



PRIME MINISTER

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SPEECH BY THE PRIME MINISTER
14TH CONGRESS OF THE CONFEDERATION OF MEDICAL
ASSOCIATIONS IN ASIA/OCEANIA
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Dr Lindsay Thompson
Distinguished Guests

At the outset I should like to thank the Chairman of the Organising Committee of the 14th Congress of the Confederation of Medical Associations of Asia and Oceania, Dr Lindsay Thompson, for the kind invitation to address your official dinner this evening. I should also like to congratulate Lindsay on his appointment as President of the Confederation - an office to which he will bring great expertise and dignity.

May I also welcome overseas visitors to Australia. The Congress is another example of the growing recognition of the importance of co-operation between countries in the Asia/Oceania region in areas where the exchange of information and expertise can offer significant benefits to the populations of the participating countries.

Only last Friday I was privileged to be at the opening of the new building for the Walter and Eliza Hall Institute of Medical Research in Melbourne. That Institute, and others like it in Australia, are developing a growing relationship with researchers in Asia and Oceania. The Institute's work on developing a malaria vaccine, for instance, is of tremendous significance for Asia and Oceania.

During this century there have been impressive advances in medical science. In 1979 smallpox was officially declared to be eradicated on a worldwide basis. Poliomyelitis, tuberculosis, typhoid, all killers or causes of substantial suffering, irreversible disability, grief and social stigma have been pushed into the background. Inevitable childhood diseases such as measles, mumps and rubella are effectively preventable nowadays with the elimination of such

dreaded complications as encephalitis, deafness and congenital deformations. Birth control has been made highly effective and relatively safe resulting in a substantial reduction in the physical and psychological burden of unwanted pregnancy. Pregnancy itself, birth and parenthood are no longer so clouded with the nagging prospects of losing either the child or the mother or both.

On the other hand, success in eradicating the diseases of childhood or childbirth seems to have produced a transference of the health problem to those who now survive through to adulthood.

In most of the advanced countries newborns of both sexes can now look forward to an average lifespan of more than 70 years. In many countries concern is now being expressed at the impact of ageing of the population on health care costs and the nature of health care services. The quality of life of these senior citizens has been enhanced through control of painful or disabling conditions ranging from dental care and hip replacement to cardiac pacemakers.

It is one of the ironies of life that this impressive record of performance and the expectations about things to come is accompanied by growing apprehension about the alarming rate at which health care costs keep rising. This apprehension is compounded by misgivings about an emphasis on technological capabilities at the cost of human dignity. Questions and doubts about the real impact of health care on health status and on life expectancy are increasingly being voiced and echoed through the media and in the public arena. Some argue - with the uncritical support of many - that health care resources could be spent more effectively on other social endeavours.

It is important to point out, however, that a fundamental principle of my Government's health care policy is that no Australian is denied access to medical treatment in the community and public hospital services. The Medicare health insurance program which we established is a simple, fair, and affordable health insurance system that provides basic health cover to all Australians.

I believe that Medicare is one of my Government's most significant social reforms. Medicare's universal health insurance coverage has brought to an end the unacceptable situation where under the previous Government two million poor and disadvantaged Australians were without health insurance.

My Government's initiatives in community health have, to date, been based on the Medicare arrangements. It was Medicare which laid the foundation of an expansion of community health programs for which an additional \$20m was provided in 1984/85. This funding has been continued. Priority now needs to be given to closing gaps between existing programs and extending existing community health activities, particularly in the area of allied health professionals to support the already well established network of general practitioner services. Through increased Federal Government funding and involvement there is the opportunity to influence the direction of the provision of community health.

Medicare is founded in a mixed system of health care provision. Private medical practice continues in public hospitals, and private hospitals provide about 20% of total hospital bed days in Australia. The Government believes that the private sector has an important and continuing role to play in the co-ordinated delivery of health care services and is endeavouring to remove unnecessary regulation. As a part of the package to resolve the recent NSW Doctors Dispute, for example, detailed negotiations are underway to achieve deregulation of private hospitals at the Commonwealth level.

It must not be assumed that there are no significant problems remaining. The recent report by the Federal Parliamentary Public Accounts Committee, and subsequent hearings, exposed serious concern about the provision of pathology services under the fee for service system. These concerns, I should hasten to add, were expressed by the major Australian medical associations, the Royal College of Pathologists, patients and others. The Government does not believe that the criticisms and the significant costs of such services can be ignored.

The Government is committed to the operation of an efficient, high standard health care system through Medicare at a cost that is affordable to the Australian people. It is important that increases in health costs be restrained particularly in those areas where serious problems have been identified. The Minister for Health, Dr Blewett, has already given notice that the Government intends to address problems in the pathology industry.

Many of the problems facing Government stem from technological advances that promise to save and extend lives, but are very costly. As this technology moves from the experimental stage to adoption in the mainstream of medicine, it will pose some difficult social dilemmas. Should, for example, care be provided in cases where expected costs may appear

disproportionately high. Should the latest technology be introduced before it has been fully evaluated for efficacy and cost effectiveness against existing technology.

A recent report on "Into the Twenty First Century: The Development of Social Security" by the International Labour Office points out that:

"It would be undesirable to limit medical progress or to restrict access to the benefits of medical technology which can demonstrably improve the quality of life. As our societies become richer, it is in this area that we are convinced that people want to see more money spent - particularly on improvements in the quality of care given to the aged and the dying as well as in the life prospects of children."

The ILO report further observes that, while there have been clear breakthroughs in improving the quality of life for many groups of patients in the past 30 years, the extent of the improvement should not be exaggerated. The report argues that the vast increase in health spending has not accelerated the decline in mortality rates (relative to the previous 30 years) and that there is no clear link between spending on curative services and better health.

Some other problems which I believe need to be addressed by Australia and other countries include:

- (i) the current bias towards care in institutional settings relative to care in outpatient settings;
- (ii) the bias towards short-term acute and curative medicine and the inadequate attention to the prevention of illness and health promotion;
- (iii) the lack of interest in the role of volunteer or other helpers who could supplement public programs in addressing need; and
- (iv) for some of the countries represented at this Congress, improvement in the status of public health is important and it must both anticipate and respond to the needs of specific populations.

Progress in resolving some of these important policy issues will depend on the development of new approaches to the delivery of cost effective health care services.

Globally Governments are restricted in the resources they can make available for medical efforts to save lives. I hope that the forthcoming Reagan/Gorbachev Summit will result in decisions regarding arms control which could make available more resources devoted to saving human life.

I am aware that some of these health policy issues will be touched on in the scientific program of the Congress. I hope that limits to the availability of public resources in the field of health care are recognised and that attention will be directed to identifying the most effective ways in which these resources can be used.

Again I would like to thank you for your kind invitation to speak to you tonight. I wish the Congress every success and hope that Congress delegates who are visiting Australia find their stay professionally and personally rewarding.

Thank you.
