

[Dr.Haikerwal is Chair of Council of the World Medical Association and Chair of the Australian Institute of Health and Welfare. He is also Chair of beyondblue's National Doctors' Mental Health Program and serves as a Director of the Cancer Council of Victoria and Brain Injury Australia. Previously, he was National Clinical Lead at the National e-Health Transition Authority (NEHTA) and Federal President of the Australian Medical Association. In 2008, Dr.Haikerwal sustained a severe traumatic brain injury after being assaulted in Melbourne.]

Good Morning, Ladies and Gentleman, Colleagues All,

My name is Mukesh Haikerwal.

I am a General Medical Practitioner from Melbourne's Western Suburbs and I'm here to welcome you as a Board Member of Brain Injury Australia. Thank you all for being here and participating in this very important discussion.

Thanks too to David for bring here, Stephen for hosting this and Hon. John Alexander for your invaluable support.

Before I proceed and as is customary, I'd like to recognise the traditional owners of the land on which we are meeting, the Gadigal people of the Eora Nation. I would like to acknowledge them as Traditional Owners and Custodians of these lands and I would also like to pay my respects to their Elders, past and present.

Just before Christmas in 2008, I first reached out to Brain Injury Australia because I had been saved from a catastrophic brain injury caused by an assault by 4 assailants in my own home suburb a matter of 1.5 km from my home. I wanted to understand better what happened to me and to put something back into a system which mercifully I did not need in its entirety.

I have subsequently discovered many people who do benefit from the services of Brain Injury Australia and like organisations across the Nation. In fact it was Nick Rushworth who then reached out to me to see if I'd formally help Brain Injury Australia in their work.

There are 2 immediate perspectives I'd like to share.

The first is a general principle that I, and my team at the AMA when I was vice President and President sought to pursue:

that is that anyone who has suffered a catastrophic injury should have access to and receive the best care they can to recover from the initial insult and then the rehabilitation to set them back on the path to restitution and a normal life. This should come first,

be irrespective of whether then were injured

- at work,
- in a motor-accident,
- on the operating table,
- falling out of a tree,
- As a result of domestic or street violence
- or indeed medical condition or misadventure.

The principle is get the care first and let the tortuous litigation happen but not delay the urgent and necessary interventions that preserve life and rebuild lives.

When the NDIS scheme was being considered, the hope was that it would be the vehicle to facilitate this.

As the issue of the day was about medical misadventure, malpractice suites and “Tort Law” reform, the medical profession understood that the quid pro quo for this would see some rise in medical indemnity insurance costs.

I suppose in time, the hopes from the scheme are the same and my second point illustrates why.

When I did emerge from coma and as my residual injuries were assessed and described, it was quite clear that there was a need for significant rehabilitation. It is no secret, and the CEO of my treating hospital that saved by life- Melbourne’s Western Hospital acknowledged, there was no capacity to provide the necessary rehab at that unit.

I was very fortunate that my rehabilitation consultant and my neurosurgeon conferred and secured me a berth at the Epworth hospital in Melbourne.

They did the Steve Austin 6 Million dollar man act on me over a very intense 3 months as an in-patient and several further months as an out-patient.

The hospital worked supremely and I have reached a capacity equal to my pre-injury state.

There were no complaints from the Epworth, but in reality as my Health Fund payments were less than both WorkCover and TAC, they did take a financial hit.

Further, are more concerning, I have met many with injuries who have been less fortunate than myself and they have not been able to access adequate care.

The facts on this lack of access and subsequent outcomes are stark.

- Local longitudinal surveys about outcomes of severe traumatic brain injury: 9 in 10 return to care of their family;
- the average costs of care are around \$100,000 per year;
- only 40 per cent of people living with severe TBI are employed 5 years post-injury;
- of all people with a disability, they have the second lowest representation in employment;
- half of all marriages involving a partner with a severe TBI dissolve within 6 years of injury;
- half report they have lost friends, have become socially isolated since their injury;
- they run a 60% likelihood of major mental illness during the course of their lifetime;
- and 1 in 5 will attempt suicide.

Sobering thoughts indeed.

Further: of the over 700,000 Australians the ABS estimates have a brain injury – with daily "activity limitations" and "participation restrictions" - only 16,000 use a National Disability Agreement-funded service - out of a total of 310,000 service users.

Only 2,200 people with a brain injury - out of 160,000 - use Disability Employment Services.

Only 21,000 - out of 820,000 - are on a Disability Support Pension.

I suspect, and the early figures on “participation” in the NDIS bear this out that the Scheme will experience very poor uptake from people with a brain injury. We must never underestimate the psycho-social factors in “coming to terms” with a prime of life disability (TBI remains the leading cause of death and disability in young people).

We have within sight, indeed within our grasp, an opportunity to lift people from despair, to provide the services that will lead to some normalisation, some chance of decent employment and consequently to lead ‘flourishing lives’: an outcome I often quote from the Marmot review on Social Determinants of Health produced for the UN Commission into this.

We do need to proceed with due care and caution, learning all the way, manage expectations and together succeed to support others around us.

To end, I would like to introduce our host at this event and a great supporter of Brain Injury Australia and our activities, Mr Stephen Lowndes, the Chief Executive Officer of Royal Rehab – this magnificent facility which leads the way in modern, interactive, integrated care for those needing Rehabilitation.. Please make him very welcome.”