

DVA SUBMISSION 2019

I am a semi-retired Orthopaedic Surgeon having spent 47 years in the Australian Army, both in a full time and part time capacity in numerous conflicts and disasters. Many Service and ex Service patients and their families in my Military and Civilian practice over the years.

My submission falls into 2 areas;

HEALTH CARE

LIFE SUPPORT

I appreciate they are linked but have a different focus.

HEALTH CARE.

My understanding is that 5 Mental Health issues allow the patient to seek appropriate treatment without DVA approval.

Age 70 a Veteran automatically becomes eligible for a Gold Card.

I suggest this is stepping along a path that can be expanded.

eg a Gold Card is issued after 7 years Full-time or 14 years Part-time Service. Any significant Health problem at any stage a Gold Card is issued.

Thus the eligible person is empowered to seek appropriate treatment at a time and place that suits them.

No longer a requirement for DVA approval and a continuing process of interaction looking to justify any health problem's link to Military Service. Eg the aetiology of Osteoarthritis consists of Age, Activities, Injuries, Genetics and unknown factors. No argument that Service is a factor.

Medicare funds a large proportion of fees and healthcare costs in the Nation so although it would appear as an increased cost to DVA, the cost to the taxpayers overall may not be much different.

A potential increase in patient confidence avoiding the risk of having servile culture and impacting in an adverse manner on Mental Health and Wellbeing.

LIFE SUPPORT

This area is more complex involving income support, pensions, and lifestyle factors.

The patient's history, medical examination, and Special tests should lead to a diagnosis. Given this, a Whole Person Impairment can be calculated through a modern evidence based assessment process. The home, social, and working ability demonstrated with financial and other support provided if needed.

Follow up over the years planned depending on the diagnosis.

The Member is given closure, support, and the opportunity to get on with life, focussing on what they can do. Not the reverse where paying for illness behaviour risks a mendicant mentality and loss of confidence in life.

Even the language can be changed from "Totally and Permanently Incapacitated" to eg "Therapeutically Permanently Impaired". The acronym TPI remains. Nobody these days is totally incapacitated.

In summary my submission encourages the Member to have control of their HealthCare and focus on what they can do with support if necessary within a much simplified system.

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