

Sustaining health reform

Martin B Van Der Weyden

Policies need more than development — they need implementation, and continuous reform

In his historic Gettysburg Address, President Abraham Lincoln described the core of democracy as “government of the people, by the people, for the people.”¹ We were reminded of these words when we witnessed the Rudd Labor Government vigorously emulating this ideal during the recent Australia 2020 Summit.²

In April this year, a thousand Australians gathered in the Great Hall of Parliament House in Canberra to debate 10 national challenges. These included the future of the Australian economy; future directions for rural industries and rural communities; strengthening communities, supporting families and social inclusion; options for the future of Indigenous Australia; and a long-term national health strategy.²

In the challenging area of health, key ideas that were advanced included creating a Health Equalities Commission; creating a National Preventive Health Agency; initiatives for making healthy food choices easy in schools and regional areas; and, finally, the creation of a self-sufficient and flexible health workforce.³ In short, the Summit endorsed the expectation of healthy and long life for all Australians, and the equitable means to achieve this.

Before the Summit, the Rudd Labor Government had already set in motion other consultative processes, such as the Preventive Health Taskforce to tackle the health challenges of tobacco, alcohol and obesity, and come up with a national preventative health strategy.⁴ This body was to be joined by the National Health and Hospitals Reform Commission (NHHRC), created to develop a long-term health reform plan for modern Australia.⁵ Its brief was to produce a blueprint for tackling future challenges in the Australian health system, such as the burden of chronic diseases and the ageing of the population as well as the rising costs of health care, which have been exacerbated by cost shifting and the “blame game”. In the recent federal budget, the Rudd Government included provisions for another national taskforce to address mental health.

In this issue of the Journal, Bennett, Chair of the NHHRC (page 31), presents an outline of the Commission’s first report,⁶ *Beyond the blame game: accountability and performance for the next Australian Health Care Agreements*.⁷ At the heart of this report lies the need for the federal and state governments to stop playing the pernicious blame game, and the report advances a raft of relevant performance indicators to govern the Australian Health Care Agreement processes.

Also in this issue of the Journal, Southby (page 33) recounts the workings and achievements of the Hospitals and Health Services Commission, established by the Whitlam Labor Government in the 1970s.⁸ Its success as a harbinger of change lay in its dual responsibility for both comprehensive development and implementation of policy. In addition, its work was underpinned by an extensive analysis of relevant data, accompanied by consultation with all levels of government, professional bodies, universities and non-government organisations.

And this highlights a significant danger for the efficacy of the current health taskforce and commissions — they are advisory only. A government can always ignore or merely cherry-pick recommendations and, more worryingly, there need be no real political commitment to developing or implementing policy. Recommendations may well end up gathering dust in ministerial offices in Canberra, or being savaged by the leagues of advisors who prowl those offices. Witness the innumerable reports on health reform emanating from the Productivity Commission, the Council of Australian Governments, the Australian Healthcare Reform Alliance, the Australian Healthcare and Hospitals Association, Consumers’ Health Forum of Australia, and so on...⁹ Most seem to fall on deaf political ears. And yet, we continue to tolerate a health care system whose capacity to deliver is faltering in the face of increasing community demand.

What Australia desperately needs is a continuous health reform agenda. We need to abandon the episodic and ad-hoc response to public disquiet and discontent, followed by the inevitable political quick fix.

To ensure that this becomes a reality, the NHHRC needs to become a body with similar functions and status to those of the Whitlam era’s Hospitals and Health Services Commission, with a brief for wide involvement. Effectively, it needs to be responsible for driving reform, mirroring President Lincoln’s democratic dictum “by the people, for the people”.

We also need to keep the government honest and up to the task of reform through an overarching body, perhaps the “Australian Health Council”, which would promote greater accountability of governments in driving reform effectively. The Council would also need to meet regularly in a different location each time, to have its members discuss health issues with Australian communities in open forums.

The time has come to stop the reform rhetoric and political gamesmanship and acknowledge that good health is a right for all Australians. Indeed “the health of the people is the highest law”.¹⁰ But we can only achieve this most basic of human rights by making a sincere commitment to implementing meaningful reform of the health care systems we now have.

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