

**REMARKS BY THE HONOURABLE PETER UNDERWOOD AC,  
GOVERNOR OF TASMANIA OPENING THE 10<sup>TH</sup>  
INTERNATIONAL CONFERENCE FOR EMERGENCY NURSES,  
HOBART WEDNESDAY, 10<sup>TH</sup> OCTOBER 2012**

As is always the case it is a pleasure for me as the Governor of Tasmania to welcome you all to this the 10<sup>th</sup> International Conference for Emergency Nurses. To those of you who are visitors to our island State I extend a particularly warm welcome and express the hope that if it is your first time here that you will be able to find a little time to look around because Tasmania is always particularly beautiful in the Springtime.

You know it would appear that Hobart is particularly attractive to those in the medical and allied professions for recently there has been a positive outbreak of conferences here. At the end of last month there was the Scientific Meeting of the General Surgeons Society of Australia. Immediately after it closed the 2012 International Symposium of the Australian and New Zealand Forensic Society opened its conference. No sooner had the chairs used at that conference been put away they were got out again for the 71<sup>st</sup> National Congress of the Australian Society of Anaesthetists. Exactly a week ago I had the pleasure of opening a conference for the Council of Ambulance Authorities Annual Scientific Meeting. This very morning I opened a conference of the Australian & New Zealand Burns Association and now I have the pleasure of being with you. We feel very privileged that so many distinguished professional bodies chose Tasmania as its conference venue and we welcome you

all very warmly – although it's putting a bit of a strain on wine cellar at Government House!!

I want to say that I thought that your organisers had a good idea and one that should be followed by more conference organisers and that is to re-arrange the programme so that the pre-conference workshops occupy a morning, hold the opening ceremony at 2 pm, leaving a full two and a half days for conferencing by way of plenary and concurrent sessions. It is a brilliant idea for as your web site explains, "The organising committee has gone with this format so that you can have a weekend in Tasmania to explore our fantastic state." I urge you all to do as the committee suggests and there is an additional benefit in that if the Governor is going to open the conference he doesn't have to get out of bed so early!!

Now, before I go on I note that this is your 10<sup>th</sup> Conference and that today is the 10<sup>th</sup> October. So, I congratulate the College on its 10<sup>th</sup> conference and celebrate this day with you for as you know today is International Emergency Nurses Day and it also happens to be my birthday and there can be no better way of marking both days than by starting a conference with the theme, "*NEW FRONTIERS - Reaching Great Heights*".

And what an incredibly busy programme you have set up for this conference with an impressive list of presenters. By my count there are very close to 70 workshop and plenary sessions over the

two and a half days. In fact your programme reminds me of a conference that a friend of mine went to. It was like yours with lots of workshops going on all the time all over the place. He was invited to make a presentation at one of the many workshop sessions. He put together his presentation and turned up at the conference. When he found his room he went in but no one was there. Just a minute before he was due to start speaking a man came in and sat down in the middle of the front row and waited. So my friend thought well, I know that there's only one person here, but I've prepared a paper and come all this way to deliver it so I might as well start and so he did. The solitary listener seemed to appreciate the talk for he laughed at the jokes and nodded agreement with the serious points and clapped loudly at the end. Of course, when he had finished my friend went down and thanked him and said that although he was the only one in the audience he really seemed to appreciate the presentation and was there anything that he could do to repay the man for being such a good listener. He replied, "Well, actually there is something. Would you mind staying for a bit because I am the next speaker?"

As I suppose is obvious to you I know nothing of your profession for my background is the law, although there was an occasion when I was briefly looked after by emergency nurses. However, browsing through your web site under the heading "Media News" for 12<sup>th</sup> April this year I came across an interesting article

taken from the New York Times<sup>1</sup> about special emergency rooms for the elderly. The article was entitled “For the Elderly - Emergency Rooms of Their Own”. It was an account of an emergency room at Manhattan’s Mount Sinai hospital, which according to the article was not the first of its kind in America. The account focused on an 80-year-old woman who was apparently called Mrs Spielberg. She was admitted to emergency with what seemed even to my untutored eye to be a rather loose diagnosis of “a leg that gave out”. Without going into detail the article postulated that some elderly patients will do better if their emergency treatment takes place in a calm and quiet environment, quite different from the usually very busy and often noisy emergency department. According to the article “The geriatric E.R. – eight beds and six examining rooms – resembles a clinic more than it does an emergency room: there are nonskid floors, rails along the walls, reclining chairs for patients and thicker mattresses to reduce bedsores. To keep the noise down, the curtain rings and rods around the beds are made of plastic instead of metal.” As I understand the concept, all emergency admissions go through triage and obviously acute cases of cardiac arrest and so on remain in the ordinary Emergency Department but emergency admissions aged over 65 years are, if possible transferred to this geriatric emergency department. According to a doctor quoted by the article, “Someone with a broken hip would probably qualify, but someone with an acute heart attack would most likely have to be stabilized in the regular emergency room first.”

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<sup>1</sup> [http://www.nytimes.com/2012/04/10/nyregion/geriatric-emergency-units-opening-at-us-hospitals.html?\\_r=2&pagewanted=all&](http://www.nytimes.com/2012/04/10/nyregion/geriatric-emergency-units-opening-at-us-hospitals.html?_r=2&pagewanted=all&) accessed 14<sup>th</sup> September 2012

According to the author “A calmer patient is usually a satisfied one, but advocates of the trend toward geriatric E.R.’s say there are also medical reasons for placing a special focus on the elderly. Being treated in the emergency room is often the beginning of a slide for older patients: within three months of being sent home, up to 27 percent have another emergency, are admitted to the hospital or die, studies show.”

Well, I don’t know whether it is a good idea or not. I did see a blog on the article from someone anonymously called Jean X who said, “I would like to have a choice of which ED to be in, as I like a lot of activity. I would hate to be in the quiet room. I would feel abandoned. I wonder if the staff really thinks this is good medical practice.”

But the idea made me realise that in addition to the exercise of very a high degree medical skills, a very important aspect of the practice of your profession is feeling empathy with your patient and giving that patient comfort and confidence; something that is especially necessary for the elderly patient. I appreciate that in your profession there will inevitably develop a familiarity with serious injury, sickness and death which will blunt feelings of empathy. I have no doubt that the work of emergency nurses can be emotionally exhausting. Sometimes the patients or their connections treat you with threats or even violence, and sometimes the hours are a lot

longer than they should be so it is difficult all the while to be empathetic with your patient; to move about quietly and calmly and give your patient reassurance and confidence. But the importance of this aspect of the practice of your profession is reflected in the theme for International Emergency Nurses Week, “Every Patient + Every Time = Making a Difference; a theme that recognises the importance of compassion, as well as the skills and commitment of emergency nurses.

Yours is a profession admired and respected. I am confident that virtually everybody holds you high in their esteem. I respectfully commend you for the essential work that you do and your willingness to be always ready to embrace and cross new frontiers and reach new heights in the practice of your profession.

I declare the conference open and look forward to taking to some of you at Government House tomorrow evening.