A SURGEON'S DIAGNOSIS OF THE AUSTRALIAN HEALTH-CARE SYSTEM

TERMINAL DECLINE

Bestselling author of *MAKING THE CUT* and *THE PATIENT*

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‘It’s Time’

Part of the policy speech for the Australian Labor Party delivered by Gough Whitlam at the Blacktown Civic Centre, Sydney, on 13 November 1972:

> ‘A federal Labor government will introduce a universal health insurance scheme. It will be administered by a single health fund. Contributions will be paid according to taxable income. An estimated 350,000 Australian families will pay nothing. Four out of five will pay less than their contributions to the existing scheme. Hospital care will be paid for completely by the fund in whatever ward the patient’s doctor advises. The fund will pay the full cost of medical treatment if doctors choose to bill the fund directly, or refund 85 per cent of fees if the patient pays those fees himself.’

Introduction

There is a great privilege in being a surgeon; indeed, in being a health professional of any kind. We are allowed into the inner world of our patients and we are allowed to witness first-hand the effects of illness. The way it ravages, extracts, saps, ages and either is defeated or stays to maim or kill the individual whose battle we assist. Few are allowed into this inner world. I dreamed of being a surgeon as a child. As a teenager, I read avidly about what it was to be a doctor: Axel Munthe's *The Story of San Michele*, A. J. Cronin's *The Citadel*, Alexander Solzhenitsyn's *Cancer Ward*, among many others. Eventually, life granted me the fortune of being able to call myself a surgeon.

When I became a cancer patient myself, it was difficult to continue my career without personalising every patient's pain. Maybe I wanted to explore other lives and universes. I slowly edged out of surgery and replaced it with different activities. Eventually I engineered, for a short period of time, to leave it entirely to concentrate my attentions on being an educationalist. With my wife, Michelle, I co-founded a higher education provider with a social justice mission, which aimed to deliver quality higher education to students around the world who were least able to access this. Once this was established and handed onto others, I decided to come back to my profession.

In my first book, *Making the Cut*, I sought to write about my experiences as a trainee surgeon in the late 1980s and 1990s, and describe the world of health from that perspective. In my next book, *The Patient*, I followed the ordeals of a middle-aged man who woke up one morning and urinated blood, necessitating a journey that helped the reader to see the health system from the point of view of a patient.

In both of these books, I commented on the cancerous growth of bureaucracy in health and on the shortcomings of our public system, on the systemic lack of compassion that occurs, despite the best efforts of the health professionals, who are daily obfuscated by the rigours of imposed policy and process.

This book is my attempt to find the truth about health care in Australia today; what decisions were made in the 1970s and 1980s that have resulted in the system in which I work; and who made those decisions.

There is no question that the health care we have in Australia can produce excellent outcomes. However, it does this at a great cost to the taxpayer, the patient and the staff who work within the system. As a practising surgeon now, I see great differences between the system as it is currently, and the one in which I trained in the 1980s. The overwhelming difference is the lack of empowerment in the faces of all those around me who are working at the clinical interface. 'We are powerless to fix it' is the mantra that is heard in the corridors of our hospitals and health facilities throughout Australia.

Meanwhile, it often seems that some patients have

expensive treatments they don't need; some patients wait a long time for treatments they desperately do need; community health workers cannot cover the patient burden they are ascribed; and every newspaper in the country is filled with stories of a nation sick of its health system.

Often when I talk to older doctors who have read my books, I get told about how wonderful things were before Medicare. I am told that patients were treated for free and that the causes for deterioration of the health system were left-wing influences, which started when Gough Whitlam introduced the 1973 *Health Insurance Act*. They say that the patient used to be our patient and the relationship was between the doctor and the patient. Now the relationship is between the patient and the government, with the doctor being contracted to provide care, almost as a technician. Whenever they say that, I feel a pang of guilt.

In 1972, when Whitlam was setting out his reforms in health, I was a twelve-year-old growing up in the southern suburbs of Sydney. I spent the year dropping leaflets into houses in support of the left. It amazes me now how politically aware I was at the time, but as a migrant in Australia in the 1970s I believed Whitlam stood for us, for the underprivileged. He made us feel that we belonged in Australia. I wore badges to school that bore the slogan 'It's time'; this slogan created a wave of public support that led to the Whitlam Labor government victory in 1972. I remember the great pride I had watching the new prime minister give his victory speech on television, feeling as though my efforts had put him in office.

Whitlam introduced Medibank, which was the first universal health insurance scheme in Australia. It meant that the government would pay for medical services to all Australians, regardless of means. His government's reforms were revolutionary. I would not have become a doctor if it hadn't been for his health reforms and his reforms to education, which abolished university fees.

But each time I hear the current health system criticised, or even hear myself criticise it, my pride in my contribution to getting Whitlam elected turns into guilt. If my senior doctors are correct, I supported a government that created a system that is, at its core, erroneous in philosophy, governance and funding; I helped to elect a government that set up a health system where doctors are disenfranchised and where people in management are so disconnected from clinical decision-making as to make them an impediment and an irrelevancy.

Maybe my pangs of guilt can all be explained by the Churchillian saying that goes something like, 'If you are not a socialist in your youth, you have no heart, and if you are not a conservative in adulthood, then you have no brain.'

I, and many of my contemporaneous colleagues, have only ever worked in a health system with universal insurance, as introduced first by the Whitlam government in 1973, then scrapped by the subsequent Liberal Fraser government and then again introduced in 1983 by another Labor government.

When it was introduced the second time, as Medicare, I was a second-year medical student, becoming gradu-

ally aware of the discontent of my senior colleagues and consultants in the hospital. I remember doctors striking. Department meetings in which I was supposed to be learning clinical care became forums for hushed discussions on how the communists were trying to nationalise medicine.

After I got cancer, I started to edge out of full-time surgery, and eventually went on a ten-year journey culminating in a complete break from surgery for a couple of years. I've always defined myself by surgery; however, it was necessary to leave what I had before knowing its worth – as Joni Mitchell said, I didn't know what I had till it was gone.

Now that I'm again working full-time in surgery as a clinical academic, I have started to doubt the system and my beliefs in universal health insurance. I became a doctor to be altruistic (or so I really believe), but now I almost feel that in supporting what I thought in the 1980s was a compassionate approach – a system that provides free health care to all – I have paradoxically participated in the creation of a system that, by its very structure, brings about a diminution in access to health care and a wastage of resources. Perhaps by attempting to be compassionate by creating a system that gives free access to all treatment to all people, we have created cruelty.

Synonymous with the medical resistance movement against some of the legislation that accompanied the introduction of Medicare is the name Bruce Shepherd. At the time an orthopaedic surgeon and later president of the Australian Medical Association, it was he who led the doctors in striking for the first time in the history

of Australian health in 1984. Back then, I partially swallowed the marketing campaign against medical practitioners, whereby he and others were painted as avaricious fiends whose objective was the protection of their income and the prevention of health care for the poor. Even as a 20-year old, I could not understand why doctors were complaining about the proposed introduction of Medicare when, in actual fact, most of them would be better off with it in place.

I blamed Bruce Shepherd for the public's negative perception of doctors. Most people suddenly viewed us as greedy, with a complete disregard for social justice. As Shakespeare says, 'The lily that festers smells far worse than weeds' and, for the first time, surgeons smelt like weeds.

Because of my growing doubts, and spurred on by talk surrounding the new health reforms announced in early 2010 by the Rudd Labor government, I decided to undertake my own explorations into our system of health care, from the point of view of a surgeon working in the public system. I took it on myself to meet some of the major players of health-care reform in the 1970s and 1980s. As I interviewed each proponent, they would recommend others to whom I should speak.

I have tried to ensure that it is the human dimension that I explore and not to produce yet another academic treatise on health care. My interviews are interspersed with stories I have observed that illustrate the impact of the health system on people's lives; people who are trying to take what is theirs in a world in which, I have come to realise, there are no coffers large enough to pay for

the health care they expect. It seems to me that society and government must grasp the nettle of the truth that immortality is impossible, and that death comes to us all. The search for the elixir of youth appears to have turned away from the dew of a rare flower on the side of a distant mountain and is now sought in the corridors of our hospitals. In order to pay for this search, this attempt to avoid death, we as a society have managed to send our health system into terminal decline.

1

The Measure of a Man

Out of life's school of war: what does not destroy me,
makes me stronger.
The Twilight of the Idols, Friedrich Nietzsche

Mr John Jacobs was sitting across the desk from me in my consulting rooms. He was a farmer who had fought in the Vietnam War and was decorated for his bravery. He had married young, shortly after the war, and had fathered three children. He had lived through the entire spectrum of woes and triumphs that nature seems to inflict on its victim farmers. Years of drought had decimated his life savings and then floods had washed away what was left.

But Jacobs was a good farmer and, despite these natural cruelties, had managed to build up a sizeable holding and a considerable fortune on the backs of sheep and their fleeces. Two of his three children had moved away: in building his fortune Jacobs had been a single-minded businessman and had forgotten to also be a father. The third boy, James, had stayed and was being groomed to take over the farm.

The universe, however, determined that this was not going to happen when James was killed on a motorcycle trying to jump over a fence on the farm. He was discovered by Mr Jacobs, who had carried his son's corpse on his truck back to the farmhouse. All night long he had sat with the son's broken body and wept. He felt himself completely hollowed; it was as if his soul had been extruded along with his tears.

He had already buried his wife, who had died from pancreatic cancer a year prior to this awful event. It is right that a man should be buried by his son, but there is something profoundly unnatural about burying your own child. Dvořák wrote *Stabat Mater* when his daughter died. It is one of the most moving pieces of music ever written. The words come from the twelfth century and they describe the pain that the mother of Christ would have endured watching her son crucified. Such a loss creates a void that can never be filled again. So it was with Mr Jacobs.

After his son had died, he noticed that at times his legs did not move immediately at his command. Then his arms began to disobey him. Finally, he saw his family doctor and was referred to a neurologist. Months of tests ensued before the result came back: motor neurone disease, a disease that attacks the nerves and eventually kills. Since then, he had seen a deterioration of his abilities to do his work, look after himself, feed himself and, now, to rid himself of his bodily waste.

'I used to be able to fence a whole paddock in a week. I nearly got killed yesterday wrestling a goat. I feel like I'm no longer a man. Each day's getting worse.'

I listened to his story in silence and was moved. I could see his life extending before him. I could see what this man could not see yet – the ending to his life. I saw it like a novel unfolding. I had the bitter privilege of being able to turn to the last page, to that final line . . .

'It's a struggle now to wake up in the morning and have a shower,' he said. 'I have to plan to take my tablets. To come here today, I would have once just got into a car and come. Now I have to plan it, make sure I have the strength to survive the car trip, plan my medications, carefully plan getting here and getting back.'

He was struggling to speak. His respiratory muscles seemed to be getting weaker. His weakness was now so severe that he was unable to get to the toilet in time when he felt the urge to urinate. Several times a week he was incontinent, emptying his bladder on himself. The resultant washing and change of clothes were almost insurmountable for him. The state provided him with a nurse who came three times a week to help him shower, but she would often find him sitting in his chair soaked in urine. Medications to relax his bladder had not helped and neither had medications to relax his outflow to allow him a better passage for his urine. From his history and my examination I determined that he had a blockage of the prostate, which was causing his bladder to become irritable and overactive. Paradoxically, this was causing him to lose control of urine. He needed to have something definitive done to relieve his obstruction.

I looked down at the computer screen where my secretary had entered details of his medical insurance. He was

not insured. This meant that he would go on the waiting list at the public hospital. He was no longer a wealthy man. He had sold some parcels of land and long since got rid of his flock of sheep. Slowly he had placed most of his belongings on eBay so as to gather income to live and to pay for medications and medical care. Finally, he had removed the photo of him and his wife on their wedding day from the sterling silver frame his parents had bought for him and sold that, too. He told me that the picture, now grey and faded, was stuck on the wall with Blu-Tack above his dresser. This man, who once had owned so much and been so rich, was being stroked to death by the senseless ravages of disease and poverty.

'I will place you on the waiting list, mate. Unfortunately, it could be a few months before we can get this done,' I said, apologising, embarrassed that someone who desperately needed this operation would have to wait so long for it. A routine prostate operation might take upwards of a year to get onto a list at the Victoria Hospital.

'I can't wait months, doctor. I'll be dead before then. I don't want to die pissing myself.'

There was a time when I could have called the booking office at the Victoria Hospital to try to speed up his name on the waiting list. I would ask that he be placed earlier on my list. However, the bureaucracy had centralised the bookings department and it was now in another hospital. I no longer knew who arranged the lists in the public hospital and who booked in the surgery. Each week I turned up and a series of patients were placed on my operating list, for whom I did operations. I was contracted labour. The

hospital determined when and in what order the patients would receive their care.

Meanwhile, each day my secretary fielded several calls from patients with cancer, with stones, with severe incontinence waiting for their operations on the public hospital list. She offered them tea and sympathy. There was nothing we could do.

That is not the case for my private patients. They can choose when they want their operation because they are my patients and I am their doctor. The relationship has no other interference. I lamented now, not because the private patients got this treatment but because public patients such as John did not.

'What was it like before Medicare, John? Would you have waited for an operation?' I was trying to get the conversation to a less emotional place.

'I can't remember really. But, I think we all had private insurance. I mean, we never had much money when I was growing up, but the GP would see us straight away. When my dad went broke and couldn't afford to keep up his insurance, the GP just treated us for free. We never had to wait. We never felt like second-class citizens because we couldn't pay.

'I think my mother had a gall-bladder operation by a surgeon here at the hospital and she never even got a bill from him. Your profession was not all about money then. You respected doctors in those days, and they respected you back. And nursing was different too. The nurses today are more interested in their hours and their mobile phone. When they come and see me they spend half the time

filling out forms about the care they have given me instead of actually looking after me.'

I finished off with John Jacobs, filled out the forms necessary to book his operation and then helped him out of the chair and into the waiting room.

In the early part of his life, a man is measured by his career, his reputation and his wealth. Towards the latter part of life, the measure of a man is how he survives each day, how he breathes and forces his heart to pump out another beat, and yet another. Within the framework of illness, sometimes the measure of a man is simply whether he maintains dignity in the face of immeasurable suffering and pain. Such was John Jacob's fate.

My phone rang before I could call my next patient in. It was a colleague of mine who was involved in medical politics.

'The big K is coming to the hospital next week,' he told me excitedly.

'Who?' I asked, trying to guess what the acronym stood for.

'You know . . . the big K, the Kahuna. The man himself.' He was trying to tell me something, but I was too dim to appreciate his code. He was getting frustrated now.

'Kev. Kevin. The PM!'

'I'm sorry. My mind's a million miles away. So why's he coming?' I asked.

'It's all about the National Health and Hospitals Commission report. He's trying to do his *consultation* like the bureaucrat he is. At least then he can stand up in Parliament and say he consulted with doctors. It's the usual bullshit

they carry on with.' My colleague was naturally cynical, but his words resonated with me.

The prime minister was going to conduct a series of consultations with doctors and other clinicians at various hospitals around Australia to talk through the 123 recommendations of the National Health and Hospitals Reform Commission. Millions of dollars had been spent on this commission, which sought to bring about reforms to the health sector. The prime minister was now establishing what level of support there was for the findings in the medical community. I made a note to try to read the full report prior to the meeting the following Thursday, but it was going to be difficult as I had a trip to Singapore arranged to give talks. I would be back in time though. I told my colleague I would be there.

I, like so many, hoped, perhaps even prayed, that the reforms being proposed would somehow change the structure of the health-care system: reduce the bureaucracy, increase the resources we had at the coalface to offer patients good care and, most of all, lead to conversations in the community about the type of health-care system that we wanted. In short, we craved leadership rather than administration in health.

This is not the way business is conducted in Singapore; a country where efficiency and decisive action is prized. There is a can-do attitude in Singapore that has always invigorated me. *Boleh*, a Bahasa word, typifies the attitude. Translated, it literally means 'can'. Would it be possible to introduce the concept of 'boleh' into our Australian bureaucratic system? Could the prime minister I voted for bring

that type of attitudinal change? I would love as a surgeon to ring the hospital booking office and say, 'I really need to operate on this man with terrible lower urinary tract symptoms who is incontinent and who is desperate to die without wetting himself constantly,' and for them to say *Boleh!*