Submission No. 109
AUTHORISED: 10/5/06
FS

[redacted]

27 MAR 2006

22 March 06

Dear Alex Somlyay

Your point in "Health At A Premium" (About The House, 26) that "there are precious few submissions from consumers to the inquiry" is well taken but, and it is a very big but, such is surely due to the fact of health issues and/or discussions thereabout being doctor and politician centered rather than patient focused.

For that matter, the committee might have read Healthcover which until its demise did publish submissions from the patient class, myself included. For that matter too, much of what I have written on health matters has been known to Tony Abbott, Peter Baume, Stephen Leeder, Hugh Mackay, Julia Gillard via Jill Hall MP for quite some time. The enclosed, rejected by The Australian and SMH alike, is a case in point.

The problem, therefore, could well be that Parliament listens to the doctor, not the patient.

Recuerdos

E D Webber

HEALTHY BUSINESS

When the PM announced the creation of a new Human Services department, encompassing Medicare and the Health Insurance Commission, which is ostensibly to be "consumer centered" I could not help thinking of the title of Miles Little's, Emeritus Professor of Surgery at the University of Sydney for those in awe of authority figures, book RESTORING HUMANE VALUES TO MEDICINE. Restoring is the operative word and, as it happens, I've long felt that the health system should be more patient focused and less doctor centered than it is. This is not to say that doctors are inhumane, mind you. Some of them are friends of mine. But Ron Lord, former editor of now deceased Healthcover, did say I pay too much attention to language. An interesting comment coming from an editor, to be sure. Save that the PM's comment that human services should be consumer centered is too much of an echo of my view that health services should be patient focused, I dislike being called a health consumer by the way, to let pass without comment and/or become PM centered for cost accounting purposes.

As it happens also, I've long felt that the HIC could and should be utilising the Medicare card for more than cost accounting pur-

poses. Contrary to those waving the privacy flag while fronting for vested interests, there is little reason why a patient's Medicare card should not contain his or her full medical history , not to mention a host of reasons why it should. To begin, although vested interests via their media outlets like to refer to patients as 'health consumers' the fact of the matter regarding health records is that they are 'content providers'. In, for lack of a better word, ITspeak anyway whereas vested interests along the medical food chain prefer patients to be consumptive as a means of bolstering the health of the system. This is not meant as sarcasm as much as to point out that all health data and/or records thereof originate with a patient and to put positive proof to that why else would doctors speak about 'taking' a patient's history while Corporatespeak likes patients as consumers of any and every thing it has to offer.

To give credit where it is more or less due, the Commonwealth is formulating a 'smart' health card called Health-connect and NSW and Victoria are as well. The NSW version even forbids any resultant health data to be sold to private healh insurance funds. This would all be a step in the right direction where it not for all three's less part of more or less being that all three have been outsourced to private IT firms, not to mention in the Commonwealth's Health-connect case that its own and publically owned HIC has been effectively cut out of the loop. In that the HIC has had the technology to do what said outsourced private firms are now doing since the birth of Medicare, for whom it now serves as cost accountant and nothing more, this is quite an interesting omission, to say the least.

Not that public and private interests have not conflicted before, the most salient instance being GPs in private practice claiming copyright for patients' health records. Never mind that said records begin with the patient and the GPs at best are editors of the records they take. Even more salient was NSW Health's

contribution to the debate with claims of 'therapeutic privilege'. In that privilege comes from the Latin, a language not unknown to the learned profession, and means private law, it's questionable whose therapy not yet fully privatised NSW Health is really interested in, the patient's or the system's. In fact, it was Miles Little's stated concern that all too often when health experts talk about health what they're really talking about is the health of the system. For that matter, Peter Baume, former Dean of Community Health at the University of NSW, is quite right in saying that health centres are actually sickness centres.

Problems within the above are compounded by such anagrams as GATS (General Agreement on Trade and Services) and, the aptly named in this case TRIPS (Trade Related Intellectual Property Rights), an effect of which currently being the so-called Free Trade Agreement with the US and Big Pharma's, let's call a spade a spade, dislike of the fine print of our Pharmaceutical Benefits Scheme and/or generic drugs on the not exactly free market in general. The point of all the above agreements, as well as the function of the World Trade Organisation in general, is to enshrine as law the vested interests of the corporate world's major shareholders with its less shareholders, in this case known as patients, to fend for themselves.

It should be noted, for instance, that the universal health fund, Medicare, along with its pay master, the HIC, is to come within the PM's department, insurance somehow seen to be a 'human service' whereas health per se is not. If nothing else, this anomaly speaks of Medicare as the 'safety net' the PM has been talking about all along and cause for concern by those health experts and/or patients who disagree. Said cause for concern was first stated by the Doctors Reform Society with its prognosis of "the death of Medicare by a thousand strokes" shortly after the PM was first elected so putting it and its paymaster under the quasi-

protective wing of his office could well be cause for the very same concern.

If we follow the money trail further, another instance of the death of Medicare by a thousand strokes, although not reported by the media or perceived by the ALP as such, was the Government's introduction of a tax rebate for those who bought private health insurance, said stroke being in that the Medicare Levy is based on taxable income and those gaining said rebate effectively paid less for Medicare while nevertheless retaining access to all of its benefits. To give credit where it's due, the ALP has pointed out in Parliament that ~~the~~ said money trail from public to private amounts to $2 Billion a year. In other words, that's quite a stroke, as well as an ongoing one in that the ALP has made no move to stop the rebate. Not politically viable perhaps, but not too economically rational either when viewed from afar.

As an aside to the above, save that American references are rarely asides in Australia, the not exactly united States has always had health insurance as a tax deduction, there being no national health policy there, yet close to half its population is without health insurance and the bulk of those who do have it are via their employer in lieu of higher wages.

Another American reference that's hardly an aside is that the PM could well be orchestrating Medicare as the safety net that US Medicare is without changing its name. Like our Medicare, the American version is means-tested but radically different in that it's hardly universal, its most selective aspect being that one must be needy and without other coverage in order to qualify. It also has a cap, all treatment in excess thereof to be paid by the recipient's, ie 'health consumer's" estate. Very economically rational, in other words, though it's questionable if said safety net isn't really for the health of the system's majority shareholders than its patient class known as consumers.

Be that as it may, as well as that we live within a far more democratic system than America, it should be blatantly obvious that the medicine of choice for far too many health experts is money. 'How much will it cost?' say Health Ministers and/or political leaders in general while avoiding discussions on how much a patient focused health system might save. Such is no doubt why NSW, Victoria and the Commonwealth have opted to outsource their 'smart' health card projects, albeit while omitting that said outsourcing effectively entails the privatising of what the patient public might understandably perceive as a human service best kept within the public domain. Regarding a 'smart' Medicare card, it should also be pointed out, though few do, that the HIC has had the technological ability, albeit not the political one, to introduce a 'smart' Medicare card containing its bearer's health records ever since Medicare was introduced. In fact, had it done so, as some health experts and few politicians will attest, the national health bill, in terms of % of GDP, would possably be lower and certainly more accurate than it is now. A case in point is that the increasingly most expensive aspect of the health system is pathology and more to the point is that said service, save if and when done in a public hospital, is within the private sector. The most common service provided by GPs in private practice, other than writing prescriptions for drugs, is to order tests by pathologists and as often as not said tests are duplications, possably variations thereof.

A 'smart' card would eliminate a lot of unnecessary tests, in other words. Furthermore, if and when on a national basis such as the existing Medicare card now used solely for cost accounting purposes, a patient's health records would go with his anywhere in the country. There would be no catching up, as is usually the case and the catching up being done by doctors as is

the case right now.

Actually, this is not as radical as it sounds, save in the true meaning of the word. People who wear glasses, for instance, may not know it but they carry their optometrist's records with them wherever they go. They're in the glasses. Our pets do too, albeit in an abbreviated format, via the microchipping process and how up to date the vet is in utilising it. Neither of the above are as simplistic as they seem save for the fact of KISS, keep it simple, Stupid, being bypassed the higher up the socio-political food chain we go. Be that as it may, the microchipping of our health records would be a plausable means of dealing with the so-called privacy issue, as well as the underlying one made by patients about whose privacy is the subject of the excercise.

A further point raised, more by health providers than consumers, is the need for all incoming health data within an IT health system to be accurate. This is not only reasonable but logical, lest the outgoing resultant data be not only false but multiplied. It also questions, however, how learned the learned profession of Medicine really is or it wouldn't have been raised. It is not, however, publically raised lest some creedence as well as clear water be cast on the image of Medicine as an exact science. In effect, if not fact, it is midway between a science and an art, ie a social science albeit with the econo-political implications of doctors being the only members of the educated class to utilise an academic title for socio-political purposes. Not even lawyers do that and economists only when they're having a good day, though it should be pointed out that doctors do pay heavy indemnity premiums lest reality prove their learned estimations wrong. Interesting too is that although said primary health providers have public status they are in private practice, hence their concern for accuracy may well be more covering their own mistakes as educated guesses.

None of this makes for a very efficient health system, albeit all the less so because of there being more than one, let alone unified, to begin with. On the one level where most are aware of it there are the public and private systems and, interlocking at times and/or circumstances as they may be, they are quite different in that there is no profit motive driving the public one as there is the private. What interlocking there is, in fact, compounds the problem. VMOs (visiting medical officers) in public hospitals often cull the herd from public to private while providing the medical services they are contracted for. Pushing the herding card a bit further, General Practicioners in private practice tend to keep the herd in the family by the referal system and rarely making a referal to a specialist working in the public sector even though he or she might be the best available for what specifically ails the patient. For that matter, generalists and specialists are often at odds even while dealing with the same symptoms. To paraphrase a Gore Vidal line; like all priests, specialists do not look kindly upon parishioners betraying too intimate a knowledge of holy affairs. Needless to say, though it should be, none of this is consumer centered, save, to borrow a line from T S Eliot, as "a patient etherised upon a table". And

And therein lies the problem from which all symptoms originate. In fact, were the patient not there the health providers of varying expertise and vested interest wouldn't be either. Such is an essential reason, if not the essential one, why the health system should be more patient-focused and less doctor-centered than it is now. What better way than to re-write the words of the old blues song, I Ain't Got No-Body, via a 'smart' Medicare card with all the medical records of the bearer within it and, more to the point of the excercise, that they be the bearer's private property just as his or her body is supposed to be.

An ongoing problem with the above recital of the old Yiddish saying "don't ask the doctor, ask the patient", though, is that it ultimately depends, like democracy itself, on an educated patient class working in partnership with the health system's accreditated managerial doctors class. A long view of the education system as accreditated tool factories, however, does not suggest a good prognosis in the offing. This could just be an opinion, of course, and it's only been a mere 250 years since David Hume made the enlightened observation of the Few controlling the Many only through Opinion and the fact of the matter is that the Many are living longer and more productive lives than they used to, in spite of specialists knowing more and more about less and less.

E D Webber

[redacted]