

ODE TO HOSPITALS

Our hospitals continue to be in the spotlight. For health ministers they can be a daily challenge, especially when the media focus on seemingly immutable waiting lists or promote the blame game when scooping the human trauma behind the latest medical mishap.

Hospitals are also ferocious consumers of recurrent health expenditure; Australia-wide, in 2003–04, they required \$26.4 billion — more than a third of total health expenditure. And it appears that it will prove to be political suicide to avoid ploughing more resources into already strained acute hospital services.

Some say that this reflects society's fascination with high technology — a culture of curing disease, linked to hospitals and coupled with the higher ranking of specialists on the totem pole of power in our profession. Thus, it should come as no surprise that health budgets are skewed in favour of secondary and tertiary health care.

However, all this is set to change with a shift in the burden of disease in the 21st century. In the first half of the 20th century, the medical challenges were infectious diseases, and in the second half, acute illnesses. Hospitals were and continue to be the appropriate places for treatment of illnesses that require rapid response by specialists. But with the ascendancy of chronic illnesses, the emphasis is now on prevention and caring rather than curing, making the old notion of hospital services increasingly anachronistic.

The providers of chronic care are now frequently the patients themselves, while multiskilled primary care teams provide continuous, coordinated and integrated care — the very antithesis of hospital practice. Rapid access to specialist advice and skills will still be required, but this may well be found in multiskilled one-stop super-clinics. Indeed, the ascendancy of chronic diseases could see the demise of hospitals as we know them today.



Martin B Van Der Weyden

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