

# **Political Guts**

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Sunday, 26<sup>th</sup> October 2008

The Hon. Nicola Roxon  
Minister for Health and Aging  
The Hon. Jenny Macklin  
Minister for Families, Housing, Community Services and Indigenous Affairs  
CC Prime Minister Kevin Rudd  
PO Box 6022  
House of Representatives  
Parliament House, Canberra ACT 2600

Dear Ministers,

Perhaps the subject closest to the hearts and souls of most of the Australian public, is that of health. As a species, unfortunately, we do conform to Maslow's hierarchy, and when the stress is on, we each revert to survival modes. Our health is a huge psychological trigger, being entrusted as it is to "doctors" and "professionals" who speak in another language, using jargon that often intimidates and confuses us. When things go wrong, as is likely in an over-stressed working environment, because of the mystique, jargon, confusion and fear for survival by the bewildered patients, communication is low, and confrontation and conflict is high.

There is a stressor in the system and in a nutshell, it is the sheer workload on the available medical staff. That workload is the result of a combination of factors including gross underfunding over decades, conditions that are not attractive enough to career minded people who are also interested in medicine, and the cost of an education in the medical professions. Added to those structural factors, we have a proliferation of diseases and artificially created situations, many as a result of drug and alcohol dependency issues, which have only come into play in the last few decades.

Before drugs and alcohol had the prominence they have now, most medical intervention was because of accidents in the workplace, home or elsewhere, caused by misadventure, rather than intoxication, and diseases for which there were a variety of causes. Since the drug and alcohol influence factors in our societies have increased so greatly, the workload has increased in different areas, out of proportion. These include injuries as a result of intoxication, injuries from assault by intoxicated or drug affected people, diseases caused by drugs, alcohol or smoking, and vehicular accidents caused by drug and alcohol related behaviour. The original workload still exists, but these new areas of disease and injury have been piled onto it.

Compounding the stress is the shortage of medical staff, doctors, nurses and carers. The sheer cost of the education in an economic climate that already imposes huge living expenses, the incredibly high cost of a doctor's medical degree at university, nurses being required to also attain a university degree, combined with the low financial support provided to students in general, and it requires the most dedicated of medical students to complete that journey.

More complexity arises when our community strata is factored in. As in every society on the planet, our least financially stable have the worst health and the highest drug and alcohol dependencies. That unfortunately includes the indigenous and disadvantaged communities and especially, remote area communities. However, do-gooders insist on special treatment for indigenous communities, creating a reverse racism situation. Any attempts to correct it are blown out of proportion with propaganda and labelled as racist by community and do-gooder groups.

Enough of the problem, what about solutions? At this point, let me stress, this is what I am aiming at – making the difference that will become evident in the community, being reflected in not only health “statistics”, but in community attitudes. Whilst I will also be canvassing community support for my efforts here, I am providing solutions right here and now, which can be implemented by you and the state and local governments, starting immediately. These will work NOW!

Firstly, recognising the real issues – drugs and alcohol are major causes of disease and accidents in our medical system. Remove them and we would have a manageable stream of accidents and disease that a community would normally expect to have. Therefore, establishing treatment centres and strategies, possibly mandatory, for drug and alcohol abuse and addiction would seem to be key elements of an improved health system. This would include adoption of some treatments that are currently only available internationally, providing them as hospital and treatment centre services. It would include upgraded prisons also becoming mandatory drug and alcohol treatment centres, totally sealed against illicit drug importing. It also means that rehabilitation services must be upgraded to follow through on the great work initiated in the medical and hospital system.

The second factor is the number and quality of medical professionals available. On my web site, I have suggested totally free medical (only) professional education, up to the stage of completion of the first medical degree qualification. This would provide a team of doctors and nurses sufficient to staff the hospital and medical centre facilities by the end of their qualification period, eliminating the need for us to recruit doctors from third world countries, by finally having our own doctors, again.

The final factor in the health system is the infrastructure. I heard a radio interview recently concerning the new Gold Coast Hospital, only in the planning stages at the moment, and how within 5 years, it will be too small for the growing population of the Gold Coast. If true, this is typical of the thinking we need to discard as we move into the future. As I look around the region, I see hospitals closing or being reclassified out of the medical system, medical facilities under threat of closure, services being reduced and the echoes of these symptoms are all around Australia, whilst waiting times are increasing. The Dubbo Base Hospital recently obtained bandage and dressing supplies from a local veterinary supplier! It's no secret that our health system needs a billion dollars at least, injected immediately, to correct these issues.

However, competition between states for health funding and duplication of facilities and services is probably costing the whole of the system enormously. There is a powerful argument for transferring much of the management of the health system to the federal administration, and delegating specialised delivery of services to the state administration, thereby eliminating the costly competitive factors.

This would free up considerable financial resources for infrastructure development. Not only hospitals, but dental and mental health, rehabilitation services and infrastructure are in critical need. When the Transaction Tax reform is introduced, even greater fiscal efficiencies will follow, and we all need that! It will have the effect of vastly reducing construction and administration costs, thereby freeing up even more resources for delivery of further services and infrastructure.

My website has further details of these concepts and solutions, at pages <http://www.politicalguts.com/id23.html> and <http://www.politicalguts.com/id24.html> and I would really ask you to study them, and act on them. This letter will also go to the relevant State Government Ministers, and I will be canvassing the community for more support in these areas and the other areas of urgent need, as expressed on the Political Guts website.

Sincerely

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