



Speech by

BONNY BARRY

MEMBER FOR ASPLEY

Hansard 28 October 2003

ASPLEY ELECTORATE

Ms BARRY (Aspley—ALP) (12.05 p.m.): I am once again undertaking a round of mobile offices in the electorate of Aspley. Once again, the people I talk to identify the issues of utmost importance to them as being education and health. That does not surprise me, nor would it surprise those of us on this side of the House. I am pleased to be able to talk at length to my constituents about the good work that this government is doing in education—in particular, the focus on the preparation of young children for school, the focus on training and education opportunities for 15- to 17-year-olds and the investment in information technology skills and equipment on a level that is unprecedented in this state.

The news, however, on the matter of health care is mixed. The investment by this state government in the immense rebuilding of our public hospitals and the record budgets for our public health services are both good news stories, but that is not what people are concerned about. Without exception, people are concerned about the rising cost of and access to the local doctors in my electorate. In addition to that crisis is concern over availability of respite care beds to ease the burden of carers in my community. Finally, people talk to me about aged care and their concerns of chronic underfunding of HACC and residential aged care. It outrages me and shocks me—and indeed it should not—to see the direction in which this federal government is determined to take us in its shaping of the health care that Australians receive.

It is no surprise that I find the biggest worry to people in my electorate, in particular in the Pine shire, is access to a local doctor. It is common knowledge that the books of many local doctors in my electorate are full and that doctors cannot accept new clients. It is difficult to get a same day appointment to see a GP, waiting times are growing and out-of-pocket costs for doctors visits, prescription, pathology and radiology costs are often prohibitive for many families.

The end result of this environment is that people are forced to attend other local clinics, to travel widely to find doctors, or to visit locum services where constancy of doctors is not guaranteed. People express a real reluctance to pursue follow-up treatment such as a return check-up visit, and sometimes they cannot afford the medication required. This was particularly highlighted in a recent youth survey that was conducted in my electorate by our 2003 youth parliamentarian where 20 per cent of young people do not take up follow-up visits because of the costs.

It disturbs me that the response to these worrying trends is that the federal government decides to consider ways by which they can make the pathetic refunds for care funded by an ailing Medicare system more efficient—more efficient at a cost of \$500 million not to health care but to machines in doctors' surgeries. I am quite frankly disgusted that in one of his first moves Tony Abbott, the new Health Minister, has worked so hard to not find a way to ease the burdens of GPs and patients but to find a loophole in the scrutiny of the system of federal parliament—the Senate—to ensure that his and John Howard's ideological objectives of health care that feature inequity, hardship and user pays are achieved.

A government member: It is a disgrace.

Ms BARRY: It is a disgrace. Who does it affect? We all know that extremely ill people will forgo other essentials in life to get health care for their families, and failing that they will go to a public hospital emergency department. That is evidenced by the growing numbers of people requiring GP services in our emergency departments. But it is not the obvious casualties to an expensive and inequitable health care system that are just affected; it is the hidden costs that are so debilitating to us as individuals and

a community. Once upon a time a visit to a local doctor was not considered a burden on John Howard's budget but rather a way that you looked after yourself. Once upon a time a person who was a bit overweight or worried about their blood pressure or potential for diabetes took time to see their doctor to discuss diet and exercise with a view to getting healthy and improving their health outcomes. Now we go to the supermarket for a fat-sucking pill, seek help from myriad pre-packaged foods and undertake tests based on the pseudoscience of blood tests, star signs and testimonials from movie stars. Once upon a time we saw the local doctor to get help giving up smoking. It was not easy but we understood that if we worked with our GP we would get some help. Now we nick down to the chemist for a nicotine patch, cross our fingers that we do not suffer too much financially or suffer from withdrawal symptoms. It is no wonder so many smokers fail.

The end result of this shift away from the GP primary and preventive health care treatment is that we end up sicker and we end up requiring more expensive health care. The end result is a false economy and a failure to care for the people of Australia. History is often forgotten, and it is time to remind the Howard government and those who seek to defend their destruction of Medicare. In 1973 in South Australia the most common form of imprisonment for debt was due to failure to pay for health care bills. I said 1973. It would be terrible if, in the future, the most common cause of sickness and death for Australians was an inability to go to the doctor because it cost too much. I call on the federal government and those opposite who support them to restore bulk-billing levels by funding GPs adequately to reflect their costs and abandon the false economy of cost-cutting destruction of our universal health care system, including the PBS.