

# The Need for Medicare

Peter Davoren

This is an edited version of the oral presentation of Dr Peter Davoren, president of Doctors Reform Society Queensland, to the Senate Inquiry into Poverty and Financial Hardship in **August 2003**.

The Doctors Reform Society is an organisation of Australian doctors interested in the delivery of good quality health care to all Australians.

- We believe that access to health care should be available to all Australians irrespective of their ability to pay.
- We believe that funding the health system from taxation is the fairest and most equitable way to ensure a universal system.
- We believe that access to health care free of charge at the point of delivery is vital in ensuring that those most vulnerable and those most in need can be assured of reasonable health care.

Until recent years, Medicare has made a reasonable fist of delivering a fair and equitable public health system. The policies of the current Federal government, however, are making access to health care more difficult and sometimes near impossible for those most in need.

Poverty and ill health are intimately associated. It is well recognised that poverty begets ill-health and ill-health begets poverty. Access to general practitioners, specialist care, hospital care, pharmaceuticals, allied health and dental care is becoming more difficult and expensive. At the same time, the Federal government is spending billions promoting an inefficient private health sector that does nothing for the health of those with the most need.

The people with the greatest need for health care are generally those chronic illnesses. The corner stone of health care is general practice and until recently the opportunity to visit a doctor without an upfront fee has been reasonably, although not universally, available to Australians. Access to bulk-billing doctors is dramatically reducing and the consequence is that people are not going to their GP. As a specialist, I can personally confirm that.

Many of my colleagues report that patients are now failing to visit a GP because their old GP has stopped bulk-billing. They can't afford to pay and can't find a suitable alternative. As a result, people are not getting proper treatment for their illnesses and they fail to get their prescriptions repeated.

This is particularly common for people with chronic illnesses such as high blood pressure, diabetes and heart disease where good preventive treatment goes along way to preventing heart attack, stroke and death. It goes without saying that those on moderate or high incomes usually do make the effort to find the extra money and it is those with limited incomes who just don't go to the doctor.

An area of chronic health care that requires special mention is

that of mental illness. The ability of those with mental illness to access a bulk-billing doctor is critical to their long-term well-being. Without such access they commonly miss treatments and become even more marginalised in society.

Public hospitals cannot meet the demands put on them. The private health industry has been propped up with an enormous public handout, somewhere between 2 and 4 billion dollars annually, and past promises that this would somehow take pressure off the public system have proven to be lies. The demands on public hospitals are increasing.

This comes as no surprise to the Doctors Reform Society. Indeed, we predicted it. Contrary to the opinions of some, the idle rich have never preferred to spend their days lying around in public hospitals wasting beds that could have been better utilised. The major users of our public hospitals have always been those on lesser incomes, in large part because it is those people who mostly suffer chronic illnesses. It is also these very same people who cannot afford private insurance.

Public hospitals are in crisis. This is due to, not despite, the money spent on the private health insurance rebate. Public money is not being spent on public health. Now public hospital casualty departments are attracting those who cannot afford a visit to a GP for treatment and advice.

The Pharmaceutical Benefits Scheme has long delivered to Australians good medicines at a reasonable price. As part of free trade negotiations the provision of pharmaceuticals is under review. It is possible that we will shortly see our Government sell out our system and let market forces take over. This will inevitably result in an enormous increase in prices for us all. Those with limited ability to pay for their medicines will cease to do so. This is not fanciful thinking but commonplace and the status quo in the United States.

The final issue I would like to mention is dental care. The abolition of the Federal Dental Health Scheme has resulted in a shocking scarcity of dental care for the low-waged. State-funded systems cannot cope and the consequences can be devastating. Poor oral hygiene results in loss of teeth and can lead to chronic ill health. Nutrition can be affected. Self-esteem can be devastated.

Poverty, ill health and health care are intimately related. A low income commonly causes poor health and poor health commonly lowers income. Those affected are not readily identified by possession of some card or number. Good access to health care free of charge at the point of delivery is vital to ensuring that all those in need can get access to decent quality health care when they need it. Most Australians can recognise this as a great benefit of Medicare.