HEALTH MONITOR
MEDICAL CENTRE

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1806

FACSIMILE TRANSMISSION

COPIES PLEASE TO ALL SENATE MEDICARE COMMITTEE MEMBERS

Att: MR. E. HUMPHREY, COMMITTEE SEC.
Date: 5/8/03 8pm.
No. of pages: 9 (incl.)
(02) 6277 5900

I would like to point out to the Senate Select Committee on Medicare the results of the recent AMA survey on GP income for AN AVERAGE 50 HOUR/WEEK (cf. 36 hrs. Community Standard) with no consideration of "overtime" (after 5pm) by the HIC, and no holiday pay, sick leave, workers' compensation, & superannuation etc. by the HIC as the "de facto" employer of all GPs (about 80% of consultations are "bulk-billed" to the HIC).

$36,656 FOR A 50HR. WEEK AFTER TAX ILLUSTRATES UNEQUIVOCALLY AND GRAPHICALLY THE EXTREME + MURDEROUS EXPLOITATION OF GPs BY HEALTH BUREAUCRACIES AT THE BEHEST OF "GOVERNMENT" AFFLICTED BY BOTH MORAL AND FINANCIAL BANKRUPTCY

The Senate committe may like to ponder the sanity (or greed?) of Federal Health Dept. "officials" (apparatchiks?) such as Davies.

Sincerely,

Michael Pietryk

GPs air grievances in survey

ALMOST one in three GPs will leave the profession within five years, and they blame poor remuneration and the threat of litigation for the move, an AMA survey has revealed.

The survey is another blow to flagging GP morale, with the results showing that only 55% of those surveyed would take up general practice if they had the chance to make the choice again.

Of the 403 GPs surveyed, 30% planned to quit general practice within five years, while another 18% would disappear within 10 years.

In a clear sign of GPs' views on the state of general practice, 75% said they would not encourage their children to follow in their footsteps.

AMA president Dr Bill Glasson said the survey was proof that frustration was driving GPs out of the profession.

"This should cause serious concern given a drop in average GP time of just two hours per week is equivalent to the loss of about 1000 GPs in terms of patient time," he said.

The survey added further ammunition to the already fiery debate over GP red tape, with 52% of GPs saying they spend up to 10 hours a week on paperwork.

GPs wanted to work a 36-hour week and not the average 50-hour week they currently worked, the survey found.

However, 39% of GPs surveyed would stay in the profession and work longer hours if they were better remunerated, while 11% would stay on if they had less paperwork and 10% would persist with general practice if there was a reduction in the looming threat of litigation.

If these facts were resolved it could persuade GPs to move into or stay in where there were doctor shortages, Dr Glasson said.

Brad McLean

MEDICARE income and bulk-billing rates 2001/02 for recognised GPs and selected specialists excludes "very part-time" doctors with an income below $82,415. *Source: Department of Health and Ageing and the AMA.*

	Average fee-for-service income	Average income from Medicare rebates	% fee-for-service income from rebates	Bulk-billing rate	Practice costs (provided by AMA – include staff salaries, rent, equipment, car leases and indemnity costs)	* BEFORE TAX INCOME
VR GP	$193,300	$175,200	90.6%	74.2%	$146,105 (per GP in two-GP practice)	47,195
Anaesthetist	$302,600	$150,600	49.7%	5.1%	$87,069	215,531
Dermatologist	$414,500	$305,100	73.6%	37.9%	$212,657	201,843
Obstetrician and gynaecologist	$419,300	$227,400	54.2%	18.8%	$257,653	161,647

* AFTER TAX A GP EARNS A MERE $ 36,656 FOR AN AV. 50 HOUR WEEK WITH NO EXTRA FOR OVERTIME, SICK LEAVE, HOLIDAY PAY + SUPERANNUATION.

THE AV. AUSTRALIAN WORKER WORKS 36 HRS. AND IS ENTITLED TO OVERTIME AFTER 36 HRS. AS WELL AS SICK LEAVE ETC.

$25 IS THE GOV. "BULK-BILLING" FEE FOR ITS "CONCESSION CARD" HOLDERS — 1/2 OF WHAT A DOG IS WORTH AT THE VET !!

HEALTH MONITOR MEDICAL CENTRE

ABN 51 052 264 418

(A) (B) "RVs"

MBS	AMA	Description	Remark	Medicar	WorkCo
23	AA020	Consultation Level B	VR only	25.05	49.00
3	AA010	Consultation Level A	VR only	11.45	18.45
36	AA030	Consultation Level C	VR only	47.60	68.20
44	AA040	Consultation Level D	VR only	70.05	102.30
20		Nursing Home Visit Level A	<5 MIN	24.60	44.60
43		Nursing Home Visit Level C	<40 MIN	52.36	94.95
51		Nursing Home Visit Level D	>40 MIN	70.16	127.25
24		Home Visit - Level B		35.60	64.65
37	AA110	Home Visit - Level C		52.45	94.95
47	AA120	Home Visit - Level D		70.30	127.25
30003	EA015	Dressing Of Burns	incl cons	25.05	36.80
30006	EA025	Dressing Of Burns - Large		32.05	66.15
30026	EA085	Repair Wound	not face neck	36.00	79.95
30029	EA095	Repair Deep Wound	<7cm not face	62.05	119.85
30032	EA105	Repair Wound Face Neck	<7CM	56.90	107.40
30035	EA115	Repair Deep Wound Face Neck	<7CM	81.00	159.90
30038	EA125	Repair Wound >7cm	not face neck	62.05	119.85
30041	EA135	Repair Deep Wound>7cm	not face neck	99.30	255.95
30045	EA145	Repair Wound>7cm Face/nk		81.00	159.90
30048	EA155	Repair Deep Wound>7cm		103.20	262.25
30052	EA165	Repair Wound Ear/eye/nose	full thickness	175.05	374.65
30061	EA195	R/o Foreign Body	Super incl corn	16.15	31.95
30064	EA205	R/o Foreign Body	w~ incision	75.75	144.80
30067	EA215	R/o Deep Foreign Body	musc/tendon	154.15	380.85
47003	MN020	Dislocated Clavicle	close reduction	58.40	91.75
47015	MN060	Dislocated Shoulder		58.40	86.80
47018	MN070	Dislocated Elbow	close reduction	136.20	217.70
47024	MN090	Dislocated Radioulnar Jt	close reduction	136.20	217.70
47030	MN110	Dislocated Carpus Cmp Jt	close reduction	136.20	217.70
47036	MN130	Dislocated P I P Jt	close reduction	58.40	93.05
47042	MN150	Dislocated M C P Jt	close reduction	77.85	124.65
47057	MN200	Dislocated Patella	close reduction	87.55	139.05
47063	MN220	Dislocated Ankle	close reduction	175.20	281.90
47069	MN240	Dislocated Toe	close reduction	48.75	77.40
47300	MP005	# Terminal Phalanx		58.40	139.05
47303	MP015	# Terminal Phalanx Intra-	close reduction	68.15	162.60
47312	MP045	# Middle Phalanx	close reduction	87.55	209.80
47315	MP055	# Middle Phalanx Intra-articular	close reduction	100.60	238.65
47324	MP085	# Proximal Phalanx	close reduction	116.80	275.35
47327	MP095	# Proximal Phalanx Intra-	close reduction	136.20	327.80
47336	MP125	# Metacarpal	close reduction	116.80	260.45
47339	MP135	# Metacarpal Intra-articular	close reduction	136.20	327.80
47348	MP165	# Carpus		64.80	154.75
47354	MP185	# Scaphoid		116.80	275.35
47360	MP205	# Distal Rad/ulna (wrist)	cast	90.90	217.70
47363	MP215	# Distal Rad/ulna (wrist)	close reduction	136.20	327.80
47369	MP235	# Colles Smiths Barton	cast	116.80	275.35
47372	MP245	# Colles Smiths Barton	close reduction	194.60	465.60
47378	MP265	# Radius/ulnar Shaft	cast	116.80	275.35
47387	MP315	# Radius & Ulnar Shaft	cast	188.15	452.30
47396	MP345	# Olecranon		129.80	308.10
47405	MP375	# Radius (head/neck)		129.80	373.65
47411	MP395	# Humerus (tuberosity)		77.85	186.20
47417	MP415	# Humerus (tuberosity)	close reduction	181.70	432.70
47423	MP435	# Humerus (proximal)		149.20	354.05
47435	MP475	# Humerus (proximal)	w~ disloc	285.50	681.85
47444	MP505	# Humerus (shaft)		155.75	373.65
47453	MP535	# Humerus (distal)		181.70	432.70
47462	MP565	# Clavicle		77.85	186.20
47466	MP585	# Sternum		77.85	183.55
47471	MP615	# Rib(s)	each att	29.60	70.90
47474	MP625	# Pelvic Ring		129.80	308.10
47492	MP685	# Acetabulum & Dislocation		162.30	386.75
47516	MP765	# Femur	close red	298.40	714.55
47543	MP855	# Tibial Plateau (M/l)		155.75	373.65
47546	MP865	# Tibial Plateau (M/l)	close red	233.60	563.85
47555	MP895	# Tibial Plateau (M&l)	close red	400.85	930.95
47561	MP915	# Tibia (shaft)	cast	188.15	427.80
47564	MP925	# Tibia (shaft)	close red	282.25	668.75
47567	MP955	# Tibia (shaft) Intra-artic	close red	328.30	780.20
47576	MP985	# Fibula		77.85	186.20
47579	MP995	# Patella		110.35	262.25
47594	MQ045	# Ankle		149.20	354.05
47597	MQ055	# Ankle	close red	223.85	508.45
47606	MQ085	# Calcaneum/talus		162.30	386.75
47609	MQ095	# Calcaneum/talus	close red	243.35	583.50
47612	MQ105	# Calcaneum/talus Intra-artic	close red	282.25	668.75
47621	MQ135	# Tarso-metatarsal Intra-artic	close red	282.25	668.75
47627	MQ155	# Tarsus		110.35	262.25
47633	MQ175	# Metatarsal (1).		77.85	186.20
47636	MQ185	# Metatarsal (1)	close red	116.80	275.35
47642	MQ205	# Metatarsals (2)		103.90	235.65
47645	MQ215	# Metatarsals (2)	close red	155.75	353.40
47651	MQ235	# Metatarsals (>3)		162.30	386.75
47654	MQ245	# Metatarsals (>3)	close red	243.35	583.50

THE DIFFERENCE BETWEEN (B) AND (A) IS DELIBERATE PREMEDITATED THEFT BY GOVERNMENT.

THE RELATIVE VALUE STUDY ("RVS") WAS AN "INDEPENDENT UMPIRE" STUDY WHICH ARBITERED WHAT THE GOV. SHOULD BE PAYING FOR GP SERVICES.

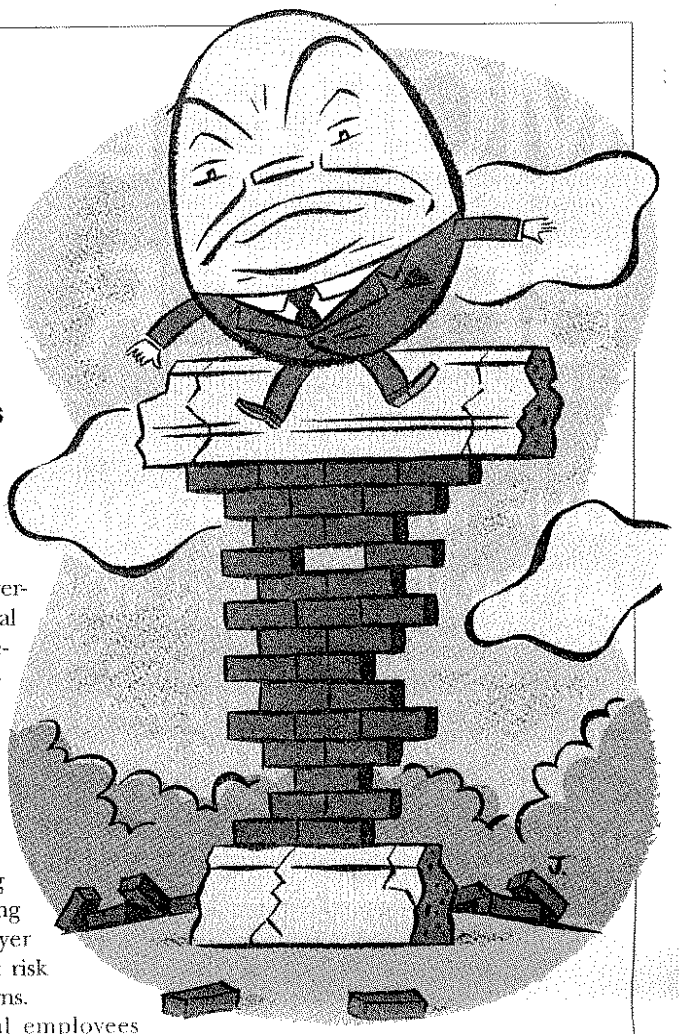
HUMAN BEINGS ARE NOT WORTH THE GOV'S MERE $25 — 1/2 OF WHAT A DOG IS WORTH AT THE VET.!!

NEARLY $2 BILLION IN MEDICARE FUNDS IS STOLEN BY H. M. C. BUREAUCRATS EACH YEAR TO HELP FUND "PUBLIC SERVICE" SUPERANNUATION — INCLUDING THEIR OWN !!

$49 IS THE PROPER FEE AS ARE ALL THE OTHER FEES SHOWN IN COLUMN (B)

Canberra's mañana

Politicians' generous super payouts pale into insignificance next to the huge unfunded liabilities for public servants, as Daryl Dixon reports.



In 1978, the federal government's social welfare policy secretariat warned the Fraser government of an urgent need for superannuation reform to boost national saving, help provide for a rapidly ageing population and reduce a burgeoning foreign debt. Nearly 25 years later, due largely to government inaction and the reluctance of governments to bite the bullet, problems in superannuation abound.

Worse, taxpayers are losing faith in the integrity of politicians to act in the national interest. The most frustrating double standard is the retention, virtually unchanged, of the obscenely generous politicians' super scheme. While ordinary workers receive only 9% of salary employer contributions as their minimum guarantee, federal MPs qualify for a minimum indexed pension of 50% of their salary from age 55 onwards – merely by remaining in parliament for eight years.

As an example to the community, the scheme demonstrates unbridled self-interest. In aggregate terms, however, it is insignificant compared with the huge level of unfunded superannuation benefits promised to federal public servants and defence personnel.

By politicians' super standards, public servants and defence employees are second-class citizens, but compared with the benefits available for the rest of the community, the federal schemes are extremely good.

Indeed, the federal government has chalked up a debt of almost $90bn in unfunded superannuation liabilities for its employees. This debt is an actuarial estimate of the amount the Commonwealth should have contributed to cover its employees' promised benefits.

To put this into perspective, it represents more than twice the level of outstanding federal debt and about 15% of total super fund assets. Instead of funding the liabilities as they accrue, the Commonwealth has followed a strategy of dumping the bill on future taxpayers and politicians. This is despite the fact federal laws as administered by the superannuation overseer, the Australian Prudential Regulation Authority, require private sector defined-benefit schemes to fund their super liabilities as they accrue. Spurred on by a $200m shortfall in the Ansett fund and the resulting losses for former employees, APRA is calling for urgent reviews of funding levels in selected employer funds considered to be at risk because of market downturns.

Taxpayers and federal employees could, for the same reasons, demand the government start to put its own house in order. Several states, most notably Victoria and NSW, have been acting aggressively to reduce their unfunded super liabilities in a variety of ways.

These include closing defined-benefit funds and requiring operating departments to fund the accruing annual liability. Similarly, the Commonwealth has charged business enterprises and some operating units for employee access to the available super fund but only as a source of current revenue to fund above-the-line outlays.

In contrast, the federal government has been paid billions of dollars over the years by operating entities, such as Telstra and Australia Post, to fund accruing employee liabilities. However, instead of investing the money in a super fund, it has used it to fund recurrent outlays. This is one of Treasury's closest-held secrets and a major reason the Commonwealth's unfunded super liabilities are so high. Depressingly, there is no interest at the highest policy level in reducing such liabilities.

Whereas APRA rules force other defined-benefit funds to set aside current revenues to provide for liabilities, the federal government can offer benefits solely on the basis of its future credit standing.

The federal government is also applying dual standards on those fortunate members of the Commonwealth Superannuation Scheme. CSS legislation stops fund trustees from declaring a negative return even though fund earnings in the last financial year were a negative 5%.

The legislation means there is insufficient money in the CSS to cover the balances of all credited members. Unless the Commonwealth makes up the shortfall, continuing CSS members will lose a substantial part of their equity in the fund to exiting members cashing out their benefit.

APRA rules do not permit such gross discrimination against continuing members in any other super fund. Trustees are not able to declare returns not covered by fund earnings or investment reserves. This is why most Australians received negative returns last year.

Successive governments have been only too keen to ignore their burgeoning unfunded super liabilities. This will remain a viable policy only while federal fiscal finances remain in good shape. With rapid ageing of the population and a downturn in the world economy, this may not be for too long. □

ANDREW JOYNER

MO news

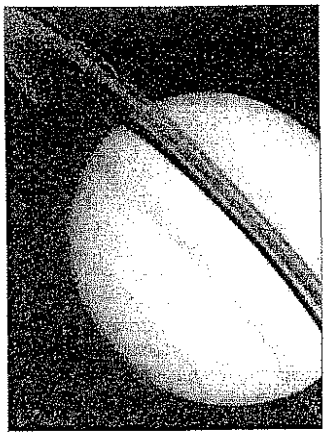
Govt denies GP funding crisis

by Edwina Light

FEDERAL health department claims that recent government Budget initiatives "more than offset" the historical under-funding of general practice rebates have produced fresh levels of exasperation at the AMA.

The department argued in its submission to the Senate Medicare inquiry that the AMA's Relative Value Study (RVS) conclusion, that a standard consultation was worth about $50, was "incorrect".

Department modelling of the RVS results showed a "small degree" of under-funding of GP attendance items and that "government Budget decisions since the RVS was undertaken [the study was completed in 2000] have more than offset this under-funding", the submission said.



Some GPs may wonder which planet the government submission came from.

AMA president Dr Bill Glasson said he was shocked by the department submission.

"People become very cynical of bureaucrats when they take this approach," Dr Glasson said.

"I would remind [the government] that the RVS was a bipartisan-funded review, and that the umpire came up with that fee ($50)

"Blind Freddy could walk into a general practice and see that Medicare fees don't reflect the costs of running a practice."

The health department submission conceded, however, that the 30% increase in total funding for general practice in the past six years had not stemmed the fall in bulk-billing rates. It therefore concluded that increased Medicare rebates would not be an effective way to address access and affordability problems.

Dr Glasson said the department needed to focus on the facts.

"If they can't fund Medicare appropriately then they should just say so," he said.

Meanwhile, the AMA Queensland (AMAQ) submission to the Senate inquiry said the federal government was "clearly unwilling" to fully fund private general practice, even though practical steps such as simplifying rebate claiming could save millions of dollars.

"In theory, every Medicare outlet around Australia could be closed, freeing up millions of dollars that could be available for healthcare rather than maintaining the ways of the past," the AMAQ submission said. MO

MELBOURNE WEEKLY MAGAZINE JULY 27-AUGUST 2, 2003

The lie of the land ...

We assume politicians don't have honour, US poet Adrienne Rich said in 1975. "We read their statements trying to crack the code. The scandals of their politics: not so much that men in high places lie, only that they do so with such indifference, so endlessly, still expecting to be believed. We are accustomed to the contempt inherent in the political lie."

Although the words were spoken in New York in 1975, they are just as applicable in Australia in 2003. It seems "we are becoming accustomed to the contempt inherent in the political lie".

Two polls released last week are alarming. The media monitoring organisation, Rehame, said since July 1, 80 per cent of talkback radio callers and newspaper letter writers believed Prime Minister John Howard was the "purveyor of mistruths".

A Newspoll revealed 67 per cent of 1200 voters surveyed believed the Government had misled the public about weapons of mass destruction in Iraq. It confirms what many people believe: don't believe politicians.

This survey result and last week's Newspoll that showed Howard's approval rating was 55 per cent is really alarming. And the Coalition's share of the primary vote is 45.1 per cent compared to Labor's 37.8.

We don't mind politicians not telling us the truth; we accept it. Our scepticism about authority is healthy, but taken to the extent the polls show is disturbing.

As executive director of the St James Ethics Centre Simon Longstaff said last week, when people don't trust the people who make the laws, there's a risk they won't trust the laws. Social researcher Hugh Mackay says we've become disengaged, which means politicians can get away with what they want. It's a sad indictment on our society.

Maybe this cynicism is one reason why Regina Bird – now the country's second most famous fish and chip shop owner – won *Big Brother*. I didn't see much of the show but from what I did see and what *Big Brother* fans have told me, Bird had a refreshing warmth and honesty. Honourable traits in anyone, and much needed in a politician.

Neil Spark

MATT GOLDING

bestquote

"There is nothing in the package that requires or justifies the increase or introduction of gap charges"

Federal Health Department official **Philip Davies*** addressing the Senate Medicare Inquiry

* WHAT PLANET IS DAVIES COMING FROM?
— OR IS HE SIMPLY TERRIFIED ABOUT THE SURVIVAL OF HIS NON-FUNDED FEDERAL PS "SUPER"?
DAVIES IS SAYING THE $25 M'CARE "REBATE" (½ OF WHAT A DOG IS WORTH AT THE VET.!) IS QUITE RIGHT.!!

Bulk-billing: a failed social experiment

EDITOR: Why should doctors avoid bulk-billing? Apart from being wrong, it:

- wastes scarce resources
- has caused the virtual disappearance of many family doctors
- has devalued medical care in the eyes of doctors and patients.

Every time I read about this issue, somebody is asking for more money to be thrown to sustain bulk-billing ... as if it has some inherent merit.

The truth is that bulk-billing is bad for our health.

All family doctors used to do house calls and would help their patients if they were ill on the weekend. They used to give out their home phone numbers. Why did they stop and why are patients denied this important service and continuity of care?

Because bulk-billing has changed the way doctors do their job. Most work is done in quick-fix, bulk-billing medical centres, in which few patients build a relationship with a doctor.

We have reached the point at which people are happy to pay for an iridologist, naturopath or fortune teller, but refuse to even pay a small sum towards their medical care. This reflects badly on how our community values doctors. Little wonder many are leaving the profession.

It took the Russians 70 miserable years to learn that communism was a great theory that just did not work. It is time the* bleeding hearts realised that bulk-billing for medical care is a failed social experiment.

Dr George Quittner
Mosman, NSW

M.O. 1/5/03

* WELL-PAID "BLEEDING HEARTS" IN HEALTH BUREAUCRACIES WITH A VESTED INTEREST IN KEEPING A SYSTEM THAT BENEFITS NO-ONE BUT THEMSELVES.

* ALSO KNOWN AS THE "CHATTERING + CONTROLLING CLASSES!

From the PDA ... KEEPING IN MIND THE HIC IS UNELECTED,

Turning a deaf ear

DR JODHI MENON

The medical profession is continuing to feel pain because politicians don't listen.

(THEY DO LISTEN BUT CYNICALLY IGNORE THE PRINCIPLES OF NATURAL JUSTICE)

— M.P.

SO, there is a new Opposition health spokeswoman in Canberra, a nice enough young lady by all appearances. There will be many who are desperately hoping she will be nice to poor, long-suffering GPs if and when she gets to be health minister.

The new AMA president, Dr Bill Glasson, has made many powerful statements already, but I hope he will expect more of the new regime than what the AMA got from the old.

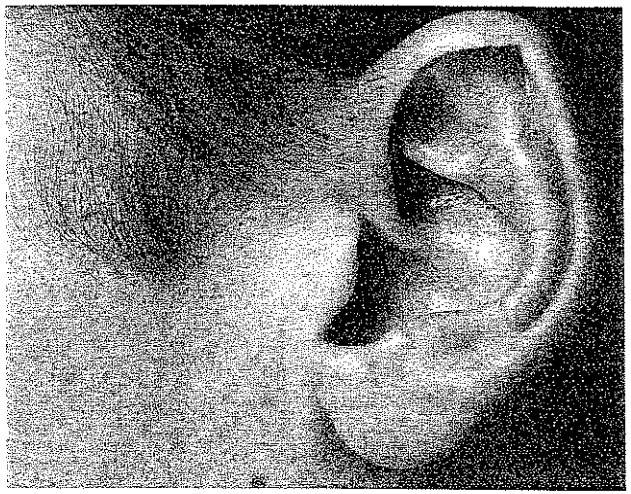
Dr Glasson hopes that "the shadow health minister listens to what we have to say in the same way that the Health Minister, Senator Patterson, listens to what we say". She does? Really? Since when?

In almost 30 years of involvement in medico-politics, the only politician that I have come across who seemed to listen to doctors was Jim Carlton while he was health minister and in the shadow ministry. His predecessors and his successors in the Liberal Party were really different only in degree from their Labor counterparts if you judged them by their actions rather than by their words.

If anything, at least it was easier to see where you stood in respect of the Labor Party.

I have pointed out in the past that many of the burdens imposed on us by the "Liberal" Government, such as the provider number legislation, were contained in a 1973 green paper produced for the Labor Party by that dangerous duo, Richard Scotton and John Deeble. Yes, I'm sure they all "listened" to what the AMA had to say.

The whole idea of making doctors — and GPs in particular — totally dependent on the government could be every politician's dream. What a bonanza to dangle in front of voters! All the promises that can be offered, knowing that there is an army of captives who will have no alternative but to fulfil those promises.



The current squabbling over the practice incentives program and other "incentive" crumbs from the government illustrates that the government is right on track. The Australian Divisions of General Practice has stated that schemes such as the PIP should be retained because many GPs apparently rely on the income from these schemes. But this is precisely why every effort should be made to scrap them. "Many doctors rely on these programs to keep their practice doors open," the ADGP's Dr Rob Walters said.

What the Labor schemers set out to achieve is being achieved even faster by a Liberal government. Yes, I'm sure they all "listened" to what the AMA had to say.

A survey by the AMA has apparently shown that most of those surveyed would support the scrapping of the PIP and enhanced primary care items. This is encouraging.

It is a pity so many GPs had to find out the hard way that the chief beneficiaries of most government schemes are politicians and bureaucrats — certainly not GPs or patients.

The people we have really got to talk to are not the politicians but the patients. Every time useful medications or ancillary treatments are removed from the government subsidy list, we should point out as often as possible that such moves are necessary to maintain the charade of Medicare and its huge bureaucracy, and to help politicians win elections.

We should point out how these rationing moves have created an inequality of access that did not exist before. The public must be made aware of how much they are losing — and suffering — as a direct result of the political "con job". (ORCHESTRATED BY THE HIC).

If the public becomes angry enough, perhaps the politicians will listen — even to the AMA.

Dr Menon is a spokesman for, and former national president of, Private Doctors of Australia.

DR. MENON'S POINT IS THAT IT IS THE GP THAT OWNS HIS OR HER SKILLS AND THOSE SKILLS ARE NOT AVAILABLE TO SELF-SERVING (VOTE-BUYING) POLITICIANS AND THE VOTERS/PUNTERS FOR WHATEVER FEE "GOVERNMENT" CHOOSES TO PAY.
IF THE HIC BEGS TO DIFFER THEN IT EXPOSES ITSELF AS FABIAN TOTALITARIAN/MARXIST.
"FABIAN" IN THAT THE HIC POSED AS AN "INSURANCE PROVIDER" TO GAIN ABSOLUTIST CONTROL OF GPs.

What's up, Doc?

MEDICAL PROFESSIONALS OFTEN FOCUS ON THEIR CAREERS TO THE DETRIMENT OF THEIR PERSONAL LIVES. IT'S ALL A MATTER OF BALANCE.

BY PROFESSOR BOB MONTGOMERY

So, how's your life, doc? Over the years a few medicos have come to have a yarn with me (or have sometimes been dragged in by an unhappy spouse), and I have observed some common traps for doctors. What follows is not meant to make you feel pessimistic, but to alert you to possibilities that may creep into your life. Like mozzies, earliest spotted, soonest swatted.

As you will have almost certainly noticed, doctors postpone earning a reasonable income for years, compared with their high school mates or even non-medical university student peers. Medical courses take several years longer than almost all other professional degrees and, even after qualifying, you are required to spend a couple of years as comparatively cheap labour. Once a doctor is in a position to start earning a reasonable income, you have a lot of catching up to do financially, especially if you acquired student debt. Add to that the possible financial pressures of setting up a home or a practice, and it's not surprising that some doctors work long hours trying to balance the books.

Two other factors can weigh in here. Some of a doctor's work is urgent and potentially life-preserving, which means it can't be postponed. Sometimes you just have to work late. And some doctors work in situations where medical services can be thin on the ground, such as in remote and rural Australia.

With all these pressures, it's not surprising that some doctors slip into unbalanced lifestyles. They spend too much time on the job and not enough on their marriage, family, recreation, friends, or keeping up to date professionally. Sometimes you may recognise this yourself but stay in the trap because you want to believe it's temporary — just until you pay off the mortgage. Sometimes you may not notice how unbalanced your existence has become because it seems a natural continuation of your life as a student or an intern. Either way, it has become a habit — a stress-inducing habit that's bad for your health, bad for your work and bad for the important relationships in your life.

..... Stress arises when there is a mismatch between the demands in your life and your coping skills and abilities. Effective stress management is essentially about regaining that balance, so your coping skills are equal to the demands on you and vice versa.

Sadly, the high numbers of doctors with substance abuse or dependence problems, or divorces tell us we have not done as good a job as we should in teaching our medical students self-care.

Because if we want to go on caring for the people who depend on us for that care, we must give reasonable self-care real priority. It's all a matter of balance.

Bob Montgomery is professor and head of the centre for applied psychology at the University of Canberra and a media spokesman for the Australian Psychological Society.

MOST OF THE "PRESSURE" ON GPs STEMS FROM THEIR GROSS EXPLOITATION BY GOVERNMENT AND THE "HEALTH BUREAUCRACY" WHICH HAVE EXHIBITED ATROCIOUS MORAL TIRPITUDE AND SELF-SERVING BEHAVIOUR IN THEIR DEALINGS WITH GPs.

THIS NATION HAS "ANTI-DISCRIMINATION" LEGISLATION AND LAWS FORBIDDING BULLYING IN THE WORKPLACE. THERE IS ALSO THE STRAIGHTFORWARD MATTER OF "NATURAL JUSTICE". IT IS TIME THAT OUTRAGEOUS MALFEASANCE BY THE GOV./HIC AXIS WAS BROUGHT TO ACCOUNT IN PROPER COURTS OF LAW.

REPEATING AGAIN

MY PREPAREDNESS AND

ENTHOUSIASM FOR

APPEARING PERSONALLY

IN FRONT OF THE

SENATE SELECT COMMITTEE

ON "MEDICARE",

AT SHORT NOTICE, TO

CONTEST THE PROPAGANDA

FROM "HEALTH BUREAUCRACY"

DISSEMBLERS.

6/8/03.