

Dr Linda Samera, 41

GP, RNSH patient & lobbyist for rural patient accommodation at tertiary referral hospitals, Corindi Beach, mid-North Coast, NSW

Dr Linda Samera, a rural GP and local GP educator and trainer, has been a patient at Royal North Shore Hospital since 2008 when she was diagnosed with an autoimmune disease requiring monthly treatment.

A lobbyist for rural patient accommodation at tertiary referral hospitals, Dr Samera started a petition calling on the NSW Government to provide affordable rural patient accommodation for seriously ill patients in major metropolitan areas earlier in March this year. The petition has attracted more than 12,000 signatures but current land sale and lease plans for part of RNSH is yet another hindrance to equitable patient healthcare.

This is Dr Samera's story.

Dr Samera has Sjogren's syndrome – an autoimmune disease causing dryness in the eyes, mouth and often other tissues.

"I have a severe form of Sjogren's syndrome which is much like lupus and can affect any body organ.

"Although I do have dry eyes and mouth, the most troubling symptoms for which I receive plasma exchange are the peripheral neuropathy – the reason I'm in a wheelchair – and autonomic neuropathy affecting my gut and heart," Dr Samera said.

Dr Samera needs plasma exchange treatment to remove antibodies associated with the disease every four-to-six weeks. Treatment requires Dr Samera to attend hospital for several hours over three consecutive days. Dr Samera also has to attend specialist appointments, and each trip to Sydney typically lasts between four-to-six days.

"I'm in a wheelchair, so my husband Rod accompanies me on every occasion. On site or nearby subsidised accommodation is absolutely essential for us and for all rural patients who require treatments that are only available at the larger Sydney hospitals.

"However such subsidies are extremely difficult to come by, and many patients don't continue with treatment because of the enormous strain and additional pressure this puts on them," said Dr Samera.

"I faced the same decision personally until accommodation was finally subsidised, because there was no way I could afford to go to Sydney every month without subsidy."

While staff at RNSH recently fought hard to provide Dr Samera with subsidised accommodation, Dr Samera says she faced a lot of resistance for weeks on end from the powers that be, both in hospital administration and the government.

"I was constantly told I could stay at Ryde Hospital Rotary Lodge or stay at Mary MacKillop Lodge at North Sydney, both of which were supposedly wheelchair-friendly. Rotary Lodge at Ryde Hospital does not have wheelchair friendly rooms – they are too small and there are no accessible amenities. Mary MacKillop only has one wheelchair-friendly room that is up a very steep incline and is booked out several months in advance. A plush, carpeted room or a steep hill is not what I would describe as wheelchair friendly! This was the case at a room in the Mantra at Chatswood – one of the places offered to us as accommodation.



“There have been several promises from the government regarding patient accommodation over the years, none of which are kept, and many alternative plans which are made known to hospital administration but never passed on to doctors, staff and patients,” Dr Samera said.

“I was actually told by the former RNSH General Manager earlier in 2014 there was insufficient space on the hospital campus for new accommodation. But now the government is planning further land reduction.”

Dr Samera was often told the bottom line was that subsidised onsite accommodation was neither the hospital nor the government’s responsibility.

“At the time, both hospital administration and the government were passing the buck to one another, and getting through to them was like hitting your head against a brick wall.

“There were buildings on site that were demolished but land was marked for accommodation. There was money that had come in from the sale of Blue Gum Lodge, which itself was sold with only six weeks’ notice to staff and patients, and wasn’t utilised, and there were always excuses and then promises about future accommodation,” said Dr Samera.

“Rotary Lodge onsite was demolished (built using Rotary donations) to make way for the new building. Land was marked for patient accommodation, then given to another department at the last minute. Eight hundred thousand dollars has been in a trust fund since the sale of Blue Gum Lodge in 2006, at which time RNSH was given five years’ notice by the new private owners that they intended to use Blue Gum Lodge for other purposes when it would cease to be patient accommodation.

“Hammond Care now own Blue Gum Lodge and Greenwich Hospital, and they have repeatedly told RNSH of their plans to close Blue Gum Lodge and refurbish it since 2009. RNSH knew of the closing date for Blue Gum Lodge for five years, but only informed patients and staff six weeks before the closure date. Sue Shilbury and Fran Tolliday promised me during my meeting in March, 2014 that the plans for the Douglas building to be used for patient accommodation were “interim” and that a purpose-built building was planned for on campus, to house patients in the future. This promise has been broken,” Dr Samera said.

“I was promised by the current General Manager of the RNSH in March this year that accommodation would become available in 2015 in one of the hospital’s existing buildings, but they were unable to tell me how many rooms would be made available. They have now said there will be 20 rooms, which is grossly inadequate. The hospital needs a minimum of 65 rooms.

“The last I heard prior to the recent Expressions of Interest for land divestment, was that accommodation was promised, but that it would be made available at market rates, which is highly inappropriate,” Dr Samera said.

“This confirms that this new proposed land sale or lease is clearly not in the best interest of patients.

“It’s time the government took accommodation and hospital services seriously as patients cannot manage their health if there is no affordable roof over their head.

“The government took the issue very seriously when they were in opposition. But now that they’re in government, they are doing the reverse.

“It is not only essential that accommodation is provided but that it is provided on a level playing field with no means testing, allowing equitable access for all patients,” said Dr Samera.

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For more information, or to coordinate an interview with Dr Linda Samera, please contact Kirsten Bruce or Ruby Archis from VIVA! Communications on 0401 717 566 / 0413 834 906.