

## Australia's flying doctors tackle Third World health issues

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**D**octors Minh and Shelley Le Cong wanted to do their bit to alleviate suffering in the developing world and were thinking about volunteering abroad. Instead, the Australian couple stayed home and joined the Royal Flying Doctor Service of Australia.

"We realized there were serious inequalities in health in our own backyard and we thought we would find out for ourselves," says Minh Le Cong.

The couple is now based in Cairns, a small city famous for its proximity to the Great Barrier Reef and perched at the edge of the Pacific Ocean in the east Australia state of Queensland. But the general practitioners, who fly to remote clinics two or three times a week, see a distinctly counter-tourist side of Australian life.

In his former private practice in South Australia, Le Cong says he had two or three indigenous patients. Now, they comprise about 70% of his patients, and diseases of the Third World are rampant. "We're not proud of the fact that we have rates of rheumatic fever that are higher than those in India," he says.

The 81-year-old Royal Flying Doctor Service of Australia is legendary. It has been described as an "Australian icon" and part of the country's national identity. It's also well-known internationally, thanks in part to reruns of documentaries that feature physicians flying to remote cattle stations in the outback, stabilizing patients and evacuating them to hospital.

But in addition to those dramatic offerings, the charity provides an increasingly wide array of services. The flying doctors are a federation of four independent divisions — with separate operations in Queensland, southeastern Australia, central Australia and western Australia — that collectively provide services to almost all of the country. In 2008, the divi-



Royal Flying Doctor Service of Australia national health program manager Robert Williams says there's a definite upside to working in the outback and the bush: "We have autonomy and less encumbered by bureaucracy."

sions operated 21 bases, owned 50 aircraft and employed almost 800 staff.

The Queensland division has seen the most significant expansion, thanks in part to a hefty federal grant aimed at funding measures to improve the health status of people living in remote and primarily Aboriginal and Torres Strait Islander communities.

Mike Lacey, Queensland base manager, says his division's 2009 budget of A\$60 million is more than double what it was five years ago, and services have expanded accordingly.

When Le Cong joined the division four years ago, there were no allied health professionals to whom he could refer patients living in remote communities.

"I'd be trying to monitor diabetes, trying to teach patients to start insulin and I'd be rushed, not doing the job or not doing it well," says Le Cong, one of 50 full-time doctors employed nationally by the service.

Now, staff at the Queensland service includes diabetes educators, dietitians, mental health professionals, physiother-

apists and podiatrists — leaving physicians free to concentrate on diagnosis, treatment and emergency work.

Podiatrists play a key role because with diabetes so prevalent and so much of the population going barefoot, chronic foot ulcers and peripheral vascular disease are a widespread problem, Le Cong says. Among service programs is an initiative promoting the use of protective footwear.

The use of larger teams has created some logistical difficulties, including putting a strain on already scarce accommodation options in remote areas. "But it is not like we expect five-star accommodation. We are there to do a job," Le Cong says. And that job is gradually shifting. "The sentinel issue for us here is how to transition from acute care to preventive care."

Gil Hainey, manager for primary health care services for Queensland, says the service has had an enormous impact on Australian society. Noting that her brother-in-law has been among those airlifted by the flying doctors, she

says, "no question, this service has been a cornerstone in maintaining capacity for people to live in remote settings."

Hainey was hired to add another dimension to the service's offerings: preventative health.

"In standard primary care services, someone with a cold goes to a GP [general practitioner] and maybe gets a prescription for an antibiotic," she says. "But a GP thinking in a primary health care context is interested in how the person got the cold and the state of their immune system," and thus asks about diet, sleep patterns and housing conditions. Based on the answers, the doctor might make a referral to a nutrition class, a naturopath or an agency to get housing assistance.

In pursuing the expansion of health services, the Queensland division has capitalized heavily on the reputation of the flying doctors, Hainey adds. The organization is held in high regard in Aboriginal communities because of its track record dealing with emergencies

and maternal health issues and "because it is not the state authority."

As well, many communities raise funds for the Royal Flying Doctors Service and hence feel they have a stake in "their" organization, she says. Indeed, the red-white-and-blue winged insignia of the service can often be spotted at local fairs and events.

The goodwill built up over the decades also means clients are receptive to a wide range of services. For example, psychologist Robert Williams, now the national health manager for the organization, says that when he was involved in direct patient care, it helped that he wore a shirt with the Royal Flying Doctors logo on it. "It reduced the stigma associated with getting psychological help because there is such an acceptance of the flying doctor service."

Williams developed the organization's first mental health first-aid kit, designed to help professionals to identify warning signs of mental illness and create community awareness about

such conditions as anxiety, depression and suicidal urges. In Queensland, the service is now sponsoring 14 indigenous participants toward completion of certification in mental health work so they can promote emotional well-being in their own communities.

Maternal and child health clinics are well attended in remote communities, and the service also operates a rural women's general practice program, which sees female physicians flying to remote areas.

But engaging men in health-related services is "a big challenge, particularly in the rural and remote context," Williams says.

The organization considered a formal alliance with Mensheds Australia, a non-profit group that promotes "mateship" through informal gatherings and shared hands-on projects as a way to reduce anxiety, stress and loneliness — as well as drinking and smoking — among men.

Although no formal alliance has developed, outreach initiatives include holding health promotion field days at

## Future challenges for the Royal Flying Doctors Service

Efforts are being made to "nationalize" the Royal Flying Doctors Service of Australia so that it operates as a single entity rather than four separate divisions, says Robert Williams, the Sydney-based national health program manager.

Small initial steps have already been taken. For example, centralized recruitment advertising has replaced a piecemeal division-by-division approach.

The service is also involved in the development of electronic records. It has been funded by the Australian Department of Broadband, Communications and Digital Economy to establish an electronic health record system for all its patients. That e-health system could serve as a blueprint for a national system for primary health records in Australia, Williams says.

In 2008, the flying doctors entered into an A\$2.7-million contract with IBA Health (recently renamed iSOFT Health Group) to create a standardized electronic health record system using iSOFT's software. The health care software specialist has dominated the United Kingdom's e-health service and was taken over by the Australian firm IBA in 2007.

Williams says one reason the flying doctors settled on iSOFT is that it meets the standards set by the National E-health Transition Authority, which is responsible for unifying medical records across Australia.

Nationally, the traditional and staple services offered by the flying doctors include medical evacuations, primary care clinics, rural general practice programs and telehealth services. Early communications involved two-way radios and Morse code but the telehealth service uses telephones to connect health care practitioners with patients, families or other health care providers.

When completed, an electronic health record service would allow clinicians to remotely access records through an Internet-based system.

To date, though, Williams says the service has been slow to integrate telemedicine, particularly such technologies as video links for patient care. There's a "cultural challenge" involved in such a shift, he says. As well, emergency work staff "need to be mobile, so phones are a better way to communicate."

Interhospital transfers, financed by local state governments, comprise an increasing proportion of aviation activity. In 2007, for example, these transfers accounted for the vast majority of patients transported by the services (4698 out of 5959).

The main sources of funding for the flying doctors service are governments and donations. The service is also determined to remain independent, Williams says. "There is tremendous value in this — we have autonomy and are less encumbered by bureaucracy. It means we can maintain a 'can do' attitude."

worksites. And Williams once organized a day-long fishing competition for men and boys in an Aboriginal community that provided them with a chance to talk about social and emotional issues with mental health staff.

But continued funding for the various Queensland initiatives will be contingent on an upcoming evaluation, Le Cong says, adding that improved health status will also be dependent on non-

medical health determinants, such as adequate housing and the availability and cost of nutritious food.

The primary health care initiative is tackling some of these issues — encouraging the use of traditional bush foods for healthy eating and, in one remote community, working to establish a local sandwich-making operation so that sandwiches don't have to be flown in from Cairns.

Le Cong says the rapid expansion of services in Queensland has definitely led to improved health care for the population. But he notes there is a dearth of academic research into the work of the Royal Flying Doctor Service of Australia. "This is something we do need to develop. It is a weakness." — Ann Silversides, *CMAJ*

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