

**From:** [REDACTED]  
**To:** [medboardconsultation](#)  
**Cc:** [REDACTED]  
**Subject:** "Consultation: REVIEW TELEHEALTH GUIDELINES".  
**Date:** Friday, 17 February 2023 3:47:50 PM

---

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

**PUBLIC COMMENT & SUBMISSION.**  
Due 17/2/2023.

To Each Valued Board Member.

THANK YOU SO MUCH - for taking the time to read and consider the following \*critical\* comments, feedback and recommendations. It is appreciated. :)

It relates to separate time and circumstance telehealth appointments experienced. These were conversed between a client and medical practitioners (GP's), over the last few years.

I will address the events separately, followed by recommendations

1.

A recent telehealth appointment has left me reeling and traumatised. (It has caused sleep deprivation and emotional and psychological upset.)

Client intent was consult to be a short touch base on current incident issue. (There had been prior in room & telehealth appointments over last 6 weeks). Client expectation was to obtain x-ray results of a queried thoracic vertebral compression fracture. Also to discuss/check in re symptoms, as was still experiencing greatly reduced mobility/sleep/pain issues related to vertebrae points and ribs. (Walking and travelling in a vehicle causing exacerbation of condition - hence reason for phone consult rather than in rooms).

Outcome was client was told the plain xray showed nothing. No further diagnostic options were offered.

Next, the practitioner asked if I would consider "talking with someone?" ie counselling. This surprised me and I said 'no thank you'. (This topic had been raised recently in rooms by same practitioner and I had answered with similar words something like "with respect, no thank you, I need to say no, this is not my need. I just need to know what is going on physically so I can understand how to care manage it - care for myself/recovery time frame/to enable updates & notifications to my workplace/life plans/finances, etc.)

The matter re pain meds was raised, and I stated I had enough for now thank you. However, practitioner then proceeded to raise other option of trialling a mood affective medication instead of current codeine based Prodeine (which had overall been reducing, except days I'd overdone it). This suggestion was totally left field,

unexpected and terrified me. This has upset greatly. It was basically just offering to replace one prescription medication with another. (I tend to be sensitised and the thought of messing around with changes and the use of mind altering categorised medications scared me!) So after some distressed querying, I asked 'can't we just keep with what we know'. There was silence from the practitioner.

I asked when the next follow up appointment should be (saying I had one booked in a few days). I received no verbal response and then the practitioner hung up the call.

This has been horrendously distressing. I feel unheard, unrespected and violated I now haven't been back for care. I am lost with knowing how to progress. I would appreciate surety with medical support. I need to understand my physical capacity and recovery phase, I need to contact my employer. Financial income due from my workplace has been exhausted as I have been on leave for 2 months. ....

2.

A second concern I have experienced more than once.

Telehealth appointment had been for a specific reason (respiratory illness with asthma) & client unwell/confined/off work/unable to attend rooms.

A practitioner GP then also proceeded to address/remind client re other unrelated routine matters, ie that either a bowel scan, breast screen or pap test were due.

Client told practitioner that "this is not the time" and "inappropriate at the moment". This was quite disturbing and without thought.

++++

**RECOMMENDATIONS - ADDITIONS  
FOR TELEHEALTH GUIDELINES to PRACTITIONERS.**

A) The suggestion of adding MOOD ALTERING PRESCRIPTION MEDICATIONS - SHOULD NEVER be raised/alterd/nor prescription initiated via a Telehealth appointment. THIS IS A RECKLESS & DANGEROUS ACT.

B) KEEP CONSULTIONS focused & ON POINT. \*OVER REACH - RAISING UNRELATED MATTERS IS INAPPROPRIATE, non empathetic and malpractice. \* Reminder, the client is deserving of respect & the client/people funded government finances are paying you!

C) "FIRST DO NO HARM".  
ALWAYS CLIENT INCLUSION, INPUT & RESPECT re THEIR OWN CARE.  
Reminder - there is a power imbalance when clients are vulnerable and possibly on their own. A little understanding and a few kind words can be 'best medicine' too!

.....

If I am experiencing these events, are there others?

I truly hope these recommendations can somehow offer positive thought to

change & care to BOTH CLIENT & PRACTITIONER.

Best regards



Ps - I request my name be kept silent & \*anonymous if used in any publications.  
Thank you.