

This is the unedited version of a column which appeared in *Australian Doctor* in 2003. Minor changes may have been made to the published piece.

### **Media Bites: Some wishful thinking**

The Prime Minister has appointed a new Health Minister who is clever, charismatic and powerful enough to engage the states and territories in health reform.

The new Minister has also got the PM, the public, and assorted interest groups onside.

Ministers, bureaucracies and professionals of all persuasions are working together to integrate the funding and provision of community, hospital and aged care.

The process is remarkably free of egos, grandstanding and politicking as all parties are genuinely committed to better meeting the community's needs.

The time and energy once wasted in cost shifting and buck-passing translates into huge savings, as does the end of bureaucratic duplication and a more rational use of resources.

Savings are ploughed back into providing incentives for health funders, managers, service providers and the community to maximise effective use of health dollars.

The new system focuses on the needs of patients as well as population health, but also recognises the importance of a satisfied, engaged workforce.

Traditional rivalries within and between medicine, nursing and other professional groups are put aside as people focus on what really matters. Some groups, especially child care and aged care workers, earn more; others earn not quite so much.

GPs and other primary care providers are particularly influential, and present a unified voice which also acknowledges their diversity. When

their children are asked what they want to be when they grow up, they say, just like mum or dad.

Health services are based where they are needed, rather than clustering in the well-heeled metropolitan areas. The health and medical workforce is also more fairly distributed.

Australia is training enough health professionals to meet its needs, rather than sucking dry the developing world.

Competition to work in Aboriginal health is fierce. People want to work in the area because it is prestigious and well funded, and because they know they are making a difference.

When things go wrong, the system listens to patients and learns rather than reacting defensively. It also listens to those working in the system about what changes might help.

The public has a more realistic expectation of what health care can deliver. There is greater acceptance that suffering is not always preventable or curable, and that sometimes you just have to learn to live with it.

Society pays credit to the achievements of those working in what, by its very nature, is a difficult job. The unsung heroes of daily life are splashed across the front pages more often than soapie and sports stars.

The pharmaceutical industry is spending a proportion of its marketing budget on health promotion programs which are independently administered and in line with national health priorities.

Meanwhile, the billions once ploughed into the international arms industry are being used to help the world's poorest.

By the way, in case you're wondering what an earth I'm taking - this column has been inspired by a wicked example of creative writing: [www.whitehouse.org](http://www.whitehouse.org).

This website almost looks real, although the link to "How to spot atheists and report them to the FBI" is a bit of a giveaway.

Postscript: This column was written before Kay Patterson was dumped - an example, perhaps, of the power of wishful thinking. Here's hoping that Tony Abbott focuses on health outcomes rather than head-kicking.