



Sick tap super to pay doctors

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PATIENTS fighting serious diseases and illnesses are being forced to take funds from their superannuation to pay medical expenses, with some even putting off seeing doctors altogether.

Australia is now the fifth-most expensive country in the world for out-of-pocket medical costs with citizens paying an average of \$1075 per person, more than double the UK (\$459) and France (\$435).

Many of these patients who have private health insurance still find themselves among the 19.3 per cent of Australians forced to pay medical bills as out-of-pocket expenses.

"We talk about what great quality our health system provides but these figures show we have people struggling to make the cost of this healthcare," Carol Bennett, CEO of Consumer Health Forum, said. "It's not just the medical bills, it's the cost of medical specialists, dentists, scripts, especially if you're

not a concession card holder." Medical expenses have climbed to such heights that many struggling with illnesses are being left with no option but to delve into their superannuation funds, according to the CHF.

The health body said it had been reported that 14,000 Australians applied to the Department of Human Services for access to their super funds to pay for health costs.

"They spend years and years building up their superannuation only to find they suddenly have an illness and are faced with enormous expenses," Ms Bennett said.

Dr Geoffrey Dobb, vice-president of the Australian Medical Association, said there were a number of factors to the higher costs. "Inflation has gone way ahead of what the medical benefits schedule reimburses," he said. "In real dollar terms it's about half what (patients) used to get.

"The message in all of this is we need better health insurance products than what we have at the

moment. Products that cover general practices as well as hospitals. So when people do get sick they're not exposed to those costs."

Ms Bennett said the federal government needed to review the 40-year-old Medicare program and give more incentives for doctors to reach patient-based outcomes.

"Medicare acts as an income stream for the providers," she said.

"The incentive is there for the provider to get as many people through the door and as often as possible. It isn't there to reduce costs. And people are finding it harder and harder to meet those costs so they're making excuses to not go to the doctor.

"People who won't see a GP because it's too expensive have jumped from about 6.4 per cent to 8.7 per cent."

The CHF want the system revamped and has suggested a "personalised health budget", where patients are provided with funds and they consult their doctors about how to use the money.