

MEDICARE UNDER THREAT

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I live in a rural town, about three hours from Sydney by road. We have a very good hospital that supplies a range of services, many general practitioners and allied health professionals, a radiology practice and several pathology practices. All very good.

As a university professor, I earn enough to put me in the “very comfortable” income bracket. While a strong advocate for Australia’s terrific public hospital system, I pay health insurance so I can use the private system when I choose, thereby not putting a drain on the public system.

Over the last few years, I developed a condition that ultimately required spinal surgery, and so my private health insurance was called into play, and I had the surgery in one of Brisbane’s private hospitals. I chose to have it done in Brisbane because I knew the surgeon, and by using the private system, I could choose who I wanted to operate on me. All went well. However, I got an awful shock when I was told before the operation that the surgeon’s bill would be over \$10,000 with only \$2,000 of it covered by Medicare.

Because I live in a rural area, I could not get this major surgery done here – I had to go to a big city. We have a house in Brisbane so it made sense to have the operation done there, so my husband could accompany me, and I had a home to go to for the immediate recovery period. Had I gone to Sydney, I would have had many more extra costs, so while it was further away, the Brisbane option was the most economical.

I don’t regret using that surgeon, even if I had to travel 1,000km – he did a very good job, as I knew he would when I chose to go to him. And given his level of expertise, I am not surprised that his services cost that much. I am not criticising the surgeon. I knew how much he would cost – the literature I was given prior to hospitalisation stated that his charges were those recommended by the Australian Medical Association (AMA). I knew that I was getting the best in Australia and I will pay his bill with no complaint. I am in the fortunate position of being able to do so. But this led me to wonder how people who do not fit in the “very comfortable” income brackets can deal with such an episode. Of course, they can use the public system, and they would get very good care at no cost. However, they would not be able to choose their surgeon, and they would most likely be put on a waiting list. The public system is marvellous but it has its limitations.

What about those “battlers” who pay the astronomical amounts for health insurance and then are faced with a huge bill when something goes wrong? Do they gird their loins and pay the bill off in instalments? Do they have to shop around and find a surgeon who is cheaper? Do they go into the public system? If they do that, then their health insurance payments are for nought. How do these people cope? And what will happen to them (and to us all) if Medicare is privatised?

My ill-health episode has highlighted a few things to me – the most important being that Bill Shorten was not lying during the last election campaign. Medicare is being privatised – in dribs and drabs – a “death by a thousand cuts”. If the government(s) won’t pay the surgeons the amount they

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believe their products are worth, as the AMA says, then they have no choice but to put the costs onto the consumer. Of course, some would argue that the doctors are hugely overpriced, and it is tempting to agree with that, but one has to remember that they really have trained for many years to learn how to do something like a delicate spinal operation. It requires a person with a certain, rare personality to have the courage to cut into another person's body using microsurgery techniques and equipment, and the training is as intense as any high-flying military commander's, or opera singer's. Such people are rare, and yet we rely on them. If governments continue to refuse to recompense them appropriately, then fewer people will be able to afford their charges.

The doctors have a point when they ask their "consumers" to understand that they are working to AMA guidelines surrounding their costs. If governments continue to undermine Medicare, if the Medicare rebate is not keeping pace with inflation, then do we ask the doctors to drop their fees? Is that fair? Or is it any fairer to ask patients to pay the ever increasing gap? As stated in the fees brochure that my surgeon gave me, the Federal Government has failed to adequately increase the Medicare rebate since it was established in 1985, nor has the rebate increased in line with inflation. If the government does not increase the schedule fees, then the medical gap will continue to rise.

Another aspect that I came to appreciate is the influence of living in a rural area with its lack of accessibility to health services. While much of my research is about that very topic, I again wonder how people who do not have a "very comfortable" income cope when they have to travel to places far away to access the health care they need. And what if they (or their children) have a major chronic disease such as cystic fibrosis, where the main treatment centres are in capital cities? Life must truly be tough for them. If Medicare payments are not keeping up with inflation, then people who have to travel long distances to access the health care they need are even more disadvantaged.

So, Medicare is under threat. Its decline is being enabled by stealth. By not paying costs that match inflation, by making it impossible for skilful health practitioners to be able to keep their skills up to date and innovative, and by expecting the patients to pick up the slack, Medicare is slowly drifting away. Increasingly, patients will have no choice but to use the public hospitals, putting more and more pressure on an already overburdened system. We will all lose out.