

# MEDIA RELEASE



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## Country GP uses household drill to save boy...and shows why helicopters cannot replace local doctors

The Rural Doctors Association of Australia (RDAA) says two country doctors' skills last Friday—in saving the life of a boy who had fallen off a pushbike in Maryborough, rural Victoria, and had severe bleeding on the brain—shows why rural doctors and local healthcare teams perform a vital role on-the-ground in country communities and cannot simply be replaced by distant retrieval helicopters.

RDAA also says the case—of which there have been similar examples across rural Australia over the years—should demonstrate to the federal and state governments why real measures are needed urgently to encourage more junior doctors to undertake training in procedural medicine such as anaesthetics, obstetrics and surgery, given the doctors' procedural skills were so important in saving the boy's life.

Maryborough doctor and member of the Rural Doctors Association of Victoria, Dr Rob Carson, used a household drill from the Maryborough Hospital maintenance department to bore a hole in the skull of Nicholas Rossi, when he saw that Nicholas had severe bleeding on the brain from his fall and that immediate action was required to reduce pressure on the brain and save his life.

He took instructions over the phone from Melbourne neurosurgeon, David Wallace, while he undertook the procedure.

“Maryborough is over half an hour's drive to Castlemaine, and about an hour's drive to either Bendigo or Ballarat—and helicopter retrieval would have taken at least an hour (if that was even considered possible given Nicholas' condition)—but drilling into Nicholas' skull to relieve pressure was required in less than 10 minutes in order to save his life, so Dr Carson knew he had to act immediately” RDAA President, Dr Nola Maxfield, said.

“Undoubtedly, the fact that Dr Carson and another Maryborough doctor, Dr David Tynan, had procedural skills also meant the difference between life and death for Nicholas. With the support of a multi-skilled rural healthcare team, Dr Tynan was able to administer general anaesthetic to Nicholas and then monitor his condition while Dr Carson undertook the operation. These are advanced skills that fewer doctors are training in nowadays, and they are fast becoming a thing of the past in the bush.

“One shudders to think what the outcome would have been if, like in many towns across Australia, there was no local doctor available anymore to provide the emergency care that Dr Carson and Dr Tynan provided to Nicholas.

“It is a near certainty that Nicholas would have died at Maryborough Hospital or, at the very least, sustained severe long-term brain damage while waiting for a helicopter or road ambulance to arrive to collect him—or he would have died halfway along the road to Castlemaine.

“While RDAA and other organisations continue to implore the federal and state governments to do more to get and keep more doctors in rural and remote Australia, cases like these show why it is simply not good enough for governments to place the outcome of a critically ill patient in the hands of a distant retrieval service that could simply be located too far away to arrive in time.

“It also underlines the importance of equipping rural hospitals adequately for the emergency cases that they may be required to deal with, and that an investment in tele-linking and video-linking technology for more rural hospitals could make a real difference in saving lives.”

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**Available for interview:** RDAA President, Dr Nola Maxfield and RDAA CEO, Steve Sant.  
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