

Australian healthcare: purposeful reform or three more years of political rhetoric?

Health statistics say we're doing well, but our healthcare system is in crisis; we need more than just another report

Australians have never enjoyed such good health as they do now. Our life expectancies reach well beyond the biblical ideal of “threescore and ten”, and we rank among the top four in the world’s longevity league.¹ However, there is a caveat: the poor health and short lives of Indigenous Australians continue to be a blot on the nation’s psyche.

The quality of our healthcare also ranks highly. In a recent comparison of selected health indicators in five nations — Australia, Canada, New Zealand, the United Kingdom and the United States — our survival rates for breast, cervical and colorectal cancers were high, as were our performances in screening for breast and cervical cancer.² Furthermore, Australia’s mortality rates for asthma and acute myocardial infarction were the lowest among the nations. Our vaccination rates for polio and influenza were exemplary, but the incidence of pertussis in Australia was the highest among the five nations.² We could do better.

Australia’s general practitioners also perform well.³ Most Australian adults reported being with the same doctor or place of care for more than 5 years, and most received appointments on the day they were ill, although after-hours access to primary care remains an issue.³ Core features of the patient–doctor relationship and communication also rated highly: 71% of patients related that the quality of the care they received was excellent; 71% felt that their GPs listened carefully; 73% believed that medical matters were explained in an understandable way; 63% were satisfied that their doctor spent enough time with them; and 61% claimed that their management plans had been clearly outlined.³

With all these good tidings, you may well ask why Australia’s healthcare is beset by a pervasive sense of negativism? Our citizens are losing confidence, troubled by long hospital waiting lists,⁴ increasing hospital access block,⁵ and crises such as those at the King Edward Memorial Hospital⁶ or at Campbelltown and Camden hospitals.⁷ Our doctors are also unhappy — battle-weary from working in resource-poor and unpredictable environments. Furthermore, there is a swell in public impatience with the inability of politicians to confront the chaos. Playing the cost-shifting and blame-shifting game is more their forte.

The causes of discontent were sought in a recent survey of medicopolitical leaders (see Box), and the perceived problems fell predominantly in the domains of funding, organisation and bureaucracy. Indeed, even the Chairman of the National Productivity Commission concurs with these views. In launching the draft *Review of National Competition Policy Reforms* in late October 2004, he noted: “It is now generally accepted that Australia’s health system is beset by structural problems that require nationally coordinated action. But there is less agreement on the best way forward. An independent review of the whole system is needed to provide a roadmap for reform.”⁸

Another review? Please! Australia’s healthcare has had more reviews than *The Lord of the Rings* epic. Our citizens and healthcare

What is wrong with Australia’s healthcare system

At a recent meeting, 36 high-level medicopolitical leaders representing all states and territories as well as selected clinical craft groups were independently asked “In one sentence what do you consider to be wrong with our health system?”. Thirty-four participated. The top three responses were:

- **Funding (8 respondents)**

Lack of indexed funding; inadequate funding; funding inappropriately targeted or managed; maldistribution of government benefits in the community — “money in wrong place”; mismatch between funding and expectations.

- **Healthcare system organisation (8 respondents)**

Demand exceeds capacity; lack of same standards nationally; system is fragmented; poor coordination; access problems; compartmentalisation; system silos and the gap in between; duplication.

- **Bureaucracy (8 respondents)**

Jurisdictional divides; duplication of function; mismatch between bureaucratic and patient priorities; faceless; costly and inefficient; poor coordination; poor forward planning.

professionals want solutions to the problems that they experience and which have been enunciated *ad infinitum*.

The possibility of a National Productivity Commission inquiry into health has been temporarily deflected by the activation of a small taskforce in the Department of the Prime Minister and Cabinet. It will examine the operations of the Australian healthcare system to:

- ensure optimum efficiency and effectiveness of healthcare service delivery for all Australians across the primary, acute, rehabilitative and aged-care sectors, and, in doing so, clarify responsibilities;
- ensure best use of the funds all jurisdictions put into healthcare, as well as improve accountability and transparency in healthcare funding; and
- identify barriers to seamless service delivery for patients and recommend options to address them.

The taskforce will present its report early in 2005. As its members contemplate solutions, they may well keep in mind that:

- We need more time. Modern healthcare reforms have drastically eroded time — time for care, time for teaching and time for learning.⁹ In an ageing society, we need to provide the means for healthcare professionals to spend time with people.
- We need greater efficiency. Given our limited health dollars, we need to spend wisely. We can no longer afford unnecessary duplication and waste.
- We need a greater investment in and coordinated strategies for preventive healthcare. Incentives for “good health” will yield dividends for the future.^{10,11}

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- We must support our greatest asset — the healthcare workforce.

Above all, the taskforce needs to remember the “public” in public service.

In this year’s federal election, the public endorsed Coalition majorities in the House of Representatives and the Senate. Having placed such trust in the government, the public is now looking for political leadership in tackling the chronic problems in healthcare. They certainly don’t want yet another report to gather dust in the Council of Australian Governments archives. In this task it may be apt to recall the words of John F Kennedy: “Those who make small revolutions impossible will make violent revolutions inevitable.”

Will we have three more years of political rhetoric or will there be purposeful reform?

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