

Brief submission

I have completed a 45 career in Psychology as a provider of clinical psychology and counselling services, a supervisor and teacher.

I am now an aged pensioner and a consumer of health services.

Prior to the introduction of Medicare payments for psychology services my clients were almost exclusively from higher income families. After the introduction of medicare and bulk billing for psychological services more than 70% of my clients were from lower income families. It is clear that without medicare these services are not available to those in low income families who arguably are in most need of them.

Before the introduction of Medibank, even as a well paid University Lecturer, my family would sometimes have to delay or forgo a visit to a medical specialist for financial reasons. Since the introduction of medicare the health needs of myself and family have been better cared for.

As an aged pensioner I would not be able to meet my medical costs, which are substantial, without help from medicare.

I have worked with medically insured clients and often found myself under pressure to offer cheaper and less satisfactory treatment, shorter and fewer sessions which would have led to substandard care. This happens much more often with private insurers.

While greater consumer choice is a good thing, often greater competition results in cutting corners, cheaper and lower quality services and the deleterious effects of this far outweigh the benefits gained.

Dr Ian Hills