his junior doctor.

- A new nursing care program was being "trialled" in the hospital. After a short time, the nursing staff complained at a meeting to discuss the program's permanent implementation. We were able to give situations that we faced where patient safety was at risk. The Director of Nursing said that the program was there to stay and it was not up for discussion. Later when the investigations that my complaints brought about were underway, they interviewed the Director of Nursing who denied ever saying what she did. Interestingly (and sadly, typically), it would seem that those investigating this matter didn't bother to seek clarification from others in attendance at that meeting.

•The Surgical nurse manager said that there were too many PRIME incident reports due to medication errors and that we should not fill in a report but just handle the problem. She said there were too many PRIME's. Even though nurses were encouraged to complete a PRIME report when unsafe conditions were present.

•I reported an unsafe nurse to management and I was told to deal with it myself.

•Two nurses (one very junior) were left to care for a full ward of surgical patients.

•A few particular senior nurses were not accepting a patient load and were continually observed outside on smoking breaks. Nothing was done.

•Management were always pushing for nurses to take more patients than they could care for safely. The assistant director of nursing said that nurses would take more patients if he told them they would, no matter what.

•One young dying mother returned from a major hospital to be near her family. Unfortunately her husband was not able to handle her care at home so he would not come pick her up. However, he did come to visit her in the emergency department. The hospital did not want to "waste a bed" on her because there was nothing we would do for her. Little did the outside world know but hospital management had wasted the funds for palliative care on management positions and were using the beautiful specially built palliative care rooms as storage rooms. Palliative patients were left to die undignified and in distress.

•The hospital was regularly overcrowded and adults had to be placed in the children's ward.

•As far as nurses knew, Prime reports were never acted on. I could not find one nurse who said they ever received a response from a PRIME report they had completed.

•One employee lost his job because he had used a hospital fuel card to fill his own car. When the case went to court the judge threw the case out but the hospital lawyers persevered. Unfortunately, the lower employees are held accountable while senior staff have the run of the hospital funds. Doctors have been known to use hospital vehicles as they need, they receive cheap accommodation yet staff struggle to care for patients and the hospital says there is no money for improvement.

And many more complaints made.

Such practices continued, culminating for me when management mismanaged a job application I made, failing to give me assistance I was legally entitled to, despite numerous requests from me for help. Even when alerted to this mismanaged processes (as high up as the Director of Nursing), the unfair process was not stopped, and positions were still awarded. I was told to go on a holiday and think about what I wanted to do and it would be sorted out when I returned. While I was away the positions were actually awarded to other staff. Management failed to follow relevant QH (Queensland Health) policies or Code of Conduct throughout, and then later denied me several other positions as well.

The first instance was when I received a job interview after an application for a Level 2 position in about July 2007. I was unsuccessful but was told after it, that this was only due to the fact that I lacked leadership experience. I was to train and act-up for 6 months then apply again. During this 6-month period I continually requested a post interview meeting with my manager but never received it, despite numerous requests for one. She later denied I requested the meetings. However, I had saved my e-mails and was able to prove I had asked for these meetings. Oddly, my written evidence would later mean nothing to investigators.

Leading up to the next application at the end of the 6-month period I also asked for a course that our unit educator was giving to those applying for the Level 2 positions. I asked if I could have a one-on-one time for mine as I was undergoing exams for my Masters in Emergency. She agreed to do this for me but never responded when I was ready for it. I asked for this course prior to the application due date, but never received it.

On the day of the interviews, I was informed they had already occurred by a work colleague who had had her interview that morning. When she found out I was unaware of the interviews having taken place, she informed the nurse unit manager. Later that shift, the nurse unit manager informed me that I was unsuccessful due to my selection criteria. I had been attempting to have a

post interview meeting with her for 6 months, and she chose to inform me of the “problem” with my selection criteria after the interviews had taken place!

I was so upset about the incident I contacted the Director of Nursing the next day. The selection process should have been dismantled at this point and the whole process taken up again following the course I had requested and the post interview feedback, which I was entitled to under the Queensland Health policies. However, the process was allowed to progress and the policies were ignored.

The third position adversely affected from this process was a position I had been promised as the Nurse Practitioner for the Emergency Department’s Fast Track program. I was verbally given the position by my Nurse Unit Manager and by the acting Emergency Department Consultant, who did not deny this fact in a subsequent review. Instead of denying my promised position, the nurse unit manager said the program was simply not in operation. This explanation was accepted by investigators despite a written statement from the Doctor who was actually employed to work in the Fast Track program and another senior nurse in the department who both confirmed the program had actually been operating for at least 6 months.

Please understand that the reason given for refusing me the position was that it did not exist. Apart from written statements given by those who were actually awarded the position/s, I was able to supply a snapshot of a computer screen showing an input screen for the Fast Track program, as well as a photograph of a sign that clearly showed the room where the Fast Track program was being implemented. As usual, though, none of this meant anything to those assigned to ‘investigate’ my claims.

The fourth position came after I made official complaints to the Crime and Misconduct Commission. Within a week of attending and giving evidence, I received a letter from Queensland Health stating that I was unsuccessful in my application for an educator’s position. By law in Queensland, it is illegal for retribution to be taken on an official whistleblower. I informed the Crime and Misconduct Commission about having received this letter immediately after reporting the complaints. The Crime and Misconduct Commission (CMC) in turn sent the complaint back to Queensland Health for them to investigate themselves! Oddly enough, Queensland Health found there was no retribution taken by their own staff within this process.

Their reasoning was that they accepted a statement from the Assistant Director of Nursing that I had actually withdrawn from the application process, even though he had no proof of this. After 10 months of my official complaints about the mismanagement of my applications and abuse from management, the mere mention that I had withdrawn was not questioned. No one thought it necessary to confirm this by asking me for confirmation.

I never withdrew from the application. Notably, the letter I received stated that I was unsuccessful and did not state that I had withdrawn from the application process. The stories they came up with never matched. The mere fact that I never withdrew from the application process and that there is no such letter stating that I withdrew was ignored by those charged with investigating the illegal process.

Theoretically, I was legally protected against reprisals within Whistleblowers legislation in Queensland. However, my contact to report such reprisals was located within Queensland Health, the very place that the CMC sent my complaint to. The entire process was a farce.

My health subsequently suffered as a result of the lack of fairness and support from management, and I was forced to take time off to recover, suffering from stress and applying for stress leave. Management did their best to infer that nothing unfair had occurred, and that no safety issues (or other issues) had occurred that could have upset me. Thus, the cover-up began, and my stress claim was rejected on the basis of management’s erroneous statements. The list of wrongs exploded once I sought justice on those simple matters.

Queensland Health management had from 7 March 2008 until 14 May 2008 to assist me with my requests for help. Instead I was left to watch as the positions I had applied for were given out, while illegal decisions were made and backed by senior nursing management. I was not coping at work, yet management chose to leave me suffering.



Queensland Health never chose to investigate any of the issues until forced into it after I attended the CMC in January 2009. I did this with the help of MP Rob Messenger, who had also supported other whistleblowers in the past. It was a frightening move to go to a Member of Parliament. I was not sure that he would even believe me. What was overwhelming was that he believed every single word I spoke. That was something that I had begun to think would never happen.

I would never be able to say enough about the support I received from Rob and his staff. During this time he and his office workers hid and protected me every chance they could get.

I had so many people warn me off providing information to Rob Messenger. However, not one warning was a knowledgeable one. Yes, the information ensured that Rob was in the spotlight, but I preferred it instead of me being in the spotlight in the early stages. Others thought Rob would “use” my story for his advantage. As far as we were concerned, any benefit Rob received from my story was a good thing. He suffered horribly for supporting his constituents. Rob Messenger performed his job exactly how every voter would hope their elected officials would act, in the best interest of the people they were elected to help. Rob never considered what the publicity would do to him, and he always followed through for the better of those he served. As we observed on so many occasions, Rob’s work culture was of the highest quality. We saw how he operated in public and in private and nothing changed. He truly was for those he was meant to care for.

However, this all meant that he suffered politically. The other elected officials who had no real complaints to present were left looking inept. As I look back on it all, I think that the state had had enough of hearing about Bundaberg Base Hospital. To hear that it was all happening again was just too much. Unfortunately, those who wanted the issues covered up used the media to push their own spin on it all, saying that Rob was just looking for publicity. And of course, hospital management were able to take advantage of that and stir up hospital staff into a frenzy.

The problems Rob suffered were also among those in his political party. He was a world class politician, and so many of those in his party were an embarrassment. When presented with public safety, they chose to protect their jobs and not stick their necks out like Rob always did.

We were able to secretly meet with one of the opposition ministers during our trip to Brisbane to attend the CMC in January 2009. At this meeting was Rob Messenger, myself, my husband and a chief editor of the largest metropolitan newspaper in Queensland. We sat in the minister’s office, waiting while he attended a news conference regarding the issues I had presented the day before to the CMC.

He was not in the room more than five minutes when he abruptly stood up and disappeared, never to return. This happened after I mentioned an explosive allegation that had not yet been made public. He thought it best to run out of the office. We never saw him again. At the time of my writing this, this minister’s party was recently voted out of power after serving only one term. They had previously been in opposition for twenty years. Instead of spending the last three years breaking the power of corruption within the state, they seemed to show no integrity at all. I saw no justice, just an inability to act.

Worse yet, a refusal to act.

Because he had seen what happens to whistleblowers, Rob ensured there was as much media coverage as possible. This in turn forced Queensland Health to at least “appear” to be taking matters seriously. However, neither Queensland Health nor the CMC ever sought to address the issues of the job application processes that directly contravened the QH Policy and Guidelines for the application process.

I made an appeal against the unfair rejection of my stress claim. Subsequently, in September 2008, in a meeting with the Director of Nursing, I was advised that the hospital would investigate all my complaints fairly. Instead, and shortly after, the QH lawyers strenuously fought against my appeal in a 65 page document. My appeal was, however, despite all QH efforts, successful in October 2008 due to documented evidence I provided. It effectively showed that management had not responded accurately in the stress claim investigation.

However, no one has ever been held accountable for their inaccurate statements, lies and at best misleading statements given during any of these investigations.

In January 2009, I attended the CMC to report concerns about what I saw happening at the Bundaberg Base Hospital. These included safety issues, behavioural issues of certain staff, and particularly questionable responses given to the original WorkCover investigation, as well as other issues. The CMC delegated almost all of my concerns back to QH to have its own investigative body/ies deal with the issues I raised. High among my claims was that staff were not given feedback on issues raised through the PRIME reporting system (hence giving no visible assistance to struggling staff), and that management had possibly lied or given misleading statements to the WorkCover investigation.

Several investigations and reports followed because of my actions. I believe more so, because the media reported on it, and that forced the hands of those who had previously refused to act.

February 2009 – Patient Safety Centre report released, noting that Bundaberg Base Hospital rated poorly in relation to giving feedback to complaints / issues raised by staff in (PRIME) reports.

February 2009 – Ayre report released, which looked into problems and complaints about inaction and lack of feedback to concerned staff using the PRIME system of reporting.

Following these reports, recommendations and some changes were made to the PRIME system.

March 2009 – Brennan report released, finding many issues requiring addressing at the Bundaberg Base Hospital.

Following this report, considerable extra funding was given to Bundaberg Hospital.

Since the CMC did not deem that the injustices I had faced at the hands of hospital management warranted its intervention, my claims of management impropriety were handed over for investigation by the ESU (Ethical Standards Unit) of Queensland Health. In September 2009, I was provided with the ESU Interim report into my allegations. I found the report to be erroneous and (I believe) totally biased on almost every point. Notably, at no time was I ever informed of any offer that I could respond to the report, just that I would be advised when the final report was released, and in the meantime that I was to keep the interim report confidential. Of course all of these statements I make can be backed up by e-mail proof.

Hence, I was effectively prevented from seeking help or advice from anyone.

I found the ESU interim report to be erroneous on almost every issue. Almost none of the evidence I provided the ESU (or informed the ESU of) was quoted, but management's statements were taken as correct and reliable (without ever any documented evidence) - even when directly refuted by my documented evidence!

My successful appeal was not quoted, except to paint me in a bad light, and even that quote was misused by the ESU. I believed (and still do) the ESU had acted with absolute bias against me. The ESU interim report also conveniently and regularly quoted one particular expert report to support its erroneous findings, even though that report was fraught with obvious problems, and contained at least one monumental blunder – which was again used to wrongfully impugn my character and credentials. That statement was never retracted nor was the ESU's erroneous questioning of my professional ability.

Thus, in October 2009, I again requested CMC intervention, since the ESU interim report was rife with errors and what I believed to be blatant and consistent bias against me, and since the ESU's own guidelines had been ignored and breached. The CMC refused to intervene, even though I informed them of what I believed to be official misconduct and bias by the ESU.

All along the investigation had been purported to be an ESU investigation, with all documentation identifying it as the same. I even had to assert that I would not lie, and would be penalised if I did. When I began to complain about the integrity of the ESU investigation, the ESU Director then informed me it was not actually an ESU investigation at all, but rather that an ESU investigator had simply been on loan to another QH department. Hence, it was (and still is) my firm belief that, having realised that the ESU could be exposed for this bungled and likely biased report, it moved to distance itself from it.

Besides this, lying to the ESU carried penalties. Hence, it was also my belief that by making the investigation nothing more than a departmental matter, serious retribution could be avoided by all, if indeed management responses and the investigation itself could be exposed as the cover-up and shambles they were.

When I informed the District CEO of the many errors and biases within the ESU interim report, even he appeared surprised at the time, having no knowledge of it being anything other than an ESU investigation. I had already drafted a letter of complaint about what I believed to be a complete lack of integrity with the ESU investigation, with the intention of sending the letter to the CMC, who declined any interest in the matter. Upon request of the District CEO, I (naively) sent the letter to him instead. Upon receipt of this letter of complaint, which outlined in brief at least a dozen major blunders and/or biases within the ESU interim report, the CEO stated in an e-mail to me that he would “consider a few options”, and get back to me on how I should proceed with responding formerly to the report.

Almost three weeks after sending my letter of complaint, the District CEO responded formally to me, noting that he had already acted to have at least one major error in the ESU interim report fixed, by having the expert who made it amend his ludicrous, erroneous comments. I was mortified, since I had clearly made it known that I didn’t want the interim report ‘fixed’, but rather those people who had given false, misleading or blatantly wrong information properly investigated.

Hence, what was purported as an ESU investigation from the outset, had been seriously interfered with by the very person who the investigation supposedly now belonged to. Moreover, the investigation was fraught with errors, bias and an almost total absence of consideration of my documented evidence (which I supplied) – even though management could supply almost no documented evidence to refute my claims.

The ESU had constantly taken management’s word as absolute and honest, even though my emails, documents etc. proved many errors or falsehoods in their statements. The ESU report was also riddled with obvious logic and bias issues.

Previously I mentioned that another investigative body, QComp, had already found in my favour on many of the same issues based on much of the same documented evidence I provided – evidence the ESU conveniently, consistently and blatantly ignored and failed to quote.

Even when I offered irrefutable documented proof to the CMC that an investigative body (the ESU) had likely shown bias against me, and had possibly acted corruptly in an effort to put hospital management in a better light than they deserved, and to help them avoid responsibility for both their actions and their previous erroneous statements, the CMC refused to investigate.

When alerted to serious problems within the ESU investigation, the District CEO also acted without hesitation to have at least one witness amend his erroneous (and ludicrous) damning statement, while sending me a formal letter that was clearly intended to give me the impression that I should not expect any kind of a listening ear, or any hope of justice.

Bundaberg Base Hospital management acted without due care and consideration toward me (and likely without honesty), giving convenient statements that put them in a better light than they deserved, but it was and remains my firm belief that the ESU also made all effort to assist in what I believed to have been a total cover-up, even at the cost of ignoring my documented evidence in favour of management’s unsupported claims. At the time, we were totally unaware that our accusations and fears of a cover-up were 100% correct. Unfortunately, we were not to find out until more than a year later.

I found myself left with no other option but to turn to a more public route in the hope of exposing what I believed to be a cover-up from start to finish. My husband and I fought this matter alone, against huge and powerful bodies that had enormous legal and financial resources, for almost three years.

I was not happy about having to venture out from anonymity and necessary reclusiveness brought on by my stressed, weakened state of health due to this harmful debacle. However, at the time it seemed the only option.

There is absolutely no forgetting my first media conference. It was at the height of my not being able to remember thoughts or words. So I took a notebook and pen with me. Because I was having trouble, Rob Messenger offered to speak for me. Ian and I agreed, we were happy to sit there and say nothing. Rob spoke quite well and presented the issues. There were numerous questions but the reporters seemed anxious that I was not speaking. Some cameramen began putting their cameras away and others were packing up. I spoke up and said, "Is it ok if I say something?" I can laugh now but I was not laughing then. The media are really 'starving vultures', as some call them. The second they smell something coming, they are there. And, they want the sensationalism at its extreme.

Instantly cameras were quickly being put back together, microphones were being turned on and the reporters were, in my view, salivating. I spoke, and when I cried, I remember the cameras clicking in an absolute frenzy. They wanted the tears.

Even saying all of that, it was good that we saw wide coverage of the story. That day I did so many interviews. It was good to have people listening. However, as with any story, if the media do not stay on it then the story loses power. People soon forget and follow on to the next sensational issue. Unfortunately, public safety was not the hard hitting, long running story it should have been. But, I was thankful for some coverage, just the same.

I often think about the families of the patients who were abused or who died when they should not have. I wonder if they would like to know of the abuses. At times I have contemplated contacting the families and providing them with the documents needed for a court case against Queensland Health, if that is how they would like to proceed.

If that proved to be illegal, then perhaps the lesson is that an honest person may not inform the public of abuses within the health system, but that it is acceptable for those in management and investigation to lie and cheat with never a fear of punishment. Moreover, I have been unable to determine whether I myself would want to know or not, if a loved one of mine had died unnecessarily in such circumstances.

**'The only thing necessary for the triumph of evil is that good men do nothing.'**

**Edmund Burke**

## Chapter 5

### **No simple process**

My fight for truth came about through a realisation that I was unable to work. I remember driving myself to work and sitting in the parking lot in my car, crying because I just could not face those who had betrayed me – those I once counted as friends.

I had been using my supply of sick days because I could not face what had happened. Because I saw that I was quickly running out of paid sick days and would have to use holiday time I was saving, I went to see my Doctor and sought to have the time off to be rightly recognised as work related sickness. Both my Doctor and I envisioned it would be a simple process. That “simple process” proved to be the vehicle that came close to bringing about my death. However, it would have all remained a simple process if not for the false statements and responses that began with one person, my Nurse Unit Manager.

As I progressed through the application process with WorkCover Queensland, it seemed like such a simple matter. Forms were submitted and I waited. I was told someone would come take a statement from me. I never thought about what that person might ask. He acknowledged that I appeared upset about work and asked me to give a few examples of what had upset me at work. I just mentioned a few things that came to mind and never imagined for a moment that those involved would not support my comments. They all appeared to be pretty straight forward matters to me. It never occurred to me that anyone would argue that the incidents never happened.

Some parts of this whole nightmare remain difficult to revisit. The day I found out my initial WorkCover application was rejected is one of those times. I remember standing on our kitchen cupboard, we were renovating our kitchen and I was painting the wall. It was the end of the week and the WorkCover case manager who phoned said that my application had been rejected. She said that she would mail the information out to me. She said the main reason was that my Manager stated that she had supported me throughout the whole process. What followed was a very confronting weekend.

I spent the weekend angry with my husband. I was angry that he had never told me that I had a split personality. I was two people and I had never known it. Or worse still, I was completely insane. Either way, it was a very upsetting weekend for me. I would sit quietly in a corner and try to get that other strange person out... the one I never knew existed. I kept asking my husband and he assured me I was one person. However, I KNEW he was lying. It was the only obvious answer. How could I remember so clearly not being supported through so many issues, yet the application was rejected because my manager stated that she HAD supported me? It never occurred to me that my friend, my manager... had lied.

The first of the week I received the promised paperwork. I was suddenly sceptical about my ability to remember. However, one particular comment made by our Unit Educator sparked a cord. I was sure I had an e-mail that would prove her particular comment was a lie, or at best, erroneous. What would I find?

I went to work early that day to look through my e-mails on the hospital server. That moment remains a high point for me. I was NOT crazy, I was NOT two people, THEY had lied. I read, I printed, I cried. With my large pile of golden printed e-mails held tightly in my arms, I snuck to my locker and hid them. I immediately figured someone in management would know I had them and come confiscate them from me. So, as an added measure I e-mailed the evidence to our home computer. Then I phoned my husband to give him the good news and I could not even get the words out... I just cried. I was not crazy after all.

You might think that this was the end of my fight. If I had actual paper proof and they had no proof but just lies, surely it would be a simple process. Sadly, time and time again we found the word of management won over actual documentation.

Because I went public with my accusations, it forced the hand of Queensland Health to appear like they were doing something about my complaints, when all along they had fallen on deaf ears. They in turn ordered different investigations. Throughout the QH investigations, the undertone was that my complaints were untrue and the resultant reports appeared to put a bad light on my statements. This included the Bundaberg Review of the Clinical Incident Reports by Stephen Ayre of February 2009. On page 5 of the report Dr Ayre stated that there was evidence of direct feedback to me of 29%. To further discredit my claims that I received no feedback from my nurse unit manager, Dr Ayre included in his report a listing of some of the Prime reports I completed. It implied that I received feedback, when in fact I did not. I never knew if my complaints were being handled by my Nurse Unit Manager.

However, on 13 May 2010 Rob Messenger MP had a meeting with the District CEO at the time. This meeting was recorded. During the meeting, the District CEO responsible for the release of these reports stated,

CEO: "those issues she (Christine) raised, there was no evidence of a feedback loop".

Rob Messenger asked, "So Christine was right when she said she didn't get feedback?"

CEO: "yep". ...." there were no fingerprints that showed that Christine had a response. Christine's claims were validated."

For some reason, after time, my claims were confirmed in a private meeting. So, we must ask the question... How can a report say that I DID receive feedback and that there was evidence of it, when this meeting has the District CEO saying that there were no fingerprints shown that I had a response?

At that meeting, the District CEO stated that as a direct result of the investigations my claims brought about, there was a state-wide change in the system of how reports are made. The biggest change was that the managers had a more defined requirement to ensure they provided feedback to the person making the complaint.

At least one of my complaints highlighted a major problem that brought about state-wide changes in a system that required managers to stop ignoring their responsibility. Yet, my compensation claim and numerous requests for assistance were rejected since I was supposedly "supported". In May 2010 the District CEO said my claims were validated. In April 2011, I was offered zero dollars compensation.

I found WorkCover to be a difficult entity to rely on. As a worker, I trusted that I was insured against an injury in the workplace. However, when injured at work and management lied about it, WorkCover did not take this into account but appeared to accept the lies.

Queensland Health did not see fit to follow the law, their own code of ethics, code of conduct, policies and procedures. It appeared that WorkCover was not interested in employers following the law either.

A WorkCover case worker mentioned to me that he had quite a few stress claims from the Bundaberg Base Hospital. On 22 January 2009, I asked if there was any way for WorkCover to go back to the employer and get them to change the workplace issues since it was such a common problem. I wanted to know if Queensland Health would be forced to change this unacceptable, illegal and unethical behaviour of management. WorkCover's response to me was that they were unable to instruct the employer to change the workplace, they could only try and negotiate a good outcome for me. Not surprising, there was no good outcome to be had for me.

At the same time I made my complaints to the CMC, two other workers from my department also made complaints about problems they faced within the Emergency Department. They handled their issues much differently than I did. They kept their heads down, made no noise and never went public to push for change. After an extremely long assessment process, they both received payments from WorkCover towards their work related injuries. Their lawyers also instructed me to stay away from them and to refrain from talking to them.

In Queensland, it is illegal to bring retaliation against a whistleblower. However, no organisation seems to be interested in following through with upholding this regulation. This letter

I sent to numerous government organisations seemed to continually find departments that said “it’s not our responsibility”.

*I believe that official reprisals occurred against me during the time I reported ongoing dangerous problems at the Bundaberg Base Hospital.*

*As set out in the Public Interest Disclosure Bill 2010, Chapter 4 “Protection” being parts:*

*40 Reprisal and grounds for reprisal*

*41 Offence of taking reprisal*

*42 Damages entitlement for reprisal*

*I believe that there were significant reprisals against me during this period.*

*On 29 January 2009, I attended the Crime and Misconduct Commission and disclosed numerous claims regarding my employer, Queensland Health. I was then given whistleblower status.*

*Due to the numerous investigations that were brought about from my claims, there were Queensland wide system changes within Queensland Health; there was an immediate addition of funding of \$250,000 to the emergency department in Bundaberg and a further increase of \$5.4million to the same emergency department budget towards which my complaints were associated.*

*At the same time, 2 other co-workers’ claims were also taken to the Crime and Misconduct Commission, with mine. They were also provided with whistleblower status. They were eventually provided with compensation payouts even though their injuries were minimal (rated lower than mine) and they were able to return to work. However, I have never been able to return to work. I am unable to comment on the amount of payouts they received.*

*I had made a Work Cover claim due to my work related injury on 15 May 2008. This was due to reprisals already taking place against me for making reports of harm against patients at the hands of doctors and nurses. This claim was subsequently rejected on 27 June 2008 due to what I claimed to be dishonest/misleading statements made by management.*

*Upon appeal through Q-Comp, I was able to provide documented evidence that the hospital employees interviewed had provided misleading responses to Work Cover. On 27 October 2008 the Work Cover original decision was overturned and my claim was approved.*

*April 2009, my husband was approved by Centrelink for the carer’s pension, as my carer. This was needed due to my work-related injury.*

*26 September 2009, I received a Work Cover notice of assessment offering \$24,471, for below 20% work-related impairment. I did not accept the offer as my medical team and I already knew that I would likely be unable to work ever again, and especially never as a nurse.*

*8 October 2009, I was approved for a permanent disability payout through my superannuation fund, due to the work-related permanent injury.*

A further forced assessment through the compensation process took place in November 2009 where I was assessed with more than 75% disability from the work-related injury.

31 March 2010 I was approved by Centrelink for a permanent disability pension.

My legal representation (Barrister and lawyer), my husband and I met in Brisbane on 8 April 2011 for our first/final and only case conference regarding my compensation claim. Also present at the case conference were two representatives from Queensland Health, I believe three from Work Cover, the Work Cover Barrister and I believe another person from the Barrister's office. The Barrister for Work Cover began the conference by making negative/slur comments about my speaking out in the past. Throughout the conference, negative references were also made regarding the numerous documents I produced since January 2009, which sought to expose continued problems within the system. At the end of the case conference Work Cover made a compensation offer of "zero dollars".

Being that; my injury is permanent and such that I require my husband as my carer, I lost my career due to the work related injury, I lost my working future to the work related injury, my injury is such that I receive the disability pension, my injury is such that my superannuation company recognised my work related injury as a permanent disability and paid out on it, my injury is such that I continue on medication and treatment for the work related injury more than 5 years on, due to my injury, my husband and I were forced to sell our family home and leave the area where the work related injury occurred - since if I become injured I would be sent to the very place that caused the injury, there is no question that I have a work related injury, Work Cover originally made a notice of assessment for \$24,471, just on the basis of this, there should have been some offer of compensation made by Work Cover at the case conference.

Moreover, added to the above facts that: I am a whistleblower, numerous system changes were put in place and a significant increase in funding was brought about through my CMC claims, I spoke out against the system that seeks to injure the worker more, legal representation for Work Cover began my legal compensation case conference making negative/slur comments regarding my efforts to speak out and made further comments throughout the conference, the other two whistleblowers did not speak out in public, and were offered compensation for injuries that were not as severe as mine, I believe there has been retaliation against me (a whistleblower) because I made a strong stand. But, the retaliation goes much further.

Soon after attending the CMC, I made an additional claim of retaliation regarding a position I was offered when I was still working at the hospital, which mysteriously disappeared after attending the CMC. This claim was jumbled within the numerous other investigations taken place by Queensland Health and I believe the decision was extremely flawed and showed bias by the investigator/s. I was able to produce proof of my claims.



However, the investigation by Queensland Health, and approved by the CMC, did not rely on actual documented proof but "hearsay" by a member of management who was earlier identified as one supporting harm to patients and retaliation against myself in the original CMC complaint.

I have always believed that there was severe retaliation against me as a whistleblower. I spoke out and fought hard to find an investigative body that would help bring about needed changes, and to hold those who were seeking to cover it up accountable for their actions. When the Ethical Standards Unit report was provided to me, it was blatantly ignoring the evidence I provided to the investigators. My 125 page response outlining the inadequacies of the report were submitted and tabled in the Queensland Parliament (<http://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2009/5309T1485.pdf>). This submission was also ignored by the relevant Minister and the CMC. I suffered even more detriment as a result.

In further support of my claims above, I was contacted on 11 March 2012 by Jo-Anna Barber. Her first contact with me was via e-mail. It stated as follows, "I am not a nurse but I worked in the Ethical Standards Unit at QH when your complaint was being process and suffered stressors when I heard and saw how your complaint was being managed."

We corresponded and I attempted to support Jo-Anna in speaking out about her experiences. She wrote again to me on 19 March 2012. "I have talked at length to Rob [Messenger] about what I have seen and heard (and knew) about your case and I am sure at some stage he will discuss this with you himself. What has come to light from those discussions is that what you and Rob suspected was what was actually occurring, a cover up. Not everyone doubted you Christine, I didn't. Whilst the concerns you raised may have been largely ignored by many, they were not ignored by all. I did not ignore them. I am sorry that it has taken all this time me to finally come forward in the way I am doing now."

It is my understanding that Jo-Anna Barber is able to speak in even more detail as to how the Ethical Standards Unit was colluding with Queensland Health in relation to my investigations and how they were mocking me.

I believe there has been significant, pointed, detrimental retaliation against me as a whistleblower who made a strong stand. I believe the new contact made with Jo-Anna Barber is further proof to this fact. This retaliation was ignored by the ESU and the CMC, further exacerbating my work-related injuries, leaving me with life-long problems.

In light of the recent Callinhan Review of the CMC's monumental failures, I believe this adds even more credibility to my claims. The Callinhan Review also confirms that the Ethical Standards Unit and Queensland Health performed flawed investigations. I have much documented proof of this.

There have been reviews of the CMC's abilities since my disclosures to them in 2009. These, I believe, indicate that the CMC has serious flaws. I am certain that the CMC, along with

Queensland Health and the Ethical Standards Unit, were also supporting of reprisals against me as a whistleblower. I have proof that each of these bodies systematically worked against me to discredit my claims and documented evidence, even though I was an official whistleblower. Since my claims, some serious systemic dysfunctions have been uncovered - and there is every reason to believe that dysfunction was present during my matters within these bodies.

Again, in light of the Public Interest Disclosure Bill 2010, I hope that you will be able to help me in this matter. I have suffered significant, pointed and detrimental retaliation that has left me with life-long health problems. These came about as a result of the matters listed above, against me personally (a whistleblower) who took a strong stand.

However, now that it has come to the end of the period where we are discussing my lost wages and compensation for my permanent disability, there is no good outcome for me because WorkCover have said they are not liable and will pay nothing. They are using the law to suit themselves, choosing when to follow it and when to turn a blind eye.

The Queensland worker (and really any worker) should be extremely concerned since this is likely the same treatment they can expect - no protection of income for the injured worker and no identifiable justice. WorkCover has responded to my claim for my work related injury. Let me list some of their reasons why they, the employee's injury insurer, say they are not liable:

- The employer was not negligent or in breach of its statutory duty, whether as alleged or at all (even though they ignored their own Policies & Procedures, guidelines, Code of Conduct and Code of Ethics and most importantly, my Q-Comp appeal was actually approved.)

- The claimant's allegations of fact are incorrect (even though I have and have provided documented proof)

- It was not reasonably foreseeable by the employer that the claimant would suffer psychiatric injury, whether by reason of the matters alleged in the Notice of Claim or at all (even though I again have documented evidence that I was not coping prior to my Work Cover claim, and after, and continuing)

- The Claimant's psychiatric injury was not caused by the matters alleged in the Notice of Claim (even though up until the events I was perfectly healthy, never any psychiatric problems or tendencies and have proof of such claims, Doctor letters, psychiatrist letters, etc)

- The Claimant's belief that the Bundaberg Base Hospital failed to provide proper care to its patients (how much proof do they need!? Again, even if the Patel saga is not proof enough, I have proof that the hospital's lack of concern and care for its patients remains the same)

- The Claimant's belief that Queensland Health has taken a "cover up" of problems with the delivery of care to patients at the Bundaberg Base Hospital. (again, I've provided proof for my own claims. Also, there was no active investigation and no correspondence regarding the lost jobs from the date I reported them until now and never any active attempt to rectify the jobs.)

*And, there has since been a direct witness come forward to confirm my claims that there was a cover up.*

Whether or not WorkCover was concerned for me, the injured worker, is questioned throughout this process. I was sent for assessment after assessment. I continually had to answer questions about my injury. The whole process made me feel like the problem was me. Surprisingly, the employer was never questioned and not made to answer for their actions which caused the injury, and nor are those responsible made accountable for their actions or inactions.

Health and education tend to be the two biggest departments with psychological claims. In 2010 the Queensland Parliament made a decision to cap the maximum available amount paid by Work Cover. Perhaps a better and much cheaper option would be for the government to take the claims of employees seriously and assist with eliminating unacceptable, illegal and unethical practices of managers and so-called investigative bodies. If this were the case I might still be working and enjoying a career.

I also have observed that the process of going through the ordeal of reporting a work related injury and the subsequent investigations add further to the injury. Just the process alone causes enormous stress. The worker is left to prove their injury while suffering through the injury. I recently observed the same problems with a friend in Canada. The process seems to have the same adverse affects on the worker world-wide.

If you have suffered a work related injury, and my assessment strikes a painful chord in you, take comfort in knowing that there is nothing wrong with you because you have an injury. Proving your case is a very painful process and sadly, many give up.

**‘The only thing necessary for the triumph of evil is that good men do nothing.’**  
**Edmund Burke**

## Chapter 6

### **Who will help?**

The numerous reports and correspondence during this period is unbelievable. It seemed there was always some response, report or letter that needed to be written. And it is difficult trying to decide what needs to be included and what needs to be left out of this book. If you have never experienced something like this, then all of the information will give you an idea of how hard and ongoing the fight was. If you are going through a similar fight then maybe it will give you some ideas of what you can try.

As I mentioned, we wrote numerous letters and reports throughout this ordeal and since. Some days I can say that I just do not care anymore what happens to those involved or whether the health system is any better. Some days I can say that I do not care whether there is ever a Royal Commission into the very sick system. Then, if I really look deep down inside I find that spot that does still care very much. It leaves me in quite a state at times.

I have had friends and relatives suggest that maybe it is time to let it all go. However, the care that started it all still remains. When I think of those beautiful faces that suffered due to other nurses or doctors, I find the sadness still exists. Some days it tugs at my heart more than others.

A few times I have thought that I was finished with it all. Maybe one day I will have said enough and my soul can rest. However, this book has been something that I was not going to miss out on. I just had to wait long enough that I could speak sensibly and not cry all the time while writing. So far, so good... for now.

It is probably a bit late in the book to apologise but it seems fitting at this point. My writing is not to praise what I did. My desire is only to speak of what happened to me. I am hoping that if I am able to provide a full view of what everything was like, it might help others with their own demons of the same vein.

My desire has mostly been to write for nurses still in the system. If you are a nurse working in a health system, you will possibly think I am talking about your own work environment. My hope is that you will sit quietly and question your own work culture and how it has affected you. If you are heading down the same path of seeking to make a difference, please do not let this discourage you. Please use the experience I share as a tool to help you.

Because of the nature of the profession, nurses tend to care more about their patients because they are with them more than any other profession. Because of their tendency to care, nurses therefore seem to work harder to meet the added demands of an overburdened system, instead of refusing or fighting against unsustainable workloads that bad management force upon them. Even though to take on unrealistic workloads may be seen as “care” for patients, it actually harms both patients and nurses in the end. If nurses just keep working harder and harder, then they are really only supporting bad management.

I was thrilled and proud of the work I was able to do. I knew I needed to learn more and I wanted to. My goal was not to be better qualified than my workmates but to be more knowledgeable so I could provide better qualified treatment to my patients. So often patients who presented themselves to emergency required immediate treatment or at the very least an experienced and highly trained eye to identify what was happening. This meant that specific treatment needed to be appropriate, fast and experienced. This was what drove me to study at every opportunity.

A further problem within the health system was that there was such a need for more experienced doctors in rural areas. Often times I was more knowledgeable than the doctors I worked with because they were so junior and/or inexperienced. Numerous times I had doctors ask to watch me do something so they could learn. Our less qualified doctors should have had better oversight but that is one issue I would rather not speak about. That can of worms does not need to be opened here.

After all “investigations” by QH/ESU, and after my compensation offer of nothing, I gave a final concerted effort to get the word out that patients and staff were being harmed and that the so-called “investigations” just covered it all up. Below is a glance at the vast array of people I wrote to and some of the responses received.

\*Premier of Queensland. I was referred to the Health Quality & Complaints Commission, The CMC and my letter was also being referred to the Minister of Health.

\*All Queensland Members of Parliament in September 2011. Most stated they would refer the matter on to the Minister for Health.

\*Crime & Misconduct Committee. They passed the investigation back to QH.

\*Parliamentary Crime & Misconduct Committee. They have oversight of the CMC. They were unable to assist since the “investigations” showed no problems.

\*The Queensland Ombudsman. He was unable to assist.

\*Her Majesty the Queen. I appealed to her, her subjects suffering under a government within her realm. She was unable to intervene but would discuss the matter with the Governor General.

\*Governor General of Australia. Unable to intervene.

\*Governor of Queensland. Unable to intervene.

\*Queensland Minister of Child Safety. He was going to refer my letter to Minister of Health.

\*A private child protection service. They were unable to assist.

\*Queensland Minister of Disability Services. He referred the complaint to the Minister of Health.

\*Down’s Syndrome organisation. Even though they were disappointed, they were unable to assist in any way.

\*The Australian Human Rights Commission. Their regulations did not allow them to address my complaints.

\*60 Minutes. They looked at the story but wanted patients and their family contacts to include in an interview. I felt I was unable to provide their private details.

\*A Current Affair. They did do a story and I was very pleased with it. However, I found that unless the media stayed on a story and kept the pressure on the government, then the issue quickly faded away.

\*Australian Health Practitioner Regulation Agency. I submitted professional misconduct reports on seven of the senior nursing management involved. They would not intervene since the ESU had “proved” there was no misconduct by management.

\*Queensland Nursing Council. They were unable to assist.

\*Queensland Nurses Union. They did not assist.

\*7:30 Report, Four Corners and various other news organisations were contacted and some did stories at various times. This was encouraging at the time but the follow-up just did not happen.

\*[The Courier Mail](#). They were very good in covering the story, but again were unable to keep it up front and present. So, eventually the story lost coverage and it faded into the shadows.

\*[The News Mail](#). They did cover the story a few times but often ended with what management at QH said without coming to me so I could provide them with evidence that showed that management were not being truthful. Numerous other newspapers across the country printed stories. However, patients being abused by staff in a rural hospital was a story that was not capturing people’s attention. Possibly because it was not them being abused, I guess they were not moved enough to act.

Had I been the recipient of ethical leadership throughout my time in the Emergency Department, then the many costly investigations would not have been required. Timely intervention by the director of nursing after our meeting in September 2008 would have also negated such high profile intervention as were the investigations that took place.

The culture of ignoring problems remained to the core at every level. Nurses are on the ground floor facing issues that involve patient care every day. Nurses are left frustrated and are left to believe that management is ineffectual at best. I was met with blockage after blockage through this

entire ordeal. Worst by far, I felt that management continued to bully and actively do whatever it took to avoid change, or listen to the pleas for help by staff!

If only someone along the way had said, “Yes Christine, there are problems, and you have been treated unfairly. Let’s try to sort it out”, things would not have come to what they are today. I was led to believe that my complaints would be taken seriously. My hopes were shattered when, instead of an assurance of an investigation following receipt of my appeal documentation, I received a copy of a 65-page argument from the Queensland Health lawyers against my Q-Comp appeal – based on that very document! Yes, the QH lawyers saw fit to argue against a stress leave application by one of their employees. The original promised investigation never eventuated.

Along the way I did meet others who were also trying to bring about change within the government. One MP asked the following question in Parliament:

“I table a copy of a letter from Q-Comp confirming that an injury to a nurse had occurred due to unreasonable management practices. In short, she was bullied. Given that a culture of bullying and intimidation remains rife throughout Queensland Health under Labor, does the minister finally accept that the culture of Queensland Health cannot be changed without changing this government?”

No, this was not about me. It was regarding another nurse who contacted me through my website at the time. The story sounds the same though.

A few nice things came my way which encouraged me. This was a response from a reader to a local newspaper article: “When there is a whistleblower situation the person who reveals the issues deserves a medal! Not only do they lay their financial situation on the line but also I believe Mrs Cameron has placed her integrity, her reputation and her health in the way of none other than bullying tactics by people whose careers are to play down situations to avoid lawsuits.”

A note from an organisation regarding my website: “It seems that you have experienced the usual run-around by official agencies. It is unfortunately a very common pattern for whistleblowers.”

One professional who has their own high-profile business in a large city wrote the following to me: “I was a whistleblower 17 years ago. All of the agencies allegedly established to protect me were a joke CMC, Office of the Public Service, my local MP, union and my own Department. It was a disgraceful example of cowardice by Government officers paid to protect whistleblowers. Nothing has changed. People are dying because of QH bureaucratic cover ups that are never properly investigated. The CMC is a paper tiger and refers the most serious allegations back to the offending Department. In an unbelievable act of negligence, the CMC recently referred allegations of senior officers of QH perverting the course of justice in a trial back to QH for investigation. It’s a scandal.”

I was advised by e-mail of a study into workplace bullying and that, “Your experiences seem to fit the same pattern”. The study by Deborah Osborne, “Pathways into Bullying” identified that bullied workers experienced their interactions with WorkCover as being a continuation of the bullying they had received in the workplace. Deborah noted that WorkCover Victoria was only approving one in ten work related stress/bullying applications and was singing its own praises for saving so much money. She recommends that workplace bullying needs to be identified now as a serious public health problem. 6a

I very much agree.

Instead of being discouraged at comments like the one above I found it encouraged me. It meant that it was not just me and not just how I thought things had been handled. It was nothing new, the health department had been doing this for a long time and no one could stop them.

In January 2008 I was not coping. I was so stressed. I was running out of sick days to use and applied for stress leave. All I wanted to do was take time off to see if I could get better, nothing else. However, being met at every single stage with more and more lies from management made this so much bigger than I could have ever imagined it could be. The work culture is so sick, it is making its workers sick and holding management within its grasp and blinding them to the utterly toxic system they are supporting.

## Chapter 7

### **NURSES IN CRISIS**

Through the early process I spoke with so many nurses who had gone through the same things. They spoke out about issues and were bypassed for promotions, given lesser jobs, taken off committees, etc. Oddly enough, each person I spoke with who had gone through this was also, as a result, on medication for depression.

It was overwhelming that so many stories were the same and each person was “shut up” in their own way. They were left afraid to tell others about what had happened. Each time someone shared their story I was made to promise not to tell anyone about what had happened to them. I was seeing my same situation coming to the same end. I had to do something. There were so many suffering, and yet there was no help to be found.

It was through discussions with others that I began to think about what could be done. My husband and I talked long and hard about it, and after many plans I created a website. It was called “Nurses in Crisis”. Unfortunately I cannot direct you to it because it has since shut down. However, I can tell you that it had a significantly high amount of traffic from Queensland Health IP addresses and specifically during late evening and night shift periods for the three years it was available. I knew that I was getting through to those who most needed help and encouragement.

Working through this whole process was a lonely effort. I searched for help along the way but never felt like anyone was personally taking the time to sit with me and help me work my way through the numerous processes. I found that information was not readily available. This was part of the reasoning that encouraged me to produce the website designed to help nurses in crisis.

My goals of the site were to teach, educate, encourage, unite nurses, expose problems, support, thoughts on how to survive and fight, and hopes to strengthen nurses and subsequently the profession. The site needed to be professional and I think it was. My ultimate goal was to fight to stop the ignoring of nurses. Nurses needed to be listened to. Ultimately, that would only come about by nurses standing up together.

I had numerous people contact me through the site yet they were not all nurses. So many were explaining the same exact situations they were experiencing as what I had. Here is a small sample of a few who wrote to me through the website:

\*“thankyou so much Christine for responding to me. I keep telling people in my emails trying to get justice that this is a nightmare that I never wake up from”

\*“I feel so "sick" everyday .. I’m barely coping with household stuff. A little bit of stress off now I have been paid some money to pay my bills .. but physically and mentally I just feel awful. I have to get to this counsellor .. however I don't really want to leave the house.! thats so stupid. Not like me at all.”

\*“The funny thing is they gave me so many awards for my work, then kicked me while I was down. It is so wonderful to finally have someone else who understands me. My best friend who is named xxx also was attacked by the AWU but her claim was accepted by workcover two weeks after mine was declined. We have both lost our careers and we were the best team leaders they had in the shhhhhh institution that shouldnt be an instituion. I have no faith anymore in the government. thankyou for your support Christine I truly appreciate it”

\*“I am like you, I have lost the career I loved and can no longer support the people I had so much passion for.”

\*“As well as being an ex nurse and nurse educator, I have seen, in my capacity as a clinical psych, a lot of people from the health sector who have been bullied”



Through those contacts, I made some great friends. Karen Smith of Queensland is one such friend. She created her own website called “SING”, Silence is Not Golden. Her website is a support group for Aged Care staff speaking out. Her logo of a purple butterfly represents the right to protection for all who speak out when they report abuse, neglect or assault of frail, vulnerable, older and disabled citizens. Karen shares her personal experiences of pathological behaviours encountered when she reported the unsatisfactory behaviours and attitudes of staff to the authorities. She also became a “whistleblower” when her original complaints at a nursing home were trivialised and mishandled. Karen states on her website that “Making me a scapegoat was a deliberate, calculated part of the process. I witnessed abuse of residents long before formal complaints were made to higher authorities. The treatment of myself by management at that time left me very disillusioned and distressed. Speaking out about abuse, neglect and assault was not encouraged.”

Karen makes a statement that really sums it all up, reporting “inconvenient truths”. Yes, we have proven that management see abuse differently from the way that caring and conscientious workers on the ground see it. You can visit Karen’s website at:

<http://whistleblowersupportgroup.blogspot.ca/>

After posting my own website I was introduced to another website and friend, Robina Cosser. Her website, [Bad Apple Bullies](#) came about through her own struggles with Queensland Education. She has so many other stories of teachers being bullied. Robina, Karen and I became co-founding members of two other websites dedicated to assisting women who were having difficulty with corruption in their workplace. The websites are; Australian Women’s Alliance Against Corruption ([www.awaac.com](http://www.awaac.com)) and Whistleblowing Women ([www.whistleblowingwomen.com](http://www.whistleblowingwomen.com)).

With just a simple “Google” search, one can find numerous websites dedicated to helping whistleblowers. However, I am unable to vouch for any others than the ones I mention. But they are there to at least give you ideas, and it can help you feel not so alone. I have heard some tremendous stories of whistleblowers but not many with happy endings. This should not be the case.

The greatest response to me through my website came in February of 2012, long after we had moved from Australia due to my ill health. I received an e-mail from Jo Barber, a professional investigator with 20 years experience. She had worked with the Queensland Police in CIB, then with WorkCover Queensland and then with the Queensland Medical Board as a senior investigator. She witnessed reports of patient harm because of incompetent doctors. As an investigator, she made recommendations to the board and on some occasions recommended the case be sent to the police for possible charges to be laid, only to be laughed at by her superiors at this suggestion. Her experience was vast and she found herself an investigator in Queensland Health while the investigations surrounding my complaints were being “dealt with”. This was her first e-mail contact with me through the website:

*Hi Christine,*

*I am not a nurse but I worked in the Ethical Standards Unit at QH when your complaint was being process and suffered stressors when I heard and saw how your complaint was being managed. I am not working at Health at the moment. I am in my own battle with them for aggravating my own medical condition. I know you may find it hard to trust after what you have been through but I would like to get in touch with you and have a general chat if you feel up to it. I am currently reaching out for help myself and finding my own path a very lonely one.*

*Jo Barber*



One of the cases Jo had been trying to have sent to the police was regarding a doctor and his treatment of a patient. He instructed the nursing staff to turn off the life support of the patient. The nursing staff subsequently suffered, watching the patient die a horrible death.

With a very minimal amount of correspondence between us, I was able to put Jo in touch with numerous trusted contacts who also helped her attend the CMC. And again, the media were used to assist with this process. In a taped radio interview not too long after Jo went public with her allegations, she credited my efforts and reports as what led her to go public with the issues she witnessed. In the interview it was acknowledged that the Ethical Standards Unit “were colluding with the management of the hospital to form a predetermined outcome so that it would all be covered up” in relation to my complaints. I remember hearing those words and crying for quite some time, we had been very right in our accusations of cover-up.

All of a sudden, my husband and I understood why our efforts appeared to be covered up time and time again... they actually were. The Bundaberg Base Hospital and the investigative body (Ethical Standards Unit) were colluding against me. How could we have possibly won? That was our continual frustration and after so many years we understood why we seemed to be hitting our heads against a brick wall. It was a no-win situation for sure.

We did not win and neither did the patients who were being abused.

**‘The only thing necessary for the triumph of evil is that good men do nothing.’**

**Edmund Burke**

## Chapter 8

### **Finding the truth**

The Medical Board of Queensland wrote to me on 21 June 2010. After taking 16 months to investigate the assault of an 18 month old child by a doctor at the Bundaberg Base Hospital, the board finally made a decision. They decided that there was insufficient evidence for grounds for disciplinary action against the doctor. Of the five reasons given, one was because the mother of the child did not appear to have made a complaint, even though the nurse in attendance did. One is left to consider that if a child is assaulted by a doctor, it will be deemed acceptable if the parent does not make a complaint.

One of the investigations undertaken by a senior doctor (in charge of a large metropolitan hospital) discredited me for making a report that a heart attack patient should first have a CT scan prior to being given an aspirin. The fact is, I clearly stated that the patient with the suspected STROKE should first have a CT scan prior to being given an aspirin. I wrote to him personally after the report came out. I suggested to him that with his name plastered all over the report, it might look bad that he did not know the difference between a heart attack and a stroke. Surprisingly I never heard back from that doctor. And, there was never a public correction made or apology about my nursing abilities being less than adequate.

Within another investigation report, the investigator stated that “the effort and expense required to determine whether medical practitioners are providing appropriate care would be an unjustifiable use of resources”. This was a very frightening comment to read, especially given the fact that they were investigating issues surrounding the Bundaberg Base Hospital, where years prior an enormous amount of publicity had arisen following allegations that a rogue doctor had been harming patients. And, even if not for that, this would be frightening for ANY hospital.

The Nurses’ Union were a disappointment to me. I was a member at a time they could have proven their actions to be beneficial to their members. Here is part of the letter I sent to them:

*December 2008*

*.....is the QNU as gutless and as worried about their own personal reputations as Queensland Health appears to be?*

*My stress claim included an 18-month-old boy being assaulted by a Doctor and the hospital did nothing. I’ve seen patients we fought to put in a resus bed be refused and they subsequently died. I’ve seen doctors verbally abuse staff, patients and QAS officers. My NUM and unit educator either lied or answered questions inaccurately, and I provided proof of this to Q-Comp, who subsequently gave this information to Queensland Health. I had submitted an unknown large number of PRIME incident reports and the hospital never responded to even one. Yet still, my cries go unheard and no one does anything, not even the organisation that keeps trying to tell me that “Nurses are worth looking after”.*

*The recent edition of TQN says we need more nurses in Queensland. ... we need adequate help for nurses in Queensland and then I think you would find that they might stay in the job longer instead of a mass exodus that plagues us. We need a union that is willing to fight with us and for us. We need an active union. We need someone to care for us, yet no one does.*

*.....while we fight for our patients, who fights for us as the patients’ protectors? Hospitals keep breaking nurses’ spirits,*

and because we are left to fight alone and unaided, we flee from our beloved chosen profession to save ourselves and our sanity.

We need a union that is truly concerned for nursing staff and will take a stand for them. We need staff members within the union who are not abusers or bullies themselves.

In my travels throughout this horrifying journey I have met so many other nurses who have experienced these types of episodes and are on antidepressants themselves due to their work. They have shared with me their fear of telling others of their experiences, fear that people will find out they are seeing a psychologist/psychiatrist and that they are on medications just to survive. They are afraid others will not understand what they have been through. They are afraid they are alone in their pain. I have found that both myself and the other hurt nurses have benefited from our talks together. More needs to be said about the unfairness that goes unmentioned. This is a very real problem that most all nurses experience and we need support instead of numerous articles about new staff in the office or the need for more nurses. We need information on how to fight this unfairness. Nurses need to know they are not alone and that someone cares enough to support them. Your current nurses need support so they will stay!!!!

My story is not an uncommon one, it is very familiar. I am willing to bare my soul and tell my story to help others. ... this has been no trivial experience and I as one of your union nurses need support.... maybe it is high time the union took a big step back and had a look at what they are in place for.

We need real articles to help us cope in the workplace. We need support and encouragement. It is a good thing being a union member provides liability insurance as one of the benefits, because this year I have seen it as the only benefit. Last year's calendar proudly displayed "we are nurses and we proudly belong to a union". Unfortunately, I haven't found a nurse who has said that this year, especially the hurt ones.

I don't have some ridiculous notion that the union exists for me alone. However, I do believe that I should have had some care and attention during such an horrific experience at the Bundaberg Base Hospital. It appears Queensland Health has learned nothing from the Patel debacle and the nurses are left fending for themselves. Unfortunately, I'm not convinced the QNU has learned anything either.

When you are next in Bundaberg I would be happy to talk to you about these issues. However, if you don't see that the union can play a major part in protecting and maintaining the health of nurses in Queensland then I have no time for any discussions with you.

In a response from them I was assured of their support and told to contact their complaints officer if I had any further complaints. I resigned from the union and received the same support as I had previously, none. Unfortunately, I do not believe other nurses took the time to voice their disappointment with the union. If more had, perhaps there would have been a change.

Previous to these problems, I had enjoyed the privilege of representing our department on a board that sought to ensure the safety of children in the hospital. It required extra work but I loved the experience. I was able to design and write a training program, implement other educational programs and teaching helps while I represented the department. However, after serving in this capacity for some time, there was a new member who arrived and represented their specific profession within the board. The very first meeting for this new member was a memorable one. It was at that time that our board was to experience bullying for the first time, and it continued.

The bullying was to adversely affect the physical safety and wellbeing of newborns. The morale of a board that had previously been a caring and supportive place changed forever. After considerable attempts to force management to stand up to this bully, I thought it best to resign from the board. The thrust of my letter was this:

*I find myself overwhelmed with disbelief that adults and professionals allow bullying at all, let alone within the workplace and especially in a purpose-designed child protection program. I am dumbfounded that the bullying has been allowed, and now supported, for so long. Leadership may be hard but I hope and pray that if ever I find myself in that position that I will have the moral and ethical stance to stop bullying and inappropriate behaviour in its tracks, and confront it head on. It is unacceptable.*

People often say that they do not want to cause trouble, make waves or get too involved. When you choose not to do anything, you are in effect supporting whatever the problem is. If more people complain, surely enough of a noise will be made and change for the better will be more likely to happen.

I made many complaints about the senior emergency doctor being a bully, and his inappropriate treatment of patients. He met the ambulance trolley in the doorway one day and yelled at the patient on the trolley. He told the patient that he had no business calling the ambulance and wasting their money and time. He also told the patient he was wasting his time and he would not be seen that day and to not return. That man on the trolley had Downs Syndrome. I wonder what anti-discrimination groups might have thought of the Emergency consultant's behaviour?

When I made my disclosure to the CMC in January 2009, Member of Parliament Rob Messenger had requested a meeting for me with the Director General of Health at the time. It was booked for the day after we attended the CMC. While I was being interviewed by the CMC, Rob received a message from the Director General's office. Unless I provided all evidence I had and gave him a few weeks to look it over he would not consider meeting with me. Surprisingly enough, the next day after the media reported the new allegations made to the CMC, the DG decided to make a "special" visit to Bundaberg to meet with the three whistleblowers.

It was at these two meetings in February 2009 that the Director General offered jobs to two of us, whistleblowers. He suggested that if I wanted a District level position it was something that could be discussed. One of the other whistleblowers told me that they were told a particular job was their's but it never eventuated. While we were sharing our concerns about the treatment of staff and patients at the hospital, the Director General was appearing to offer us bribes in the form of jobs. That was not what we wanted nor needed. We needed action.

My husband confronted the DG regarding this issue as soon as he raised it and mentioned how it looked, like a bribe. The response was that "[well you can just tell me to F... off](#)". (I possess a recording of this meeting.)

Throughout these pages I have continually mentioned my husband's support. During all of these meetings, interviews and investigations I was unable to put together coherent sentences. I find it very upsetting to listen to the recording of the meeting I mentioned above. At no point was I able to make any sense in what I was saying. I would have a thought, and try to say it, then venture

off on another thought. So when I mention the letters or reports that I wrote, it is probably more accurate to say that I provided the basic information and Ian put it into coherent language. Nothing went out without his input, he was able to speak for me when I was unable to speak clearly for myself.

One of the CMC complaints I made went to the Health Quality and Complaints Commission. It was regarding the death of a man in the emergency department. My complaint was regarding the nurse in charge of the shift, who refused to allow us to transfer a very sick man to a resuscitation bed where he would have received more intensive care. This nurse was known to workmates for having bias against some, and refused this man a more critical bed because of a bias against his supposed or assumed condition. When the patient had a cardiac arrest he was then hurriedly moved to a resuscitation bed, but it was too late. It is my understanding that a senior emergency doctor was consulted and felt no further investigation was warranted regarding the nurse's behaviour. This family are unaware of the circumstances surrounding the man's death. Of course there is no "cover up" to be concerned about!

As I think back to my earlier comments about the workplace culture, I fully believe that everyone has a decision to make. When the workplace culture harms someone, will you just stand by and watch it happen and presume it is not your problem? If you see harm and allow it to continue, it is your problem!

If you have suffered at all in the workplace and received bullying and cover-up in return, speak out. If workers do not speak up then things will not change. Now, just because you complain does not mean things will change, but if everyone speaks up change should come.

This may sound idealistic but it is true. Everyone needs to take a stand, no matter the occupation, no matter the work place. And, if you find you are unable to stand and speak out then you probably need to leave, and possibly consider a different occupation. This is especially true for nurses. If you find you are unable to take a stand for your patients then you should not be a nurse because you are failing your first priority – to be the patient advocate.

Something is very wrong within the nursing profession. A Canadian investigative story by The Fifth Estate looked into stress in nursing. Their study showed that "Nearly 40 per cent told us they feel burnt out to a high degree." 8a Nurses are stressed, yet they continue to perform their work instead of seeking to bring about changes to the workplace, workloads etc. One could look at this and praise the nursing staff for continuing with their work. Or, as the truth would be better portrayed, nurses are placing their patients lives at risk due to their own lack of health on the job and this has a high risk potential for patient safety.

If you are a patient and you have suffered in any way, speak out! If you do not, behaviours will not change and the lack of appropriate, proper and ethical care will become more and more degraded until it is effectively non-existent.

**'The only thing necessary for the triumph of evil is that good men do nothing.'**

**Edmund Burke**

## Chapter 9

### **What is abuse?**

Abuse conjures up for us all possible past experiences we would rather forget. Basically, it is an attempt to control the behaviour of another person. Abuse is a misuse of power, which uses the bonds of intimacy, trust and dependency to make the victim vulnerable. As previously mentioned, that is why abuse in government jobs is such an easy downward spiral for some. Citizens depend on the government for various things and because governments and/or their workers hold the power, they can abuse those in need.

As I said earlier; in nursing, abuse is an even greater risk to patients. In Australia, nurses are required to follow a set code of ethics and code of professional conduct. These codes outline behaviours nurses should follow in various situations. Patients are continually vulnerable to the health system (and health workers) and the nurses are there as the patient advocates.

Abuse does not have to be a severe physical beating. It can be very simple, but if you are the one being abused, it is certainly not simple. An elderly female patient was being taken care of by two nurses. The nurses were later charged with assault and abuse because they took the elderly lady's clothes off, and she did not want them off. The nurses may have thought that the woman needed her old or dirty clothes changed, but if the woman did not want it, it would be considered abuse.

Often times, due to an unacceptable workload, nurses just "do" their jobs and forget they are there for the patient. Within the last year I had to attend an afterhour's location for a health problem. After a consultation with the doctor I waited. After a time a nurse entered and handed me a cup of water and a pill in a paper cup. She said, "Here, take this". When I asked what it was she again said, "Just take it". Well actually, no. After my continued request for the information I wanted, she took the time to tell me what it was and why I was taking it. This may seem minor. However, it is just an indication of what happens when nurses get too busy and, mild though it may be, it is a form of abuse. I am to be forced to take a medication that I do not know, or what it is for, just because she was busy? No, that's not proper nursing care.

This not only happens in hospitals but within the whole realm of the health profession. I attended an eye surgeon's office while still working as a nurse. I went from room to room and had tests, was given drops, had pressures tested, and then someone came and looked at my eye. Eventually I was told to check-out at reception. Not one person entered the room and said who they were or what they were there to do. I had not even known I had seen the eye surgeon. He never introduced himself, so my questions went unanswered.

Just because health departments are busy does not excuse improper care. Even though not severe, this was abuse and when left unaddressed it only progresses and becomes an acceptable work culture. It was abuse because no one asked me if they could do any of the procedures or give me any medications. It could be argued that there was a presumed permission because I was there for an appointment, but that is not considered giving permission. And, no warnings about what I might experience were given. No mention of anything was provided except to attend the front desk to pay for my visit. Patients deserve to be informed. Patients deserve the time. If there is no time then there are too many patients.

At this point I just mention another unique problem that happens within any health department. Professionals become so used to performing procedures and doing things that they forget what it is like to be a patient. They soon forget that no knowledge can be very frightening. You might have found yourself given something or had something put on you without anyone explaining or even at best, asking permission. Again, a busy schedule does not excuse improper care. Patients always deserve the time to have things explained to them and the right to make a choice. If a patient is pressured, that could be considered abuse.

Then there are abuses that just cannot be fathomed. I remember a nurse telling me of her time in a certain Paediatric Intensive Care unit in a very large metropolitan hospital. It is generally understood that the care of premature babies is quite a hefty cost. However, the proper care of premature babies remains important and much needed.

Unfortunately in that unit, if a nurse or paediatrician believed that a premature baby would probably die but the parents were unwilling to limit care, they would in essence starve the baby to death without the parents' consent. At that time, it was a common practice in that unit.

I can identify that the culture in that workplace probably is what kept staff from speaking out. Yes, the cost of treating premature babies is extensive. However, such knowledge does not mean they (the medical staff) should hold such power. That is abuse. Actually, it was tantamount to murder.

Mental health patients were probably the most abused group I saw. It could have been that emergency staff were not educated enough in how to care for them, but that was no excuse. Often when a mental health patient had attempted suicide, some nurses would joke that they needed to provide a course in "how to" so they would not be burdened so often with treating them after a failed attempt.

I have seen problems with elderly patients. The family might see that the older person should no longer be allowed to care for themselves, so they try and force the person into a nursing home or permanent care facility. However, if the elderly person remains capable of making their own decisions, a forced move likely constitutes abuse.

Often times patients experience abuse, but because they are thankful for receiving medical treatment of any kind, they dare not complain. Families can also see abuse but do not report it for the same reason, in case their loved one is treated poorly because of it. I saw this very often, and even encouraged families to report incidents, but they did not. Their fear was real. I completed numerous appropriate reports, but without the family's support, my complaints only piled up with no positive action taken. The mother of the young child assaulted never made a complaint, even though I encouraged her to.

Recently a friend was in the hospital for an operation. Her nurse entered to assist her to get out of bed. My friend said that the nurse was hurting her in how she was assisting her to get up so my friend said, "I'll get up by myself". With that the nurse threw her hands in the air and left the room. Later, when the nurse returned to the room, my friend said to the nurse, "If you can't be nice to me then don't come back into my room". My friend's response to the nurse was very fitting. When nurses succumb to frustration like this, they need to be confronted with their behaviour. It is not acceptable for a patient advocate to respond like this to a patient.

While I was on stress leave I met a group of women who had suffered at the Bundaberg Base Hospital with foreign doctors and treatment, while they were pregnant. Their stories were told in a documentary called "[Suffering in Silence](http://www.stephenlimkin.com/)" by Stephen Limkin (<http://www.stephenlimkin.com/>). I was able to support their cause as the only health professional appearing on the documentary. One of the young women was left unable to have more children. The hospital said they "felt bad" about what happened to her and offered her free IVF. The surgeon had lied to her, and I believe it only became obvious why, after she was able to obtain her medical records. The "problem" during surgery was that he actually removed the healthy ovary and, then realised and had to remove the unhealthy ovary.

I often saw staff say "this person does not deserve a bed". A significant part of the time that this was said was when the hospital was overcrowded. Whether a person "deserves" a bed should not be dependent upon whether the hospital is overcrowded. Everyone "deserves" care. What is common is that more patients require care than hospitals have room for. The way hospitals work around this is that they force more patient care on already overloaded nursing staff instead of looking at hiring more staff. Unfortunately, it all works towards abuse – abuse of the patients and abuse of the staff. But still, people allow it to continue.

One particular day my nursing load was 18 hours. That meant I was expected to perform 18 hours of nursing care by myself on my 8 hour shift. This shift was to include breaks and a half hour



meal break. Then, at the end of the day when I was preparing my patients for the next shift, the nurse manager readjusted my predicted care regime for the next shift. She downgraded all the patients to look as if they did not need the extra care. This was an attempt to squeeze all the patient care onto the oncoming nursing shift. The patients suffered and the nursing staff suffered. This was fraudulent, and constituted abuse.

I reported a surgeon to the Medical Board because of something he was doing during his surgery and not documenting it. The lack of documentation was the issue. The surgeon was sewing a protective sterilised sheet onto the inside of the patient's legs. He preferred these to the ones the hospital ordered, which actually had tape on them. But, it was his preference for some reason.

The problem was that he was not documenting that he was doing this. Why would this matter? Because he was creating numerous hidden wounds between the legs of the patients. Since neither the patient nor the nurse knew of this (he neither told the patient nor documented it for the nursing staff), then it meant that these wounds were not being checked. There is nothing like wounds in dark, damp spots.

My concern as a nurse was that it meant I was unable to provide proper care to my patients. The Medical Board ended up deciding the surgeon was ok to do this even if he did not document it. When I approached the hospitals he performed this at, I was met with varying responses. One private hospital agreed it was not an acceptable risk of infection and approached the surgeon. His response to them (as reported to me) was that if they did not like it, he would take his business elsewhere. They decided they would not pursue the issue with him, since they wanted the business.

Another private hospital agreed that he did this. They said he also stitched testicles up on adult males when performing different surgeries. They regularly had men returning wondering what was wrong with them. On some of those occasions, the surgeon had forgotten to take the stitches out. Because it happened on a regular basis, the nursing staff probably saw it as normal.

The third hospital stated they would approach him, but I never heard back about what was decided. Even though it may appear small, it was in fact abuse of the patient. The surgeon was performing a procedure on the patient and not telling them about it or documenting it, which in turn left the patients open to possible health risks because he was actually stitching the skin to something. I will repeat, the problem was not that he was doing this but that he was not informing anyone of it, and it posed a significant health risk. And, what if a new wardsman entered the operating theatre after the surgery and did not know that the sheet was stitched to the skin? The patient was at risk of having the skin on the inside of their thighs ripped away. A further risk was that the nurse did not know of these wounds left from the stitches and in turn did not know to look for infection.

Abuse of patients can take on numerous forms and dimensions. The nurse's job is to protect the patient, be their advocate. However, advocacy can get lost when the workload is greater than a safe level.

I have had to fight with doctors to obtain adequate pain relief for their patients. Unfortunately, not all nurses saw this as necessary, so their patients suffered and often cried in pain. Also, some nurses tend to be afraid of doctors. They are afraid to stand up for what is needed.

After I had transferred to the surgical ward for a short period before I left nursing permanently, I had to deal with one of the abusive doctors I had reported in emergency. My first dealing with him was over the phone. He had not provided the patient with proper IV fluid orders when sending them to the surgical ward. I introduced myself over the phone and was not even able to get my request out when I was met with a very loud reception on the other end. "Oh, Nurse Christine! I would HATE to upset you and get something wrong. Please tell me what I can do so I can fix it!"

It was all said with a very nasty, condescending tone.

A younger and new nurse went to collect the paperwork for me. She said the doctor just shoved it at her and said loudly "here!" I was not surprised by his childish and ridiculous behaviour. However, if I had been a new nurse with not much confidence, it would have set a tone of not standing up for my patients early on.



I would suppose that because of the risk of litigation by abused patients, hospital staff would be reluctant to report abuse of patients or staff. However, fear of litigation should not be the concern. The hospital and the management should not be putting nurses in positions where they are unable to provide proper care.

Near the end of the investigations undertaken due to my complaints, I reported numerous members of the nursing management to the AHPRA (Australian Health Practitioner Regulation Authority). Nurses are required to adhere to a code of ethics and professional code of conduct when practicing in Australia. Of course there was no fault found with these nurses even though I was able to prove their unprofessional behaviour, largely with documented evidence.

The AHPRA considered the information available and resolved to take no further action on the notifications on the basis that the subject matter of the notifications has been dealt with by Queensland Health and the Crime and Misconduct Commission.

*In reaching this determination the Committee particularly noted:*

*1. That each of the issues raised appear to have been addressed in the investigation conducted by Queensland Health (QH), with the report being endorsed by the Crime and Misconduct Commission.*

*2. It appears that from the QH investigation report/outcome advice, that there was insufficient evidence to substantiate the allegations and no further action was accepted by the decision maker.*

*3. That the systemic issues raised have been appropriately addressed in the QH investigation report/outcome advice; which was formulated in conjunction with the Health Quality and Complaints Commission. Had either agency identified performance or conduct issues as part of the investigation, these would have been referred to the Board for consideration.*

As it was with numerous organisations I came in contact with, the AHPRA were too busy to handle the work laid out before them. You see, the AHPRA had just then been combined with other bodies including the Medical Board. This meant the same board had to deal with issues across numerous medical professions, which in turn, made the work load heavier. This meant cases not deemed high risk were left with fewer resources. And, instead of looking at the nurses and how they behaved they based their decision on what has now been proven by a direct witness to have been a whitewash and a cover-up.

I had called for appropriate penalties and/or the dismissal of those who had been bullying, giving false reports or evidence, giving misleading reports or evidence, and serious penalties and/or dismissal for investigators showing bias or neglecting appropriate care in investigative procedures (or simply lying). I suppose if this had happened there would have been numerous positions become vacant overnight.

Reporting of issues and case overloads within the child protection organisation suffered the same problems as the AHPRA. The manager of a local child protection branch told me that only the most severe cases were handled because the workload was too great. So, unless the child was in ultimate risk of death, their case would not receive priority. So, cases of abuse that were reported were left unattended. A six year-old boy who was living with a relative who used needles for drugs and left the needles lying around was deemed acceptable in his situation. All this because the department was too busy to handle all cases.

And the CMC also confirmed that they had a large caseload. This possibly adds to the explanation why they allowed and continue to allow abuse of patients and workers, effectively condoning poor and/or corrupt investigative and management practices.

Abuse has no rhyme or reason but it does exist. If you do not speak out against it, you are supporting it.

## Chapter 10

### **Finding Support**

I continually meet people with depression. Some admit to it while whispering and looking around. Others speak openly of it. If you have depression or know someone who does, know that depression is no different than any other illness or injury. And most assuredly, it requires appropriate treatment.

If you had a broken bone you would not walk around with it, and only whisper that you have one to someone you felt safe with. You would not avoid medical treatment, and if medication was required, you would not avoid it.

Depression is no different. And, it matters not what brings it about in you. Depression does not mean you are an odd person or that you are unable to cope. Depression is a sickness, like any other physical sickness.

Nurses face tremendous pressures each day. Eventually bodies, minds and emotions are going to show signs of the stress. These can include depression, sleeplessness, increased addictions, loss of usual enjoyments in life, loss of hope, anger, frustration, loss of job satisfaction, etc.

Perhaps it would be helpful at this point to note that, unlike a physical sickness, depression is not as easily seen or diagnosed as say, a broken bone. And this difficulty in proving an invisible injury as having occurred in the workplace is what so often exasperates the problem. When a genuinely depressed worker seeks help, they must first PROVE to WorkCover that the injury did, in fact, occur in the workplace. And since some workplaces resist anything that might appear negatively in the media, or cost financially, the worker so often runs into stiff opposition in proving such an injury. Worse still, if the employer is large enough and well-funded enough to be able to afford resources such as self-investigative bodies such as the ESU, QHCC etc, which are inevitably open to making findings in their employers' favour.

The Clinical Research Unit for Anxiety and Depression state that "two thirds of people with anxiety and depression go without proper treatment, even in rich countries like the US, the UK or Australia". 9a Nurses are continually caring for patients. You would think nurses would recognise their own sickness and seek treatment. Yet, they just trudge on, ignoring the obvious. Worse still, if and when they DO realise they have a problem, many find their sickness made worse once the process of seeking help, and therefore being forced to prove negligence of management as a contributing factor.

Believe it or not, I never recognised the signs in myself. I just knew that I was unable to cope. My husband knew something was wrong but he did not understand what was going on either. It took a good friend to mention to us one day what was obvious to a lot of others. "Christine, you have depression!" Then began the path of seeking treatment and help for myself.

For someone who had never had anything to do with a counsellor, any form of mental health treatment was totally foreign to me. Sure, I had sent patient's to see the mental health team, but I never really knew what they did, or how it all worked.

Psychologists generally discuss coping mechanisms with their patients. Some perform specific counselling (i.e. trauma counselling) which seeks to work through the stressors that caused the need for treatment. Your own doctor should have a process to refer you for psychology or psychiatry treatment if need be.

There are also on-line courses available to help with understanding depression and anxiety and how to deal with them. There are even short question segments to help you identify whether you have depression. A lot of these are very good. I found comfort in understanding what was happening to me.

When I heard I would be sent to a psychiatrist, I was in an utter panic state. I had so many preconceived thoughts of what it would be like. I had dealt with a few psychiatrists through my work, but never personally.

My psychiatrist was not as scary as I first envisioned. Because they are experts in the field of mental health, the first priority was to get my medication in order. After a year of various antidepressants prescribed by my own doctor, I was to finally try one that would work. Please note that this is not a reflection on the GP, but rather an acknowledgment that a psychiatrist specialises in the field of medication for such mental ailments.

Nurses hand out pills continually. But why are we so reluctant to take them ourselves? Especially anti-depressants? Every nurse I have spoken to who takes anti-depressants said that they fought the idea for a long time before giving in. We take tablets for reflux, blood pressure, aches/pains and vitamins... why not to help with depression and anxiety? It took my own doctor (who I greatly respect and appreciate) to get angry with me before I gave in and accepted the idea of trying antidepressants.

Antidepressant medication has, in the past, held a lot of stigmatism and misunderstanding. Today, it is common to know someone who is taking them. But they are only a particular medication for a particular condition, like any other tablet.

I recently saw a comment from Active Minds, Inc which sums up the need for medication: "Depression is a serious illness, just like diabetes or heart disease. Expecting positive thinking to cure depression is like expecting a person with diabetes to lower their blood sugar level by thinking happy thoughts."

It may take some time to get the right medication for you, but my advice would be to persevere. I had been on several before the right one was found for me. Yes, sometimes the side effects are bad, but you need to communicate often with your prescribing physician and ask to change if it becomes too much. Also, if you take antidepressants, please ensure you speak with your doctor before you stop taking them. Some require a certain process to get off of them, most you cannot just stop taking without incurring various problems. Also, if you stop taking antidepressants before you are totally better you risk a recurrence that is worse than the current problems. Just because you may feel better does not mean you do not need to take them anymore. It may simply mean that the medication is right for you and is working.

I have heard some people get the right medication first time and others not so lucky. However, if you are suffering depression and/or anxiety, they will very likely help. Also, make sure your doctor talks to you about sleeping tablets too. Sleep deprivation goes along with anxiety and depression. Good sleep is important to a good recovery. At the very least, bring the subject up.

Thankfully suicide was only a fleeting thought at the very worst of my ordeal. However, it was there and I did consider it a few times. I spoke with my psychiatrist about it when it happened. I was shocked at how "sensible" suicide seemed at the time I was contemplating it. It did not matter what or who I thought about, it just seemed like the right thing to do... like there was no other answer. I do understand that suicide can be very real for some. If you feel that suicide is an option, make sure you discuss this with your doctor or psychiatrist. Talk to someone about it, tell your doctor – because in the end, suicide is no answer at all.

I am a Christian. However, I found that I could not even pray, though my psychologist continually encouraged me to spend time in meditation. As a person who has spent her whole life in full control of her mind, it was frightening to lose control.

My mind had been sucked into some horrible spiral pits, with no control and no hope at all. It was a scary place to be. Even as a Christian who has been able in the past to get through tough times thanks to my faith in God, I had no control over my emotions during this period. It was utterly frightening.

For quite some time I felt as if I was just hanging over this deep dark hole. All I wanted to do was find a field of dead bodies, crawl under the mud and lay there with the bodies and die. That is a very sad place to be. Sometimes I find that I must fight against the anger that remembering these episodes brings. Anger that those who were supposed to support me, put me in that dark place and have never been held accountable. Anger that Queensland Health put so many resources into so-called 'investigative' bodies that were entirely devoted to cover-up, white-washing issues, and maintaining image at any cost.

All I can say is that you should seek counselling, spiritual support and surround yourself with good friends if you have found yourself in a similar situation. Most importantly, find others who have suffered with depression too. You will find that they understand very much what you are going through, and that in itself is a great support.

I remember one whistleblower saying to me that she was so very lonely. She had avoided contact with friends because she felt she was a burden to them. I know exactly how she felt. I let friends go because I felt like all I did was drag them down. It was only the faithful friends who went the extra mile for me who have been there for support. So often I found I was unable to ask for help or support when I should have.

You may find that people will avoid you if you have depression (or you may erroneously believe this). If you find people are avoiding you, it may not be that you have depression but more so the experience for others in being with someone with depression. It can be hard work to be a friend to someone with depression and it certainly takes a lot of understanding. Being a friend to someone with depression can take extra effort that some are unable to provide. I see self preservation as the goal, and in fairness, it may also be for those who are unable to remain friends. I have lost a few friends along the way but am not angry with them, since they had a choice to make too. One is particularly sad to remember, and I think of her often but I do not mind that she made a choice to stay away.

At the height of the media coverage and the hospital investigations my dearest friend was still at the hospital working in a different department. She sent me an e-mail asking that I never contact her again, our friendship was over.

That one still breaks my heart but I cannot change it. My dear friend was so blinded that she did not see the fight would help her and her work mates. She did not give up the friendship because of how hard it was to spend time with me. She was fabulous in that regard. She had seen depression in a close family member and knew what it was like to deal with. Her self-preservation was for a different reason.

The support of a good doctor is imperative. Is your doctor supportive of you? Do they understand depression and/or work-related stress? My own doctor deserved a medal. She was fabulous! Her continual support and help played an important part in my treatment. You need a caring professional who is on your side. If you do not get along with your doctor or do not feel supported, find a new one! This is not the time to persevere; it is the time for self-preservation at all cost!

When I could not word what had happened to me personally, my doctor said it best to me. It was like my candle had been put out. Actually, I think my candle was smashed to smithereens. Has your candle been put out?

This is especially to all those who have been brutally “beaten” and lived to suffer and tell about it. And for those of you who know nothing of this horrific phenomenon called depression, continue to read and learn so you can support those of us who have.

Living a Christian life might lead you to believe that you will not suffer. Really, nothing could be further from reality. But we seem to be surprised at the suffering. And when you have depression, some are ostracised due to how they appear to cope, or are unable to cope with life’s difficulties.

Have you suffered a wrong? What about depression? (I used to think these kinds of people just needed to smarten up and things would be ok. How foolish I was!) Maybe it is the dreaded mid-life crisis. What about some chemical imbalance? All these thoughts used to cross my crumbling mind.

But there is hope... you are certainly not alone!

So how do you survive?

I was a nurse who absolutely loved my work. I took my responsibilities very seriously. I firstly was the patient advocate, and that is where I got into trouble. I fought for the patient. I did not think about the consequences that would come my way. However, that is the nature of being a nurse.

I claimed for a psychological injury, and after a strenuous appeal battle, the letter arrived stating that my claim had been approved. When my poor husband read the letter to me I just cried the deepest and most uncontrollable cry I think I have ever cried. He thought I had not heard him correctly. Yes, I knew I had won, but it was months and months of pent up worry and frustration pouring out. Of course I had been trusting God, but dishonest people were also involved.

As I share my story, I hope to try and encourage those in the same sinking boat as I found myself. My hope is that it will also help those who are waving from the shore, disbelieving that depression is real and possibly all you have to do is to “get over it”.

It can be overwhelming to see just how many other people have horrible stories to tell and are unable to “get over” the past. And, where does God fit into all of this anyway? I know He is there beside us, but sometimes it is difficult to not see His justice take place.

I have a friend who had suffered quite a verbal bashing from her employer, only a few years after her husband went through a difficult work related psychological injury. She had this new episode to deal with, plus the years of trying to help her husband who now has permanent mental health issues. Then she was told by her doctor that she was going through menopause. What a combination that was. At one point she was ready to kill her husband and leave the kids. Get this... she's a Christian! Can you imagine? (Sarcasm intended) I can hear those from the shore yelling, “She's certainly not a Christian with that kind of attitude!” I'm here to tell you that she is! And yes, her husband and children remain alive and well many years on!

Does God not go with us through life? Does He not love us in spite of ourselves? Do you think He does not care?

I have tried to talk about my problems with other Christians, but most just really do not want to know. Some say, “Well, just pray about it and God will get you through”. Trust me, I hope to never use that phrase ever in my life again! Really, I know all that, but I only wanted someone to listen and say, “Wow, that is terrible! It must be hard. What can I do to help?” Or to even just cry with me. It is kind of like the phrase, “Hi, how are you?” No one really wants to know how we are, especially if it is not good.

I lost my career as a highly qualified nurse. I do not doubt that God led me towards that career. I do not doubt that He helped me with my extra studies to further my career. I also do not doubt that He has been with me during this horrific time. Rather, I know it all came about because I was truly an advocate for my patients.

I do know that I will never be able to work again. I am totally unable to handle any type of confrontation. As I look at what has happened, there is no other way I would have given up my career that I loved so much. If my injury had not been as severe as it has, we would not be in our current haven of a home. It was only through what happened that we have ended up where we are.

## Chapter 11

### **Depression : How I looked**

Early on in my treatment, my psychiatrist encouraged me to keep a diary. I continue with it today. It has proven a bit of encouragement for me to look back to what I was and see how I have progressed. At my worst, I was unable to even speak in complete sentences. Often I would have a thought to say, open my mouth and then be unable to even think of what I was going to say. Then I would cry, the thought then would come to mind and as I started to speak, the thought would disappear again. It proved to be a real socialising killer.

The body has a hierarchy that just takes over as need be. The brain is the most selfish of all body parts and it has its own hierarchy. In simple terms, when a crisis occurs in life the brain copes by eliminating jobs that it sees as unnecessary. One of the first to be kicked out is the language aspect. That is why if you suffer a crisis it can be very difficult to speak your thoughts. Sometimes even getting a word is difficult. This has been a big frustration for me over the last seven years. Slowly my brain has allowed clear sentences to return but often I am still unable to come up with words.

I have looked through some of my early diaries and thought I would give you a very personal taste of what life was like for me:

*December 7 - My sleep is no longer hindered but my bad nightmares continue....I used to feel happy all the time....when I've been happy it brings me to tears because I've missed feeling this way all the time. I felt during the night though that I couldn't breathe.*

*December 29 - My favourite day of the year has always been December 24, always. I've loved Christmas, decorations/tree always up October/Nov. Didn't want Christmas this year. This past Monday night I felt a few hours of happiness and loved it. I realized I hadn't felt that for some time. I always used to be happy, always. I sure have missed it.*

*27 January- I was left upset after last meeting with (psychologist). She says I have to find a way to put this aside and move on. I really can't just "put it aside". I've resolved to try and tell my story. If I can get word out that things are not right then maybe I will be able to "put it aside". I am at fault as much as Qhealth if I don't try and tell this story and support those still suffering!*

*I cry each time I see (doctor) and (psychologist). (Psychologist) says it is because I hide away from this all at the other times and seeing them forces me to look at the problem.*

*March 8- Ian and I discussed moving from Bundaberg. I don't believe I can fully recover here in Bundaberg and Ian is agreeing it may be time to move on.*

*May 16 -Just came through the worst two weeks of my life. I had to change medications again, the dreams were too severe and extreme. Body parts, murders, horrific things every night. I was having panic attacks...bad side effects (nausea, lack of desire to eat, shaking, repetitive thoughts even during my sleep). I had to give up my sudoku book because through my sleep I was constantly trying to work out how the numbers needed to go and knew I wasn't allowed to sleep until they met up and never could work out why*

the numbers needed to work before I could sleep. I was in an overwhelming pit. It was like I was being sucked down into a whirlpool with absolutely no hope of anything except destruction. It was horrible. I wasn't myself at all. All I could do was sit and cry, rock, cry. Ian was pretty worried.

I saw the psychiatrist. Ian came in with me. Probably the worst I've been I think. He was 100% sympathetic. Needed no convincing about the Base (Bundaberg Hospital). He appears to know his medications so much better than the GP's.

At my appointment with (doctor) yesterday I told her and Ian that (psychologist) never really ever let me talk about what happened. I was shocked at their shock. I thought everyone knew. I used to get so upset about this box that (psychologist) said I needed to put it all in and no one seemed to be upset with it as me. Now I know why, they didn't know that no one was letting me talk about what happened.....No one knew I wasn't being allowed to talk about what happened so they didn't share my frustration and sadness. I'm not upset, don't want to be. I told Ian I'd just let it go quietly. If the professionals got upset and then in turn (psychologist) denied it, that would be it for me...I couldn't handle another betrayal. I'll just change quietly.

I was waking with my whole body shaking through the medication from (doctor). I still suffer with that a bit. (psychiatrist) said it can take some time for side effects to disappear. I am waking shaking through the night but at least it isn't as severe as it was, doesn't last as long but just as much shaking. My whole body shakes, very frightening to wake up to it.

May 23 - (psychiatrist) asked me even at my worst, would I do it all again (report what happened at the hospital). My answer without hesitation was yes. How could I not? He congratulated me, was nice. He also said that I wasn't crazy.

June 4 -It has probably been about 2 months now since I have driven, gave it up for safety. Don't feel confident to be behind the wheel. Thus, Ian drives.

Had surgery for gallbladder out of town. Was absolutely terrified leading up to it. I was convinced I would die during surgery. Then was also afraid the nurses wouldn't give me my anti-depressants. Came the morning of the pre-op nurses were fantastic. Anaesthetic nurse was fabulous. Recovery to discharge lounge RN was the absolute pits, an embarrassment to nursing. I am ashamed to be named in the profession with them. Has taken quite a few days to get over the trauma of the experience.

They tried to give me Avanza and Aurorix (lethal) with my drugs. One nurse pushed an IVAB and I was getting a reaction but she ignored me and continued to push. "We'll HAVE to get a wardman to help us get you out of bed so you'll have to wait".

June 29 - I told (psychiatrist) how upset I had been from it, that I was absolutely exhausted from all the fighting I've had to do for what is right. He said yes, it's called "warosis", was changed to "battle fatigue" and is now called "post traumatic stress disorder" and that I have it.



Along with an application for WorkCover, I applied through my work insurance for a disability payout. I had to list why I should be given approval for it. I will finish this chapter with part of the letter that went with my application for the payout. This is part of what was happening to me during this period. It is quite personal but I include it to help you understand what depression is really like. It can affect every part of your life.

*Since my initial application in March this year, my emotional and physical wellbeing has deteriorated considerably. ...*

*...my condition has become such that my husband has now been appointed as my fulltime carer.... This is due to the fact that I am unable to cope even with the most basic day to day activities on my own.*

*In October this year I will have been away from the workplace for one year. Today I am worse than at any point during my work related injury. I was under the care of a psychologist for approximately 13 months but ceased seeing her in July this year as I was feeling worse, not better. My mental health treatment is now under the care of a psychiatrist on a fortnightly basis.*

*Most days I cry, often at being asked a simple question. However, tears are always assured when someone asks me if I will return to nursing again as I know that I am unable to. I have since given up wearing foundation makeup as I felt I looked worse with streaks through my makeup from tears, than no makeup on at all. Thus, I feel even my basic appearance and trying to feel nice about how I look has suffered.*

*I am only able to sleep each night now due to the addition of sleeping tablets in my medication regime. However, I do still experience troubling nightmares on a frequent basis. These always involve me finding myself back in the working environment, specifically nursing.*

*There are still some nights that I am unable to obtain any mentionable amount of sleep. Those nights I find very frightening, afraid to get out of bed. If I do venture out of bed I'm afraid and looking over my shoulder until I'm safely back in my bed with the covers over me.*

*...I have been experiencing full body spasms at various times during the night while I slept. These were very frightening to wake to. These have now subsided to upper limb spastic type movements during the nights but are none-the-less frightening. Naturally, they also interfere with my sleep.*

*I have been a Christian all my adult life. Throughout my life I have trusted God and found comfort just through prayer. I have been unable to pray through this time as my mind has remained so clouded and I am unable to focus.*

*My jaw continues to be tight most days and all my teeth sore with it. While my psychiatrist has given me medication for this problem, it has not fully alleviated the symptoms.*

*I am unable to go shopping alone due to the anxiety I experience when being in public, which I find totally overwhelming. This never happened to me prior to my work related injury.*

I experience frights continually and especially with loud or even quiet-but-sudden or unexpected noises.

I am unable to use a particular game on my laptop computer because it often flashes a screen that frightens me. Thus, I have given up using my laptop computer for fear of these frights.

My sense of taste has changed dramatically. Where I used to enjoy most foods and drinks I am only limited to drinking apple juice or Pepsi Max, nothing else tastes good. Where I used to enjoy strong coffee I now can only handle a mild one. Where I used to enjoy most foods, especially meats, I am now limited in what I can eat without feeling weak and faint. I can no longer take a cooked chicken apart, or even stand the sight of one sitting on the table. There are only a few cuts of meats that I am able to still enjoy fully without feeling ill.

My days are filled with a high number of panic attacks, continually throughout the day. Lately these number around thirty per day.

I now live with a continual fear of death and dying. I can't perform my usual outdoor activities for fear of injury. None of these fears assailed me before my injury.

I constantly fight a feeling of hopelessness that my life is finished at 48 years of age. Some days I am overwhelmed with the feeling that I have no hope and no future. I find that I have to continually fight this overwhelming thought because it becomes so fully consuming. On the days I feel this way, I just feel I could sit in a corner and die.

I used to be so happy and thrilled with each new day. Now my days terrify me. I would love to feel for one day what I used to feel each and every day, without exception.

I now suffer apprehension when the weekend is coming. I fear that I will be unable to find enough things to distract my mind and that I won't be able to settle. I resort to movies a lot to distract my mind or keep it occupied.

I tried Sudoku puzzles to keep my mind active. After a time, I found that the numbers were invading my nights. My mind was telling me I could not sleep until the numbers were aligned correctly. I tried desperately to understand why the numbers had anything to do with sleep and often fell asleep crying because I could not figure it out. I gave up doing puzzles until the nightmares went away and only can do a few at a time now. I find if I do them too much the sleeplessness and troubling thoughts start again.

I've tried to do a few small inside leisure activities to keep my mind active. I worked on large jigsaw puzzles and have tried crocheting. Even though I enjoyed these activities I was unable to calmly settle into them. I found that I was feeling an underlying strong urgency to complete my tasks. Unfortunately, this showed itself in the lacking quality and skill in my simple crochet projects. Upon inspection, I find the workmanship embarrassing in the projects, something likened to someone just learning.

I am unable to sit in the peace and quiet as my mind either does not settle or it gets caught up in many of the situations surrounding my injury.

A frequent distraction to my attempt at paying attention is feeling like I have to find the middle of something. I often have to find the middle letter of a word, the middle word of a sentence or the photo or block in the middle of the others. Usually it involves finding the centre point. Other times I just find myself counting things but it ultimately leads me to finding the centre. If I can't find a centre I need to put things in pairs.

I always loved to read and learn. I have been unable to sit and read even those books which I cherish, because my concentration is minimal. Learning anything has become unobtainable. Where I was required in my work to have a quick and clear thinking mind, I find it a continual haze each day.

I often forget things, so now I have to write lists, even for things to do around the house and for shopping.

During conversations, I continually forget what I am saying in the midst of a sentence and require frequent prompting about what I was saying. Many thoughts that I have tried to share have been left unsaid because I can't remember what I was going to say. Often when this happens I cry because I can't remember basic things. When I then remember them, I am often unable to verbalize them because I can't stop crying. It becomes a vicious cycle when trying to tell a story.

Making basic decisions is almost impossible now. My biggest and hardest decision I am limited to during any basic day is what to cook my husband and myself for a meal. And where I used to easily and quite successfully cook many dishes, I now require recipes and have to work through the ingredients methodically so I won't miss anything, one dish at a time. All my confidence is gone.

As a professional, one of my basic responsibilities was providing medications to my patients. My husband now gives me my medications as I often get confused about what I should be taking or even what I have taken.

My mind has been so sick it has affected how my body heals. I had my gallbladder removed on 1 June. I was left with four key-hole scars from the procedure. Almost three months later, three of the four scars remain open and refuse to close.

My injury has been so severe that the above mentioned gallbladder removal had to be performed in another town, as I am unable to go anywhere near my former workplace (my local hospital). When I was nursing, I had always thought that if I required surgery I would be so bold as to ask to stay awake and watch. However, when the time came close for the surgery I was overwhelmed with extreme fear and anxiety. I required additional medication leading up to the surgery to make it mentally through the days. My hospital stay remains a severe nightmare for me. I could not even begin to explain how overwhelming and bad the experience was. I spent most of the time there sobbing uncontrollably. As it was, I had to leave a day earlier than the

surgeon wanted due to my mental state. I still suffer mentally from the experience and I fear, coupled with my workplace injury, it has left me terrified of any hospital attendance anywhere.

As an emergency nurse, I faced some horrific injuries on a daily basis. I could honestly say that I could handle each injury without hesitation. Even when I injured myself it was no big issue to me, I just fixed it and moved on. Following my gallbladder removal, I was unable to handle my own wound care. The sight of them frightened me and sickened me.

The types of movies that I am able to watch have changed dramatically since my workplace injury. I am unable to watch anything that may frighten me, where I used to watch that type of movie and laugh. I also used to enjoy watching medical documentaries. The mere sight of blood or any mention of any injury is too much for me to handle. I immediately feel weak and faint. Generally now any discussion of injury causes me to feel faint or at the very least, squeamish.

My memory has deteriorated so much that basic jobs of putting on deodorants and creams after a shower requires a set routine. I often cannot remember if I did something just moments before. Thus, I have had to make a routine of lining up my personal products and putting them away after using them. This way, I have to trust that I did actually use them, even though I can't remember using them. I have to use the prompt that if it is put away, I must have used it.

Another basic example of my memory and concentration frustration involves the toilet. My mind had become so bad that I often sat on the toilet and forgot whether or not I had passed urine. Often I couldn't remember if I had a full bladder or not when I went into the toilet. I have had to ensure now that I only enter the toilet when I know I have to "go" and keep my mind so focused that I say to myself, "I am passing urine". I continue to say it a few times to myself so the message gets through. This is a basic part of my daily routine now.

My memory and concentration have deteriorated so much that I have given up driving as a voluntary safety precaution. While I have retained my license in the hope of a return of confidence in that area, my husband does all the driving for me now.

These problems and symptoms are all new since my workplace injury and I state to you that they are all just basic day to day experiences for which I am totally unable to cope on my own. My permanent employment as a Registered Nurse with a Masters of Advanced Practice in Emergency Nursing has ceased. My previously chosen career as a nurse is a highly specialised field, requiring a sound, clear and quick-thinking mind. My mind is neither sound nor clear thinking and all my thoughts are slow. All my confidence has been lost.

My chosen career as a nurse also requires working with people. I am unable to even walk through a crowd without panic attacks or someone beside me for support. I require the security of my husband at my side for protection, at all times.

My husband and I moved to Bundaberg (his former hometown) over 12 years ago and purchased our own home. We have many friends here and had no intention of leaving. However, because I now live in deep and constant fear of becoming ill or injured and thus requiring treatment at the Bundaberg Base Hospital (the place of my injury), we have no choice but to sell the family home and move to an area beyond the Base Hospital's range of treatment. Thus, added to all of my stresses is this constant fear of requiring treatment at the hospital, and the grave fear and stress of having to relocate and find new friends in a new area (leaving friends and much needed support behind). We feel we have no choice but to escape the risk of requiring treatment at the Bundaberg Base Hospital.

The injury I have experienced has been so debilitating that I will never work again. My only hope is to move from Bundaberg, and away from large centres, and seek some semblance of peace in my mind. My working career has ceased due to the total and permanent injury sustained in my workplace.

## Chapter 12

### **Compensation**

Talking about compensation is upsetting. Sometimes we tend to see those seeking it as money-hungry. Now, looking at it from the other side, I understand the need for it. If you are unable to work due to a work related injury, how will you survive? If you are injured at work, there should be compensation made for your future living.

There is a timeframe during which you can apply for compensation, so make sure you obtain good legal advice. There are plenty of legal firms that work on a “no win-no fee” basis. In the event of a win you pay a bit more for their representation, but if you do not have the finances to pay upfront, this is a very viable option. I am unable to provide any good comments about legal assistance. All of my experiences were bad and I believe they just were too busy for my case, to help someone in much need.

I discussed with one of my lawyers the problem I saw with the legal system. He happily stated to me that he was one of the rare ones who stood up against the wrongs within the legal system and did not just “play the game”. Unfortunately for me, the very next day I was to see that he did not stand up as much as he thought he did.

The compensation process can take some time. Do not dismay, this period is generally used to assess your injury. Had compensation been discussed early on in my injury I would have accepted a very minimal amount. As time progressed I came to realise how far-reaching my injury was. If nothing else, the passing of time allows the injured person a better perspective on just how injured he or she really is.

Compensation is a very hard thing to assess. However, you need to keep in mind that if you are unable to work again, what will you live on? How much longer would you have worked before retirement? Would you have likely been promoted? Pain? Treatment costs? These are all very real things to consider.

Do you have a work injury insurance plan you can access? Some insurance plans have disability payout options.

Income, of course, is a concern and even moreso during illness, healing and rehabilitation periods. There may come a period while lawyers seek compensation for you during which injury benefits cease and you may be left without an income. Just know this is a possibility so you can seek help ahead of time. However, please do not let it hinder you from seeking much needed compensation!

### Media

Media – we either love it or hate it. If you find yourself with issues that need to be reported, where will you go? If you seek help and support through previously mentioned avenues with no help, you may consider the media, even if as a last resort.

At first I really did not care who knew I was the one reporting and blowing the whistle on another crisis at a local hospital. However, wisdom came through my husband, who thought I should be protected in the early stages. We were thankful for that. Eventually, we found that we had to speak out. You must choose the best path for you, but remember that once your name is out there, you cannot retract it. Also, in a time when you may become emotionally fragile, anonymity may be a good ally.

However, there are just times when you cannot get anyone to listen to what you are trying to say. People have had to resort to this avenue many times before, and I am sure it will continue until people are heard.

There are avenues through the media available that you can get your story out by either television, radio or newspaper. There is also the internet and social media more available now-a-

days.. Whether they want to listen or take on your story is another issue. No matter what or how you choose, I wish you well. Just know, they do tend to like the sensational more than anything else.

(Copies of some newspaper and internet articles have been included at the end of the book.)

## Chapter 13

### **Protecting yourself**

E-mail! Let me say it again, e-mail! Did I mention “e-mail”? If I learned nothing else, it was that e-mail was the answer and your best hope of proof! When it comes time for you to prove that you asked for help or support, how else are you going to do it? Personal conversations are easily forgotten or denied.

When you make requests to your manager, e-mail them with your request. And, DO NOT DELETE your e-mails! Copy them, send them home to yourself, print them off, save them because they may be needed one day to prove you asked for help or reported something specific.

If you do not hear from your manager, e-mail again saying you never heard back. If you have complaints, e-mail them, don't report them personally. By all means you should discuss them with your manager but always, always, always e-mail your manager about your discussions with them. You have no other way of proving that you asked. Sadly, as in my own case, even when you possess such documented evidence, so-called ‘investigative’ bodies such as the ESU will still seek to ignore them, but do not underestimate the comfort that your own mind can still gain by knowing for certain that what you claim is true and proven!

I can honestly say that the e-mails I sent to various parties, were what helped support my case of a psychological claim. When management said that I never asked for help, I was able to supply e-mails that proved I had asked. More importantly, when I thought I was going crazy my saved e-mails proved I remembered correctly. They literally saved my sanity! Please don't overlook the importance of this.

If your work does not have an e-mail system, you will need to find a way to document your requests and reportings. How will you prove your case?

Sometime after I was finished working at the hospital, I asked how I could get my work e-mails. I told them there were a few personal ones in there that I wanted. The District CEO kindly organised for a computer with just my e-mails on it to be brought to our home. I was given a week to go through them. My husband found a way to copy them all. This process ended up having added benefits. There were e-mails that I had not copied previously, which supported yet more of my claims. Actually, new lies were being told, and e-mails that previously were unrelated all of a sudden were pertinent in fighting another false statement by a corrupt management.

The best advice I can give is to keep all correspondence, keep voluminous records of events, and again... please, please, keep your emails. Print them and send them to your private computer at home. In the end, should you ever face the harrowing ordeal of trying to prove your case in the face of an entire system that is devoted to covering up all evidence of mistakes and wrongdoing, your records will prove your only hope. Do not be so naïve as to believe that your managers, who in essence are only servants of their own tyrannical masters, will ever support you once you make a claim for help, or implicate them or their workplace in any kind of wrongdoing.

Also consider what facing those who hurt you does to you. You can often hear people say “face your fears”. Well, I am here to tell you that no... it is all about self-preservation. Save yourself. Protect yourself at all cost.

It may sound childish, but while we were still living in Bundaberg, I would just put my head down as we drove past the hospital. Just looking at it brought upset to me. I still struggle if I have to go to a hospital and especially to an emergency department. So, I often take something to distract my mind. I have headphones and music so I do not have to hear what is going on. I also use puzzles or magazines to distract my eyes if I am forced to visit an emergency room or even a hospital waiting room.

Again, it may sound childish but even driving past nursing homes upsets me. We have to drive past one every time we drive to our local town. I get upset because if I see lots of cars and a change-over of shift, it reminds me of nursing days. Seeing “scrubs” for sale in stores upsets me



too. Just because it has been seven years since this all began for me does not mean I still do not suffer. However, as I recognise these things I learn to avoid them.

Those are just a few things that remind me of a very painful time. A time that I am still trying to heal from. To face those issues will not help me. If I had to face those things head-on it would keep me reliving those horrible days. No, for me I think self-preservation is the goal.

Recently I was speaking to a friend who quit a job over seven months ago due to an abusive boss. That business provides a service that my friend still needs to access. She recently attended that business but did not cope well with being there. If a place or person makes you relive your injury, your pain, do not feel that you need to force yourself to confront it/them. You need healing and self-preservation, not confronting issues that bring pain and sorrow.

Self-preservation!

## Chapter 14

### **What life looks like now**

I have come to realise something about myself through all of this. As I look back on various jobs and problems I had, the problems appear to be when I saw or experienced bullying or abusive behaviour. Until I worked out what was going on, I was wondering if I was just a hard person to work with... but no... it was me fighting against wrongs. However, I guess that could make me a hard person to work with.

What happened to me in Australia certainly made me a different person. I have had to learn to live with the disabilities that are now my day to day life. It is probable that I will never be well enough to stop taking my antidepressants. I can live with that fact if it ensures I do not slip back into that horrible dark pit that used to be my everyday life.

I am no longer a nurse. Sometimes people tell me that I am still their favourite nurse. However I am no longer one. The mind that used to be able to prescribe medications can barely think of things needed under pressure. Some days I cannot even think of the names of the medications I take. I might still have the heart of a nurse but I am no longer able to be one.

What I have not mentioned yet is that my dear husband has been beside me every single moment of this whole ordeal. He probably could write his own story of what it was like to live through this. Unfortunately, being such a support ensured that he suffered also. We first noticed something was wrong during one of my assessment trips while we were still in Australia. We had a flat battery, and when he went into the repair place to have the battery replaced, he began to cry as he asked for help. It was not too long after that his doctor put him on antidepressants also.

He remained stable in his condition until years later when we finally settled in our hide-away home in Canada. As I started to relax and was able to do more things, he began to rest from the stress of fighting a very corrupt Queensland Health self-investigative system and its various overtly biased investigative agencies, and found that what was hidden away was now rising to the surface in various ways.

Our daughter was a fabulous support. I know she suffered quietly through this time but stayed strong to support us. She too suffered once her mother was safely out of Bundaberg. As soon as we left Australia she started to relax, knowing that her mother was safely away from those who caused so much harm. Soon after, she suffered her own bout of depression. We were a family with no history of depression, but after what we went through together, we were left severely injured... all of us.

As I look back on our experience, it would be hard to imagine that anyone would be able to escape uninjured. Together we fought government agencies set on covering up basic human abuses in a modern country. And even when our documented evidence proved beyond any reasonable doubt that those agencies were biased and corrupt in favour of their masters, the most powerful agencies in the land (the CMC and the Queensland state government itself) refused to act.

When I could not even speak in full sentences, Ian (my husband) spoke for me. When I could not get my thoughts to make sense, Ian wrote for me. When I could not care for myself, Ian cared for me.

I have had to learn to think again, and sometimes have had to learn again how to act on thoughts. I spent so long not being able to think clearly, it is actually something I have had to work on. As Ian's depression started to come out more, he was thinking I did not care about him. Thankfully we discussed everything. His fears were good for me to hear. They helped me re-learn how to show care for others in need. It is all really a strange concept to try to explain.

However, I can still suffer in a certain situation and not have the ability to work out that I need to tell someone with me so we can leave or change what is happening. This happens often while we are out. Often I suffer in silence, unable to properly communicate that I am in trouble.

There are days that I still suffer with what happened to me in Australia. I am left with two issues that can bring about tears if I dwell on them too much, or on the wrong day. I truly loved my career, I loved caring for my patients. My career was stolen from me and no one seemed to care.

The other issue is that our compensation was stolen from us. We live on a disability pension and carer's pension. We struggle each month and cannot do things we need to because we do not have any extra money. What was rightfully mine was stolen from us and no one seemed to care. Moreover, those in power made very sure that my allegations would never receive a fair hearing.

Standing up to what is wrong has its costs, and it should not have. In our so-called 'civilised societies' that stand up for truth and human rights, hiding the truth seems to be the norm. Yes, there is a great cost to doing what is right. However, each of us has a choice to make. Whether it is our work, school, church, friends, etc., there are bullies and there are those who want wrongs to be hidden. Perhaps the greatest plight of whistleblowers is that there are far too few. As young children, we were taught not to 'tattle tale' on each other. Unfortunately this can carry over into our adult life experiences.

We have so many current examples of people who should have stood up but did not. What about the Nazi prison camp accountant currently on trial, who never actually was involved in the killing of Jews? However, he went through and documented the belongings of the dead who were being killed not far away. At 93 and now on trial, he is being made accountable for his inaction. What about those in the police force who observe abuse by colleagues but they do not actually do it themselves? They are surely just as guilty for not reporting and fighting against it as those committing the heinous crimes. My workmates who did not support me are just as guilty as those abusing.

Perhaps as a society we all need to recognise our own guilt in not taking a stand against the wrongs we observe. The only thing necessary for the triumph of evil...

If you think it will cost you too much to stand up against wrongdoings or bullies, then you should consider leaving your stressful situation. I quit a few jobs years ago instead of standing up to the bully at the helm. At the time it can be a difficult decision to make, but when you remove yourself from the stress, the relief is overwhelming. Often you begin to question why it took you so long to make the decision.

I did not pick this fight that ended my career. I was attempting to quietly remove myself from the situation to take a break and see if I could rest from it. The fault lies totally with the one person who could and should have supported me, my manager. It was her lies that began what cost the government a tremendous amount of money and cost me and my family so much more.

But as a result of her lies I was retired before I hit the age of 50. My husband and I live in a small home on a 50-acre wooded property on the side of a mountain. The only reason we can have a home is that we renovated our (family) home in Australia and were able to make enough on the sale to purchase a home here. We live to play in the woods. We make roads and paths. I paint signs for our family and friends who visit to direct them around the property. We are developing our property for ourselves and our family, to be enjoyed year-round. We love the fresh mountain air.

We feed some of our birds by hand each day. We build bridges over our brook. We cut our own firewood. We live to live outdoors. The fresh air is good for our souls. Where I used to be frightened to step outside our home in Bundaberg, I find it difficult here to come inside out of the woods.

We survive because we can enjoy our home in peace.

"Be anxious for nothing, but in every situation – pray – and be thankful – talk to God about it. Then let His peace, which no one can fully understand, protect your heart and mind as Christ leads you." Philippians 4:6 & 7

At times there is no glossing over it – life can seem so overwhelming. You do not have to be thankful for the hard times, but be thankful if you can pray through those hard times.

As I stated previously, I am a Christian. I was unable to pray for a long time because my mind was unable to settle. I never thought that God had left me. I continually knew that He was in charge. However, I did not understand what was happening or why it was happening. What was His plan?

But truly, God is there with us the whole time... no matter what, no matter our thoughts or actions – He is always there with us. However, it is very difficult when He seems quiet. For so long I felt blind and deaf to God.

Perhaps if you do not know that God loves you totally, no matter what, this would be a good time to consider it. For so many years Christians have had God's message so wrong; we were so harsh. Now I can freely say that God is not a tyrant. He is the creator of the universe and He loves each one of us. You do not have to change for Him to love you, He already loves you.

Being a Christian is exactly like being in a loving marriage. God chose me, just like I was. I love Him and as I seek more of a relationship with Him I want to be more like Him. I want to spend more time with Him. I do not change because it is the thing to do, but rather, He changes me from the inside out. I talk to God about my life and let Him lead me. God is not about rules. He is about grace and love.

My favourite example is smoking. I used to smoke many years ago. I gave it up but always wanted to start again. Now I am married. My husband does not like smoking. Because I love him and because I know he does not like the smell of smoke or smoking, it keeps me from taking up the habit again. My husband did not say "do not smoke". And, I have not given up the habit so my husband would love me more; he loves me anyway. I know he does not like smoking and I love him and love spending time with him so I do not smoke.

See the difference? This is not rule-following, but love.

So is my relationship with God. As I change, I change to be more like God. I change because I love Him. I do not change so God will love me more, He could not possibly love me more than He already does. I love Him and love spending time with Him and want to be more like Him.

My fight for my patients was not so that God would be proud of me or love me more. I fought for my patients because they were in my care, they were being treated wrongfully and I knew God loved them too.

I have come to know that through those hard times like what I have been through, God leads us. And those hard times can be so hard, but it is through those times that He brings about His blessings, He brings about His purpose, He brings about the better life He has for us. Rest assured, the hard times can be very overwhelming and there is nothing wrong with saying so. I think the more honest we are with ourselves and with each other, then the more we encourage each other.

Sometimes I wonder that those hard times do not lead us to say... "Ok God, whatever you want. I no longer care about what I want – just let the struggles be over." I can remember one such conversation I had with Him, one final cry for rescuing from where I was. All I could do was cry and say, "God, please get me out of here before I die! I feel so close to death!" Not long after we were leaving Bundaberg for good.

It is times like this that we might hear God say, "Okay", and He seems to bring to life His plan. Sometimes He just needs us to get our own way out of His way. That is when we start to see that He actually did have a better plan – something far better than we could ever have hoped for. That was my story just a day before a trip where I was to meet Ian, my husband. But, that is another story... a beautiful love story.

If I had not been through what I had been through in Australia how else would God have brought us to our new home? It is through those struggles that He made a way for us – to bless us. I can tell of His great and excellent peace in the storms of life. I know God remains in control, even though my faith and emotions suffer from time to time.

We go to bed at night listening to a brook run past our bedroom window. We are the only house on this side of the mountain that has the brook so close to their home. I often think about when the earth was formed. I picture God saying to the angels... "Let's put the brook just here

because that is where Ian and Christine will need it after their difficult time in Australia.” Sometimes it is these little thoughts you have that can bring peace to your injured soul.

Even after such a horrible ordeal, after terrible sickness, after losing just about everything, I am blessed. The second verse of “How Great Thou Art” was written for us... I am sure of it. It is our daily life:

When through the woods, and forest glades I wander,  
And hear the birds sing sweetly in the trees.  
When I look down, from lofty mountain grandeur  
And see the brook, and feel the gentle breeze.

My soul constantly sings, “How great God is”! How great is He to have found us such a perfect place to live out our days after a fight that was lost before it was begun. My husband thinks there will be another chapter. I am resigned just to leave it and if there is another chapter, God will have to carry me through it also... like He already does.

If you suffer from depression, read through the book of Psalms in the Bible, and get a modern translation, something like the NIV. You will find a real soul mate there. At times the writer/s of Psalms seemed to speak what my heart was feeling but I was unable to verbalise.

I found I always wanted to hide; hide from the problems, hide from others, just hide. I took comfort in Psalm 27:5 “For in the time of trouble He shall hide me in His pavilion; In the secret place of His tabernacle He shall hide me; He shall set me high upon a rock”... and today I live on my rock, and it is over 400 feet above sea level, baby!

Throughout everything I have been through I had one goal. I wanted to live through it to tell what God did for me. In my worst times, I figured I would not live through the ordeal and that I would never get to tell what happened or how faithful God was and is to me. Today I am thankful that I have reached that goal. I lived and I have now told. Truly, I survived. I am different in many ways... but I have lived to tell about it.

I will not die but live to tell what He has done.  
Psalm 118:17

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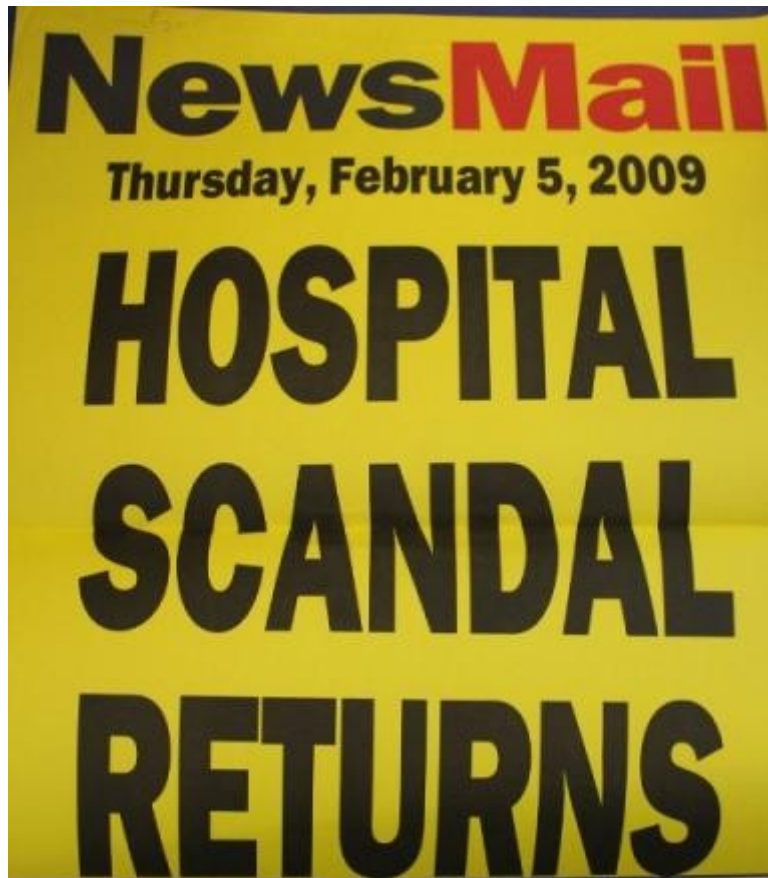
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# Doctor hurt baby: nurse

## Whistle blown again at Bundaberg

**Exclusive**

**Des Houghton**  
ASSISTANT EDITOR

A BABY at Bundaberg Hospital was assaulted by a doctor who lost his temper when the child wouldn't stop wriggling, and an elderly patient was left to die in a hallway after being denied proper treatment, according to allegations made to the Crime and Misconduct Commission.

Three hospital staff have sought whistleblower protection after detailing allegations of gross medical neglect and incompetence, overcrowding, bullying, intimidation and cover-ups.

A highly qualified nurse who spoke to *The Courier-Mail* told how she was repeatedly made to falsify records to hide lengthy waiting times in the emergency department.

She said triage cases were improperly and dangerously downgraded because of understaffing.

She said a troubled teenager who waited five hours without seeing a



**INQUIRY call ... MP Rob Messenger has again raised claims against Bundaberg Hospital officials.**

doctor ran away and slashed her wrists. And a doctor said he was too busy to see a boy who had been stabbed in the leg in a suspected child abuse case.

The cases are among 100 serious and minor procedural errors on the hospital's prime reporting database.

Dismissed as a troublemaker and frustrated at the lack of response, the nurse and two others took complaints to Burnett MP Rob Messenger, who first raised allegations against the hospital in Parliament in 2005.

"They have made alle-

gations which lead me to reasonably suspect misconduct by a number of public officials," Mr Messenger said.

He called for an inquiry, saying it was clear patients and employees of Bundaberg Hospital were "in continuing danger of physical and psychological danger".

The CMC was told the doctor threw the baby on its back and twisted its arm after angrily shouting, "Keep him still". It is believed the child suffered bruising but was not seriously hurt.

The elderly man who

died on the trolley was refused acute care after his triage rating was downgraded.

"Good nurses and doctors and administration officers who work miracles every day are being placed under unbelievable pressure by a government that won't properly resource staff," Mr Messenger said.

He said the \$41.1 million upgrade promised by the Beattie-Bligh governments had not happened.

"They have spent \$8.6 million and instead of the 30 extra beds promised, we got five. There is clear evidence of understaffing and underfunding."

Mr Messenger said there were more beds at Bundaberg hospital in 1969 than there were now.

The nurse making the allegations said she believed nothing much had changed at Bundaberg since events that sparked a royal commission.

"Patients are still abused and refused proper treatment, and they still have the gall to smooth the whole disgusting mess over with half-truths and convenient forgetfulness," she said.



Hospital neglect, cover-ups alleged

# Clerks had to treat wounds

Des Houghton

CLERKS with no medical training were made to bandage wounds and do patient assessments at Bundaberg Hospital, the Crime and Misconduct Commission has been told.

The clerks were also asked to perform other nursing duties such as putting ice on patients suffering strains.

The *Courier-Mail* reported yesterday that staff at the hospital sought official whistleblower protection after detailing allegations of gross medical neglect and incompetence, overcrowding, bullying, intimidation and cover-ups.

The couple at the centre of the latest allegations successfully sued the hospital, said Julie Bignall, state secretary of the Australian Services Union clerical division.

"We pursued work cover claims for stress and psychological injury," she said. "Their work cover claims got up. They are now keen to go back to work."

Ms Bignall said she was annoyed the allegations against the hospital had been made public by Rob Messenger (LNP, Burnett).

He took detailed accounts of hospital shortcomings to the CMC.

There were allegations a doctor had cruelly mistreated a baby and at least one elderly patient had been left to die on a trolley.

Mr Messenger said it was his duty to expose misconduct and accused the union of pressuring whistle-

## Union meddling claimed

DEPUTY Opposition Leader Mark McArdie yesterday accused unions of attempting to interfere in a Crime and Misconduct Commission investigation into Bundaberg Hospital.

And the AMA took the State Government to task for failing to properly investigate allegations.

Mr McArdie said the CMC should now investigate claims the unions had discouraged nurses from raising concerns.

"It is a very dangerous precedent for any union official to deliberately obstruct a credible person from raising very serious concerns about risks to the health and welfare of sick people," Mr McArdie said.

AMA Queensland president Chris Davis said it was unacceptable staff had again been forced to take concerns to their MP.

Des Houghton

blowers to withdraw their statements to the CMC.

Ms Bignall denied this. "We didn't put pressure on them," she said. "We just don't recommend they go to politicians."

The controversy widened yesterday when more nurses came forward with specific allegations against the hospital.

There were also fresh claims that staff complaints and patient records had been manipulated to hide hospital shortcomings.

Mr Messenger said he spoke to another nurse who claimed she was denied promotion because she gave evidence at an earlier inquiry.

"It's payback time for her," he said. State Health Minister Stephen Robertson yesterday said the allega-

tions were being taken seriously. He said two cases, that an elderly man had been left to die and a doctor had assaulted a baby, were both investigated 12 months ago.

"They were investigated at the time they were made by the Queensland Health Ethical Standards Unit and they were found not to have been sustained," he said.

But heads would roll if health investigators found there had been cover-ups, he said.

Opposition Leader Lawrence Springborg yesterday questioned how Mr Robertson as the minister did not know of the claims when they came up.

"They of course are troubling allegations and the CMC needs to investigate them," he said.



**IN THE CASE:** Director, General Mick Reid arrives at Bundaberg Airport. *ngp0402*

# NEW SCANDAL DOGS HOSPITAL

By JANETTE YOUNG

THREE staff at Bundaberg Hospital, one a nurse, have lifted the lid on what is being billed as another health crisis — and politicians, unions and officials were yesterday hitting-out in all directions.

With the Jayant Patel

case and the ensuing Davies Commission of 2005 still fresh in our minds, a senior nurse and two administration staff from the hospital's emergency department have come forward with new allegations.

Some relate to the past year and others go back to 2005.

All three women are now on stress leave.

Allegations include more than 100 incident reports disregarded, including an alleged assault on a toddler and the death of an elderly patient after he was denied timely treatment due to a lack of beds.

Member for Burnett Rob Messenger, who has sent the allegations to the Criminal Misconduct Commission, said he was "blissfully ignorant" of the state of affairs at the hospital until approached by the women. He wants a full independent inquiry.

He accused unions of knowing about the allegations, but doing nothing. The unions say they have been working through issues with local management and point the finger back at Mr Messenger for "using" the women.

Yesterday, Queens-

land Health Director-General Mick Reid flew in on the orders of Health Minister Stephen Robertson.

The Health Quality and Complaints Commission, a watchdog established in 2005, is also involved.

■ MORE: PAGES 2 & 3



## HEALTH REPORT

from within its own emergency department

# REVEALED PATIENTLY

FROM - page 2

In addition, according to Member for Bundaberg Jack Dempsey, almost 55,000 journeys have had to be undertaken by patients from Bundaberg over the past five years to enable them to receive specialist treatment in Brisbane.

Yesterday afternoon, Mr Messenger met with Queensland Health Director-General Mick Reid, who flew up on the orders of state Health Minister Stephen Robertson.

The allegations have also sparked a war of words between Mr Messenger and two unions — the Nurses Union and the Australian Services Union (ASU).

He has accused them of knowing about the allegations, but failing to act when the staff

members tried to escalate the matter via their union, and also of trying to persuade the women to withdraw from pursuing complaints via himself.

The ASU hit back, claiming Mr Messenger was using its two members as political pawns and that the whole situation was out of control.

It issued a media release late yesterday afternoon with a statement from its two members, stating they did not give permission for the member to publicise their information.

ASU organiser Donna Webster said the union had been working with local management for months over issues that had been raised with them, and they would be meeting with Mr Reid to discuss them.

Queensland Nurses Union

organiser Vicki Smyth said they did not know who went to Rob Messenger.

"I am aware that there have been some issues. I had been under the impression they had been investigated and addressed," Ms Smyth said.

"I wasn't aware of any ongoing concerns."

Mr Reid will not be the only person looking into the claims.

The Health Quality and Complaints Commission (HQCC) will also investigate whistleblower complaints about the quality of health services at Bundaberg Hospital.

"Federal Health Minister Nicola Roxon said she had asked Mr Robertson for a full brief.

A spokesman for the Premier's office said they awaited information on the matter.

"Obviously Queensland Health takes any allegations very seriously, as well as ensuring whistleblowers are provided with the utmost support throughout the process," Mr Robertson said.

In a press conference, Mr Robertson also said the two specific allegations raised had been investigated 12 months ago, a statement questioned by Mr Messenger.

# to persevere with hospital claims

FROM - page 2

"Just to persevere and to make sure that they make their allegations clear to the people who are involved so that they can be dealt with," she said.

"I don't know who all of them are. I did talk to one of the girls — she did talk to me, but in a general way."

Bundaberg-Burnett Patient Support Group president Ian Fleming said it broke his heart to hear about the claims, but he was not surprised.

"The culture has to change before anything else changes — until that happens nothing is going to get better," he said.

Bundaberg Hospital Patient Support Group president Beryl Crosby said her concern was for the patients involved, and she hoped the proper procedures had been followed in bringing the matter to the Crime and Misconduct Commission.

Australian Medical Association Queensland president Dr Chris Davis said the new allegations showed Queensland Health had not adequately addressed the cultural issues that arose from the commissions.

"There is still this culture of concealment, a failure to take issues forward on behalf of patients and on behalf of the staff who are con-

cerned," he said.

"It's really the funding pressures that are causing people to try and sweep the facts under the carpet and that of course doesn't allow us to fix the problem."

He said it was "extraordinarily distressing" to hear patients were still being mistreated, especially after he had worked with Peter Forster to advise the government on administration changes to help ensure it would never happen again.

"To find that a lot of these things haven't happened, despite assurances to the contrary, of course is very concerning," he said.

He stopped short of saying the

community had a right to feel duped into believing the issues had been resolved.

"The community of Bundaberg and indeed the broader Queensland community have every reason to be very distressed by these allegations," he said.

He said Queensland lagged behind other states on key performance indicators in the health sector, but he was concerned the investment promised by the state government may not eventuate.

"Certainly when you look at the data as it applies to Bundaberg a lot of those promises haven't actually been honoured," he said.



WHAT ARE YOUR EXPERIENCES AT THE BUNDABERG HOSPITAL? email [editorial@news-mail.co](mailto:editorial@news-mail.co)

# We are all so sick of Qld Health secrecy

GETTING information out of Queensland Health yesterday was just like pulling teeth.

Given the state of our dental waiting lists at Bundaberg Hospital, maybe that is not so surprising.

NewsMail staff started sending detailed lists of questions to health service public relations officers from 8.55am yesterday.

The first reply came back at 11.57am — failing to answer any of

**LUCY  
ARDERN**

*Editor*



the queries and instead giving a short, general response.

This prompted a follow-up from our office at 12.04pm to confirm if this would be the "extent of the response from Queensland Health over the issue ..."

Soon after a letter to the editor was sent from the same email address, signed by director general Mick Reid about a completely different topic.

Yet another email was sent at 2.11pm asking once again if there would be a further response from Queensland Health.

Obviously the communications department was too busy doing other things to talk to the media, despite having time to pull together a letter from Mr Reid.

It just makes you wonder how much has changed with Queensland Health in the past few years.

## **NEWSMAIL TEAM**

The Bundaberg Newspaper Company,  
22-24 Targo Street, Bundaberg, 4670.  
PO Box 3006 Bundaberg DC.

The News Mail - February 5, 2009





**APOLOGY:** Director-General Mick Reid, on his arrival in Bundaberg, has come under fire for swearing in talks with a hospital worker.

Photo: RON BURGIN/agood

## From an 'F' word to bloody hospital debacle

THE 'F' word has exploded into the Bundaberg Hospital debate, forcing Queensland Health Director-General Mick Reid to say sorry to the whistleblower nurse.

He admitted to using the profanity "in conversation" during a tearful meeting with the woman who has raised more than 100 serious allegations relating to Bundaberg

Hospital.

It came as the Crime and Misconduct Commission (CMC) said it would not investigate.

**REPORT: PAGE 5**

T

# Nurse tells of stress, tears in emergency

By JANETTE YOUNG

THE nurse at the centre of allegations surrounding Bundaberg Hospital begged her management to support staff and tried to have a "pow wow" to resolve the issues, it was revealed yesterday.

In an 11-page version of a 36-page document provided to the Crime and Misconduct Commission (CMC) by the emergency department nurse, she released a report that had been put into the PRIME information system.

"We are the 'front door' to the hospital, but we are just having the biggest pile of — dumped on us by the hospital," the report said.

"I think we are doing a fabulous job, but the stress has been seeping out in many tears from a fair few of us."

As the edited version of the document was provided by Member for Burnett Rob Messenger, state Health Minister Stephen Robertson was adamant that it was not a repeat of the 2005 whistleblowing experience.

"The allegations were made and within 24 hours we have come up with a comprehensive review," Mr Robertson said.

"That's a marked contrast to three years ago."

The Health Quality and Complaints Commission (HQCC) will oversee two reviews being conducted by interstate medical experts Dr Stephen Ayre and Dr Peter Brennan.

Mr Robertson said it was time to stop all the "finger pointing" and that while any politician was welcome to provide information to the department privately or publicly, Mr

## 'F' WORD ENTERS THE HEALTH BLAME GAME

FROM - page 1

DENYING that the meeting on Wednesday — which involved the whistleblower, her partner and Member for Burnett Rob Messenger — had been volatile, Mr Reid said yesterday: "If I did offend her (the nurse), I apologise."

The emergency department nurse is on stress leave.

She had been crying before Mr Reid's profanity, Mr Messenger said.

The Director-General had flown to Bundaberg to get to grips with the claims launched into the media this week, immediately unleashing a frenzy of finger-pointing among politicians, unions and officials.

Messenger should "stand back and let people do their job".

He flatly denied a statement by the member that the HQCC was a "toothless tiger".

But Mr Messenger said of the inquiry: "I can tell you right now what the verdict will be."

He was already bruised after losing a battle with the Australian Services Union to speak for two emergency department administration staff who had gone to him along with the registered nurse to escalate the complaints to the CMC.

"These people came to me, but they have decided to let the union carry their claims forward," he said yesterday.

Yesterday, Health Minister Stephen Robertson said the Health Quality and Complaints Commission (HQCC) would review up to 3000 incident reports going back three years, including any serious allegations raised by the nurse. Two interstate medical experts would undertake the task and report to the HQCC.

The CMC said it would review the outcome.

The minister admitted to "cracks" in the PRIME incident reporting system, brought in after the 2005 health crisis.

Mr Messenger said of the CMC's decision: "I'm very disappointed. I think it's clearly a case of Queensland Health investigating itself."

### The claims

The nurse has submitted 100 allegations including:

- The alleged assault of an 18-month-old child in 2008.
- The death of a man allegedly not treated in a timely manner, who then had a heart attack.
- Patient triage categories being illegally downgraded.
- Triage times being falsified on management orders.
- Administration officers in emergency being required to bandage and apply ice packs to wounds, and to assign triage ranking.

The News Mail -

February 6, 2009

# A timely increase in clarity on issues

THE waters began to clear yesterday on some of the murky issues surrounding the latest concerns raised about Bundaberg Hospital.

Almost everyone involved appeared to disagree with or contradict each other on something earlier in the week and many of them were blaming each other, but 24 hours later some clarity was being achieved.

**LUCY  
ARDERN**

*Editor*



Let's hope this means the politicians and bureaucrats involved can get started on the real work of assessing the problems and finding solutions.

Even Minister for Health Stephen Robertson admits that things could have been better handled.

No matter what comes of the 100 matters raised by the registered nurse from Bundaberg Hospital, there is no doubt that the system, put in place after the last health scandal, did not work as it should.

There is no doubt that the culture of Queensland Health and the resourcing problems will be partly to blame for this.

But steps have been taken in the right direction and a positive approach should be taken — at least until we see if the minister was true to his word on dealing with these complaints appropriately and transparently.



## Health repeat?

ANOTHER health debacle.

But if one listens to the health minister, it was investigated 12 months ago and it was found that the treatment was acceptable.

If this is so, then why would the health minister have it all investigated again.

I am certain that if this had happened 12 months ago the public would have been made aware and the health department should have had the CMC (Crime and Misconduct Commission) investigate the claims.

In my opinion, I would feel more at ease if the Health Quality Control Council or any other department that may have been established to look into complaints, was made up of doctors and nurses who are not employed or have anything to do with Queensland Health, not just the ordinary person who may have personal dealings as Labor Party supporters and who have no knowledge of the medical profession.

That would be like putting a child into the Prime Minister's seat running this country, which sometimes I think that is who is making decisions.

This health system needs more work done on it than what these bureaucrats who are in charge now are capable of giving.

How many more patients have to be maimed or left to die alone on a hospital trolley before they do something?

I will say it time and time again, this city has had its fair share of tragedies at the hands of this Queensland Government health system, and it is time for Queensland to show this government what it feels like to totally ignore these tragedies.

Vote them out.

**DORIS HILLIER**

*Bundaberg*

The News Mail - February 6, 2009

**Des Houghton  
Anna Caldwell**

QUEENSLAND Health dismissed serious allegations of assault and negligence at Bundaberg hospital without speaking to the key witness, it is alleged.

In *The Courier-Mail* yesterday, Health Minister Stephen Robertson said allegations a baby had been assaulted and an elderly man left to die on a trolley in a hallway had been investigated by the Queensland Health Ethical Standards Unit and "found not to have been sustained".

However, the nurse at the centre of the controversy claims she has not been contacted by the unit.

"No one from the Ethical Standards Unit has ever contacted me — not ever. Not by phone or letter or in person," she said.

"And never once did a manager at Bundaberg come back to me and say, 'Let's look at your evidence'."

The highly qualified nurse has made a series of startling allegations against the hospital, including the falsifying of records, understaffing, bullying, and gross medical neglect.

Following pressure from Rob Messenger (LNP, Burnett), Mr Robertson confirmed he had referred the case to the Health Quality and Complaints Commission. He also said 3000 complaints logged at the hospital in the past three years would be reviewed by Queensland Health's patient safety centre.

As well, Dr Stephen Ayre, executive medical director of Prince Charles Hospital, will investigate the 100 complaints by the whistleblower.

Mr Robertson said claims of falsified triage times would be investigated by the Crime and Misconduct Commission and the Queensland Health Ethical Standards Unit. The investigations into the hospital's emergency department would be completed by February 23, with the report to be released publicly.

Mr Robertson rejected the hospital was understaffed and said 33 extra doctors, 114 extra nurses and 127 extra allied health professions had been appointed since 2005.

The controversy took another strange twist yesterday when the Director-General of Health, Mick Reid, was reported to his own ethical unit for allegedly using explicit language.

Mr Messenger, the MLA who raised the allegations, claimed Mr Reid used the unsavoury language during a meeting in Bundaberg with the whistleblower.

Mr Messenger said that, in a reply to a comment about the whistleblower's career prospects, the Director-General said, "If you want to say to me f--- off I'm going to go and do something else, that's great".

Mr Reid apologised last night for his choice of language.

"I'm not aware that the nurse or her partner were offended by the language I used, but I reiterate that I am sorry for any offence I may have inadvertently caused," Mr Reid said.

The Courier Mail -

February 6, 2009 (Inquiry ignores nurse's claims)

**Des Houghton**  
ASSISTANT EDITOR

THE Australian Medical Association has questioned the independence of an investigation into serious allegations of neglect and cover-ups at Bundaberg Hospital.

"Queensland Health is essentially investigating itself," warned AMA Queensland president Chris Davis.

Dr Davis said it was essential the "culture of concealment" identified by Geoff Davies, QC, in a report four years ago had been addressed.

"We need a completely independent view to see if the culture has changed," he said.

Health Minister Stephen Robertson ordered investigations after *The Courier-Mail* revealed allegations by three whistleblowers of malpractice.

He demanded a review of Bundaberg Hospital managers' responses to 100 reports made on the hospital's PRIME clinical incident management system. There will also be a wider review of 3000 incidents over the past three years.

This review is being conducted by Prince Charles Hospital's executive director of medical services, Dr Stephen Ayre, and it is expected to be completed by February 23.

But Dr Davis said it would be better if the investigator was someone from outside Queens-

land Health. He said: "There are major difficulties with a senior manager having to comment on a colleague."

Opposition health spokesman Mark McArdle, agreed. "It looks like a Caesar-judging-Caesar political fix," he said.

"Despite two commissions of inquiry and a whole lot of Labor's infamous hand-on-heart promises to make things better for patients and carers, the hospital crisis continues."

He said the Bligh Government often used the Health Quality and Complaints Commission to cool off and shelve difficult political issues.

"It is simply not believable that the Health Minister, the Director-General and the Health Quality and Complaints Commission did not know about ongoing complaints about patient safety at Bundaberg Hospital (and) other hospitals," he said.

Mr McArdle said the commission released a report last year showing more than half the hospitals and health facilities failed to review and implement care improvement programs following patient deaths.

It also found nearly 40 per cent of the state's hospitals did not have proper qualification checks for doctors, nurses and allied health professionals.



The



# Report is proof of hospital bungling

BUNDABERG Hospital has been marked down against other hospitals by the first of a series of reports into a whistleblower's allegations about 100 incidents in the emergency department. Queensland's director general of health Mick Reid (right) and the chief executive officer of the Sunshine Coast/Wide Bay district Kevin Hegarty (left) have put it down to poor leadership, failed communication and a flawed reporting system.

**MORE: PAGE 4**

The News Mail - February 27,

# Report raises key concerns

FROM PAGE 1

"IT does highlight a lot of issues around leadership, but leadership in many places," director general of health Mick Reid said yesterday about the first report into the latest Bundaberg Hospital furore.

The comment was backed-up by the report from Dr Stephen Ayre, which directly commented on "the lack of medical leadership" and a "relative under-reporting" of clinical incidents by medical staff, who were reluctant to do so.

Despite this under-reporting, the hospital still matched-up with others in the state in relation to numbers of incidents reported — but the report again highlighted local deficiencies.

"Bundaberg records lower rates of feedback to staff compared with other hospitals," Dr Ayre said.

Another point related to staffing pressures, stating: "A number of managers reported that high workloads often mean prioritisation of activities."

Mr Reid and Kevin Hegarty, chief executive officer of the Sunshine Coast/Wide Bay district, flew into town again yesterday to deliver the report. They said communication and education had been identified as key areas of concern which needed to be fixed.

The PRIME system, brought in after the 2005 health crisis, also would have an overhaul statewide. Criticisms in the report pointed to a range of issues, with one manager admitting she found it difficult to review incidents and did so only "intermittently".

The News Mail -

**By JANETTE YOUNG**

DRUNKS, drug abusers and other violent patients will be targeted with an immediate \$600,000 cash injection by Queensland Health into the emergency department of Bundaberg Hospital.

Security will be pumped up and made more visible, with a dedicated guard put on duty in the department between 5pm and midnight — a period director general of health Mick Reid yesterday identified as being of “highest risk”.

The layout of the emergency department will be reconfigured at a cost of \$250,000 and include an area set aside for children and babies so the young do not mix with abusive, drunk, drugged or other violent adults in the main area.

The announcement came with the release of a second report into the current health scandal, triggered by a whistleblower nurse's allegations relating to incidents in the emergency department.

The report, by Dr Peter Brennan, identified issues which had been the subject of recommendations after the 2005 health crisis, but had not been fixed. They included processes around discharging patients, and the triage process for ranking patients.

It was labelled “crisis funding as part of the election” by the Australian Medical Association Queensland (AMAQ), but nonetheless welcomed from all sides of politics.

“Whether the troublemakers are high or on drugs or drunk, that seems to be where they congregate,” the Australian Services Union, which has been lobbying for

The News Mail (Babies, staff at risk from patient

abuse)



extra security, said of the emergency department.

The money would come out of the current budget and would be spent immediately, Health Minister Stephen Robertson said.

The same pledge was made by Mr Reid, who promised two extra administrative staff and a security officer for the emergency area at an annual cost of \$350,000.

He said the skills of the nursing staff would be utilised properly, something which the report identified was not happening.

Mr Reid also pledged to tackle the triage and patient discharge

issues.

A three-page report from the Queensland Health Ethical Standards Unit was also released yesterday.

It found allegations around patient data falsification and triage roles and treatment by administrative staff to be unsubstantiated.

But Dr Chris Davis, president of the AMAQ, said not being "substantiated" did not mean the allegations were without foundation.

"Queensland Health has at least admitted that there were serious systemic faults," Member for Burnett Rob Messenger said.

The News Mail (Babies, staff at risk of patient abuse continued)

# Whistleblower says

A BUNDABERG nurse has called for a royal commission into the Crime and Misconduct Commission for failing to investigate serious incidents including an assault on a baby, falsifying of records, bullying, and medical neglect that resulted in a patient dying on a trolley at the hospital.

The whistleblower, Christine Cameron, broke her silence yesterday, saying the CMC was amateurish and inept and had failed in its duty by flick-passing her complaints to other agencies for investigation.

These investigations led to "fabrications" and a "white-wash", she said in statements tabled in Parliament.

Cameron, 48, said she was dumbfounded to discover most of the complaints she listed in official incident reports weren't investigated at all.

But more perplexing was

how the "bureaucracy" managed to shuffle her complaints from one agency to another until no one seemed to know who was investigating what.

She sensed this was a deliberate tactic to delay investigations until the media had lost interest.

"When I rang the CMC in January, they told me the case was now in the hands of Steve Hardy, the director of the (Queensland Health) Ethical Standards Unit," she said.

"Then I was told by the Ethical Standards Unit it wasn't really an ESU matter at all and that the complaints had been referred back to district health manager Kevin Hegarty.

"Later Kevin told me he had complete oversight of the investigation.

"I understood the CMC still had oversight of the case but

they said, no, the case was no longer with them."

Meanwhile, some matters were referred to the Health Quality and Complaints Commission and a review of the hospital's emergency department was done by Prince Charles Hospital's executive director of medical services, Dr Stephen Ayre.

At the time the AMA Queensland president Dr Chris Davis prophetically questioned Ayre's role.

"Queensland Health is essentially investigating itself," Davis warned.

He cited a "culture of concealment" identified by Geoff Davies, QC, in his investigations into the Bundaberg tragedy.

Cameron said she presented written proof that records had been falsified.

"Yet the ESU said the claims

were unsubstantiated," she said. "I'm dumbfounded. How could they get away with it?"

"We are asked to report incidents but I quickly realised the official policy is to cover things up. I was told the expense required to determine whether medical practitioners are providing appropriate care would be an unjustifiable use of resources.

This is very frightening, especially given the fact that they are investigating issues surrounding the Bundaberg Base Hospital.

"It's wrong, wrong, wrong."

Cameron's allegations are contained in statements tabled in the House by Rob Messenger (LNP, Burnett).

Messenger backed Cameron's call for a royal commission, saying the investigations lacked integrity.

"At the very least, this is

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# watchdog failed her

unethical behaviour. At worst, this is corruption and cronyism in the Labor Party," he said.

The CMC didn't take the matter seriously because it was "under-resourced, under-manned", he said.

Messenger said Cameron may have been deliberately misled into believing the Ethical Standards Unit was investigating the matter when it wasn't.

Cameron said: "This bungled investigation is a clear indication of how unreliable the process is when the CMC delegates investigations to government departments – especially when it means that a government department has the opportunity to investigate itself."

"It is my contention that the ESU investigation was staged and corrupt."

"It is also my belief that now, realising that they may be

exposed, management and investigators at all levels are doing their best to distance themselves from this abortion of a report."

"It is my belief that I have been treated unfairly from start to finish, with extreme bias being directed against me by hospital management and the ESU investigation itself."

"It is my firm belief that the ESU has sought from start to finish to help cover up the errors and failings of hospital management, as well as possible untrue responses, and I will be seeking all possible investigation into all these matters."

Cameron said she acted only in the interests of patients whom she believed were getting inferior treatment.

There had been marked improvements in the emergency department at Bundaberg since Ayre's report, she said.



ANGRY: Nurse Christine Cameron.

Picture: Paul Beutel

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The Courier Mail - December 5-6, 2009 continued:

**Rob Messenger MP**  
Member for Burnett

7 December 2009

## **CMC forces whistleblower to go public**

The Crime and Misconduct Commission has mismanaged a Whistleblower's serious allegations of corruption and misconduct at the Bundaberg Base Hospital and forced the Whistleblower to go public to expose the corrupt activities, Member for Burnett Rob Messenger said today.

Rob Messenger and Nurse Whistleblower Christine Cameron initially referred very serious allegations to the CMC in February this year, including the unnecessary and premature death of an elderly patient, an alleged assault of a baby by a doctor, the case of a suicidal patient who tried to kill themselves after being made to wait five hours in A&E, routine and systemic fraudulent manipulation of Queensland Health Records and the systemic cover up of at least 100 official complaints made by Christine.

"The CMC referred those allegations back to Queensland Health and promised to monitor those investigations. Since the initial referral, three times the CMC have refused to properly investigate Christine's allegations," Mr Messenger said.

"Christine was initially told that the ESU would be in charge of the investigation, but that changed mid investigation, with the ESU making excuses and backing away from the responsibility for the investigation.

"The entire investigation has been compromised. Primary witnesses weren't interviewed and Christine's documented allegations and evidence was completely overlooked.

"During the internal investigation, they cherry picked evidence and relied on some staff statements that at best are completely inaccurate and at worst lies and attempts of cover up.

"The CMC has forced Nurse Whistleblower Christine Cameron to identify herself and go public in order to try and stop these Queensland Health lies, cover up and corruption.

"The CMC has not acted with the integrity and rigor that the people of Queensland expect and deserve. They have allowed Queensland Health to investigate itself and create a corrupt and fraudulent report.

"Because of the CMC's mismanagement of this serious issue, we have no other option but to call for a Royal Commission.

"Only a Royal Commission has the independence, the resources and powers to investigate these legitimate, serious concerns comprehensively," Mr Messenger said.

Mr Messenger said if this Government wanted to reform Queensland's public health system, they would treat Whistleblowers with respect, transparency and dignity.

"I am calling on the Premier to stop the lies and cover up at the Bundaberg Base Hospital," he said.

Mr Messenger congratulated Christine for coming forward and blowing the whistle.

**Media contact: Rob Messenger 0407 904 134**

Rob

Messenger, Member of Parliament (Queensland)

# Whistleblower says no action has been taken

By **LEA EMERY**

A FORMER Bundaberg Hospital nurse has told of the frustration she felt over what she claimed were inadequate investigations into complaints she made in February this year.

Christine Cameron had made several incident reports, including the allegations of the unnecessary and premature death of an elderly patient and an alleged assault of a baby by a doctor, but said they had been ignored.

She slammed a 125-page formal response to her claims, which were provided to her in September as part of the investigation, as "hopelessly inept, biased and inaccurate".

"I absolutely loved my job. I felt guilty for getting paid for it because I loved it. I was told the hours of investigation required to determine whether medical practitioners provided appropriate care would be an unjustifiable use of resources," she said.

Mrs Cameron, who worked at the hospital for about four and a half years, had been on stress leave for 12 months before she resigned from her position in October.

The East Bundaberg woman said part of her frustration came from not knowing who was conducting the investigation after the Crime and Misconduct Commission (CMC) handed responsibility back to Queensland Health.

Member for Burnett Rob Messenger said Mrs Cameron was initially told Queensland Health's Ethical Standards Unit (ESU) would be in charge of the investigation, but it backed out mid-investigation.

The News Mail - December 8, 2009 (Former nurse

angry at 'inept' investigations)

"The entire investigation has been compromised. Primary witnesses weren't interviewed and Christine's documented allegations and evidence was completely overlooked," he said.

Kevin Hegarty, district chief officer of the Sunshine Coast-Wide Bay Health Service District, said at no time was he in charge of the investigations.

"At all times officers from the ESU were and are conducting the investigation. My role is that of the decision maker following the outcome of the investigation," he said.

Mr Hegarty said Queensland

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**"I absolutely loved my job. I felt guilty for getting paid for it because I loved it."**

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*Christine Cameron*

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Health did become aware of serious allegations made in February this year and took those complaints seriously.

"It is important for me to say that under the provisions of the Whistle-

blowers Protection Act I'm not able to confirm or deny if someone is a whistleblower ... nor am I able to detail what issues someone who may or may not be a whistleblower has brought forward," he said.

Mr Hegarty said it was usual to allow the complainant to provide feedback on information gathered during the course of the investigation and the opportunity had been provided.

"It is important to note that the investigation is still continuing and therefore no determination has been made, (therefore it is premature to talk about bias," he said.

T

he News Mail - December 8, 2009 continued:

## Qld Health accused of Bundaberg hospital cover-up

By Kallie Buchanan

Posted Tue Dec 8, 2009 9:03am AEDT

**A former Bundaberg hospital nurse says Queensland Health is continuing to cover up her complaints about the emergency department.**

Christine Cameron raised over 100 complaints about patient treatment and the manipulation of records in February this year.

Four separate investigations have been launched, but Mrs Cameron says the department is ignoring her evidence.

Mrs Cameron says she wants the Crime and Misconduct Commission (CMC) to investigate but they have refused.



*Qld Health says the complaints are being taken seriously and investigations are ongoing. (ABC News; Emma Pollard)*

ABC News (online) December 8, 2009



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# Nurse whistleblower goes public

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A whistleblower who alleges corruption and misconduct at a Queensland hospital says she's been forced to go public because the state's crime watchdog refuses to investigate.

Christine Cameron, a former nurse at Bundaberg hospital, made more than 64 complaints about the hospital, mostly relating to her time in the emergency ward in 2005.

Her complaints involve the premature death of an elderly patient, an alleged assault on a baby by a doctor, a mental patient attempting suicide after being made to wait five hours, manipulation of Queensland Health records and cover-ups.

Ms Cameron resigned in October after 12 months on workers' compensation, saying patient and staff abuse and the cover-ups caused her a great deal of anxiety.

She lodged her complaints with the Crime and Misconduct Commission (CMC) in January.

he West Australian

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By LIA EMERY

A FORMER Bundaberg Hospital emergency department nurse is feeling frustrated and ignored after waiting almost three years for a report on her 64 complaints about the facility.

Christine Cameron first made the complaints in 2007 and has been waiting for investigations to take place.

In November last year, the Queensland Health Ethical Standards Unit released an interim report about the complaints but is still yet to produce a final report.

"It has just been complete denial," Mrs Cameron said.

Her complaints include a mentally ill woman being tied to a chair for a weekend, a toddler being abused by a doctor and junior doctors being unsupervised and unable to perform procedures such as taking blood.

"It has been nearly three years after they were initially reported. I shouldn't still be trying to get justice for these patients," she said.

Mrs Cameron said she wanted an indication her complaints had been taken seriously.

"I've gotten pretty frustrated that nothing has been done — you feel like you are the only one fighting to get

good health care," she said.

Sunshine Coast Wide Bay Health Service District northern cluster manager Beth Norton said Mrs Cameron had made a number of "evocative" claims in recent years.

"Several internal investigations, several independent investigations, reviews by the HCCC, CMC and the Medical Board have previously found that only five out of 64 claims had any foundation," she said.

"The outcome of those in-

**"I shouldn't still be trying to get justice for these patients."**

*Christine Cameron*

vestigations have all been communicated to (Mrs Cameron), who has subsequently complained about the conduct of the CMC."

Ms Norton said the alleged assault on a baby had been investigated and dismissed.

"Notwithstanding that very few of her previous claims were upheld, QH is thoroughly investigating (further claims)," she said.

Ms Norton said the outcomes would be made public when investigations were complete.



Whistleblower and former nurse at Bundaberg Hospital Christine Cameron is concerned that issues she has raised against the hospital are being ignored.

Photo: Scottie Simmonds/wireimage

he News Mail - October 20, 2010 (Nurse's frustration at 'ignored' complaints)

# passing the buck on complaints

number of investigative bodies who spend much time writing letters back and forward to each other in an attempt to shift responsibility somewhere else. In my view they ignore their own guidelines," Cameron says.

She says an interim report by the Ethical Standards Unit attempted to discredit many of her allegations and she fears the final report due out this month will be a whitewash.

Nevertheless she is standing firm, claiming she has emails, diary notes and copies of official online Prime reports and other evidence to back up her claims.

She was told that one complaint

against a doctor who twisted a baby's arm has been dismissed but wonders about the fate of other matters she raised. She is aware some complaints about management were referred back to the managers she initially complained about.

And she learnt on the grapevine some of her written complaints were misplaced.

"I fear many of my complaints have been ignored," she says. "I have had no feedback and no support and I have to accept I probably never will. However, I did my duty. It is a requirement under my code of conduct to report malpractice and unethical conduct and I have

done so honestly with no regrets. It's not acceptable to go to a hospital and be abused. It's against basic human rights and contrary to the nurses' code of conduct."

She praised Messenger for his "relentless quest for the truth."

"He's a champion," she says.

Messenger believes the reports have been completed but withheld.

Yesterday he called on Premier Anna Bligh to direct Health Minister Paul Lucas to release the Ethical Standards Report.

Cameron's husband Ian is furious about the way she was treated.

"She's totally stressed out," he says.

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NO SUPPORT:  
Bundaberg  
Hospital  
administrator  
Christine  
Cameron.

## Queensland Health

A WHISTLEBLOWER nurse protesting against Queensland Health's 'banning email' as investigations into her complaints of misconduct and mistreatment of patients at Bundaberg Hospital's emergency department.

Christine Cameron, 45, detailed an assault on a baby and gross neglect of elderly people in a series of ethical complaints, and this and a rising malpractice climate that after he was forced proper treatment and turned away.

The alleged as elderly women was laid in a chair for a weekend and ended by refusing when she was not taken to the toilet and another elderly patient died on a trolley because of negligent care.

Cameron also accused hospital chiefs of falsifying records, hiding and mismanagement of deaths of other emergencies.

Her allegations are contained in a series of statements and papers lodged in Bundaberg by Independent MP Rob Messenger, who said the Bundaberg Health has been a cover-up.

Cameron told the she has had the Bundaberg since 2002 and before her complaints are escalating between the department's ethical standards unit, the Health Quality and Commission and the State and Minister Cameron.

The nurse thought to have created a

14 The Courier Mail Tuesday 23/10/2009

Page 10 of 10

The Courier Mail -

October 23-24, 2009



# TV show focus on hospital

## Women tell their stories on program

By NICK HARRIS

REPEATED allegations of the mistreatment of pregnant women at Bundaberg Hospital went on a Current Affair last night.

Several women whose stories were told in a documentary that inspired the AC's story gathered in Bundaberg yesterday afternoon to watch a preview of the film, which is due to screen next week at the Blackstaff Theatre.

In the film, the women - whose stories have been told by the documentary over the past few years - air their views of how they were badly treated by doctors at the hospital, given the wrong medication and had their breast milk tainted.

One of the former patients, Emma Myers, who eventually miscarried the son she was carrying, said after watching herself tell her story on the documentary, suffering in silence, it made her feel stronger.

"It's hard to watch yourself because I lived through that, I suffered through that," she said.

Mrs Myers, who has also spoken to the Bundaberg pre-



PATIENT OUTRAGE: Member for Burnett Rob Messenger with former patients and staff of Bundaberg Hospital speak out.

(Photo: SCOTT GEMMELL/NEWSPIR)

viously said women who felt they had been mistreated at Bundaberg Hospital had since formed a support group with 14 members.

"After this we are going to request action directly from

the Premier," she said.

The documentary also featured whistleblower nurse Christine Cameron, whose allegations against the hospital have previously been dismissed after an investigation by

Queensland Health and the Crime and Misconduct Commission.

Member for Burnett Rob Messenger, who also features in the documentary, called for an investigation to

be conducted.

He said patients wanted to know why their records had allegedly been hidden, and he wanted the investigation to look into the professional conduct of doctors at the hospital.

## Probes 'cleared hospital'

BUNDABERG women have defended Bundaberg Hospital, saying it had undergone a significant transformation in the past few years.

While Ray Noble, General Manager of QHS Bundaberg, said this had prompted a new emergency department (ED), a 100% increase in doctors and an 84% increase in nurses since 2005.

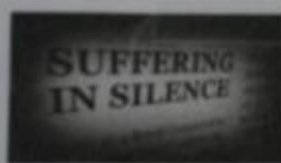
"Everyone expects Dr Peter Brennan also an outbreak in review of the Bundaberg Hospital's ED that found serious compliance issues at Bundaberg Hospital means the hospital's ED could be seen as a shockingly poor standard regional Australia," Mr Noble said.

"Previous allegations raised by Mr Messenger have been investigated externally and also by the independent health quality watchdog - with no cause to believe."

"The continuation of under-resourced allegations is creating staff morale, reducing public confidence in a public facility and impacting on the hospital's ability to deliver medical staff to the region."

[Suffering in](#)

[Silence](#)



Suffering in Silence is a documentary that every Australian should see.

Chronicling the substandard medical treatment experienced by women at a major regional hospital, this documentary exposes a system that's often failing it's patients and medical staff.

Five former patients, and a whistleblower nurse, share their experiences in a poignant and powerful collection of real stories that present an alarming culture of under-resourcing, denial and cover up.

Suffering in Silence was made to give victims a voice. It was made because every Australian deserves a health system that supports patients and medical staff, and corrects problems, rather than covers them up. Every Australian deserves a health system that is resourced, well-managed, transparent and accountable.

This documentary was made to uncover the pain and mistreatment experienced by these courageous women.

When women are suffering from an under-resourced and incompetent system, they deserve to be heard and to know that their voice matters. They should not be left to suffer in silence any longer.

[\(return to top\)](#)

Thank you for taking the time to read my book and browse the newspaper articles. Please feel free to share the story with others. Until we all do something to help, our ailing health systems will never change and the abuse of nurses and patients alike will only continue.