The odds were against Chad Sawyer when he was found unconscious at the bottom of a swimming pool in early March 2017. The 16-year-old had no pulse when teenagers pulled him from the water and began cardiopulmonary resuscitation. An ambulance took Sawyer to the local hospital, where a doctor put him on a respirator. The incident happened in Morawa, Western Australia, a small town surrounded by a huge farming area — the wheatbelt — and where medical services were limited. His condition was so poor that the staff decided he immediately needed treatment by specialists at the Royal Perth Hospital — which is a four-and-a-half hour drive away.

Sawyer probably would have died in Morawa, if Australia didn’t have a unique organization with a mission to provide access to medical services in extremely remote areas. He was flown — still unconscious — almost 400 kilometers to Perth by the Royal Flying Doctor Service (RFDS) — the world’s largest aeromedical organization with a “waiting room” spanning the country’s nearly 7.69 million square kilometers. The Royal Flying Doctor Service uses the latest in aviation, medical and communications technology to provide emergency and primary health services across the vast lands of Australia. Funding comes from federal & state government, corporate partnerships, bequests and private donations.
When a Royal Flying Doctor Service employee receives a patient call, he responds quickly to coordinate an aeromedical mission. Credit: Royal Flying Doctor Service

Photo: Credit: Royal Flying Doctor Service
At one of 24 Royal Flying Doctor Service air bases, medical personnel prepare and load equipment on the planes. Credit: Royal Flying Doctor Service

*Photo: Credit: Royal Flying Doctor Service*
In addition to 24-hour emergency response, patient transports between medical facilities for critical or specialist care belong to the aeromedical flights performed. Credit: Royal Flying Doctor Service

Photo: Credit: Royal Flying Doctor Service
During transport that can sometimes last several hours, physicians treat and comfort patients. Credit: Royal Flying Doctor Service

Photo: Credit: Royal Flying Doctor Service
The Royal Flying Doctor Service also offers fly-in/fly-out nursing services, including health promotion and education. Credit: Royal Flying Doctor Service

Photo: Credit: Royal Flying Doctor Service
With its TOOTH program, the Flying Doctor aims to address untreated dental disease of people living in remote areas. Credit: Royal Flying Doctor Service

Photo: Credit: Royal Flying Doctor Service
Australia’s Royal Flying Doctor Service covers a “waiting room” of 7.69 million square kilometers across the country. Credit: Royal Flying Doctor Service

Photo: Credit: Royal Flying Doctor Service

From Morse code to mobile phones
Chad Sawyer’s air transport took place a century after an earlier dramatic life-and-death story gripped the then-young nation of Australia. Both incidents illustrate just how high the barriers to access to healthcare have always been for people in sparsely populated regions. In July 1917, stockman Jimmy Darcy suffered massive internal injuries when his horse fell during a cattle stampede in the far north of Western Australia. An 80-kilometer ride on a wagon over a rough track took him to the nearest settlement of Halls Creek in the hopes of receiving urgent medical care.

Darcy needed immediate lifesaving surgery, but the nearest doctor was almost three thousand kilometers away in Perth. Using Morse code, the Halls Creek postmaster was guided in how to perform emergency surgery with a penknife and morphine. Miraculously, Darcy survived the improvised procedure. However, he wasn’t out of danger yet. While the operation was successful, the 29-year-old stockman was weak, and malaria had set in. Over the next several days, newspaper readers around Australia were moved by the story of the young stockman’s desperate struggle for life – which he tragically lost in the end. Darcy died just hours before a doctor arrived. The doctor had travelled for almost two weeks over the harshest of landscapes in a mercy dash to try and save the young man.
The death of Jimmy Darcy made national headlines in Australia and served as the catalyst for an outback aeromedical service, known today as the Royal Flying Doctor Service. The charity’s founder was Reverend Dr. John Flynn, a minister in charge of the Australian Inland Mission. Flynn’s was dedicated to bringing church services and healthcare to remote parts of Australia. He recognized that the technical inventions of the day – aircraft and radio – could help him in this vision. A generous bequest enabled Flynn to then make the first flight a reality in 1928 – one decade after Jimmy Darcy’s case proved the need for better access to medical care in Australia.

Navigating change

Since then, the RFDS has developed into a huge operation with a fleet of 68 aircraft, 24 air bases, 106 road vehicles for patient transport and 283,188 patient contacts. Their...
accumulated flight distance equals 34 trips to the moon and back – just counting last year. “I knew my son was in the best possible hands,” says Chad Sawyer’s mother, Anne Sawyer. She was at work when she got the phone call telling her about the incident. She drove to Perth immediately. “Twice, I myself have been saved by the Royal Flying Doctor Service. Without them, I wouldn’t have survived.” Saving members of the same family appears to be coincidence, but is in fact a good example of the RFDS’ successful integration into Australia’s health system. The need to increase access to medical services in remote and rural areas, commonly called “the bush,” has been proven again and again throughout the organization’s long history.

People in remote areas wouldn’t have the same access to healthcare, if I wasn’t there. That’s how I can really make a difference

Dr. Eugene Wong, medical officer, Royal Flying Doctor Service

A century ago, without the benefit of flight, the doctor arrived too late to save Jim Darcy. Today, physicians with the aeromedical service have much better chances of reaching patients in time – even in the remotest of areas. Dr. Eugene Wong is a medical officer at the RFDS, and he travels to house calls and patient care sessions by plane. His destinations include emergencies, where minutes can decide between life and death. He also delivers primary healthcare services to the bush, a key focus of the charity in the 21st century. “As a physician with the Royal Flying Doctor Service, no day is like another,” says Wong. “People in remote areas wouldn’t have the same access to healthcare, if I wasn’t there. That’s how I can really make a difference,” Wong says. “My job is not comparable to working in a city.”

Still, it remains a great challenge for healthcare providers in Australia and elsewhere to make sure rural residents can trust in similar health outcomes as people living in urban areas. Depending on where the patients live, their medical needs may differ, too. In the outback, it’s easy to feel lonely, and miss support of other people where even the nearest neighbor may be hours away by car. New research reveals that Australians in remote areas are only able to access mental health services one-fifth as often as urban dwellers, and rural residents commit suicide at twice the rate of those in cities. This is one reason why mental health is one critical offering in the Flying Doctor portfolio – and another reason why Dr. Wong believes in his job: “The people I care for are the people I know. I build a relationship with my patients.”

Taking heritage into the future

“What makes the Royal Flying Doctor Service so special, is its history, its identity, its heritage,” explains rural general physician Wong. But there’s still a lot of work ahead. One hundred years after Jimmy Darcy’s accident, Flying Doctor released a report on the healthcare needs of Australians today. While huge inroads have been made to resolve health access disparities, overcoming barriers to access in medical services is still the primary concern. For example, nearly a third of Australians say that this is their top healthcare priority [1]. About one in three people also state that access to medical services in country areas should be expanded.
Healthy teeth, one TOOTH at a time

Access to healthcare in remote areas

A marked disparity exists between Australians in remote areas and those in urban areas in terms of access to healthcare and health outcomes. A recent RFDS report shows that:

The most important health priorities are:

- **33%**
  Access to doctors, medical specialists and general health services

- **12%**
  Addressing mental health

- **4%**
  Addressing drug and alcohol problems

**Travel time**

- **< 1 hour**
- **1 – 4 hours**
- **> 5 hours**

**Waiting time**

42 days

Source: The RFDS, the National Farmers' Federation and the Australian government.