

ROMAC

MEDICAL ACCEPTANCE OF PATIENTS

ROMAC assists children aged fifteen years or younger, by bringing them to Australia or New Zealand for life saving or dignity restoring procedures to improve their quality of life. Cases are accepted only when the required medical treatment is not available to them in their own country. The ROMAC Board receives over one hundred requests each year for help and each case is passed on to the ROMAC Medical Advisory Panel to assess.

An application for ROMAC assistance may be initiated by any person or any organisation regardless of their affiliation with Rotary International.

The general acceptance criteria for ROMAC patients are as follows:

- The case should be surgical in nature.
- The child should be 15 years of age or under at the time the referral is first made. Children older than 15 at the time of referral may be referred to the Board for special consideration.
- There must be high chance of success.
- Patients should be able to be accommodated within the current ROMAC budget. Patients who may require a long term stay in Australia or NZ or who may incur costs in excess of A\$60,000 in the case of burns and A\$40,000 for other cases should be referred to the Board for special consideration.
- High risk patients or cases involving extended use of expensive intensive care facilities or other specialised equipment are not favoured, however the Board has the discretion to review the circumstances of any case on its merits.
- Patients should come from developing countries in South Asia, South East Asia and the Pacific Islands. Priority is given to those countries that form part of Australian or NZ Rotary Districts (i.e. PNG, Timor Leste, Fiji, Solomon Islands, Vanuatu). Patients outside these regions may be referred to the Board for special consideration.

The decision of the Board to reject a patient on any of the above grounds shall be final.

The Medical Director assesses all patient referrals as suitable for treatment by ROMAC before being submitted to the Board of ROMAC for approval. This assessment is undertaken in consultation with the Regional Medical Consultants and other medical experts as required.

Detailed guidance on acceptable cases for treatment in respect of cardiology, neurological, oncology and cochlear implants is attached as Appendix A.

Further assessment of a patient in Australia or New Zealand is sometimes necessary to determine if treatment would produce any significant benefit to a patient or not. Such an assessment by ROMAC should not be taken as an undertaking of ultimate acceptance of the case.

The decision of the Medical Director to either accept or reject a patient on medical grounds is final. Reports or reasons for non-acceptance are not provided.

ROMAC cannot accept all cases referred. Our non-acceptance does not imply that a child could not benefit from treatment. Rejections occur if a particular case does not fall within our guidelines as stipulated above.

If a patient is *not accepted* by ROMAC, referring agencies can seek an opinion regarding treatment from medical experts in Australia or New Zealand.

If treatment is available in the patient's own country, this is usually more acceptable to a family. The idea that medical treatment in Australia, New Zealand or USA would be superior to treatment performed in patient's own country is often unfounded.

In no instance may a Regional or District committee of ROMAC undertake a case which has been rejected by the Medical Director or the Board.

LIMITATIONS ON CASE ACCEPTANCE

Hearts

In principal ^{##} acceptable for isolated lesions such as:

- atrial septal defect (secundum type) (ASDII)
- ventricular septal defect (VSD)
- persistent ductus arteriosus (PDA)
- pulmonary valve stenosis (PVS)
- coarctation of the aorta (CoAo)
- partial abnormal pulmonary venous drainage (PAPVD)
- uncomplicated tetralogy of Fallot (F4) - obviously not an isolated lesion

With careful consideration:

- aortic stenosis and/or incompetence
- mitral stenosis and/or incompetence
- partial (incomplete) atrioventricular septal defect
- multiple ventricular septal defects
- combination of isolated lesions

Not acceptable:

- transposition of the great arteries (TGA) with intact septum
- truncus arteriosus (TA)
- univentricular heart
- total abnormal pulmonary venous drainage (TAPVD)
- complete atrioventricular septal defect (CAVSD)
- hypoplastic left heart
- tricuspid atresia
- pulmonary atresia
- any defect that is not correctable and can only be dealt with palliatively

'In principle' here means that the isolated lesion should be

a) Significant enough to be corrected surgically, and

b) Not complicated by, for instance, pulmonary vascular disease which should be ruled out particularly with VSD and PDA

Neurological

With careful consideration:

- Shunts
- Epilepsy
- Palliative cerebral palsy

Not acceptable:

- Epilepsy
- Significant neurological impairment
- Spina bifida
- Palliative cerebral palsy
- Encephalocele with brain intrusion

Oncology

Not acceptable:

- chemotherapy
- radiotherapy

Cochlear implants

Patients should not have to go home with any technologically dependant device, or a device which requires ongoing maintenance.