

ENDLESS REFORM VERSUS FRONT-LINE CARE

A recent media release from Victoria's Minister for Health proclaimed that the Children's and Women's hospitals in Melbourne, merged in the healthcare reforms of the 1990s, were to be split once more into separate specialist hospitals. This is yet another turnaround which typifies the vicissitudes of healthcare reform.

We endured the quasi-market models, in which patients became customers and doctors providers; and lived through diagnosis-related groups (DRGs) and models of casemix funding. At the same time, accountability and quality of care became embedded in performance indicators, and market forces were supposed to deliver efficiency, effectiveness and cost control.

With ongoing reform, we have witnessed cycles of centralisation and decentralisation, been subjected to the rhetoric of commercialism, and endured re-engineering of systems and prioritisation of services. Current reform aspirations centre on seamless integration of systems — whether it be health finances or patient care — along with decentralisation and the culling of duplication.

But doctors have become fatigued with the reforms and demoralised by their clinical irrelevance. As Justin Stoelwinder, an expert in health policy, recently noted, "Health system reform seems to have little to do with the actual business of delivering and managing health care. Presumably, reform meets the needs of the centre, politicians and bureaucrats...". Doctors involved in "front-line patient care" are shell-shocked by repeated reform initiatives while front-line stresses and pressures continue unabated.

With a federal election looming, we will see yet another barrage of reform agendas, accompanied by the inevitable array of new commissions and committees. But one thing is certain — healthcare chaos will continue if politicians fail to enhance front-line care capacity along with community care. Without this commitment, we will have more of the same — reform salvos aimed at clinically irrelevant targets.



Martin B Van Der Weyden

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