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Inaugural Speech - (Extracts From)

These are very challenging times for the medical profession and worrying times for our patients and for everyone working in the services.

We are all very familiar with the notion of chronic disease...an illness which is long term and severely limiting...and I fear that our health service itself has now moved into a state of chronic illness.

This is not a new development and I don't want to suggest that the current Minister is any more culpable than his predecessors for the current poor state of the services. He is not.

The reality is that like in most medical situations, the patient's situation has been deteriorating for a long, long time. From time-to-time, we still see examples of "crises" erupting in one area or another but the reality is that more and more often these are just a further deterioration in what is now a permanent state of crisis across the services. It's the occasional periods of order and calm which are now the exception.

This situation is not unique to Ireland. It's an international phenomenon. And we need only look at the increasing challenges facing the NHS in the UK to understand that every modern country is struggling to deliver of health service worthy of the community.

As a rather famous man tweeted recently: "Who knew healthcare was so complicated?"

Part of this is down to the increasing cost and complexity of medicine and healthcare globally. We have made enormous advances in medicine in recent times and many illnesses which would have been terminal even ten years ago are now treatable and sometimes curable. But these advances often come at enormous financial cost and the cost of intensive and lengthy treatments of

patients who are often very ill places a huge burden on the health services of every modern country.

In Ireland that general situation is made much more difficult because we are dealing with the legacy of decades of severe underfunding and cutbacks in health services. Our ability to withstand today's pressures is hugely weakened because we stand on such fragile foundations.

Our patients see and experience the consequences every day;

- Insufficient resources to provide adequate services in hospitals or in the community,
- Relentless queues for emergency treatment
- And appalling delays in accessing necessary procedures and appointments.

And we on the front lines see other problems too; the deteriorating condition of our working environments, the growing morale crisis amongst our colleagues, the way our younger colleagues actively plan for emigration - not just to learn new skills that they can bring back here - but to escape the appalling working conditions they face here now.

Earlier this month we saw another example of how that impacts on real people; the Annual Report of the Practitioner Health Matters Programme revealed that the highest individual cohort amongst Doctors, Pharmacists and Dentists seeking help for mental health problems came from amongst our NCHD colleagues. We have created a working environment in the health services which is literally making doctors sick!

But this is the reality of the Irish Health services today; an unhealthy working environment with insufficient resources to enable the frontline professionals to do the jobs they are trained to do.

We have tried to capture the urgency of all this in our Conference Theme this year; Dying for Investment.

It speaks effectively to the need to understand that behind all the debates about visions and strategies and ten year plans and reforms is the simple fact that we need to radically review the amount of resources we are spending on health care.

Yes, we need reforms and visions. But what we need much more urgently is money to enable us to treat the patients waiting for our help today, to resource our health centres and GP surgeries to deal with the additional workloads which have been foisted on us even as the budget for our respective services have been slashed.

My own experience in Community Medicine is relevant here.

The budget for Community Medicine - like budgets in other services - has been steadily reduced in recent years. Colleagues have left without being replaced, promotions have been withheld from other colleagues even as they have been tasked with doing the work and carrying the responsibility of more senior posts.

And at the same time our workloads have increased; the secondary school HPV, Tdap & MenC vaccination programme has been introduced, for example, and we face increased demand from our increasing population, and the changing patterns of medical problems we encounter in our main target population, children. The relatively new phenomenon of immigration has brought challenges also, as some of our new immigrants struggle with the way our health services are delivered and may also have poor English language skills. Very limited resources have been allocated to deal with this additional work. "Do more with less"

For every example of reduced resources and increased workload in Community Medicine, there are similar stories across the specialities. We are all working harder with less and that is not sustainable in the long run.

In the year ahead I hope to be a voice on these issues.

One issue that is very dear to my heart is that of our young and newly qualified doctors who are thinking of emigration when we desperately need them to stay here and work with us.

We have to prioritise measures that will encourage young doctors to remain here in the Irish health services and create a working environment within which they can be proud to work. This is not just about additional resources but also about changing attitudes and behaviour within our health services. The recent launch of the Respect Charter by the IMO, the HSE and the Post Graduate Training Bodies and the HSE Values in Action project which was started in the MidWest last year need to be implemented, adhered and positively developed.

I hope also to be able to speak up for the role of doctors generally.

It is unfortunate that we are living in an age where there has never been such hostility to expertise and facts. This anti-expert bias has been a real issue in politics internationally over the past twelve months.

But are we in Ireland immune from this phenomenon? I think of the attention given to ridiculous scare mongering about risks with vaccinations and the insidious campaigning against, for example, the HPV vaccine which has directly impacted on uptake levels for this vital cancer-preventing vaccine and I wonder how vulnerable are we to this anti-expert hysteria.

In Community Medicine, we are on the front line of the campaign to encourage vaccinations and particularly to encourage uptake of the HPV but over the past 12 to 18 months there has been a steady erosion of confidence in the vaccine based purely on whispers and false news and it is having a direct impact on reduced uptake levels amongst the target population. This has really serious consequences for all our young people.

More generally I think of the way that so much discussions on health services revolves around costs and how little revolves around expertise. We talk about increasing the throughput of patients in GP surgeries rather than appreciating and properly resourcing the time that GPs spend with their patients which can often be the critical difference between administering a patient and actually helping one.

And this will be a key message to Minister Harris throughout this year.... yes, we want to work with him and with his colleagues in Government but it must be a partnership based on respect and the Minister must respect that we are the experts when it comes to healthcare. We know that we can't do all that we want to for our patients without the Minister's support and help. But he must acknowledge that he can't do anything for our patients without our expertise.

This is particularly important in respect of the Future of Healthcare debate. How often have we heard people attempt to dismiss our arguments in respect of healthcare reform as representing a "vested interest"....as if that's a bad thing!

Well let me be very clear, if being a vested interest means being someone who has spent their entire career working in a dysfunctional services, trying to help patients, and all the while developing an expertise about what is practical, equitable and desirable when it comes to healthcare reform then yes I am a vested interest...and happy to be one. In fact the people I worry more about are those

who have no record of interest in the healthcare service and who aren't planning to spend a lifetime in the service living with the consequences of stupid decision making. They are the ones to worry about.

So, we have a busy agenda ahead of us but an opportunity, I hope, to demonstrate the real value which doctors deliver every day in every community in the country.

That will be my goal and I know I will have the support of all our members trying to deliver it.

Thank you very much.