



NSW.ACT

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**FEEDBACK ON MEDICAL SCHOOL for University of Western Sydney –
MISSION, VISION, OPPORTUNITIES** (to be emailed to Email to vc@uws.edu.au or
medschool@uws.edu.au)

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This response has been prepared by Rev. Dr. Ann Wansbrough on behalf of UnitingCare NSW.ACT. Phone 02 8267 4280 email annwnsw.uca.org.au

UnitingCare NSW.ACT provides community services, chaplaincy and social justice advocacy, with some of its work being located in the Greater Western Sydney area. We are also the peak body for a range of community services provided at the local level, by congregations or presbyteries (regional councils of the church) – these include a number of services in the Greater Western Sydney area.

This submission is based on the health policy of the NSW Synod of the Uniting Church in Australia, which was prepared in consultation with our community services, chaplains and social justice staff. The proposals for cooperation with our agency in our answer to question 4 are the result of brief consultation with the relevant services during the preparation of the submission.

Question 1

What should be the main objectives of the medical school

1. To produce doctors who meet the Attributes of Medical Graduates required by the Australian Medical Council
2. To attract able students from within the Greater Western Sydney region to the school, seeking diversity in the student body that reflects the diversity in the region and to deliver

their medical education in a way that retains and enhances their links with local communities and with regional and rural communities where their services will be needed

3. To produce doctors who will be effective in improving the health status of the population in Western Sydney, especially the health status of people who experience disadvantaged in some way (eg because they are Indigenous people, or because they experience socio-economic or cultural disadvantage, etc)
4. To produce doctors who (a) are committed to keeping people (in all their diversity) healthy by working for improved public policy in health related areas such as poverty reduction strategy, employment, education, housing, environment, overcoming violence and holistic support services for people with disabilities and chronic illness and the aged, and (b) have the skills to analyse the issues and advocate effectively with and on behalf of the local community that they serve as doctors
5. To produce doctors who are committed to empowering patients to be in control of their own health to the greatest degree possible through such matters as:
 - a. Sensible lifestyle choices within the real constraints that they experience such as limited income
 - b. Encouraging patients to pay attention to the signals that their bodies give them and to understand the significance of those signals
 - c. Taking seriously the importance of informed consent, providing understandable information about their illnesses and treatment options, and respecting the right of the patient to refuse treatment even if the doctor disagrees with their choice.
 - d. Understanding end of life issues and assisting ageing patients to think about their future and use mechanisms such as advance directives so that they can make real choices about appropriate treatments to accept or refuse, and not live in fear of their dying being prolonged by doctors inappropriately
 - e. Understanding health issues from the viewpoint of those whose opinions are often neglected in health discourse –eg Indigenous communities, children, young people, people with disabilities – especially intellectual development disabilities - people who experience severe social, economic, or other disadvantage

6. To produce doctors who are well-developed human beings who can subordinate their own needs and interests to those of their patients, being able to listen to, dialogue and work with patients as partners in their own treatment and health, and to dialogue and work with the other professionals as partners whose work can improve the health and wellbeing of their patients or can prevent injury or illhealth.
7. To produce doctors who are highly skilled in diagnosis, appropriate referral and appropriate treatment of ill-health, being able to take account of (a) cultural and social factors and (b) the best available medical science.
8. Producing doctors who are able to respond to mental health issues and disabilities in an effective way that also respects the patient.
9. To produce doctors who are committed to health as a human right, who support the principles of Medicare and universal public health care, and who therefore seek cost-effective treatments that will enable a high level of population health to be achieved through a sustainable level of public expenditure.
10. To produce doctors who will also help redress health disadvantage beyond Greater Western Sydney, providing medical care and advocacy for people in life threatening situations in other parts of the world eg who are interested in going to Australian rural areas, or who will provide some medical assistance in refugee camps and situations of absolute poverty

Question 2

What are the characteristics of an ideal medical school for Western Sydney? What should distinguish it? What are the characteristics of the doctors it graduates?

- a. Embedded in Greater Western Sydney (and related rural and regional areas)
 - i. Focusing on the health problems that occur in Greater Western Sydney and becoming a centre of excellence in their research and treatment
 - ii. Taking seriously the socio-economic and biological environment of Greater Western Sydney as factors in health (eg the accumulation of pollution which

seems to be a causative factor in the high level of respiratory disease in some parts of Western Sydney)

- iii. Taking seriously the cultures, subcultures, values and beliefs of the people who live in Western Sydney as factors that affect health, ways of talking about health and illness, and relationships with health professionals
 - iv. Developing more effective ways of responding to health issues in the region
 - v. Working in partnership with individuals and organisations committed to good health and wellbeing for the people of Western Sydney, including non-government organisations (community self-help groups, churches, unions, NCOSS, Aboriginal organisations, etc), government departments and services – as well as health services and organisations;
 - vi. Developing links with the countries and situations from which the Western Sydney population comes, to understand the cultures, traumas and other factors that affect the health of the people
 - vii. Embedding students in health networks and in communities within the Sydney Western Area so that as GPs, specialists or researchers this is their natural “home”.
 - viii. But taking seriously health disadvantage in other parts of Australia and in the poorest countries of the world
- b. Embedded in the best scientific-based health care knowledge
- i. Developing research centres of excellence on health issues of particular importance to the people of Western Sydney, and the underlying medical science.
 - ii. Building partnerships with other research centres focusing on similar or complementary health issues
 - iii. Equipping students to understand the wide range of factual information that is relevant to finding appropriate health solutions. For example, social and economic factors, as well as traditional medical sciences such as anatomy, physiology and biochemistry need to be taken into account if diagnosis is to be accurate and treatment is to be realistic and effective – this can range from

the problem of paying for medicines on a low income, to the health problems caused by discrimination or violence.

- iv. Building partnerships with relevant non-medical disciplines with an emphasis on inter-disciplinary and inter-faculty research (eg drawing on medical, social policy, community service and environmental perspectives to develop realistic ways of improving health by tackling systemic causes beyond the individual; or working with community services as set out in our response to question 4, to develop appropriate protocols that will ensure that patients with complex problems get the range of professional help that they need if they are to improve their health and their life choices)
- v. Provides students with the option of doing a Bachelor of Medical Science degree during their course. Options for this research degree could include social science/social policy and public health research, as well as the more traditional “medical sciences”. For example, a student might conduct a research project through a placement with a community organisation, jointly supervised by a UWS academic supervisor and a supervisor on behalf of the community organisation.
- c. Requiring that students develop as human beings and world citizens eg a semester placement in a health or community organisation serving people who experience disadvantage, human rights violations or violence (could range from a local NGO serving homeless young people to working in a refugee camp overseas).
- d. Producing doctors who have the characteristics referred to in our other answers and who
 - i. Recognise and respect all their patients as human beings
 - ii. Take a holistic approach to health and healing, and are able to work as doctors with a wide range of other professionals, including other health professionals, chaplains, and community service providers
 - iii. Distinguish accurately between health problems that require a technical (medical, surgical or other) treatment and those that require a human or social solution.

- iv. Value scientific knowledge but recognise that evaluating issues of life and death may also require other forms of knowledge such as culture, religious belief and human wisdom
- v. Have a commitment to social justice and human rights
- vi. Resist medical consumerism
- vii. Can relate their ethical understanding to both treatment and research
- viii. Promote health policies that are good for the population, rather than good for the health industry and medical profession
- ix. Shape their treatment to the needs of the particular patient, rather than simply doing everything that is technically possible
- x. Recognise that death is part of life and is not necessarily a medical defeat
- xi. Have a sense of vocation and service
- xii. Are able to be honest with patients about their illness and prognosis
- xiii. Are able to be honest with the public about issues such as resource allocation
- xiv. Provide value for money to the community

- xv. Can respond appropriately to the needs and experience of women, taking seriously cultural values and responding appropriately to their experiences of violence and abuse
- xvi. Have the management skills that they need for their professional role

Question 3

What principles should underpin a successful UWS medical school

1. Excellence in teaching and research
2. Excellence in diagnosis and treatment
3. Actively building links and cooperation with the wide range of organisations in the region who contribute to the population's health
4. A systemic approach to health (where systemic here refers to social systems and power relationships in society rather than the systems within the human body)

5. Finding the right health solution for each health problem, recognizing that while many conditions require medical or surgical treatment, or treatment by another health professional, many require human, social, environmental and spiritual solutions.
6. Public health approach as primary – seeing the task of keeping people healthy and whole as being as important as curing the injured and ill; health is a human right and violation of other human rights damages health
7. Excellence in advocacy on behalf of patients and populations who experience injustice, violence, or other systemic health threats
8. Serving people who experience disadvantage, poverty or violence, in Australia and the world rather than developing health systems that can serve only the affluent.

Question 4

What opportunities does a Medical School present to the Region?

Clearly the development of a Medical School presents the region with many opportunities. The key opportunity is for better health and better, more accessible health care. However, this will only be maximized if there is a much broader understanding of health issues than characterizes most already existing Medical Schools. Many health issues in Western Sydney are clearly related to racial, social, economic and environmental disadvantage, and the Medical School will be most successful if the graduates it produces are equipped to view the individual patient in their broader context, and can take the appropriate steps to tackle the causes of ill-health as well as offering high quality health care (diagnosis and treatment) to individual patients.

As the proposal for a medical school for Greater Western Sydney notes, UWS already produces graduates in a number of related disciplines. We encourage the School to take a broad view of the disciplines and partnerships that are relevant. The establishment of the new medical school offers the opportunity to create an approach where student doctors learn during their professional formation the importance of partnerships with the wide range of professions and with community organisations who carry much of the day to day responsibility for ensuring the health and well-being of people whose health is threatened or damaged by social disadvantage, complex personal issues, and so on.

What opportunities does a Medical School present to you or your organisation?

UnitingCare NSW.ACT provides community services, chaplaincy and social justice advocacy, with some of its work being located in the Greater Western Sydney area. We are also the peak body for a range of community services provided at the local level, by congregations or presbyteries (regional councils of the church). If the UWS Medical School is committed to producing doctors who understand and can respond to the social context and the complex human problems that often contribute to ill-health and “health disadvantage”, then some links with our organisation would be appropriate. These might range from staff contributing to some Problem Based Learning packages and lectures on specific topics to some placements (or briefer experiences) with the organisation.

Some of the possibilities relating to particular parts of UnitingCare NSW.ACT are set out below. Please see also the part of our answer to Question 2 where we suggest a Bachelor of Medical Science option.

UnitingCare NSW.ACT runs the Medically Supervised Injection Centre at Kings Cross. While it is not in the Greater Western Sydney area, it is unique and information about its concept and operation could be made available for use in education packages.

UnitingCare Burnside runs extensive programs in South West Sydney working with young people who experience complex problems that threaten their health and sometimes their life – homelessness, sexual abuse or rape, drug and alcohol issues, poverty, and mental health issues. We would hope that as the Medical School develops its focus on the health needs of children and young people in the region, it will recognise that their health depends on agencies such as UnitingCare Burnside as much as on health professionals, and will develop appropriate links and partnerships and offer students relevant experiences with community organisations so that the Medical School produces doctors who have a holistic view of the health issues of young people and appropriate skills and responses. For example, it may be appropriate to consider Burnside staff providing some educational experiences and contributing to learning materials for relevant PBLs, or the School might give students through placements with UnitingCare Burnside (and similar community organisations) so that they

- a. gain an understanding of the situation of children and young people who experience disadvantage, the impact that their experiences have on health and the holistic responses required to improve their health
- b. learn what community organisations contribute to their health and sort of medical interventions that would assist and support their work
- c. develop skills in working with young people in a respectful way, so that their young patients experience respect and control (this is especially important for young people who have experienced abuse)
- d. learn about special health needs of vulnerable young people, such as young women who have experienced sexual abuse and the dental health needs of intravenous drug users
- e. understand the problems homeless young people face in accessing health care eg because they cannot afford to pay doctors who do not bulkbill, or because their insecure situation means that they lose their medicare cards
- f. establish networks with such organisations.

(More detail about these matters can be obtained directly from the Macarthur office of UnitingCare Burnside if required).

UnitingCare Ageing is a large provider of aged care of various types, including HACC, self-care, hostels and nursing homes. Its chaplains, nursing staff and ethics committees have expertise in the needs of the ageing and end of life issues. UnitingCare Ageing would welcome opportunities to work with the Medical School so that its graduates have the knowledge and training to provide the most appropriate health care to ageing patients and are able to work with aged care organisations as partners in their care.

UnitingCare Supported Living provides support to people with a range of impairments, encouraging their independent living. These include intellectual, developmental, physical disability, acquired brain injury and other forms of impairment or chronic illness that cause permanent disability (eg MS, Parkinsons etc when at the point of causing disability that cannot be cured). They find that many of their clients are poorly served by a fragmented health care system, and that doctors are often discriminatory towards them. They are keen to improve the

situation. It is important that PBLs include the situations of people with impairments, and that student doctors learn how to relate to them as people, and to understand their viewpoint on their health issues. Supported Living would therefore be interested in contributing to appropriate PBLs, providing placements and suggesting other similar organisations that might also be involved.

UnitingCare NSW.ACT is a social justice organisation, and both its Church and Society Program and UnitingCare Burnside would have something to contribute to the Medical School if it takes seriously the social policy dimensions of health, because of our experience in advocacy on behalf of disadvantaged people and in working with broad based coalitions to bring about the changes required to improve social justice and health. Unlike some other Christian churches, we approach “moral” issues such as abortion and euthanasia using a similar methodology to our social justice work, and therefore have something to contribute to discussion of ethical issues.

Hospital, mental health and prison chaplaincies are organized through an ecumenical and interfaith committee, the Civil Chaplains Advisory Committee. We would also hope that the Medical School will offer opportunities for chaplains to explain their role as part of the health team in hospitals and community health teams, and the role of belief and spirituality in patient health. They might also have a useful perspective to offer on the issues affecting the health of prisoners. This committee is not part of UnitingCare NSW.ACT, but our Executive Director, Rev. Harry Herbert, is on the committee and would be an appropriate first point of contact.

These matters are of course only indications of the types of links that the Medical School might build with an organisation such as UnitingCare NSW.ACT. The Executive Director of UnitingCare NSW.ACT, Rev Harry Herbert, would welcome further inquiries and discussion on these matters.

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