Heart Story 3: Reflections on the Story

So I guess for me, when I thought about it, the issue here was that there were a number of things in my brother’s favour. One was that he had me and I am fairly articulate. I also have some resources, so I was able to drive back and forth to the hospital to find out whether the wallet was there. And I was able to pick him up.

But what would have happened if my brother didn’t have me with a vehicle to pick him up? And [what if] it was an Aboriginal person from a remote community who’d come down for a triple bypass, didn’t have family in Perth, was booked in at a hotel or where they usually book them in, and couldn’t get back to the hospital, and didn’t have a wallet?

There would have been nothing, no follow up, because they have this wallet in the safe, but there was no way to find out... Who did this wallet belong to? I mean, they could have opened it up and looked at the name I suppose, but there was no contact because at that point in time the woman who’d found it down the side of the safe didn’t know that someone had been looking for it. So there wasn’t even any record that there was a query about... The patient had queried about their wallet.

When you are working [with someone who has] a particularly serious chronic condition such as a heart problem, there could have been a whole range of... He could have gone back into another heart attack about... Worrying, ‘Where’s my wallet?’ So, I mean, that’s the story that I have, because I think that it has a significance around listening and hearing and process, hospital process.

So there seemed to be a culture in the hospital of not listening. You had the nurse upstairs who didn’t listen when he was asking for more painkillers and was starting to get upset. And then you had downstairs where the reception wasn’t listening about the wallet.

So, a number of things, other family members may not have asked those questions. It’s just because that’s what I do. I was able to just go through a checklist with him and then that triggered it. So a number of things in place which assumes that people come with resources and people come with family. And, you know, and the fact of the matter was he was a regional patient. He had come down from Broome. So I’d hate to think what could’ve happened to someone who was less literate, less assertive, less confident, [less] able to negotiate their way around a hospital system and... Feel so alienated when they get into the Perth hospital system.
So, yeah, I think that there are a number of key things there that health professionals need to be aware of. And also, it’s not just about the delivery of the health service but it’s around the administration and the actual structure within a health service, how that can impede people and contribute to a poor experience of health care. So it’s not just about the actual medical delivery, it’s also starting right from admission through to exit.

I know Gardias, or white people, get really embarrassed when you start raising your voice in a public place. It’s a bit of a shame thing, you know? They don’t like you raising your voice. And I’ve seen it happen when I worked behind a counter, people start to raise their voice and the policy is [to] try and settle the client, the customer, down. So I thought, ‘Well, she’s not hearing me, maybe she’ll hear it if I raise my voice a notch.’ Yeah, so it was controlled sort of anger. But I thought, ‘Well, why do I have to resort to this to get a response?’

I’m not saying that was the right thing to do or whether that would work in every case. She might have called security and got me carted out of there, I mean, who knows? Maybe she was having a hard day, but still the job is at the front reception which is a public... She’s the first face that people see when you come into that hospital. And I think that what’s really important is if that first face is not a welcoming face and it’s not a supportive face, then it sets the tone for a person’s either entry into a hospital and/or exit. And in this case... Yeah, the exit was not a good one.

I think my brother is aware of racism. He’s aware, but because he’s also fair skinned like myself, and he’s a bit fairer than I am, I think that perhaps the difference around skin colour is probably not as obvious. However, they would’ve known that he was Aboriginal from his form, where he probably would’ve ticked the box. So whether that could have been... But whether the reception knew, that I don’t know.

But the way in which she dealt with him was very disrespectful and I did wonder, ‘Do you treat all your customers like this, or is it just this particular one?’

That was going through my mind, but whether they do or they don’t, for me as an Indigenous person and for my brother, this would’ve consolidated, you know, any thought around... ‘Oh well, it’s just racism.’ When in fact, I don’t know whether it was or it wasn’t, but you see what I’m saying? It kind of goes to that default position and you got no other explanation for it. And when you look at Aboriginal people who are darker skinned, then it starts to create this whole story of its own.

There are a number of things that probably are key themes. One is about listening and hearing what someone is asking. So with the nurse upstairs, I think that even if you decided, or someone has decided, that the patient can’t have any more painkillers, it’s important to have a conversation with the patient. Not to say, ‘Well, you’re already on painkillers,’ and walk out the room. And then the next time you come back in and the patient asks again, you just ignore that and, like... ‘I don’t hear you, because I’ve already spoken to you.’
To me, that’s poor communication, because you leave the patient then to draw their own conclusions. Some people, if they could... I’m sure if my brother could have voted with his feet he would have gone, but he couldn’t because he was linked up to tubes and stuff, like the bed. He couldn’t just get up and go out. But some people might have pulled the stuff out and said, ‘I’m out of here.’

And there were a few things that I didn’t say, but he got so angry at one point when this nurse wasn’t listening, that he actually did swear. And she kind of was like, ‘Oh, you swore at me.’

And he said, ‘Well, because you’re not listening to me.’

Now, you know, that could very easily have gone into, well... Your ‘Aboriginal person swearing’ and into, you know, a whole other thing around antisocial behaviour stuff. Rather than... ‘Why is this patient getting upset with me?’

So I think the key thing is that you should always listen and hear what someone is saying and then respond to that... And Aboriginal people, even more importantly if they’re from the regions and English is not their first language, or if they are a bit disoriented, or they’re in a place which they’re not comfortable with... It’s all part of ensuring that they have a good hospital experience and you’re wanting to keep them in the hospital until they’re ready for discharge.

But if you’re not listening to what they say, then it very quickly can move into another space where the person becomes distressed, anxious, or angry. Or family members may not be so patient and start to get angry. And their anger kind of precedes the way in which they engage with the hospital staff. And then it goes to that default position of the person just... ‘You swore at me, you are a bad person.’

Not, ‘Well jeez, what did I do that you had to swear at me?’ Or, ‘I heard you swearing at me, but I didn’t hear you asking for painkillers.’ Does that make sense?

And it wasn’t until the male nurse did hear what he said and went and checked his chart, didn’t say, ‘Well, you’re already on painkillers.’

Because under that, if you actually go underneath that, there’s almost assumption of, ‘You want some more, what are you doing here? You’re double dipping.’ Or whatever.

He actually did go look at his chart and say, ‘Well yes, I see you are already on painkillers. So you’re still feeling pain? Well, we actually can up the dosage a little bit more and then we’ll see how it goes.’ So he was talking and that was good, I thought that was good health practice.

So I think it’s around how you engage with the patient and it just comes down to good communication and not so good communication, really.
And I’ve been in a hospital for heart care and had a completely different experience, where they were very respectful. But they also were mindful why the person was in hospital, you know. Like, you’re in for heart, you’re in the actually ICU... Intensive Care Unit... We need to be sure that you’re kept calm and that your recovery is good.

But [laugh] there just didn’t seem to be this same type of duty of care and respect towards the patient. So yeah, it’s only a few little things but it can make a person’s journey in hospital a hell of a lot better than it being conflictual.

I think process is important and if a patient is asking about their items which have gone missing, not to assume that, well... ‘It’s your fault.’

Listen to the story. And the story he was saying was, ‘Well, I handed it over.’

‘Okay, well someone would have had to been the recipient of that stuff. Let’s see if we can track down the person. Who was on duty?’

They’ve got records of who were on duty so, you know, it’s about a process of just finding out who was on duty. Not to just say to the patient, ‘Well, it’s your responsibility. You lost it, you find it. You sort it out.’

Well, there could have been people who could have played a number of roles and at anytime any of the staff up there could have said, ‘Look, we’ll follow it up for you. You just stay calm.’ I mean, I know that staff are under lots of pressure at the moment coz they’re short staffed and all of that, but I still think that you do have a duty of care to the patient.

I think it also talks about power and control. You know, this person has a lot of power and control and to say, ‘You go up to the third floor.’ [Laugh] [So] you go up to the third floor.

I just think that there are some key points in there which are often at the base of misunderstandings and people’s experience of the healthcare and what can sometimes decide a patient to come back or not to come back. I know my brother certainly said, ‘I’ll never come to this hospital again. Next time if I got to go to hospital, I’ll be asking to go to another hospital, not this one.’

But, you know, in Perth you’re lucky. You’ve got choice. You may not be so lucky if you go to a regional hospital, you’ve only got one hospital to go to. You don’t have the choice. So that’s the other point.