Last month, Doctors4Refugees co-founders Barri Phatarfod and Richard Kidd met with IHMS.

We raised several concerns and the discussions with IHMS personnel went for around three hours, with the Medical Director Dr Mark Parrish staying for all but the last 20 min.

Specific issues we wanted to discuss were:

1. **The Christmas Island Doctors' Letter of Concerns that makes 62 'Key Recommendations'. This 81 page document details deficiencies within the IHMS healthcare system and interference with good clinical care by the Department of Immigration and Border Protection**.

   Their answer was in two main parts. Firstly they noted the letter was based on a time of unprecedented high arrivals on Christmas Island in June-July 2013 and that the '5 minute health assessments' and associated fallout such as serious medical conditions being missed no longer occurred. Secondly, with respect to the bulk of the other key recommendations, IHMS said they had done a detailed analysis of the concerns and recommendations outlined in the document and had addressed as many of them as was possible within the confines of the detention system. At the time, they agreed to provide this analysis, showing how they divided the recommendations into 3 groups – those that they should fix and have done so; those that they would like to address but occurred as a by-product of the detention environment and thus, they were unable to rectify; and finally those that they deemed false. On questioning, they agreed to provide us with this breakdown including the improvements that have been implemented, arising from both the letter and subsequent discussions with its principal author. We followed up with an email a few days later but to date have heard nothing. We will continue to press for this information.

2. **The perception that the IHMS contracts with their excessive confidentiality clauses effectively puts the Department (DIBP) between health professionals and their patients, preventing doctors from advocating on behalf of those they care for.**

   This was emphatically denied and a pro forma contract offered for us to look at. Although neither of us is legally trained, we were able to give feedback on how the wording and presentation would suggest to employees and prospective employees that they are obliged to put the interests of IHMS and DIBP before their patients.

   The contract does cite breach of the IHMS *Code of Conduct and Ethics* ('the Code') as dismissible and so gives great authority to that document. The copy we were shown was '*Draft Version 1.01*' 'Effective 24th September 2012'.

   The Introduction of the Code states "All Employees are expected to act with the highest levels of honesty, integrity, ethics and fair dealing and to uphold our core values." Also it states "Employees are expected to comply with applicable laws, rules, codes and regulations".

   The Medical Board of Australia (MBA) has a Code of Conduct for doctors, which states "Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be ethical and trustworthy". Section 3.8.2 of the Code states "Being aware that increased advocacy may be necessary to ensure just access to healthcare." This is aligned with the Australian Medical Association (AMA)

Code of Ethics and is also consistent with the Declaration of Geneva and the International Code of Medical Ethics, issued by the World Medical Association (WMA). This Code is fundamental to the regulatory environment health professionals work in, that is enacted by the Australian Health Professions Regulatory Authority (AHPRA).

Dr Parrish and the other IHMS staff agreed that the MBA, AMA and WMA Codes of Conduct and Declaration of Geneva are very much the applicable Codes for their Clinician employees.

Section 3.4 of the Code states "In carrying out their duties IHMS staff should; (at dot point 4) ensure Detainees and Transferees are not subject to discrimination on any ground, including race, colour, gender, sexual preference, religion, political or other opinion, age, national social origin, status or disability".

So it appears that the Code of IHMS supports and indeed encourages doctors and other clinicians to advocate for their patients. However, Section 3.10 of the 'Code' states "Employees of IHMS must maintain the confidentiality of all information entrusted to them, except when disclosure is authorised or required by law". On the day we were with IHMS they strongly affirmed that doctors and other clinicians should advocate for their patients and that the employer must not come between the clinician and their patient.

However, as we were not permitted to take the contract away and compare with those of the doctors who raised these concerns, we do not know if this was typical of those signed by doctors working with IHMS. We have since seen copies of contracts given to prospective and ex IHMS employees which differ from the one we were shown.

3. **The 'Root Cause Analysis' of the death of Hamid Kehazaei who died in Brisbane after an infection on his foot progressed to cellulitis and then septicaemia**.

We were told that a Root Cause Analysis had been done by 'a team' of independent assessors but we could not be told who they were, what information was sought, any of their findings or indeed any information uncovered.

Although Mr Kehazaei's death is subject to a Coronial Enquiry, the lack of transparency was disappointing.

More recently Richard Kidd has been interviewed by media in the light of Mr Kehazaei's medical record being partially released.

4. **Harassment and humiliation during child-birth.**

We followed up on Richard Kidd's assertion during Mark Parrish's RACMA webinar presentation on 22 October 2014 that it is the practice of SERCO guards to stay in the Delivery Suite during the birth of Asylum Seekers' babies, which is reprehensible and harmful. We noted that these comments had been deleted from the recording of the RACMA Webinar. We asked what has been done to stop this degrading and harmful practice. Apart from some surprise being expressed about the deletion from the recording and agreement that the guards' behaviour was grossly unacceptable, we did not get a clear answer, and will be pursuing this.

5. **Independent health authority overseeing health care to Asylum Seekers and Refugees:**

We followed up on the question put to Dr Parrish during the RACMA Webinar: 'When will you put in place a national statutory body of clinical experts independent of governments with the power to investigate and advise regarding the health and welfare of asylum seekers and refugees? (As recommended by the AMA in the Position Statement: Health Care of Asylum Seekers and Refugees – 2011)'

Dr Parrish and IHMS staff, acknowledging the dismissal of the Independent Health Advisory Group (IHAG) in December 2013, agreed that good Clinical Governance demands an independent health authority which they would welcome. But there was nothing explicit about what they were doing to advocate for this or make it happen. We will pursue this as well.