RASAID

GATEKEEPER AND TRIAGE

In a recent press release, Peter de Natris, DADHC's Regional Director for Southern NSW, referred to the one hundred new case management positions that his department is creating across the state. The role of a case manager, he said, was one of "gatekeeper and triage". These are interesting words and in them may be found the suggestion of a new policy direction from the department that is charged with the responsibility of delivering services to the state's disabled citizens.

A gatekeeper was originally the keeper of the gate, someone who screened visitors before admittance. In recent decades, it has taken on new meanings. Gatekeeping is the process in mass media through which ideas and information are filtered for publication. Gatekeeping occurs at all levels of media, from the reporters who decide which sources are chosen to be included in a story to the editors who decide which stories are printed or even covered. Gatekeeping also happens in cyberspace, with just a few search engines owning the pipelines to most of the web addresses, thereby regulating and controlling users in the virtual world of the internet. Operation Gatekeeper is the term given to the American strategy for keeping the Mexicans from crossing the border into California. Gatekeeping is about control and constraint; in the modern sense, with myriads of possibilities available in every arena, it is more about keeping out than it is about letting in.

Triage is the process of prioritizing patients based on the severity of their condition so as to treat as many as possible when resources are limited or insufficient. It comes come the French meaning to sort, sift or select and was first practised in the Napoleonic wars. The concept is well known to people who attend a comfortable general hospital in an affluent country; they wait in line for treatment while the most needy are seen to first. However, triage takes on other meanings at the scene of a mass casualty or in a war zone. Here people are assessed and classified. Black means that they are expected to die of severe injuries within hours or days. Red means that they need immediate intervention without which they will die and with which they will survive. Yellow means they are to be kept under observation and will need help later. Green refers to the walking wounded who will need to return in a day or two for treatment and White describes the walking wounded for whom first aid and home care will suffice.

Treatment is intentionally withheld from patients with serious injuries, classified as Black, because they are less likely to survive. In these extreme situations, medical care given to people who may die can be considered to be care withdrawn from people who may survive. Critically injured patients are given painkillers and there are many suggestions that these may be given in lethal doses to hasten the demise of a suffering person. Standards in such situations need to be altered to respond to an imbalance between demand for care and available resources. Clinical decisions involving triage and scarce resource allocation present unique ethical challenges. In these circumstances, the medical officer in charge will act as the gatekeeper and will decide who will receive the limited resources on hand.

Battleground triage is happening in disability services in New South Wales as the imbalance between demand for care and available resources swells twenty to one. A massive waiting room full of work-worn battlers is demanding life-saving treatment, the major surgery that releases the spirit without severing the bonds: supported accommodation. Many of these people are classified as Black or Red but they are being treated as White. While the triage nurses give assurances that the future operation has been

scheduled, they hand out bandaids and painkillers. These come in the form of the flexible respite package of a few hours duration, the counselling session, the carers' support group, the forum or round table, the Senate Inquiry and that panacea for all ills, the laughter workshop. Researchers are brought in to investigate how to make the state's most resilient families even more resilient. Advocates insist that it is not just enough to have surgery; it must happen in a way that is socially inclusive, community based and fully integrated. Meanwhile, the waiting room becomes more crowded and the pain increases.

Desperately injured people occasionally break through the cordon of triage nurses all promising extra pain relief. They force their way into the operating theatre and demand attention. These people get their operation, but they pay a high price. The spirit remains crushed with the trauma of the experience and the bonds may be severed forever, as they are sent to Coventry for their bad manners and their lack of resilience.

Sometimes other injured people appeal to the head of the field hospital or the chief medical officer. They claim priority based on who they are or who they know. Triage in Israel means that the injured lying silent are considered a higher priority than the injured screaming. In contrast, in our state, it is the injured screaming loudest that receive the treatment, particularly if they scream to the right person.

The waiting room has now become so crowded and the injuries so great that the system has broken down. People are turning away and looking for help elsewhere. Maybe there is a family member who can assist, a sibling who will sacrifice a life, another system somewhere else. The triage nurses see them out, promising even more pain relief if they can find a way of forgoing the operation. After all, there is that new program for ageing carers plus a bonus for hanging on and a new card to boot. The triage nurses realise that they are the frontline troops in the barricade against the injured masses. Dispensing hope where none exists, promising operations that will never occur, letting the injured believe that they will eventually receive help, this is the role of the busy gatekeeper. Despite their increased numbers, the triage nurses have little time to consider the ethical dilemmas and compromised standards inherent in their position. Deciding which one of the twenty will be treated is difficult, but deluding the other nineteen with false promises is more difficult. "We will put your name forward every time", they call after the retreating injured.

Back at the field hospital, the operations are performed, but they are few. They are only for the injured in the Red category - Blacks are nearly dead and Yellows are able to wait - and they are only for Reds who have no family or other resources. It is done as a last resort and always when the injured are in the final critical stage. There is no time to plan ahead or consult for best outcomes. There are those who say that if less resources went into bandaids, pain relief and triage then more theatres could be built. There are others who say the field hospital costs too much to administer. Most say that we need many more theatres in many more field hospitals. But the injured just say, "Help me".

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