

I will make two points: the first is general; the second is specific to my work as a GP. 1. Health services cost money. Either patients pay or tax-payers pay. Poor people are the sickest, and sick people are poorest. Making patients pay is therefore unfair. In addition, patients lack the knowledge and power for the health care market to ever be truly competitive. The research is out there. Look at the USA. 2. I'm a GP who mainly works with the poorest people in the community. For over twenty years, I have worked in a Brisbane clinic for homeless young people. I also visit hostels across Brisbane and Ipswich housing people with chronic mental illness, alcoholism and intellectual impairment (often all three). And I work in a clinic in Brisbane's lowest socio-economic suburb, Inala. Patients see me because it's free. Many of my patients have poorly-controlled paranoid schizophrenia and are even suspicious about signing Medicare forms. There is zero chance I can charge copayments, which is perhaps good because carrying a money bag would put my life in even greater risk. Perhaps the productivity commission likes numbers? Here are figures: in the 2015-16 financial year, I put two days per week into visiting hostels (all Queensland level 3 supported accommodation). My gross income from this was \$85,000 but my practice costs are high and rising. I now have an office so I can excise skin cancers and expedite women's health checks. Including insurance and registrations, my costs are \$50,000 pa. Feel free to do the sums. I provide a cost-effective service for the community. I see truly sick people. I prevent large numbers of hospital presentations. I defuse the occasional (metaphorical) bomb, preventing assaults of members of the public. Please don't recommend changes, for instance a shift toward private funding, that will make it even more difficult to provide services to the most needy!

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