

*“users should have choice over the human services they access and who provides them, unless there are clear reasons why not.”*

I would like to draw the Commissioners’ attention to a particularly unpleasant and dangerous breach of this principle with very negative consequences, I refer to the regionalization of various services, specifically public hospital admissions to mental health, and the inability of clients to choose services outside their region in any circumstances.

In the case in question, a large public hospital made a mental health diagnosis of a young woman that contradicted the prior and subsequent diagnosis of seven other hospitals and her carers. This led them to refuse hospitalisation and medical treatment to the patient, leaving her wandering the streets homeless, often naked and completely dissociated, while they refused to even consider an alternative diagnosis although every form of appeal and representation was made. Unfortunately, because of the regionalisation of service, any attempt to get her treatment at another hospital led to her being shipped back to the offending hospital and ejected within a couple of days.

The hospital in question accepted no responsibility for the fact that they might be putting both the patient and the community in danger by putting the seriously ill patient back on the street, and said community standards were not their concern, that was the business of police. Attempts to find lawyers to prosecute her case were unsuccessful as the mental health law in Victoria puts almost all discretion in the hands of the hospital. The patients’ rights that do exist refer largely to those who want to exit hospital care, not those who want to enter it.

Finally after a year of placing the girl in constant danger, when she was repeatedly and violently apprehended by police and eventually jailed under horrific conditions, the hospital admitted their error and commenced her proper treatment, which was soon successful in bringing her to remission.

This is an extreme but well documented example of what can happen when competition and recourse is completely absent. The general principle must however be quite widespread.

Psychiatric cases are not usually under the care of GPs but under CAT teams associated with each hospital. It is possible that the reforms proposed by the Commission in allowing referring doctors to specify an alternative hospital on grounds of community and patient welfare might be sufficient to deal with this case. (p. 261). At any rate, surely a patient with private cover should be allowed the go to the hospital of her choice!