

to: Dr **Howard Flavell**
Royal Darwin Hospital

from: **Martin Wesley-Smith** (Rob Wesley-Smith's brother)
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re: the rehabilitation of Rob Wesley-Smith

Dear Howard,

I'm concerned about aspects of Rob's treatment. In writing this letter I'm seeking, and passing on, information and points of view.

Rob is an intelligent and rational man who, once he is convinced of the rightness of a particular point of view or action, will pursue it with great energy and conviction, even obstinacy. He clearly has his old powers of reason back, even though he is officially still in PTA, and is able to argue convincingly for the proposition that he now be allowed to go home from hospital. In our discussion I have attempted to take the hospital side, but I now find myself agreeing with Rob's view. If the hospital can convince Rob that staying in hospital for the time being is in his best interests then he will be a model patient; if not then he will feel, as he does now, wrongfully imprisoned, in which case an aggressive response, sooner or later, is guaranteed. This is not, of course, in the best interests of his recovery and rehabilitation. Nor is it in RDH's best interests.

Some patients are no doubt happy simply doing what they're told by hospital staff. Not Rob. He wants to know *why* a certain action that involves him is being pursued. But very little information is being shared with him. He genuinely wonders what RDH is currently doing for him and why, therefore, he should stay in hospital.

You said that having family around can be an important factor in a patient's rehabilitation. Rob's mother, Sheila, and I are here for Rob, and are available at any time of the day or night. I often become his main carer for half an hour or so when his PCA goes off on her/his tea-break. Yet very little information is shared with me, too. If I bump into a doctor or nurse who can stop and pass on information, then I learn a bit about what's going on - some of it contradicted, as it happens, by other information received at another time - but if I don't ask I learn nothing. I can't stay here forever. I want to make a positive contribution while I can. But if I'm kept out of the loop, there's little I can do. Surely we need open lines of communication between hospital (doctors, nurses, OTs etc), patient, and main family carer!

At the conference we had, it was agreed that Rob would have restricted visitors and visiting hours. The ward, however, frequently ignores this with the result that at times too many people visit him for too long. The sign on his wall - **Management of Patients in Post-Traumatic Amnesia (PTA)** - says (guideline 5): "reduce stimulus such as television and bright light". But I often go in there to find that a young inexperienced PCA has turned on the television set and is watching it, forcing Rob to do the same. Guideline 8: "frequently reassure the patient that they are in a safe place and being looked after". Rob claims (this may be fanciful, but I suspect not) that when he made an "escape attempt" on Saturday morning a nurse waved a fist in his face and threatened violence. I suspect that she is the same nurse who, when I asked her what we can do to discourage Wes from doing a runner, said "No problem, we'll section him!" When I asked what that meant, she said "We'll force him back into the hospital - we have the power to do that." In other words, we won't try to understand and address his concerns - it's far simpler and easier to use physical violence instead.

I think that Rob's "escape attempt" was nothing more than a plea for the hospital to consider his view that his rehabilitation would be better served if he were at home. He says that he was persuaded to go back to bed by a promise that a doctor would visit him on Saturday afternoon - yet no doctor came. If there was no doctor available then someone should have explained that to him. Instead, he was left to stew in his own juices, thinking he'd been lied to. Again, hardly the ideal situation to help him out of his PTA.

I'm told that Rob is still some way away from scoring, in his PTA test, the required 12/12 on three consecutive days. I worry that in the current situation he will never get that score. I realise that Royal Darwin Hospital is under-resourced, and that it does the best job it can under often-difficult circumstances. The care Rob received in ICU and HDU was nothing short of magnificent, I thought. In Ward 2B, however, it seems less than satisfactory. But it's a surgical ward, where the facilities are not ideal for someone in Rob's condition, so this is not surprising. I'm wondering if there's a way we can change things in a way that would be beneficial for both RDH and, most importantly, the patient.

Perhaps a "one size fits all" approach to rehabilitation from brain injury is necessary in the current funding climate. If so, I can appreciate that. But in Rob's case a "one size fits most" approach might be more successful yet might cost the hospital a lot less. Is there any practical reason why Rob can't live at home, under the care of Sheila and me, and go to RDH every day as an out-patient? I think that if this were the case then his mental state would improve dramatically. If it were explained to him properly, then he would agree to - and abide by - any conditions that you cared to set. He understands that he had a serious brain injury, and is as eager as we are that he recover as completely as possible. It is his frustration with the current situation that is fuelling anger and resentment that is likely, it seems to me, to torpedo that recovery.

I should mention that Rob is a well-known personality in Darwin and an inveterate letter-writer to the "NT News". There have been several media reports about his accident, and a lot of people are very concerned for his welfare. His progress is being written up daily on a web-site (see www.shoalhaven.net.au/~mwsmith/wesaga.html). As someone pointed out there, he's a tough old bugger who most people expect will pull through this setback. In other words, RDH might well be called upon to defend, in the media, its treatment of Rob should he not continue to make good progress - progress that seems to me to be currently stalled.

I request a meeting to discuss these issues face-to-face.

Many thanks.

Sincerely,