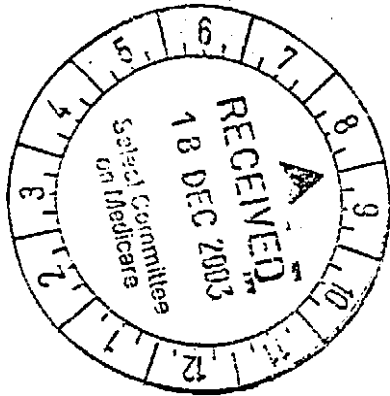


NSW

15 Dec 03

MR. ED WEBBER

SUB 31



SOME TERMS OF REFERENCE

The most interesting aspect of being asked by the Senate's Select Committee on Medicare to provide a written submission addressing any issues that may be relevance to me - Stephen Leeder's and my prior submission on "Medicare And Its Discontents" notwithstanding - is that I am quite probably one of the few members of the patient class to be so asked. As I said in the above-cited submission, it is an old Jewish saying to "never ask the doctor, ask the patient" and I have little doubt of said adage being disregarded by and large by doctors and politicians alike. It should also be pointed out that while my above-cited medical friend wrote his part of said submission in acadamese, in the best tradition of Argumentum Ad Autoritatum, I managed to do more than simply tell the jokes. For that matter, doctors, editors and politicians alike tell me I pay too much attention to language whereas I say their not doing so is why they don't get far too many jokes being played before their very eyes. Then again, George Bernard Shaw's explanation of always being funny was that he always told the truth.

I will, therefore, confine my comments on what Thomas Jefferson liked to call the "true facts".

The Government's MedicarePLUS proposals are, admittedly from an impatient point of view, an interesting adaptation of frequent flyer points save for the fact of the bulk of the rebate in effect and at point of sale going to the private sector pilots known as primary carers while those in patient class have to wait until they've amassed enough points. Or the plane has landed, to stretch the metaphor. In fact, said proposals would increase visits to GPs just as their original increased flights to and from wherever and for whatever ancillary purpose. If they were called frequent sickness points they wouldn't fly, in other words.

Another aspect of MedicarePLUS is that money is the medicine of choice for whatever ails Medicare and or the public in general. That's the way the Government's spin-doctors - play on words too good a gift from the gods not to be refused - anyway. Yet the committee's terms of reference include Health Amendment (Medicare and Private Health Insurance) Bill 2003 and, according to a diagnosis done by a friend who works for the ATO a side-effect of the Government's tax rebate for buying private health insurance is that, given that the Medicare Levy is based on taxable income, publically owned and funded Medicare loses public funds and the private sector gains them. As I said in "Medicare And Its Discontents", robbing Peter to pay Paul is still robbery. The problem is compounded by the Government's publically stated view that Medicare is a 'safety net' when in fact it is private health insurance which is the safety net and Medicare the essential health insurance that Australians have known and been happy with since its introduction, admittedly by a Labor Government, a generation ago.

Although not within the committee's terms of reference, it should also be said that one of the ongoing problems with Medicare has been that it's been and is to this day doctor- and/or-politician centered and not patient focused, a problem compounded because of money being their preferred medicine for whatever ails the body politic, the body of the nation, i.e. patients, being remanded into the too-hard basket as often as not. A means of dealing with said doctor-vrs-patient problem, also not within the committee's terms of reference in spite of I and others advocating a more than plausible solution to said problem for years, is to introduce a 'smart' Medicare card, like Iceland's and others', with all patient's health records within instead of simply using the technology already available for monetary reasons.

Still without the committee's terms of reference, a further and ongoing aspect of said counter to the medical profession's proprietary tendencies would be that it would be an effective balance against any application of TRIPS (Trade-Related Intellectual Property Rights) within GATS, the WTO and other acronyms of the globalization of the future. Ready or not, as globalization gurus like to say, and all the more so in that the Genome project, now effectively privatised, is going to make many medical specialties redundant

Still, for all of that and then some, the terms of reference for any select committee on Medicare should be to keep said body alive and well rather than administering to its slow and parliamentary death by a thousand, howsoever unfelt, strokes. Such would be, as parliamentarians like to say, in the national interest rather than, as some don't like to be heard saying, in the state's or in the case of health in the system's interests and wherein patients are known as health consumers when in fact

they are content providers, which is what I'm doing right now
as a matter of fact.