

Medical Policy Formulation Process for ANARE

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Medical Policy Formulation - ANARE (2)

- Australia long tradition in Antarctica - winterer 1899
- AAE 1911-14, BANZARE 1929-31
- Australian Antarctic Territory 1933
- ANARE established by Commonwealth Government 1947
 - Government agencies, universities, commercial firms
 - Antarctic Division established 1948 to organize and support ANARE
 - Annual population 70-100 winter, 500 summer
[1,000 winterers at 36 stations, 4,000 summer, 14,000 tourists]
- Antarctic Treaty 1961 - “no comment on medical matters”

STAKEHOLDERS/BENEFICIARIES

Government, bureaucracy, taxpayers,
universities, commercial firms, expeditioners

Medical Policy Formulation ANARE (3)

MEDICAL POLICY MAKERS

- 1947 no medical group in Antarctic Division
- 1963 one doctor, 1979 two doctors, 1984 three doctors
- Minister/Director major input early years (ad hoc, political)
- Input from
 - Defense (WWII)
 - Territories (remote groups)
 - External Affairs (overseas appointments)
 - Health (pre departure for overseas)
- Head Polar Medicine initiated all policy from 1963 (mandated)
- Evolution of policy formulation over 56 years, still evolving
- AAT- laws of ACT (legal)
- NIOSH (Worksafe Australia) 1985, safety officer (regulatory)

Medical Policy Formulation - ANARE (4)

Prophylactic Appendectomy

- 1948 Heard Island - doctor considered all should have operation
- 1949 - 1 case in 23
- 1950 - 3 cases in 33 (Evacuation “Australia”)
- 1951 - 1 case in 31
 - All doctors must have appendectomy (mandated)
 - BMA against, President had been in Antarctica on AAE 1911-1914
- 1970s evidence base from studies on polar regions (1961 Rogozov self-operation - USSR implemented 2 doctor teams -)

POLICY MAKERS

Ad hoc (pragmatism, risk factors)

Mandated (medical)

Legal

Regulatory

Political

Medical Policy Formulation - ANARE (5)

POLICIES

- Medical selection guidelines/standards
 - Work of doctor performed before departure (heroic era)
- “One doctor to each group” (political)
- “No doctor, no expedition” (political)
- Evacuation not first line management nor routine (political)
(reinforced after 1954 - total physical isolation)
- Psychological selection (Minister/Director)
- Skills of doctors (medical)
- Walking blood bank (medical)
- Pregnancy and management, abortions, sterilization (medical, legal)
- Dangerous drugs (legal)
- Medical indemnity, sexual misconduct (medical, legal)
- Resignation of doctor (medical)

**For Safety and Remote Medical Care
Prevention First**



ANARE Doctors Group Practice



Medical Policy Formulation - ANARE (7)

SAFETY AND HEALTH ISSUES

- ANARE health system based on preventive medicine, caring for individual's health with occupational medicine being cornerstone of system, with added emphasis on safety (not safety substituting for health)
- Total physical isolation for 9-12 months, no air transport
- Environmental problems (cold) not common - indoctrination, preventable
- Technological risks high - 2,500 chemicals, 800 hazardous

HEALTH AND SAFETY

Medicine: preventive

individual

occupational

Safety - closely related

Medical Policy Formulation - ANARE (8)

EXPERIENCE/EVIDENCE-BASED RESEARCH

- Experience most important
- Strong nexus between medical practice and research
- Research has emphasis on studies facilitating safe and efficient living and working
- Health register quantified occurrences of illness/accidents, assesses temporal, seasonal and occupational trends
- Evidence based research strong influence on policy formulation

EXPERIENCE/EVIDENCE-BASED

BOTH INFLUENCE POLICY FORMULATION

Doctors on Staff



Medical Policy Formulation - ANARE (9)

FACILITATORS

- Doctors on staff, Head Polar Medicine mandated for policy
- Research program
- SCAR WGHB&M 1974 (International Council for Science)
- IUCH/Arctic

OBSTACLES

- In beginning, lack resources, infrastructure, organization
- Improved over last 20 years
- Medicine taken for granted
- Lay persons playing doctor
- Additional legislation and expectations that cannot be met
- pressure to overturn policies (financial, reduce standards, extension of Australia theory)

Medical Policy Formulation - ANARE (10)

EVALUATIONS

- 19 Reviews of medicine in 30 years (external/internal)
- Bench marked against organizations “gold standard”
- Continuous (medical practice, pharmaceuticals, health register, policies)
- Success of policies (adverse publicity, court appearances, ombudsman?)

CONTINUOUS IMPROVEMENT

Training

Medical materiel

Systems - telemedicine

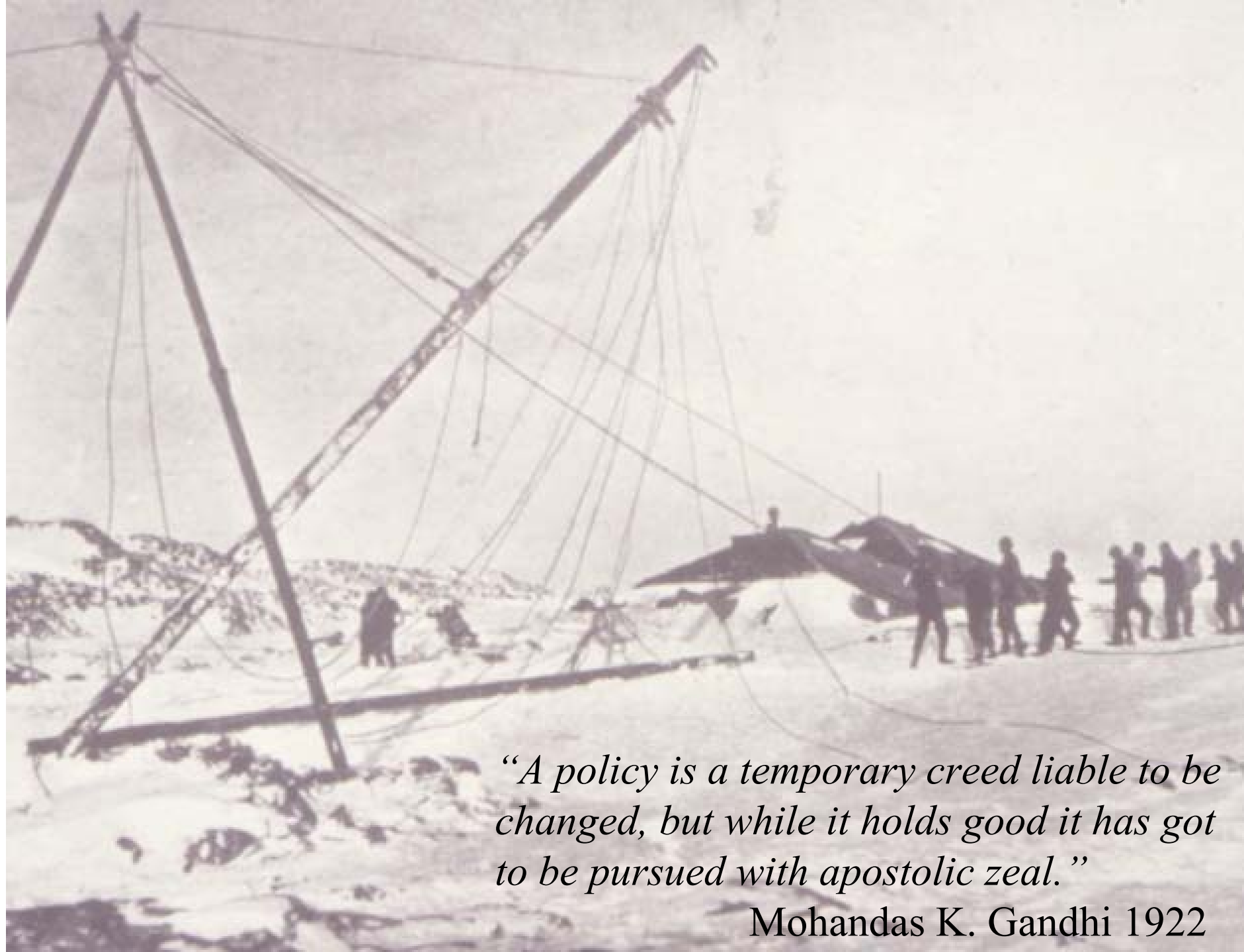
Policies, practices and procedures

Innovation

Medical Policy Formulation - ANARE (11)

DESIRED OUTCOMES

- No loss of life, decreased morbidity, no negative effects of isolation
- Increased research output; both quality and quantity
- No adverse publicity
- No appearances in court, before enquiries or ombudsman
- Keep within budget



“A policy is a temporary creed liable to be changed, but while it holds good it has got to be pursued with apostolic zeal.”

Mohandas K. Gandhi 1922