

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website: <http://www.ama.com.au/>



Transcript: AMA President Dr Michael Gannon, *Weekend Sunrise*, Seven Network, Sunday 9 April 2017

Subjects: Public vs Private Hospitals

ANDREW O'KEEFE: Around half of Australians have private health insurance, but with increasing premiums and out-of-pocket expenses, many are left with no choice but to be treated at a public hospital.

MONIQUE WRIGHT: Now, recent research reveals that each year there are around 1.9 million elective surgery procedures, 1.2 million of those are in private hospitals. So when it comes to quality of care, chance of further infection, waiting times – is it better to go private or to go public?

Well, for more now we're joined by Alison Verhoeven from the Australian Healthcare and Hospitals Association in Canberra, Dr Michael Gannon from the Australian Medical Association in Perth, and Marg Wenham, the *Courier-Mail's* opinion writer, who's recently had some firsthand experience with the health system. Good morning to you all.

Alison, we'll start with you. You are an advocate for the public health care system. What are the benefits as you see them?

ALISON VERHOEVEN: Thanks Mon, and good morning to you all too. Our public hospitals are a really good news story for a Sunday. They care for the sickest of patients, the frailest of patients. They care for people in emergencies, and they do regardless of how much money they have. So it's really important we continue to fund well, so that we continue to have the best health care system in the world.

ANDREW O'KEEFE: Absolutely and, as you say, you compare us to health systems around the world, we are actually extremely good. Our public system is fantastic. It's undeniable that you do tend to wait longer for public service. You do tend to have slightly higher rates of in-hospital infection. People tend to feel that they have less of a personalised service et cetera. So if you have private health insurance, would you choose to go private rather than go public, Alison?

ALISON VERHOEVEN: Well, often we don't have a choice. If we live in rural or regional areas for example you mightn't have access to a private hospital. If you need particular types of care, your doctor may want you to go to a public hospital for that care. You may not be able to afford to go to a private hospital. Around 50 per cent of people don't actually have private insurance. So it is important that we have a strong public system to ensure that we can meet the needs of everybody in the community.

MONIQUE WRIGHT: Okay, Michael - two-thirds of elective surgeries in Australia do happen in the private system. So when should people choose private over public?

MICHAEL GANNON: Well, can I start by agreeing with everyone that Alison has said? There's absolutely no argument about the importance of the public system for those Australians that don't have a choice.

But I suppose where we are up to in the debate is how much do we invest in the private system? The private system is good for what it does. It offers people a choice. It's a far more efficient deliverer of things like elective surgery. It has its own advantages and, quite simply, it has to be better, or it has to strive to be better. Otherwise, why would you pay extra?

ANDREW O'KEEFE: Yes, it needs to exist. Exactly. Marg, you had some surgery recently. You were looking at a gap of about \$3500 if you chose to go private, even though you've got private insurance. So you went public. So what was your experience of that, Marg?

MARGARET WENHAM: Well, my experience was terrific. I had top-notch care, terrific surgeon, all the post-operative care was fabulous. Plus I had access to a post-operative physiotherapy program. Didn't cost me a cent. I did have private health care insurance, but when this issue was diagnosed, I didn't have the right level of care. So when I upgraded my private hospital insurance, I was told I would have to wait 12 months, because it was a pre-existing condition.

And that would have been fine. I would have been happy to wait 12 months, except that it spiralled out of control. Now the first private specialist during that period that I went to see told me that his gap was going to be \$3500. So he and I parted company pretty quickly. And I found, I shopped around and found another bloke who I would've been happy to have the surgery to be done privately. I would have paid a capped gap through my private health insurer of \$500. But that kind of a gap – \$3500 – is ridiculous. It's the sort of gap nobody - not many people would be happy paying.

MONIQUE WRIGHT: Yeah. Now, Michael, you're an obstetrician, and around 30 per cent of births occur in private hospitals. There are some benefits of giving birth in private care?

MICHAEL GANNON: Yeah, certainly. I mean one of the things that private obstetric care gives you is your choice of doctor. There's – depending on who it is – there's a 90-95 per cent chance that they will turn up to the birth, after having looked after you throughout the entire pregnancy. That's the mode of care that's most popular with patients. That's a great example of a form of care where the private system stacks up very well.

Not for one minute am I demeaning the quality of care afforded by colleagues in public hospitals, but in terms of private obstetrics the model of care is: midwives, obstetricians, anaesthetists, paediatricians working as a team. It's a great model of care.

ANDREW O'KEEFE: So the ultimate question, then, for everyone is how much are you prepared to pay for that little bit extra that you might be getting in private hospitals, knowing that the public system is fantastic anyway.

MONIQUE WRIGHT: But we are so lucky in this country to actually have the option as well. Alison, Michael, and Marg, great to talk to you. Thank you all for your insights this morning.

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CONTACT: John Flannery
 Maria Hawthorne

02 6270 5477 / 0419 494 761
02 6270 5478 / 0427 209 753