

# Investing in health and wellbeing at a societal level

This issue of the *MJA* includes articles that provide timely reminders of how wider societal issues have a direct effect on health. Lacy-Nichols and colleagues write eloquently on the commercial determinants of health — in particular, for-profit health care and housing (doi: 10.5694/mja2.51982). They note that in the health sector, “Market consolidation and integration has been increasing across the health care sector internationally. Even though this has the potential to bring efficiencies and other benefits, it also risks anticompetitive behaviour. Extensive research suggests that providers in more concentrated markets charge higher prices, and this burden falls on patients, not insurers, and it is often without accompanying gains in efficiency or quality.” However, data are scarce: “We know privatisation, consolidation and integration have been increasing across primary care and specialties within Australia, but the scale and extent are unknown, as are system impacts and risks thereof.”

Another commercial determinant of health, housing, has been in the Australian news for many months now as rental properties become scarcer and more expensive, and mortgage costs risk becoming unsustainable for many. As Lacy-Nichols and colleagues note, Australia faces a housing affordability crisis: “The financial and social consequence of this is compounded by inadequate safety nets.” Poor quality housing has well documented direct effects on health and wellbeing. The authors argue further that “Better data are vital to understand the impacts of privatisation on health care, housing, and [the commercial determinants of health] more generally, and whether the pursuit of profits is compromising the human right to health.”

Knowledge of health care costs and access to financial support are the focus of a research letter by White and colleagues, who investigated patient experiences of costs, financial disclosure and support information during cancer care by analysing data collected on behalf of the Victorian Department of Health (doi: 10.5694/mja2.51993). They found that many patients experienced extra costs and were poorly informed about costs and support options. “The overall proportions of people who reported out-of-pocket costs were 22% for surgery, 14% for radiotherapy, and 27% for chemotherapy”, and despite substantial costs, “40% of respondents reported not being informed about financial support programs”.

Kennedy and Mohamed make a powerful case for structural reform, better infrastructure, and investment to support



Aboriginal and Torres Strait Islander ethical governance, as investment in research involving Aboriginal and Torres Strait Islander peoples increases (doi: 10.5694/mja2.51951). They argue it is essential that “All research involving Aboriginal and Torres Strait Islander peoples should be deemed safe and respectful by Aboriginal and Torres Strait Islander peoples”. This is important especially now as “The anticipated acceleration in volume and funding accentuates the need to invest in the infrastructure required to support ethical conduct of research. Only through such investments can we ensure timely improvements in health outcomes and the delivery of evidence-based services for Aboriginal and Torres Strait Islander peoples.” The authors frame this, rightly, as key to “Upholding our rights in research”.

These articles are timely reminders that what we choose to invest in as a country has a direct effect on health and wellbeing across society. By publishing such articles, the *MJA* hopes to keep these issues at the top of the national agenda. ■

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