

# CANBERRA Doctor

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## Interim report vindicates concerns, points the way forward

AMA (ACT) President, Dr Antonio Di Dio, has welcomed the release of the Interim Report of the Independent Review into Workplace Culture in ACT Public Health Services saying, "I welcome Minister's Fitzharris's release of the Independent Review's Interim Report and note that many of the concerns raised by Canberra's doctors, nurses, patients and the broader community have been acknowledged in the report."

"This likewise confirms the information provided to AMA (ACT) and the submissions we've made to the Independent Review." Dr Di Dio added.

"While parts of the Interim Report makes difficult reading, it's a necessary step in ensuring that change occurs. In fact, in one sense, I think we can be pleased that despite the cultural problems identified in the Interim Report, clinicians continue to 'provide high quality care to their individual patients'." Dr Di Dio said.

### The Way Forward

"This is an important report for another reason – it points the way forward for Canberra Hospital, Calvary Public Hospital and ACT

Health. Several of the recommendations go directly to what change should occur, others point to processes and procedures that need to change and some to implementation of the recommendations." Dr Di Dio added.

"Importantly, the Review Panel points to the need for greater clinical engagement citing information that suggests lack of such leadership as a cause of the current poor culture. The Review Panel goes on to say that the 'voice of clinicians, particularly the senior medical workforce, needs to be amplified throughout the ACT Public Health System' – and we agree." Dr Di Dio said.

"Finally, I can't emphasise enough the need to ensure that the recommendations contained in the Review Panel's final report are implemented fully, fairly and in a collaborative manner – and that an independent person be appointed to ensure this happens – as proposed by AMA (ACT)." Dr Di Dio added.

"AMA (ACT) will continue to engage with the Review Panel as they work towards their final report in March and we thank them for their work so far."

### Review Panel Seeks Feedback

The Review Panel has consistently sought to engage with staff, the Canberra community, AMA (ACT) and other stakeholders and they have again reached out to seek



Dr Antonio Di Dio, AMA (ACT) President.

[source: Canberra Times]

feedback on the recommendations in the Interim Report. The Report itself can be accessed on the AMA (ACT)'s website at ama-act.com.au under 'Latest News' and feed-

back can be provided direct to the Review Panel or via AMA (ACT). More information is provided in the President's Notes on page 2 of this edition.



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# President's Notes

WITH PRESIDENT, DR ANTONIO DI DIO

## Welcome to 2019 and best wishes for a successful year

As you will probably be aware by now, the Independent Review of Workplace Culture handed down their interim report on Friday 1 February. The Interim Report is the next step in the process of examining the workplace culture of ACT Health, Canberra Hospital and Calvary Public Hospital.

In speaking with colleagues since then, responses to the Interim Report have fallen into two broad categories – either it shows that some progress is being made this time or, there's not that much in it and the usual suspects have got away with it again. I have to say, I fall somewhere in the middle – I'm encouraged by the interaction I've had with the Review Panel and the contents of the Interim Report but am troubled by how we make sure that cultural change actually occurs.

The Interim Report can be accessed via the AMA (ACT)'s website at [ama-act.com.au](http://ama-act.com.au) Complaints

The Review Panel have done a good job identifying the underlying issues, from bullying not being addressed to inefficient processes and com-

plaints management, non-supportive leadership and inappropriate recruitment. It's heartening to see these issues identified and the Interim Report includes an analysis of the types of complaints contained in both individual submissions and those from organisations. While they broadly align, there is some difference in priorities between individuals and organisations.

Many of these issues were also identified in the AMA (ACT) submission to the Review Panel.

### Disengagement by Doctors

One of the more disturbing, but unsurprising findings in the Interim Report was that relatively few medical practitioners engaged with the Review and that this was symptomatic of a general disengagement from

the management of the hospitals and health services. Having seen and heard of some the symptoms of a disengaged medical workforce, including strained relationships with management, this comes as little surprise. It also comes as little surprise that the disengagement is strongest amongst senior doctors – both VMOs and staff.

In making these findings, the Review Panel were careful to distinguish between disengagement at a 'non-clinical' level and the continuing high-quality care and good clinical outcomes achieved by the ACT's public hospitals.

While the Review Panel identified the cost of this disengagement as the health system not benefitting from the knowledge and input of individual clinicians, I have also seen many of our medical colleagues simply choosing to resign and go elsewhere when confronted by consistently poor workplace practices or inappropriate behaviours. I'm sure there may well also be doctors who have declined to come to Canberra because they have heard of these matters.

Whatever the causes, it's well-past time to address these issues in a collaborative and effective way.

### Recommendations

The recommendations include a range of actions that deal with clinical engagement, cultural change, better integration with the university and non-government sectors, opportunities for junior staff to broaden their experience, training leaders and preparing the next generation of those leaders, better human resource practices including in recruitment and, crucially, implementation of the recommendations.

### Feedback on the Interim Report



The Review Panel is now due to submit their final report by the end of February – this is a month earlier than initially proposed. AMA (ACT) representatives met with Review Panel earlier this week and gave some initial feedback but I would appreciate any feedback that you – our members – have on the Interim Report. You can make that feedback direct to the Review Panel ([WorkplaceCultureReview@act.gov.au](mailto:WorkplaceCultureReview@act.gov.au)) or via the AMA (ACT) ([\[ficer@ama-act.com.au\]\(mailto:ficer@ama-act.com.au\) or on 02 6270 5410\) or feel free to contact me via the AMA \(ACT\) office.](mailto:execof-</a></p></div>
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If you prefer, any feedback made via the AMA (ACT) can be de-identified when provided to the Review Panel.

### Dr Andrew Miller AM

Heartiest congratulations to current AMA (ACT) Treasurer and past president, Dr Andrew Miller, for having been made a Member of the Order of Australia in the Australia Day Honours List.

Andrew's citation reads 'For significant service to medicine as a dermatologist, and to professional organisations.' Andrew has been a true champion for his patients, the community, his chosen specialty of dermatology and the AMA. I'm immensely pleased that this award has been made and, on behalf of the AMA (ACT), Board and members – congratulations and best wishes Andrew.

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# 2018 Hospital Health Check Survey

The results from the AMA (ACT) 2018 Hospital Health Check are in and the ACT's Doctors-in-Training have rated their workplaces. The survey was open to all ACT DITs in the latter part of 2018, including non-AMA (ACT) members, and saw participants ranging from Interns, RMOs, PGY 2s through to PGY 5s and beyond.

The survey was directed at providing a snapshot of the working conditions across the ACT public hospital system focused on the JMO population and primarily at Canberra Hospital and Calvary Public Hospital. The issues covered included:

- JMO experience of rotation to Calvary Public Hospital
- A survey of working hours (both paid and unpaid), rostering practices and the impact of excessive hours on fatigue and well-being.
- JMO access to leave
- Incidence of bullying and harassment
- JMO assessments of morale and workplace culture

The Canberra Hospital: improvements needed

The survey will give us a benchmark in which to track progress in improving JMOs working lives, training and wellbeing. The reported results set out below deal with Canberra Hospital:

## Working Hours

3% of respondents reported working standard 80-hour fortnights, 52% working between 1 and 15 hours overtime in a fortnight, 29% working between 16 and 30 hours overtime and 16% more than 30 hours.

77% of respondents were concerned for their own personal health and safety due to fatigue caused by hours of work.

JMOs complained about late changes to rosters, being rostered to work on day shift after 7 nights shifts without adequate rest, long weekend shifts with full weeks either side, some departments having blanket rules that unrostered overtime is never paid and confusing pay slips that make it nigh on impossible to verify that overtime has been paid properly.

## Paid Leave

32% of respondents reported that Canberra Hospital either discouraged them from taking leave or denied leave applications. However, 68% reported that the hospital was either neutral on them taking leave or encouraged them to do so.

When asked about the hospital rejecting leave – ADOs, annual leave, maternity leave, parental leave, sick leave or family and carers leave – 35% reported the reason given for the rejection was understaffing with 45% reporting that there was no cover available.

## Bullying and Harassment

42% of respondents reported having experienced bullying or



harassment, while 39% reported having witnessed a colleague being bullied or harassed. 68% feared negative consequences

of reporting inappropriate workplace behaviours.

## Morale and Culture

58% of respondents rated staff

morale as fair while 39% rated it poor or very poor. 54% rated the workplace culture as fair while 29% rated it poor or very poor.



## Introducing

### Dr Lari Trease, Sport & Exercise Medicine Physician

The surgeons and staff of Orthopaedics ACT are delighted to welcome Dr Lari Trease to our team. Lari is a specialist in Sport & Exercise Medicine. With her interest in non operative musculoskeletal injuries and exercise prescription for good health she complements the current services offered to Canberrans by Orthopaedics ACT.

Lari consults in the private rooms of Orthopaedics ACT, Woden and also Jindabyne, NSW. She offers urgent appointments for patients who have sustained an injury within the last week. Supported by Orthopaedics ACT's nursing staff, Lari can organise for your patients with non operative fractures and soft tissue injuries to be seen promptly and expertly managed back to work, sport and life.







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# AMA (ACT) welcomes new graduates

Dr Antonio Di Dio, AMA (ACT) President has welcomed the new ANU Medical School graduates at the AMA (ACT) Graduation Breakfast held at the Hotel Realm. In welcoming the graduates to the medical profession, Dr Di Dio congratulated them on their achievements and wished them well for the upcoming year.

Of course, he also took the opportunity to talk to the new graduates about joining the AMA (ACT) and all the benefits – collectively, professionally and personally – that membership offers.

This year we were also fortunate to have Dr Ian Gardner address the graduates, passing on his congratulations, and adding his thoughts

and advice on the next steps in their careers.

## Family and friends

The Graduation Breakfast is a great event for family and friends and an opportunity to celebrate the graduates' achievements. Family and friends had not only come from across Australia but also

from beyond our shores, in itself a reflection of the diverse backgrounds and experiences represented at the ANU Medical School.

Finally, many thanks to our sponsors for the day – Specialist Wealth Group, MDA National, Rolfe BMW and Mini Garage, Hotel Realm, Jirra Wines and Crabtree and Evelyn.



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# Dr Jocelyn Howe recognised with Youth Health Award

BY DR TANYA ROBERTSON

**Dr Jocelyn Howe has been announced as the winner of the 2018 Australian Association for Adolescent Health's Outstanding Contribution to Youth Health Award.**

Jocelyn has worked as a GP exclusively with Youth for the last 20 years in the ACT at The Junction Youth Health Service. She retired in June 2018. The Junction provides free primary health care and support services to young people aged 12 to 25, along with their dependent children with a particular focus on young people who are homeless or otherwise experience (or are at risk of) disadvantage. Mental Health, Drug and Alcohol and Sexual health concerns are the primary reasons for attendance.

## Tireless Worker

Jocelyn has been a tireless, yet quiet and unassuming advocate for young people, particularly those who have suffered from childhood trauma and domestic violence exposure and sexual abuse. She has supported countless young people through court matters, assisted with housing applications and encouraged and cajoled many to persist

with education despite their best attempts not to. She has probably written many thousand letters of support for young people when they felt others had given up on them.

Jocelyn was instrumental in improving the sexual health of young people and had a pragmatic approach to ensuring safety and encouraging contraception and STI screening and treatment and reported many sleepless nights worrying about how to contact people about their results when they needed treatment but seemed uncontactable. She delivered shared

antenatal care to many young mums without judgement.

Her genuine concern for her patients meant many kept coming back during periods of crisis and were often very disappointed to age out of her care at 26 years.

## Deep End

Because her work was at the "Deep End" it was largely unnoticed by her colleagues and she sought no fanfare or accolades, retiring quietly after a few months holiday in 2018. To be recognised by the Australian Association of Adolescent Health for her years of dedicated work to the most marginalised young people in the ACT is a well-deserved acknowledgement of her contribution.

Jocelyn's legacy lies in the lives of the young people she touched, worked for and believed in.

Happy retirement Jocelyn.

## Deep End Canberra

Are you a medical practitioner working in the "Deep End"? The "Deep End" is a concept that was developed in Scotland to describe care for the most marginalised and poor people in a population.

Deep End Canberra started up a couple of years ago as a group of (mostly) GPs who meet to provide networking and collegiate support, case sharing and patient advocacy. We are medical practitioners who work with deprived populations within Canberra and the surrounding region (e.g. prison population, drug and alcohol clients, refugees, homeless). We meet about every six weeks at a rotating venue.

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Dr Jocelyn Howe.

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# Part-time in general practice – a remedy to a time-based problem?

BY DR ERIKA STRAZDINS\*

General practitioner (GP) shortages are being experienced and projected in Australia and internationally, with concerns that the workforce capacity for time spent in patient care are insufficient to service the growing health demands of the population. What is not clear is why clinical time is being reduced, with literature attributing this to factors such as the changing demographics and values of GPs, and the increased work demands of providing high quality patient care in the community setting. These demands may be exacerbated by the regimented Medicare Fee for Service model which defines a consultation by time, rather than the presenting medical issue.

We conducted 26 in-depth interviews with GPs working in the ACT. Using a grounded theory approach, we explored the reasons GPs are reducing their clinical hours and found that it is largely a response to the new time demands of community medicine and the intersection with a changed GP workforce demographic. <https://academic.oup.com/fampra/advance-article/doi/10.1093/fampra/cmz116/5222752>

## Work Intensification

Regardless of age or gender, all GPs interviewed spoke to the changing nature of patients in general practice. They reported that patients have greater biomedical complexity from comorbidities and chronic conditions than had been the norm in the past.

*That's a huge pressure, always keeping things moving and just the pressure. People so rarely come in*

*with one problem and some days I just find that absolutely exhausting. Everybody has at least three problems and want you to get it all done in 15 minutes (GP7).*

Many also perceived that the current primary health care system exacerbated this work intensification. Some felt that they were acting as timekeepers of an unrealistic system, yet they held the responsibility to make it work.

*The thing I find really hard is the time management, the fact that you're always running late or always worried you'll be running late. From the minute I get to work 'til the minute I leave there's that pressure – that fifteen minutes, there's people in the waiting room and it's very hard to do the job you're trying to do in that constrained time frame (GP21).*

It may be the case that many GPs cannot sustain working full-time



because it effectively translates into long hours worked under extreme time pressure.

## Demographic Changes in the GP Workforce

There is increasing recognition that time pressures act as a social determinant of health and intersects with others to contribute to health inequalities. Time can be

considered as a health resource, facilitating the ability to build close relationships, exercise, work, pursue recreation—all crucial for well-being. Time pressure is experienced differently with employment or caring, factors often linked gender, status and life stage.

Several GPs reported having two care-giving workloads — patients and family; however, balancing

both was elusive. Female GPs in particular spent the majority of their time caring both professionally and domestically, and this combination was another reason why they reduced clinical sessions. Of note, female GPs seldom mentioned having time for personal needs, including maintaining their own health.



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Looking after a family and being a GP are equally exhausting. Very demanding and time pressured. I find it's exhausting always trying to keep on time. So it's a constant pressure here (GP7).

Male GPs also experienced time conflicts with family care and reflected on the detrimental impact on their ability to be the people they wanted to be. Their options to address them were particularly constrained due to societal and professional pressures.

It's how it impacts on family. I never saw my kids... And my second son said to me one day 'I can never remember dad being home' (GP10).

#### Time Pressures and Impact on GP Wellbeing

We demonstrate how these emerging trends potentially create unsustainable time pressures for GPs in their professional and personal lives, impairing their own health and potentially quality of care.

[Of full time GP and parenting] I thought I could be super human or super woman, and I just was crashing and burning most of the time (GP16).

The health consequences of work intensification and its time pressure were a distinct theme, with fatigue and mental distress common. Burnout was reported to be a typical and significant experi-



Local Canberra GPs: what will training look like in the future?

ence in general practice. Several GPs explained that high levels of exhaustion resulted in poorer care for patients, and this was therefore unacceptable.

#### Is Working Part Time the Answer?

While working part-time was seen as attractive and necessary to reduce burnout, some GPs found it difficult to do given the broader problem of a workforce shortage.

I suppose with work shortages, number shortages, that's where the issue gets hard because then we always have the pressure to do

more if there're a few more hours to do it in... I wish there was more of us because I feel pressured to take people on when I really don't have time (GP14).

In addition, while their colleagues were supportive of decisions to reduce clinical hours, GPs were faced with patient expectations to be available around the clock, and guilt and pressures associated with this.

It was explicitly stated by some GPs that a fundamental shift is necessary to change societal, medical and patient attitudes towards time spent working in order to resolve this dilemma.

... perhaps a lot of us would be a lot happier if we worked a little less, had a little less money, and had a little bit more me time, time for other people, we would feel more rounded, more realistic with the pressures on, regardless of this medicine or not, pressures on most people are such that they either have to, or feel they have to work certain hours (GP26).

Based on our group of GPs we argue that although working part-time presents a remedy to addressing time constraints, it fails to address a systemic issue facing the medical profession and is

therefore insufficient alone. It is argued that lack of time is not an individual issue, but rather a widespread social problem that has become particularly pertinent to those working in general practice. We advocate that broader medical workforce policies will be essential to addressing time pressure and the concomitant health issues experienced by GPs to improve the health of Australia.

\*Dr Erika Strazdins is the lead author of this study, born in Canberra, and a junior doctor with a passion for doctor wellbeing and professionalism.

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# How dangerous is sport-related concussion?

Just 25 minutes into the 2015 Rugby World Cup Final, pitting the Wallabies against the All Blacks, Aussie veteran Matt Giteau attempted a tackle on Kiwi lock Brodie Retallick that went wrong, crashing him to the ground where he lay in a daze. After stumbling about on all fours for a few seconds, Giteau slowly got to his feet and staggered sideways as he tried to walk, a classic sign of concussion. Although he seemed to recover quickly, a medical officer pulled him from the pitch and he was out for the rest of the game.

"They wouldn't have done that a decade ago," says Dr David Hughes, Chief Medical Officer at the Australian Institute of Sport (AIS) and co-author of a new Doctor Portal CPD learning module on concussion in sport. "That they pulled a key player off in such an important match shows just how seriously the football codes are taking the issue of concussion."

## Changed Approach

Dr Hughes says there's been an enormous cultural shift in how sport-related concussion is approached over the past few years.

"There was a time, particularly in contact and collision sports, when getting up and playing on after a

concussion or even after being completely knocked out was seen as being tough or a sign of your commitment to the game. That has shifted, and a lot of the heavy lifting has been done by the sports codes themselves."

Nowadays, he says, you'll rarely see a professional player returning to the field until six days or so after concussion, let alone in the same game. And for many top athletes who are concussed, it may be weeks before they're competing again.

"There is far more focus on the welfare of the athlete. We understand that there's no such thing as a good concussion."

Dr Hughes says the new awareness around the issue of consciousness is happening at the grassroots as well, and not just at the professional level.

"There's parental concern, and there's an understanding that concussion is not just about professional contact and collision sports, but it's actually a public health matter. In the professional sports, you've got access to medical professionals and video, which makes identifying and dealing with concussion that much easier, but at the school or amateur level it's a lot more difficult."

## AIS and AMA

To address this need, the AIS and AMA put out a joint statement on concussion this year ([mja.com.au/journal/2018/208/6/update-ais-ama-position-statement-concussion-sport](http://mja.com.au/journal/2018/208/6/update-ais-ama-position-statement-concussion-sport)), and the two bodies have also set up a website ([concussioninsport.gov.au/](http://concussioninsport.gov.au/)) with information for parents and teachers as well as coaches and medical practitioners.

Dr Hughes says there's still a lot of confusion over the issue in the general community.

"You have the situation where a child suffers a concussion and the parent immediately thinks their child will have long term brain issues, and there's just no evidence that this is the case. But we do know there's a need to differentiate between children and adults. Children take longer for symptoms to resolve, and the recommendation is to wait 14 days following symptom resolution before the child resumes competitive sport."

## Questions Remain

Then there's the question that has been all over the media in the past couple of years of whether repeated concussion can lead to degenerative brain disease. Dr Hughes says he thinks the jury is still out.

"There was a paper published in JAMA by a group in Boston which has maintained a brain bank of professional athletes. Out of 220 people who had donated their brains, 210 had signs of degenerative brain disease. So you get all these headlines saying 90% of football players have degenerative brain disease. The problem is you can't extrapolate from this study because it's such a skewed sam-

ple. Everyone who donated their brains already had symptoms, and that's why they donated."

He says the fact is that the vast majority of people who suffer sport-related concussion will go on to lead perfectly normal lives.

"The AIS and AMA are not saying there are no long-term effects. All we're saying is the studies have not been done. There is no research to date that clearly demonstrates cause and effect between sport-related concussion and later degenerative brain disease. There's a lot of passion and emotion around the subject. You can hold up a slice of someone's brain and then show a video of that same person being concussed many years ago, and it's a very powerful image. But it's not good scientific research."

*Are you interested in learning about concussion in sport? Access doctorportal's free learning module to gain CPD points – <https://www.dplearning.com.au/cpd-learning/concussion-sport>*



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# ACT Government releases Eating Disorders Position Statement

Late last year, the ACT Government and the Minister for Mental Health, Shane Rattenbury MLA, are proud to present the ACT Eating Disorders Position Statement. This Position Statement forms the basis of the ACT Government's response to community calls, which included a petition presented to the Legislative Assembly of the ACT, for increased eating disorder services in the ACT.



The Position Statement was developed through a series of stakeholder workshops that examined the current status of eating disorder services in the ACT, the gaps in those services and how best to move forward with evidence-based treatment programs. What emerged from this process is a Position Statement

that aims to achieve better health outcomes for people with eating disorders by focusing on early and community-based interventions, to ultimately keep people well and out of hospital. This focus will help to reduce much of the severity, duration and impact of eating disorders that are felt in the community.

A range of short and long term options for the development of eating disorder services in the ACT are described in the Position Statement. These include a range of system-wide options

that will provide opportunities to increase the integration between primary care, community care and hospital settings so that people can receive the right care, at the right time.

*The Position Statement can be accessed on the ACT Health website or by searching 'ACT Eating Disorders Position Statement'.*

# AMA: Let's give pill testing a go at music festivals

As Australia's music festival season continues throughout summer, the AMA has stressed its alarm and concern over the number of drug-related deaths at the events.

Five young people have died at music festivals in NSW in the past three months from what is thought to be drug overdoses or the ingestion of lethal substances contained in the drugs.

Some arrests have already been

made. The NSW Coroner is holding an inquest into the deaths.

But the NSW Government has so far refused to allow pill testing at the music festivals. There is growing public sentiment against the Government for not introducing

a pill testing trial. Political will is lacking across the nation for the introduction of pill testing at music festivals.

But AMA President Dr Tony Bartone said a pill testing trial should be considered as part of a wider harm minimisation strategy for the festivals.

"Let's have the trial, let's have it under close and particular scru-

tiny, and then use it as part of an overarching strategy of harm minimisation," Dr Bartone said.

"Not just supply reduction, which we've tried for a long period of time with criminal penalties. But we know that people are still using drugs.

"We've got to get serious about a problem that's consuming all parts of our society."



*Dr Tony Bartone, AMA President.*

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# Far from rosy, ACT budget at its weakest in a long time

BY JON STANHOPE & KHALID AHMED\*

The ACT Government claims to have returned to a surplus budget and a quick look at the headline operating budget does indeed give the impression that the territory is in a sound financial position. The fact is, however, that the budget papers and the audited financial statements reveal that the territory's finances are sadly at their weakest in a very long time, with taxes and net debt increasing at unprecedented rates, and net financial worth in decline.

The state of the territory's finances has been the subject of a number of Institute for Governance and Policy Analysis seminars, which have highlighted an underlying deficit in the order of \$95 million despite massive increases in taxation.

## What Lies Beneath

Net debt (excluding superannuation related investments) at June 2018 was \$1.302 billion. By comparison, five years earlier at June 2013, net debt was just \$190 million. Net debt is a useful measure to judge the overall strength of the government's fiscal position. A positive position indicates that cash reserves and investments are lower than gross liabilities, which of course places a call on future revenues to service these liabilities.

Net debt is forecast in the 2018-19 budget papers to increase to \$2.835 billion by the end of 2022. In other words, the government has committed in its budget papers to increase net debt at the

rate of more than \$1 million a day, or more than \$365 million a year for four years. Increase in debt at such a rate is difficult to explain if the operating budget is really in a sound position.

One could be excused for thinking that the more than doubling of net debt over the coming four years relates to the light rail project, and that at least there would be some transport infrastructure, albeit costly and inefficient, to show for the increase in debt. That would be a mistaken view. The 2017-18 financial statements show that there are costs related to public private partnership commitments that are payable more than five years from now that total \$1.605 billion. While some of these costs relate to the ACT courts, they are primarily for light rail stage 1. In other words, a substantial proportion of the costs of the light rail stage 1 project will not hit the territory's budget until after 2022. It would be deeply concerning if the new borrowings



Khalid Ahmed and Jon Stanhope: health system is in crisis.

over the forward estimates are servicing existing debt.

At June 2018, the net financial worth of the general government sector was negative \$662 million. Net financial worth is the "amount by which total financial assets exceed financial liabilities". A negative net financial worth means the financial assets are not sufficient to cover financial liabilities. At June 2017, new financial worth was negative \$419 million, a deterioration of \$243 million in just one year. By way of comparison, as at June 2013, the net financial worth was a positive \$767 million. In other words, ACT's net financial worth has deteriorated by \$1.429 billion in the past five years.

## Tax System More Regressive

The territory was committed to tax reform by Katy Gallagher when she was the chief minister. We have previously pointed out that there has been significant depar-



ture from the original tax reform package, and that this along with incoherent policies on land supply has had major impacts on low to moderate income households. Tax revenue has increased by 8.2 per cent a year over a four-year period while the economy grew at a meagre 1.1 per cent a year. Concessions and rebates have not kept pace with the tax increases. Further, introduction of additional levies and increases in flat taxes have made the tax system more regressive.

Contrary to the objectives of the original tax plan released by the Gallagher government, the tax system has become more regressive. A careful look at the ACT Treasury socioeconomic analysis on taxation and concession policy highlights that besides the inordinate increase in tax rates, the increase in flat charges and erosion of concessions have made the tax system more regressive, placing

an increasing burden on those on low to moderate incomes.

The financial burden of increased tax on low to moderate income households has not translated to adequate funding of priority services such as health, housing and education. Recent analysis by ANU academics shows Canberra high school students are lagging up to 16 months behind their peers from similar backgrounds. The situation of Aboriginal students is far worse.

## Health System Funding

The health system gives every appearance of being in crisis due, in part, to the lack of adequate funding. Put simply, funding for growth in the cost of healthcare has been constrained at levels well below those needed to meet the increase in health inflation, population growth and technology changes. The clinicians and other professionals working in the hospital system deliver excellent services to the community. However, the effect of funding constraints is seen, among other things, in elective surgery waiting lists. Patients waiting for surgery, typically are in pain and discomfort, and do not have private health insurance to have timely access to surgery.

The most recent data from the Australian Institute of Health and Welfare shows that patients in both the ACT hospitals waited longer than clinically recom-

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mended in all categories. The ACT also underperforms in wait times compared to similar hospitals elsewhere. For example, for category 1 patients (surgery recommended within 30 days), the variance from peer group average was 62 per cent at Calvary and 36 per cent at the Canberra Hospital. In all, about 1700 patients waited longer than clinically recommended for their surgery.

The ACT budget is clearly under significant strain despite in-

ordinate increases in taxation, and does not appear to allocate sufficient resources for priority services particularly for the vulnerable and the disadvantaged. The taxation system now is more regressive than when the reform commenced. The financial position has deteriorated and significant costs of light rail stage 1 are yet to hit the budget. Structurally, the budget is in deficit, and the net debt will more than double over the forward estimates.

*\*Jon Stanhope is former chief minister and professorial fellow at the Institute of Governance and Policy Analysis, University of Canberra. Khalid Ahmed was an executive director in ACT Treasury, and is currently adjunct professor at the Institute of Governance and Policy Analysis and works in the private sector.*

*This article first appeared in the Canberra Times on 28 November 2018.*

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# Vale Stan Lee (1923-2018)

## A Legend of popular culture

BY ANTONIO DI DIO

When federal Council of AMA meets tomorrow, at time of writing, some heads will bow a moment in thanks for the great gift given to us by an extraordinary character called Stanley Lieber. Born into pre-depression poverty to Jewish immigrant parents in New York, the young Lieber had a passionate self-belief and ambition, and a thirst for storytelling.

Through a combination of talent, childish bravado, and a lifelong gift for self-promotion and hucksterism (not to mention a well-placed uncle with a very similar character), the 16 year old Lieber found himself the office boy and gopher for said uncle Martin Goodman's nascent magazine enterprise in 1939, on the cusp of World War II. Paper was in short supply but enough cheap pulp newsprint could be found, and clever young men like Eisner, Kirby, Siegel and Shuster, Kane and Finger could write and draw the comic strips, for the magazine to thrive, starting with titles like New Fun and The Funnies in the mid-1930s. The thirst for this material was extraordinary, and pulp magazines, starting with Amazing

in 1926 and introducing the populace to characters such as The Shadow, brought 'science fiction' to the world. American soldiers and children alike devoured the stuff. By 1938 comic books had come up with new material (rather than simply reprinting newspaper strips for a dime in a 64 page colour editions). Lieber had a hand in Marvel Mystery Comics number 1, at the time a novelty to be distributed in movie theatres as a promotion to come watch the cartoon and the newsreel before the main feature.

In 1938 two Jewish boys from Cleveland sold a character to National periodicals called Superman, and in 1939 another two sold one to the same organization



called The Batman. In that same year, Lieber assisted yet another two, Kurtzberg and Simon, as their dogsbody in the office.

They created a chap called Captain America, and a slew of others. Aside from ambition, hard work and cleverness, they all

shared a desire to help their families survive poverty, and almost without exception had their creations almost stolen from them by disreputable business practices. It is no coincidence that several of them had children who became intellectual property lawyers! Lieber eventually became the office boss and chief editor, a job he held along with main writer, coffee maker and anything else that needed doing, of what would be one day known (by 1962 at least) as "Marvel Comics", holding the position until 1972. Like many gifted people in arts and other endeavours, Lieber wanted to "save" his real name, and so called himself "Stan Lee" until the day he could find the time to produce a novel, and be the writer he always dreamed of being. Today, some 79 years after starting out as Stan Lee, the novel remains unwritten, the 95 year old man has departed, but the creative output is immense. He co-created characters in the 1960s such as The Hulk, Thor, Dr Strange, The X-Men, The Avengers, The Black Panther,

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Stan Lee signs autographs for fans at the premiere of Marvel's Ant-Man in Los Angeles in 2015.

[Jesse Grant/Getty Images for Disney]

Iron Man and many others, and it was his larger than life personality and tireless efforts to make the medium gain credibility in the world for which he is most highly regarded.

Stan Lee spent decades in comic book obscurity before a golden creative run from 1961-1972 saw him become a giant of the field.

Again, from 1972 he spent another three decades a character of fun and failure, toiling away in Hollywood selling movie licences for projects that either failed or ended up being so appalling that everyone wished they had. Then, in the early 200s, many of his first wave of fans became mature and powerful enough, to access the budgets required to start creating a line of extraordinarily successful films, with 35 Marvel film projects completed since 2002, earning billions of dollars, and every one of them featuring a suitably cute and kitsch cameo by Lee himself. Lee ended up one of the most successful creators of characters the world has ever seen, and his story is a tribute to perseverance and longevity. His 1944-1961 and 1972-

2002 periods of struggle represent almost 50 years of sheer perseverance, something inspiring to all. He remains a polarizing figure in the comic loving fraternity, representative as he was of Marvel comics, a three man enterprise that became one of the largest media conglomerates in the world, and developed a strong reputation for disrespecting its creators and taking advantage of them. He always maintained that he treated people fairly, and for many decades was taken advantage of by the system as much as anyone else was. Blessed to be married to his loved wife for almost 70 years, he was devastated by her death a few years ago. He is survived by his daughter, and millions of fans and admirers around the world.

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