



paper with introductory words making it clear that they are merely the comments of a respondent (these techniques seem more suited to a magazine article than to any kind of serious research paper);

- (b) The drafting of the concluding list of issues has the effect that all the issues read as if they are statements of fact or recommendations, because "whether" is used once only, at the beginning of the list (for instance, the statement that "issues ... include whether ... the capacity for routine elective surgery needs to be expanded in order to create greater potential slack in the system that can be drawn on in a crisis" (which is in fact the statement in the paper) is unarguable (clearly this is an issue), but the statement "the capacity for routine elective surgery needs to be expanded in order to create greater potential slack in the system that can be drawn on in a crisis" (which is how the statement is likely to be read) is much more tendentious, and does not seem to belong in what is put forward as an issues paper (see Attachment A for an example of how the same content can be restructured in a more neutral way).

7 Given the context in which IRS produces papers, there is a clear justification for using media publications as sources of material. Our clients can be expected to have an interest in the media messages being provided to their constituents, however accurate or inaccurate. However, this does not mean that "information" contained in such publications should be regarded as having the same weight as information from more authoritative or academically rigorous sources. This distinction is not adequately made in the paper.

8 A similar problem arises from the approach of not attributing comments from the "respondents". This approach means that all such comments effectively have equal weight, and the reader has no way of assessing whether some comments deserve to be taken more seriously than others.

9 These problems of approach are compounded if, for whatever reason, the material is actually incorrect or misleading rather than simply incomplete. Some of the issues raised by Ms Halton and Dr Stewart may be matters for debate, but some do seem to be matters of fact on which the paper is incorrect.

10 Accordingly, I would like you to arrange for the paper to be reconsidered with a view to:

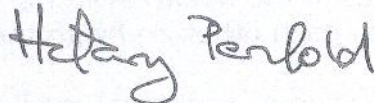
- (a) deciding on what, if any, changes need to be made to the paper having regard to the new information provided by the Department of Health and Ageing and the NSW Health Department;
- (b) revising the form of the paper (as distinct from its content) to clarify that its purpose is merely to raise a variety of issues that have come up as a result of wide, but not exhaustive, research and consultations.

11 I understand that you see my expression of these concerns as a threat to the independence of the library and research services provided by DPS to Senators and Members and other clients. I find it hard to see how that independence can be threatened by an expectation of professionalism in the

provision of those services—indeed such professionalism would seem to be the best protection for such independence.

12 I also understand that you have raised your concerns with staff of the Presiding Officers. Accordingly, I shall send a copy of this note to Mr Morris and Mr Paterson. I think it might be useful to provide a copy of this note to all affected staff in due course, but I shall not do that immediately.

13 Attached are copies of letters to Ms Halton and Dr Stewart to give effect to our agreement yesterday about an appropriate response to their letters.



Hilary Penfold QC  
Secretary

## **Attachment A—Suggested restructure of issues list to clarify its status**

*Issues as raised in the paper (pages 40-42)*

A number of issues arise for possible policy consideration from the discussion in this paper. They include whether:

- the roles of health policy-makers and public health practitioners should be better integrated
- the overlapping of Commonwealth–state responsibilities with respect to infectious diseases should be assessed and continually monitored
- there is a need for more workable structures in the health system through which states can communicate with each other and with the Commonwealth
- more funding is required to enable the provision of additional medical staff and training and whether Australia’s disease prevention systems need more human, rather than technological, resources
- the opening of additional hospital beds requires an ongoing commitment of additional suitably qualified staff to attend to them
- the Communicable Diseases Network Australia should be better connected to strategic policy-making on communicable diseases
- the top levels of the Commonwealth bureaucracy should allow medical experts to have more influence in national security planning for bioterrorism and the national emergency health response
- Australia’s expertise in infectious disease control should perhaps be consolidated and more fully utilised by the Commonwealth—a national disease control centre has been suggested as a possible solution
- an ‘all-hazards’ approach to infectious disease planning and terrorism generally should be emphasised
- Australia should take greater responsibility for influenza pandemic preparedness in the immediate region
- disease detection and reporting mechanisms need to be streamlined and more adequately-resourced laboratories around Australia should be established to allow the rapid detection and identification of diseases such as SARS
- Australia needs to increase the number of intensive care unit beds it has per 100 000 population and whether Australian hospitals need to implement permanent measures to cope with increased routine admissions
- the cancellation of elective surgery as a means of creating additional hospital beds in a crisis should be reviewed as it has now become normal practice for dealing with increasing numbers of routine emergency patients
- the capacity for routine elective surgery needs to be expanded in order to create greater potential slack in the system that can be drawn on in a crisis
- Australia’s hospitals should be better prepared for dealing with a mass casualty incident or a major infectious disease outbreak and whether hospitals should conduct full-scale practical emergency response exercises
- medical workforce issues should be given greater consideration in crisis contingency planning

- Australia's national emergency health response urgently needs to be properly tested—starting with the national influenza pandemic plan as a minimum—and whether there is now a pressing need for a national exercise with a health focus to be conducted in Australia, and
- a greater multi-jurisdictional approach to emergency health response planning is needed.

*Issues as restructured to emphasise that they are merely issues for consideration*

**[Note that the restructuring involves nothing more than turning each bullet point in the original list into a stand-alone question, thus reminding the reader at every point that these are issues rather than recommendations or statements of fact. The content of each issue or question is absolutely unchanged.]**

A number of issues arise for possible policy consideration from the discussion in this paper. They include the following:

- Should the roles of health policy-makers and public health practitioners be better integrated?
- Should the overlapping of Commonwealth–state responsibilities with respect to infectious diseases be assessed and continually monitored?
- Is there a need for more workable structures in the health system through which states can communicate with each other and with the Commonwealth?
- Is more funding required to enable the provision of additional medical staff and training? Do Australia's disease prevention systems need more human, rather than technological, resources?
- Would the opening of additional hospital beds require an ongoing commitment of additional suitably qualified staff to attend to them?
- Should the Communicable Diseases Network Australia be better connected to strategic policy-making on communicable diseases?
- Should the top levels of the Commonwealth bureaucracy allow medical experts to have more influence in national security planning for bioterrorism and the national emergency health response?
- Should Australia's expertise in infectious disease control perhaps be consolidated and more fully utilised by the Commonwealth (a national disease control centre has been suggested as a possible solution)?
- Should an 'all-hazards' approach to infectious disease planning and terrorism generally be emphasised?
- Should Australia take greater responsibility for influenza pandemic preparedness in the immediate region?
- Do disease detection and reporting mechanisms need to be streamlined, and should more adequately-resourced laboratories around Australia be established, to allow the rapid detection and identification of diseases such as SARS?
- Does Australia need to increase the number of intensive care unit beds it has per 100 000 population? Do Australian hospitals need to implement permanent measures to cope with increased routine admissions?
- Should the cancellation of elective surgery as a means of creating additional hospital beds in a crisis be reviewed (as it has now become

normal practice for dealing with increasing numbers of routine emergency patients)?

- Does the capacity for routine elective surgery need to be expanded in order to create greater potential slack in the system that can be drawn on in a crisis?
- Should Australia's hospitals be better prepared for dealing with a mass casualty incident or a major infectious disease outbreak? Should hospitals conduct full-scale practical emergency response exercises?
- Should medical workforce issues be given greater consideration in crisis contingency planning?
- Does Australia's national emergency health response urgently need to be properly tested—starting with the national influenza pandemic plan as a minimum? Is there now a pressing need for a national exercise with a health focus to be conducted in Australia?
- Is a greater multi-jurisdictional approach to emergency health response planning needed?