

25 June 2003-06-26

Attention Jonathan Curtis  
The Secretary  
Select Committee on Medicare  
Suite S1 30  
Parliament House  
Canberra A C T 2600

Furthur to our discussion a few days ago re the total failure of Medicare as predicted in 1973  
As it was based on policies that had already failed overseas as shown in international reports  
held by the College of General Practitioners at that time. and brought to the notice of the new  
minister of health Bill Hayden

In 1999 General Practice and all its G P Hospital Infrastructure and our procedure rooms had  
gone, both Rural & Suburban  
After Hours consulting was unaffordable & availability decreased

All this was Economically driven when the Commonwealth took over financing health for the  
first time ( the WORKERS Hospital & Medical Mutual Funds had guaranteed all 85% of  
Australian private hospital beds & G P costs or fees) So when they suddenly had to find  
Billions of Dollars associated with massive unemployment and decreased taxation we G P's  
Copped it & it is still worsening

Charitas, Hospice, Charity hospitals (Public), Low cost Church hospitals (private), small  
Bush Nursing Hospitals Small Private G P Rural & Suburban (Surgical Medical Obstetric)

Frugallity was the key word But not at the cost of what was NECESSARY & SUFFICIENT

Total Focus on the Patient, Excellence of Care and Availability when called

Australian Standards and Accreditation have proven to be very extravagant and extremely  
distractive to Nurses, Community doctors and staffs worsened by relative under funding

(Remember Increase in wages spreading across the community as it is wont Decreases Buying  
Power)

In 1999 I looked at the role for the G P in the new Milleneum a full submission ~~under~~ to my  
local M P under heading "GENERAL PRACTICE FINANCING"

SECTIONS A,B,C,D,E,F see sheets and blurb

The rest are perhaps essays from 134 years of family doctoring and my 50 odd years of army  
& civil experience "looking into the future but may be of assistance"

The terms of reference are hardly touching the edges of a massive and worsening problem  
LESSENTING full time on site male community doctors "G P" practices economically  
nonviable and closing after years of just hanging in to help people as a priority.

RECEIVED TIME 26 JUN 16:50

PRINT TIME 26 JUN 17:11

Free enterprise to 1973 provided our world renowned health services owned & run for our workers and their families 85 % :: 5% paid privately for their tax deduction  
10%:- aged , invalid ,,indigenous , Seasonal workers were cared for by each State in their (Charity) now Public hospitals.  
Today with 19 Million people there are relatively less private & public beds  
Less full time on site community doctors for solely economic reasons .

Time I stopped

May this be of great use to the people & my colleagues



Bert Vanrenen

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PRINT TIME 26. JUN. 17:11