

“CAREFUL, HE MIGHT HEAR YOU”

Australian healthcare is under siege. Its ramparts are being battered by *purpose, process, people and pence*.

At professional “talkfests” or in the media, the *purpose* of Medicare — its universality of access and equity of care — has its detractors and defenders. Whether the *process* should be public or private is vigorously debated, and the demands of *people*, whether professionals or the public, become the ordinance of lobby groups. But strangely, missiles inscribed with the *pence* of healthcare costs are few and far between. Indeed, our political leaders’ references to healthcare costs are muted by the caveat, “careful, he might hear you,” as if the public should be sheltered from the reality.

“Money makes the world go around”, and healthcare is part of that world. It now consumes more than 9% of our gross domestic product and this proportion is on the increase. Indeed, the dominance of money in healthcare is reflected in the comment by a recent visitor from the World Health Organization, that worldwide the real minister of health is the Treasurer!

Jonathan Shapiro, a United Kingdom health expert commenting on the UK’s free National Health Service noted, “It is as though we were all at a great ‘all you can eat buffet’. Not only do we eat too much, but we get angry if there is even a short break between each groaning platter. This wouldn’t happen at an expensive restaurant, where we’d realise that our meal was actually costing quite a lot. If there was a way of getting the public to understand the real cost of each NHS procedure, perhaps their enhanced sense of responsibility might help to contain rising demand and costs.”

Supporting the rising costs of our healthcare system is society’s call, but the choice would be better informed if politicians were forthright about the true costs of health and stopped sheltering behind the “careful, he might hear you” syndrome.

Martin B Van Der Weyden

LETTERS

Medical workforce issues in Australia: “tomorrow’s doctors — too few, too far”	
William J Glasson, Robert A Bain	556
Could it be sarcoid arthritis?	
Francisco J Ruiz-Ruiz, Fernando J Ruiz-Laiglesia, Juan I Perez-Calvo, Carmen B Torrubia-Perez	556
Cardiovascular risk among urban Aboriginal people	
Zhiqiang Wang, Wendy E Hoy	557
Peter L Thompson, Pamela J Bradshaw, Margherita Veroni, Edward T Wilkes	557
A comparison of buprenorphine treatment in clinic and primary care settings: a randomised trial	
John R M Caplehorn	557
Amy E Gibson	558
Troponin testing: an audit in three metropolitan hospitals	
Paul M Bailey	558
Richard X Davey	559
Pneumococcal meningitis masquerading as subarachnoid haemorrhage	
Lloyd K Morgan	559
Taposh Chatterjee, John R Gowardman, Tony D Goh	560
Dosing information for paediatric patients: are they really “therapeutic orphans”?	
Amanda J Caswell	560

BOOK REVIEWS

An atlas of surface microscopy of pigmented skin lesions: dermoscopy	
<i>Reviewed by</i> Rodney D Sinclair	538
Therapeutic guidelines. Antibiotic	
<i>Reviewed by</i> Joseph G McCormack	543
Management of alcohol and drug problems	
<i>Reviewed by</i> Raymond Seidler	543

CORRECTION

“Epidemiology and prevention of type 2 diabetes and the metabolic syndrome”	
(<i>Med J Aust</i> 2003; 179: 379-383)	526

SNAPSHOT

Bilateral facial paralysis: what’s the cause?	
Ali A Haydar, Nabil M Hujairi, Aiman Tawil, Raja A Sawaya	553

IN THIS ISSUE . . . 514

IN OTHER JOURNALS . . . 555

COVER: Photograph courtesy Dr Alastair Meyer, Royal Melbourne Hospital, Vic



MJA RAPID ONLINE PUBLICATION: Denotes an article fast tracked for online publication.