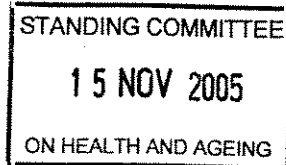


Mr. Peter Lindsay
Federal Member For Herbert




October 10th. 2005

Dear Mr. Lindsay,

Firstly let me point out that for the past 71 years I have managed to avoid using our hospital system to any great extent so most of my thoughts come from observation while being involved with patients and to some extent the memory of how hospitals functioned many years ago before being swamped by government employees. Now having read some of the details coming to light in current inquiries being conducted, I offer a few thoughts on the situation.

1. While hospitals are run by Government employees, the effectiveness of each particular facility will most likely vary inversely to the size of the Public Service Hierarchy running it and to some extent the service longevity of the incumbents.
2. With all due respect to Dr. Lawrence Peter it is entirely possible that most of these senior bureaucrats have reached their particular level of incompetence.
3. There seems to be no reason why funding for health should not remain as a mix of State and Federal money but overseen by a Federal Oversight Commission that has the power to determine what proportion of contributions should be made in individual States.
4. Individual facilities should be run by a Board consisting of some Government representation but mainly made up of local people, both medical and non-medical personnel who live in the area served by that facility. In the larger cities with multiple facilities, there is enough of a suburb mix for this system to function.
5. These Boards should too be overseen, but perhaps not responsible to, The Commission mentioned earlier but all meeting business and Minutes be open to F.O.I. for Bona Fide interested parties.
6. Fixed term for all board members based on a sequential retirement basis so that some form of continuity would apply.
7. Private Health Funds should be maintained but to some extent should be more controlled by the supply and demand of market forces rather than by Government and should make their members aware of the hospitals and medical specialists who regularly charge heavily inflated fees when they know that their patient has Private Health Cover.
8. It seems inconceivable to me that these funds cannot make use of some form of No Claim Bonus by way of reduced membership fees or co-payment costs for individual members.

While I'm aware of how easy it is to generalise, it seems to me that hospitals and their patients are much too diverse a function to apply a Government "one system fits all" control, and in the light of some of the things being revealed here in Queensland, it beggars belief that the people who have caused this debacle are now going to be given

the task of making repairs. So, unless there is some dramatic results coming out of Canberra in the decisions made by you and your fellow members of the Standing Committee, we face a probable circular conundrum in that a seriously flawed operating system will be fixed by those who broke it only to be broken differently requiring further fixing "ad infinitum".

Yours Faithfully

A handwritten signature in black ink, appearing to read 'T. M. Hickey', written in a cursive style with a long, sweeping tail.

T. M. HICKEY