SCB 99

Health Consumers Network

Mrs. Kathy Kendell, Coordinator

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14 January 2004

Mr. Elton Humphrey, The Secretary
Select Committee on Medicare
Parliament House, Canberra ACT 2600

Dear Mr. Humphrey,

RE: Submission to the Reconvened Senate Select Committee on Medicare
Health Consumers Network made a submission at the Committee's Brisbane hearing. We were heartened by many of the findings and recommendations contained in the Committee's report, titled *"Medicare - healthcare or welfare?"*

We respectfully request permission for our colleague Beth Mohle from PHHAMAQ to table our brief additional response to the *Medicare Plus* package. While Health Consumers Network fully supports PHHAMAQ's submission and participates as an active member of PHHAMAQ, we as a group of grass roots consumers, feel there are some further points to be made.

Safety net thresholds
The concept of such safety nets is absurd and entirely misleading. Most people will reach the threshold amount for out of pocket expenses for their health problems very quickly. But Medicare Plus is very selective about what is covered by the safety nets. There is a wide range of health services people need which are not at all covered by the safety nets, as mention in PHHAMAQ's submission.

Patient Centeredness
It would be a mistake to think "patient centeredness" is outside the scope of information this committee seeks through its terms of reference. At minimum it should be on the minds of anyone seeking to improve the health system.

If we are to plan for a health system that is more affordable, cost effective and higher in quality, then we must recognize an urgent need for a fundamental shift away from the failing, expensive current entrenched culture of medical practice and health service provision in this nation. We are most concerned that the *Medicare Plus* proposal to improve our nation's fractured healthcare system, not only fails to recognize this urgent need, but further undermines opportunities for change.

We believe the current culture of medical service provision lacks true patient centredness. Quality and accountability are terms that derive much of their meaning from the perspective of the person who receives the service. Little more than lip service is paid to the patient's perspective of their health service. One measure of this, is the tens of thousands of complaints made to the Queensland Health Rights Commission over the last ten years, in comparison to the very few that were ever officially investigated and acted upon.
The current system discourages the right to hold expectations about quality and

accountability, and discourages patient confidence, leaving patients at the critical point of service, feeling unable to act as active informed participants and equal partners in their health care. This contributes to massive wastes in the health system. A failure to fully understand and appreciate this fact will mean no amount of money will take the health system out of its current crises.

In the latest Queensland Health Rights Commission annual report, complaints in which the primary issue involved *an intentional denial of access to medical treatment (for reasons other than bed or resource shortages)* have increase four fold. This characterizes the point we make as this tends to happen most often when a patient expresses an expectation about the system or his health care.

To illustrate a very recent example, a patient informed us his neurologist sat and ate a huge whole pavlova in front of him while conducting the consultation, in a completely disinterested fashion, deeply upsetting the patient who is quickly deteriorating with some neurological disorder. When the patient expressed his upset to the doctor, he was quickly ushered out of the consultation, with no assurance anything in future would be done to help his problem. The patient waited months for this appointment. He is loosing his ability to walk and can't feel his legs.

No legally enforceable rights arise out of the medicare principals for patients in this country. Our public hospitals can and do refuse to adhere to the principles of universality contained in the Australian Health Care Agreement, and such an issue has been repeatedly raised in the Queensland parliament. The health minister continues to refuse to investigate overwhelming evidence in support of such a serious deliberate abuse of government policy. There exists a tape recording (available) of the Queensland health minister stating the public children's hospital entirely funded under the Australian Health Care Agreement (Brisbane Mater) do not have to comply with the Medicare Principles.

We have little doubt a major investigation into health services would uncover problems and abuses which harm patients and drive up costs, more far reaching than even the recent adverse CMC findings against Queensland's Families Department.

At the Brisbane hearing into Medicare in August 2003, the AMA effectively told this Committee that doctors would charge patients on the basis of the "doctor's assessment" of the patient's ability to pay. What kind of power imbalance does this create, and what security does this give patients? What kind of primary health care system will this lead to? And what will Medicare Plus do for vulnerable patients in this regard?

National Legislated Charter of Health Rights

Internationally there is increasing awareness that policy and principle statements fail to go far enough. Consumers and patients will never be empowered, informed, and active participants in their health care until they have the confidence that only a national charter of legislated health rights, can hope to provide. Such a charter was also supported in the communique of the Australian Health Summit in Canberra last August.

Recently, consumers have had to bear significant loss of their civil rights in tort reform changes to appease the medical community. For those who have a

background in law and actually understand the implication of these changes, there is absolutely no doubt of the effect these concessions will have on increasing the power imbalance against consumers.

Dental Care

There is a severe shortage of dentists in Queensland and in particular dental specialists. The private system often takes months to get in to an endodontist. General dentists are often booked two months in advance also. We understand the Dental School at Herston in Queensland has been giving half of its places to overseas students, leaving only about 25 spaces for Australian students. It is questionable whether a new Dental School at Griffith University will provide for sufficient numbers of student spaces to fill the needs.

Significant new research is emerging that poor dental health is causing a number of serious systemic health problems. Our feedback from the public tell us many Gps turn patients with dental problems such as oral infections away, advising instead to see a dentist. There seems to be some level of uncertainty or confusion about what the Gp should do for example, the patient with a chronic jaw bone infection, when the patient cannot access a dentist.

These poorly managed infections can sometimes become systemic playing having with the patient's immune system as well as resulting in a number of serious and life threatening conditions. We regard the fees being charged by many dentists as unreasonably high in proportion to the time spent with the patient, and this is greatly contributing to the problem patients have in attaining access. This is but one more of many medical needs which the proposed safety nets do not cover.

Alternative Health Care Services

The Australian public spends more than a billion dollars each year on_alternative health care services, despite the fact these services are not covered by any safety net. This is a clear signal the medical profession's approach to managing patient health problems often falls short and that alternative approaches to health care are important. This is another medical need not covered under the proposed safety net.

Authentic Consumer Representation

We need highly skilled consumer representatives on decision making bodies, who unashamedly represent an authentic voice for the public interest. We do not need consumer representatives who sell the public interest short, and support other agendas, in the interest of carving out a more prestigious job for themselves in future.

The Proposed Health Reform Commission

We do need such a national commission of reform. If implemented it must be legislatively mandated to act clearly and soley in the public's best interest. It must also be prepared to investigate beyond resource issues and seek to examine and encourage more productive models of health service provision.

We thank you for this further opportunity to comment.

Sincerely,

Kathy Kendell, On behalf of Health Consumers Network, Queensland