

ARMCHAIR REFORM

Health care reform is high on the political agenda throughout the Western world. In the upcoming United States presidential election, attention will be focused on whether US voters are ready to revisit the principle of universal health care for all Americans, championed by Hillary Clinton during the early days of her husband's administration. In the United Kingdom, reforms of the National Health Service occur so frequently that they become occupational hazards for health care workers. In Canada, with its free and universal health care system, there is debate about whether private health insurance schemes should coexist with the public health system. And in Australia, health care reform is widely considered to be long overdue in light of the faltering of our overstretched clinical services and recurring questions about safety and quality. Yet, there remains no clear, overarching political enunciation of what direction Australian health care reform should take.

To date, the federal government's concept of reform has been a cascade of commissions, taskforces, strategic councils and reference groups. The federal Minister for Health and Ageing is adamant that she will not be held hostage to the vested interests of the multitude of players in health care, stating that they must await the reports of the consultative avalanche she has launched.

However, this apparent inertia has fostered a nagging uneasiness that the Rudd Government is totally at a loss as to future directions in health care reform. There is no sense of urgency, vision or leadership. Rather, we are left with a strong impression that policymakers are praying for an epiphany, and that all will be revealed some time in the future!

Reform requires leadership buoyed by a culture of certainty and action, not a cascade of inquiries. Certainty and action appear to be in short supply — we are engaged in armchair reform.



Martin B Van Der Weyden

LETTERS

- Trimethylaminuria (fish malodour syndrome): a "benign" genetic condition with major psychosocial sequelae**
468 Helen Mountain, Joanna M Brisbane, Amanda J Hooper, John R Burnett, Jack Goldblatt
- Unplanned admissions to two Sydney public hospitals after naltrexone implants**
468 D Martyn Lloyd-Jones
469 Mark Little, Lindsay M Murray
469 Michael PW Kozminsky
470 Colin L Brewer
470 Nicholas Lintzeris
- Medication self-administration by patients: a way to prevent errors?**
471 Frank T Formby
- Physician on call: Sweden compared with Australia**
471 Henrik Falhammar

SNAPSHOT

- Impacted fishbone in Meckel diverticulum**
417 Uei Pua

418 [IN THIS ISSUE](#)

466 [IN OTHER JOURNALS](#)

Cover image courtesy: US Centers for Disease Control and Prevention.