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 - doctors 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
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 WGHBM 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
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