

FIRST INTERNATIONAL CONGRESS ON DOMICILIARY  
NURSING

Melbourne, Victoria

2 FEBRUARY 1970

Speech by the Prime Minister, Mr. John Gorton

Madam President, Distinguished Guests, Ladies and Gentlemen :

Thank you very much for your welcome, Madam President. My wife and I are glad indeed to be with you on this occasion and to have the opportunity of extending, on behalf of the Commonwealth Government, a welcome to all delegates, but particularly, perhaps to those delegates who have come from overseas.

It is good that we have with us today delegates from the World Health Organisation, from the North American continent, from Europe, from Asia and from the Pacific. I take some small personal satisfaction in having made the conference arrangements a little easier, due largely to the persistence of Dame Ivy Wedgwood.

I wish at the beginning to pay tribute to the organisers of this Conference, the First International Domiciliary Nursing Conference - the Royal District Nursing Service of Melbourne. Beginning in 1885 with a staff of two nurses, they are now recognised as the senior home nursing service in Australia, and the conference owes much to their initiative and hard work.

But they are not the only organisation in Australia. Twelve years ago, when the Commonwealth Government first began to financially assist these organisations, there were some 19 organisations employing some 200 nurses. Now there are 78 organisations employing more than 700 nurses, engaged in succouring the ill, in rehabilitation and in after-care throughout Australia.

You have chosen as the theme of this conference "Domiciliary nursing in a Changing World". What is the nature of this change referred to, as far as it concerns the matters you are going to discuss? Over the last two decades there have been great advances in the methods of treatment of the ill and in the technical ability to heal. But in this period there has also been what is perhaps a more important change - a determination on the part of nations to see that this technical capacity to heal is applied to the individual, to see that schemes are brought into being in countries of the world whereby these new methods of medical and hospital care are made available to all individuals in a community

and that none is debarred from sharing in them as a result of his financial situation. This is indeed a great change, and perhaps what you had in mind.

But it is not an easy matter to arrange. What do we want as a result of applying our minds to this change in attitude towards our citizens? We want a scheme which covers the great bulk of the cost of minor and major illnesses to a patient, whether that cost be incurred by medical attention, hospitalisation or by other methods of care and rehabilitation. We want a scheme which requires some contribution from the individual, high enough to impress on his mind that these matters are extremely costly, and yet low enough to ensure that all can join in the protection offered.

We want a scheme that is efficient from the point of view of the patient, to whom we direct our attention. And we want one which costs the tax payer as little as possible, consistent with the effective operation of the scheme, and consistent with it being extended to all our citizens. So this is what we want. Not very difficult to state, but quite difficult to attain.

So we need to cover medical diagnosis and treatment, hospitalisation and the other cares of which I have spoken. This involves great and growing costs to the community, as experience has shown in our country and every other country which has involved itself in matters of this kind. This is true whether the method of a scheme adopted is a compulsory one or a voluntary one. In either case, there are great and growing costs.

Major problems leading to this cost, ones that we must seek to guard against, I think, are unchecked rises in medical fees by doctors, rising hospital costs as costs rise generally through the community, the over-use by patients of medical or hospital facilities, and the over-treatment by some doctors of patients who will add to the income of the doctors that over-treat them. I emphasise SOME doctors.

These are problems common to all schemes, again whether they be compulsory or whether they be voluntary, and overcoming these is a major matter for all those who wish to see the proper operation of the health scheme I postulated at the beginning, working in our community.

But in any case, even if we do overcome them, costs will still tend to rise. They will rise because of the cost per bed in hospitals. Perhaps this gathering might devote some of its attention to seeing whether the cost per bed in hospital is necessary at its present level, whether perhaps some of the stainless steel, some of the bronze

some of the general - what shall I call it . . . . . the general greatness which is put into the building of hospitals is essential for the care of the patient. There is a great field to be covered in hospital construction, and in what is required for different classes of patients in hospitals. In any case, this is just, in passing, one aspect which this gathering may perhaps wish to take into consideration.

Perhaps more directly concerning this gathering is that home nursing contributes to keeping down the cost of treating patients in hospitals or even in nursing homes. Yet it does, of course, far more than merely keep down the cost of treating patients. It pays attention to the inner desires of someone I referred to hitherto as a patient, but who is more than a patient, who is a living, sentient human being. It pays attention to the social and emotional desire of such people to be treated in surroundings they know, in the company of families they love, in their own homes. So it does far more than merely keep down costs. It contributes very greatly to actual healing, if actual healing is helped, as I believe it is, by the state of mind of the person being treated, and this is the great significance of this movement.

There is another matter I would ask you to consider. As the technical capacity to treat those who are ill has increased, so there seems to have been an increase in the amount of training and the number of certificates required by nurses. And I am sure this is right and proper. But I wonder if all those nurses who make home visits for domiciliary care need to be quite as highly technically trained as some other nurses involved in hospitals perhaps need to be.

I am told by doctor friends - and I have some doctor friends - I am told by doctor friends that in many of these cases what patients at home need more than anything is what they describe as TLC - or tender loving care, which involves the smoothing of a pillow, the making of a bed, the bringing of a cold drink, the talk about little matters of the day, the provision of a hot water bottle - which in themselves, the laymen would think, did not really require triple certificates in order to be able to be devoted to the welfare of the patient. But I just put this question to you and look to you for the answers to it to come back in due course.

I am sure the answer to that and other questions of significance will emerge from this Conference and will be of help to me, and to the Parliament and to the nation, for on these matters we will in the year ahead be hearing a very great deal indeed, and be seeking to make advances in solving some of the problems involved. It is of some help and some sustenance to those who try to devote our attention to this to know that here in Melbourne, and in Australia today,

we have this conference concerned in the same affairs, preparing to devote its discussion to those affairs, and we know that out of that discussion there will be help for us in our attempts to be, as it were, the midwife between the Australian nation and those who are sick in the Australian nation, so that what the Australian nation wants to do for those who are sick, we may help them do in the most effective and efficient way possible.

I must finish by congratulating and thanking all of you for having devoted your attention to the thought and care for those who are less fortunate than you. That in itself will, I think, be a reward for you to know you have done that, but a rather more concrete and rather more significant reward will be if from this Conference there emerges proposals which a government is able to consider and perhaps adopt for the good of the people of this nation.

\* \* \*