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Re: concerns about the future of primary health care in Australia

I am a family doctor who has worked in the Tuggeranong area for 23 years.

I have been compelled to write to express my concern about the performance and ideology of the current medical workforce thinktank.

I am not worried about my own welfare, which is not really under threat. However, like most doctors around the country, I am very concerned that the Minister is failing to grasp the real meaning of primary healthcare. I fear this inability to understand her portfolio will eventually lead to the fragmentation and denigration of healthcare delivery to the average Australian.

The Minister's model of health care delivery is like supplying cans of tomato soup. A can on the shelf in Woolies is the same as one on the shelf in Coles. She assumes all tomato soups are the same and that the quality of the soup can be easily weighed and measured. Good value simply means lower cost. If a shop can supply the soup in clean, wide, brightly lit isles together with other conveniences, (e.g. bread, milk, cheese) this would be considered added value for the customer (hence her idea that "Superclinics", which provide more types of services under one roof, are the model of medical care for the future.)

The reality is that medical service isn't like a can of soup. A service is not a commodity. Medical care is very personal and it is the doctor's intimate knowledge of his/her patient's medical history that enables him/her to provide a comprehensive medical service.

Symbolically, the relationship between a patient and her doctor is not unlike that between you and your hairdresser, (lets call her Jane). One hairdresser is simply not the same as another. Jane is familiar with your hair texture, your complexion, your face, your body shape, and your profession. She is able to fashion your coiffure to compliment your persona and the occasion, be it a weekend harbour cruise or a day at the Parliament. Jane is able to provide a good service not only because she is a competent professional, but also because she has privileged knowledge of your special requirements and circumstances.

Similarly, a professional relationship, based upon the operator's competence as well as her knowledge of the background and special needs of her clients, is exactly what constitute good quality primary health care.

Now imagine a big business comes to town and set up a "supersalon" which incorporates hairdresser, manicurist, masseurs, aroma therapists, botox therapists etc under one roof. The super salon is open 7 days a week, 10 hours a day. By having many services together and opening extended hours, the supersalon provides a convenient one stop shop beauty care at a very competitive price. You can get a perm and a manicure on a Sunday morning, just in time for the afternoon garden party. The only catch is that every time you go there, you see a different hairdresser who doesn't know who you are or how you normally like your hair cut. Surely it doesn't matter, one hairdresser is the same as another, they are all professionals, right? Even if they are not as good as Jane, you can always just go to a supersalon for an "emergency perm" and still see Jane for your perfect haircut. So, what's the problem?

This is the problem: since the corporate owner has investor backing, it can afford to offer a very attractive sign-on incentive to recruit all the hairdressers in your area. Jane succumbs to the lure of upfront incentive payment and glitzy decor. She decides to join the supersalon. Since the supersalon employs so many hairdressers and services so many clients, the staffs are on a strict roster system and the clients can only take a number and wait for the next available hairdresser. As a result,

Jane can no longer be available to give you her exceptional personal service.

Is this a better outcome for you, as a consumer?

The story doesn't end there. After joining the supersalon, Jane, a highly qualified and experienced hairdresser, is told by the management in no uncertain terms that she is just one of the corporation's many employees, a clog in the wheel. The supersalon doesn't believe that there is anything special about her skill. In fact, it actively advocates that any apprentice hairdresser can do as good a job as Jane. In order to satisfy the management that her qualification is real, Jane must subject herself to constant scrutiny, qualify assurance supervision, and pass a hair dressing test every three years "in order to maintain the high quality of service to the salon's clients".

Demoralised and belittled, but unable to return to her former premises, Jane, like many other experienced hairdressers in the supersalon, decides to take early retirement. The supersalon suddenly finds itself short of experienced hairdressers, so it replaces the vacancies with junior and unqualified hairdressing apprentices. It figures that the clients wouldn't know any better and that the convenience provided by the concept of the supersalon more than offset such minor inconveniences.

There will be many consumers who don't care who does their hair and how. They will support the supersalons. How it is managed is not their concern, as long as it is there and it opens long hours.

However, I wonder, if you, a discerning consumer who does care about who cut you hair and how it is fashioned, consider such development as progress?

I hope the parallel between this scenario and how the Health Minister manages her health portfolio is obvious from this analogy.

I am writing to you because appeals to the Minister by representatives of the medical profession have largely fallen on deaf ears.

I hope the Government would at least listen, for the sake of the future of Australia's primary health care

Yours sincerely

Dr C Doug Lee

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