

Brief submission

I am a GP now working in an outer southern suburb of Adelaide bulk billing clinic after 10 years in a town of 5,000 as a clinic doctor with rostered 24 hr on call emergency shifts at the local hospital. I have previously worked terms in large regional Qld hospitals and served as reliever in several small single doctor towns.

I have seen many people question which medications they can defer, if they really need to have expensive outpatient imaging performed. Sometimes their frugalities have seriously adversely affected them.

I am concerned for the health of Australia's growing numbers of elderly as baby boomers move into retirement and have to be careful with their \$.

I fear their skimping of best treatments & less than optimal monitoring will result in people presenting later with serious effects adversely affecting their lives, requiring them to attend hospitals more, for longer admissions, and what that will cost the system while occupying beds and slowing the progress of waiting lists for those who do require hospital care worry about the involvement of for profit companies granted access to medical histories. The possibility of companies instituting systems where management of health problems is dictated not by what is recommended by experts in those fields, but by the financial capacity of the patient is directly contrary to the founding principles of the original Medibank and now Medicare.

There are several models of health care in other parts of the world. Australia should not move further into a system of high cost for those who can afford, but limited service for those who can't, health care.

Thank you for offering this opportunity to contribute to the discussion.

Dr David Cameron