

This is the unedited version of a column which appeared in *Australian Doctor* in 2001. The published version may have had minor changes.

### **Media Bites: WARNING, THIS IS A GREAT STORY**

No wonder people are so cynical about journalists. When an issue or event moves us to exclaim “what a great story”, this usually means that something disastrous has happened to someone somewhere.

The reason the bunfight over changes to the Pharmaceutical Benefits Advisory Committee (PBAC) has been hitting so many headlines in recent weeks is that it has all the elements of a journalist’s dream story.

There is betrayal. Take Martyn Goddard, until recently the consumer representative on the PBAC and a longstanding HIV activist. Until recently, he was also pretty close to Minister Wooldridge. Close enough to have written to selected members of Wooldridge’s electorate at the 1996 election to tell them what a good bloke the Minister was. Close enough to act as the mediator between Wooldridge and members of the former PBAC when their relationship began to deteriorate last year. Close enough to feel completely betrayed when Wooldridge recently sprung the unexpected news that he was appointing a former industry stalwart to the committee.

The story also involves more than the usual level of intrigue. Why would a Health Minister, especially one known for an interest in public health and evidence based medicine, want to make such changes to a system which many observers, at least those with no pecuniary interests at stake, think has done a pretty good job? Not surprisingly, there have been mutterings far and wide that the pharmaceutical industry, at least sections of it, has run a most effective lobbying campaign against the PBAC and selected individuals. The official industry strategy is to feign surprise at such claims. But Roche’s head honcho, Fred Nadjarian, is known for his forthrightness. There was “absolutely” such a campaign, he says, “and we were not part of it”.

Like any good story, this one involves conflict. Not that PBAC members are unused to copping flak - it comes with the territory. But it must have been a little unsettling to find their Minister wasn’t batting for them. Not surprisingly, Wooldridge’s colleague, Grant Tambling, has been keeping a low profile on the issue - he chaired the review which concluded that to

appoint an industry representative to the committee would be “an untenable conflict of interest”.

This story even involves such old fashioned notions as the public interest - billions of taxpayers’ dollars are at stake, as well as important issues such as equity of access to medicines, and how an increasingly expensive health system should be funded.

As with any such story, there are no clear winners. But there are plenty of losers. Minister Wooldridge’s reputation of being extremely thin skinned - don’t expect any favours if you dare criticise him publicly - has been enhanced. Apart from copping a hiding in Parliament over the issue, the Minister can also expect his actions to come under international scrutiny, considering the interest that has previously shown around the world in the PBAC process.

An opportunity to make sensible reforms to the PBAC - by making the process more transparent, for example - has been lost. Even the industry is not a clear winner, if public perceptions count for anything. Many members of the former PBAC are feeling rather bruised. The new committee members are in an unenviable position - their job would be difficult enough in the best of circumstances. They will have to tackle a heavy and complex workload in what must be the worst of circumstances.

And it’s hard not to feel sorry for Pat Clear, the former industry executive whose appointment to the committee sparked all the fuss. Most people, even the critics of his appointment, say he is a decent bloke. Their argument is not with him personally but with the principle of appointing someone with such strong industry ties to what should be an independent committee. But it is Clear’s name that is being thrown about with all the mud.

However, the biggest losers might yet be the public, if we end up paying more for our medicines, whether out of the public purse or our own pockets.

So many losers. Has to be a great story.