

**POLITICAL RHETORIC  
AND REALITY**

Recently, our state premiers walked out of a COAG (Council of Australian Governments) meeting, complaining bitterly of “a bayonet thrust into our backs”. The bayonet was the Prime Minister’s insistence that they sign the Australian Health Care Agreements.

Emboldened by their solidarity, the premiers had come to Canberra determined that, not only should the proposed agreements be topped up by \$1 billion, but the agenda for healthcare reform be discussed. As usual, the script of this fractious and farcical theatre was money.

Our political leaders insist we accept the rhetoric that more money would rescue our crumbling healthcare edifice, rather than acknowledging that it is yet another temporising bandaid.

Jonathan Shapiro, a UK health management expert, recently observed that “the political masters of the NHS currently promote the message that there is such a thing as a free lunch, but do much less about advertising the limits of the service — whether in terms of its capability or its capacity.”

Things are no different in the antipodes.

But there is a deeper problem. Our health system’s covenant between the public, the profession and politicians is outdated. Richard Smith, editor of the *BMJ*, has suggested an entirely new contract for the 21st century, which would include the recognition that “death, sickness and pain are part of life; medicine has limited power, particularly to solve social problems, and is risky; patients can’t leave [all] problems to doctors; doctors should be open about their limitations; and politicians should refrain from making extravagant promises and concentrate on reality.”

If politics is indeed the art of the possible, we need less political rhetoric and more realism. After all, money and medicine have limits.

**Martin B Van Der Weyden**

**MATTERS ARISING**

<b>Evidence-based care and outcomes of acute stroke managed in hospital specialty units</b>	
Charles P Denaro, Thomas M Ferrier	386
Paddy A Phillips, Brendan K Duffy, Miriam E Vedadhaghi, Stephen M Davis, Geoffrey A Donnan	386
<b>Thrombolysis for acute ischaemic stroke: revisiting the evidence</b>	
Brendon J Smith	386
Geoffrey A Donnan, Stephen M Davis, Christopher R Levi	387
Kent R Johnson	387
Paul M Bailey	388
Stephen M Davis, Mark W Parsons, Kenneth S Butcher, Cassandra E I Szoeki	388

**LETTERS**

<b>Ethics committees and guardianship legislation</b>	
James E Fielding, Heath Kelly	390
Martin B Van Der Weyden	390
<b>Acute liver failure associated with the use of herbal preparations containing black cohosh</b>	
Steve Lontos, Robert M Jones, Peter W Angus, Paul J Gow	390
<b>Hormone replacement therapy: to use or not to use?</b>	
Michael D Coory	391
Rodney J Baber, Justine L O’Hara, Frances M Boyle	392

**OBITUARY**

<b>John Winter Ashton</b>	
<i>by Rowan Blogg, Les R King, Bill P Lewis, Herb C Newman, Graham A Syme</i>	384

**CORRECTIONS**

“Australian healthcare reform: in need of political courage and champions” <i>(Med J Aust 2003; 179: 280-281)</i>	339
“Quality of care provided by general practitioners using or not using Division-based diabetes registers” <i>(Med J Aust 2002; 177: 250-252)</i>	352

**IN THIS ISSUE . . .** 331

**IN OTHER JOURNALS . . .** 385