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Proper use of expertise in the Australian Defence Force Reserves (Medical Branch) – Goodwill Hunting [1]

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BACKGROUND

THE AUSTRALIAN DEFENCE FORCE (ADF) Reserves (Medical Branch) has recently received publicity in unexpected quarters such as the North Shore Times Newspaper [1]. The article recognised the recruitment of specialists to the Royal Australian Navy Reserves Medical Branch and gave a brief background to their direct entry officers course with special recognition of CMDR Mike Garvan for his initiative in recruiting these doctors. Similar recognition was provided in Navy News [2] and the emphasis was on the acquisition of new blood and wider resources for the ADF Medical Branch.

The Reserve Forces Medical Branch include consultants in a variety of disciplines, not all of which are routinely required at the site of conflict in a combat scenario. It follows that those specialists deemed less important to the frontline troops may also be deemed as less valuable members of the Medical Branch. It may be perceived that their skills are less important and, indeed, this may well be true at a time of conflagration and war.

Over recent times Australia, as a progressive and prosperous nation within the Pacific Rim, has attracted very negative publicity in its handling of asylum seekers. It must be said that its attitudes and management of such asylum seekers has not varied greatly from other nations and was recently emulated and adopted by the United Kingdom, recognising that imitation represents the greatest form of flattery and acceptance. It would follow that while people offer lip service to denigrate the Government's position; the reality is that it does not stand alone in its approach, although this approach provides for antipathy and despair.

With the commissioning of HMAS MANOORA and HMAS KANIMBLA, there is the capacity to reverse this image, provide real and tangible medical care and offer goodwill missions far exceeding the costs. The paper which follows gives an alternate perspective to the use of ADF Reserve Medical Officers who could provide exemplary medical care and facility to a region of the world devoid of tertiary medical care in a wide variety of disciplines. Although this paper will adopt the perspective of the discipline of its author, it does so strictly to give an example of what is possible.

PROPOSITION

The Medical Branch of the ADF Defence Health Service is strictly identified as non-combatant, with an ethical and moral obligation to provide health care for those in need. Throughout the history of the ADF, the Medical Branch has provided such high-quality care, not only to its own members but also to prisoners-of-war and wounded from both sides of a conflict. The provision of high-quality medical care transcends borders and boundaries, cultures and bigotry. It allows the expression of humanity and offers dignity to those who might otherwise be deprived of a quality of existence.

The uniform of the ADF need not be restricted to a definition of might and force, although the Australian soldier is recognised as amongst the best in the world, as has been exemplified by President Bush's recent commentary regarding his desire for the SASR to be part of any assault team in his forward planning concerning Iraq. The ADF uniform can also be a symbol of humanity, of dignity, of caring and the Medical Branch has the capacity to provide such care in the name of the ADF, in uniform and as ambassadors for Australia.

Within the disciplines of the neurosciences, the Reserves include neurologists, neurosurgeons, psychiatrists and radiologists, who could function as a team. Contact amongst colleagues has already indicated a willingness of serving officers in each of these disciplines to consider deployment on a humanitarian basis, providing care within their area of expertise. The hospital ships, or for that matter, deployable medical centres, could have installed portable CT scanning equipment, pathology laboratories with rudimentary facilities and a team such as that outlined above in the neurosciences, could act as a mobile deployable unit. This unit could be used at pre-determined times to areas within our region of the Pacific where such ser- vices are totally lacking. Consultants could easily be absent from their private practices for periods of two weeks at a time. Areas to which they were to be deployed could be advised months in advance so that all conditions within their area of expertise could be accumulated and the care concentrated over the two-week deployment. This would mean that neurologists would work as neurophysicians rather than generalists, thereby using a far higher degree of expertise and knowledge within their specific area of training. Similarly, neurosurgeons would work in their area of expertise rather than as general surgeons and again be far more productive and offer far greater facility to the area. Psychiatrists and radiologists could likewise provide much greater facility and, were it possible to have an EEG service, then conditions such as epilepsy and the like could likewise be far better treated and the differentiation between psychological disturbance and epileptic condition could be easier to differentiate.

Such deployment would provide real incentive for sub-speciality experts in such areas as the neuro- sciences but also in cardio-respiratory illnesses, gastroenterological and hepatological complaints and other sub-speciality areas so that those with these specialised skills would feel a valued and integral part of the ADF Reserve Medical Branch.

DISCUSSION

This approach has been adopted by a variety of teaching hospitals, particularly in such areas as Fiji and New Guinea, but has been provided as a private service. Such private facilities fail to achieve the recognition that a similar service provided by the ADF would attract by way of goodwill for Australia. Australia is indeed the "lucky country" within our sector of the Pacific with standards of healthcare comparable to anywhere in the world. It is the utilisation of these services by uniformed officers that would place the ADF in a position of enhanced respect for performing a humanitarian role in times of peace. The idea that specialists could give of their time, in uniform, and could return to our nation and our neighbours the benefits of their years of training, is something that would be most rewarding for the doctors concerned and would attract great goodwill recognition for the country.

There are often said to be more reasons for not doing something than for doing it, and this appears to be the perennial argument against using the Medical Branch in the operations as suggested above. The argument given is that HMAS MANOORA and HMAS KANIMBLA, while designed to provide the facility of a hospital ship, are far more valuable a resource for troop carrying and deployment purpose than as a medical facility.

The cost involved in the deployment of a team of experts such as that outlined above is deemed to be prohibitive. Such argument ignores the fact that each of the specialists involved in the deployment, at least within the neurosciences, would be paid far less within their ADF rank pay structure than they would ever earn within their private practices. In discussions with colleagues, I found not one consultant who was not prepared to make that sacrifice to deliver service that he or she felt was utilising their expertise to its maxi-mum potential. For such specialists, not only within the neurosciences but in the other areas already identified, the salaries provided within the ADF do not come close to covering the costs of running a practice, the ongoing overheads and the burden that is placed on colleagues to cover what needs to be covered during a deployment. Nevertheless, the concept of providing a service for those denied any facility within the area of speciality is reward enough to justify the personal cost for each member of the team.

The ADF is already recognised as one of the best fighting teams in the world. The pictures from East Timor, however, demonstrated that the soldiers, sailors and airmen and women were seen as friends of the locals, providing care and shelter and a willing hand to rebuild a shattered nation, not yet in its infancy. It is argued that the goodwill generated from medical teams providing care in the name of the ADF, in specialist areas such as the neurosciences which are not yet available to these nations, would provide a far greater humanitarian picture with the potential of saving life and enhancing its quality.

Having overcome the hurdle that might be presented by the personal costs faced by each member of an expert specialist team, particularly those who have to leave private practice with ongoing overheads and commitments, the only requirement left to make this vision a reality is for there to be sufficient courage on the part of administration and commitment by politicians to reach out and be prepared to underwrite services designed specifically to realise benefits, both tangible and intangible, the magnitude of which are incalculable in terms of humanity.

CONCLUSION

There could be no better use of the specialised expertise within the ADF Reserves (Medical Branch) than to open the window of opportunity to our near neigh bours to realise the benefits of specialised healthcare provided by men and women in the proud uniform of our wonderful country. The very definition of Defence is to save life and what better way to save life than to offer those less fortunate than us the opportunity for expert medical care, which of itself is a perfect opportunity for "goodwill hunting".

REFERENCES

1. Doctors delight in Navy training. North Shore Times 2002 Jun 28: 10.
2. Davis G. Doctors not reserved- Pilot program results in recruits. *Navy News* 2002 Jun 10: 10.