

D

Dr. WARWICK CARTER J.P., MB.BS., FRACGP, FAMA
The Jamboree Centre, 50 Sumners Rd., Sumner Park, Queensland 4074

11 June 2003

The Senate Select Enquiry into Medicare,
Parliament House,
Canberra



Dear Senators,

One of the best medical systems on the planet has been destroyed. Unfortunately I believe it has reached the point of no return, and it will be a decade or more before it can return to giving its previous level of care. Any health system should be judged not on what level of care can be received by those with money and influence, but by the level of care offered to, and received by the vast majority of those who have the least amount of money and influence in society.

There are many reasons for the collapse of the system and the morale of those who work in it.

- Medical indemnity. This crisis is well known, but the result is that the cost of insuring against the possibility of being sued for actions that may be unavoidable is soaring. Doctors are now facing a 50% or more increase in premiums, plus a call for an extra annual premium, plus a levy (the value is as yet unknown) from the federal government to fund past claims. Doctors have been forced to practice defensive medicine (ordering extra expensive tests, referring excessively, over treating), raise fees, and bulk billing has collapsed.

- Doctor numbers. The number of doctors graduating from Australian universities has barely increased for 15 years, leading to a general shortage of medical graduates. The feminisation of the medical workforce has exacerbated this problem as many women doctors tend, for obvious reasons, to work part time, further reducing the effective availability of doctors. In outer urban, poorer communities and rural towns the crisis has reached a critical stage, with many patients having to travel long distances or wait far too long to see a doctor. If the government turns on the tap now to increase the number of medical graduates, it will be at least ten years before the first extra GP comes out of the system. At the other end of the scale, state governments are bringing in regulations that would limit the ability of elderly doctors to do part-time or casual work.

- Inadequate Medicare rebate. An independent government inquiry into the Medicare schedule two years ago recommended that the rebate be increased by about 80% for most GP consultations. This has been ignored by government. By bulk billing, doctors give an unsustainable 50% discount, and as a result most doctors have now abandoned bulk billing, making health care for the poor a

significant financial burden to them. Many poorer patients may forgo medical care in the short term, which may lead to poorer health care outcomes and additional expense in the long term.

- Fragmentation. A GP's income is derived not only from patients but from innumerable fragments of payment. If I vaccinate a child I get a vaccination incentive. If I check a diabetic's health in a particular way I get another payment, case conferences within specific guidelines earn a little more, and dozens of other schemes from asthma to Pap smears earn little bits of cash, but all these bits must be chased and paperwork rears its ugly head and reduces the effective benefit to the point that many GPs just don't bother. I have abandoned chasing most of these incentives as they are just too much trouble, and the PIP contributes only 4% to the gross practice income.

- Bureaucracy. The increasing load of paperwork required to remain in practice, from accreditation to the constantly changing format of compulsory continuing medical education, and innumerable forms required by patients to enable them to obtain benefits from pensions to ambulance transport, has bogged doctors in a paper quagmire. Most GPs spend six hours or more a week on unpaid paperwork to assist their patients and run their practices, and in addition practice managers and receptionists complete more forms for the claiming of Medicare benefits.

- Legal constraints. Doctors break the law every day in order to look after their patients properly and save time. From the heinous crime of writing private and PBS prescriptions on the one form (fine \$40), to completing forms on best knowledge rather than undertaking further expensive investigations. In one extreme, we are required to give phone advice and repeat prescriptions to our patients when reasonably required by the organisation which accredits general practices, but we have been told by lawyers from the indemnity funds that we must never do these things.

- Remuneration. The income of GPs has been sliding in recent years when inflation is factored into the equation. When compared to salaried government GPs the private GP is in a parlous condition with only a small percentage of private GPs earning the remuneration package (including sick pay, holidays, superannuation, long service leave, car and phone allowances etc.) available in the public service.

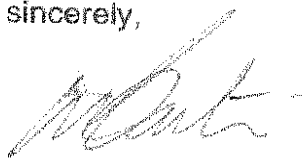
- Morale. What morale? For some unfathomable reason the morale of GPs in Australia is rock bottom, and many are retiring earlier or leaving the profession to pursue other interests. The AMA estimates that the medical workforce could shrink by 2% across the nation in the next year due to the problems listed above, further exacerbating the manpower crisis.

- The art of medicine. Medicine is an art to which a science is applied. Doctors do not know everything about the human body and its functioning, although we do know an enormous amount, and just trying to have a reasonable knowledge of this huge database is mind boggling for a GP who is expected to know a bit about everything. Never the less, every human is different, and may present with uncharacteristic symptoms, and may have side effects and complications that are

unexpected. On the other hand, lawyers and government expect mathematical perfection in everything we do for and to our patients - something which is impossible while humans remain engineered by random genes rather than biological engineers.

The vast majority of doctors, GP and specialist, private and public, are trying to do the best for their patients under increasingly difficult circumstances. Unfortunately, in the end it is patients who will suffer from a failure by governments to address these problems, and as the manpower crisis cannot be solved within a decade, I believe that for the foreseeable future, the system will be in a state of collapse.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'M. White', written in dark ink on a white background.