

Rural families as health consumers

Judith Adams¹

¹Senator for Western Australia



Senator Judith Adams was born in Picton, New Zealand where she completed her secondary education, trained as a general nurse and midwife, and gained a Diploma in Operating Theatre Nursing.

In 1963 Judith joined the New Zealand Territorial Army as a nursing sister, obtaining the rank of 1st Lieutenant, and in 1967 was appointed to the NZ Surgical Team in Vietnam as a civilian nurse under the auspices of the Columbo Plan.

Arriving in Western Australia in 1968, Judith was employed by the WA Medical Department as a member of the Emergency Nursing Service. This involved relieving as a Director of Nursing and midwife in rural and remote WA. She met her husband Gordon, a RFDS pilot, while working in Meekatharra and married in 1970.

Judith and Gordon farmed in the Great Southern Region at Kojonup for 36 years with their two sons. The family was very involved in the community and Judith was recognised as the Kojonup Lions Citizen of the Year in 1995.

Judith has had a long involvement with the NRHA as a councillor and served as the rural member representing the Australian Healthcare Association for seven years.

Other community appointments include serving on the PMH/KEMH Board, the Metropolitan Health Services Board, Aged Care Planning Advisory Committee, and as President of the Country Hospital Boards Council (WA).

Elected as a Liberal Senator for Western Australia in 2004, Judith was involved in securing changes to government legislation in the areas of wheat legislation, the Australian Defence Force drug policy and the Patient Assisted Travel Scheme.

As well as being Deputy Opposition Whip in the Senate, Judith is a member of the Community Affairs: Legislation and References Committees, Select Standing Committee on Regional and Remote Indigenous Communities, Selection of Bills Committee, Senators Interests Committee and the Joint Standing Committee on National Capital and External Territories.

Judith has worked and travelled extensively throughout WA and continues to be a strong advocate for those living in rural, regional and remote areas.

Well, good morning, everyone and, James, thank you very much for your introduction, and may I say just how delighted I am that we have another rural health conference back in Perth. With the original Perth conference in 1997, I was a member of the National Rural Health Alliance Council, and the fights that I had being a Western Australian versus my eastern states colleagues and looking at Gordon Gregory here—"We'll never get enough delegates to Perth. They won't come. It's too far away," and it sounds like my Senate colleagues when we have an inquiry over here—this wild west is just that little bit too far.

But I can assure you that, through determination and the backing of my colleagues in 1997, we had 1350 delegates. So Gordon was never able to say to me, "Well, it can't be done." But, anyway, congratulations to everyone that's here and I'll sure you'll love Perth. It's going to be beautiful weather and just enjoy our delightful city and, if you get the opportunity to travel out into the rural areas, please do that because my background—I'm a farmer from Kojonup, which is three and a half hours south of Perth. And having brought my children up and lived there for 36 years, I'm certainly one of those Rural Health consumers from a farming family and knowing how difficult it is to access health services in Western Australia.

And, as you're aware, Western Australia has such a diverse geographical area. We have a terrific lot of small communities with small hospitals, probably 20 to 14 beds. These hospital through the Wheatbelt were able to be reached by horse and cart, so that was sort of—each hospital or health service is about 20 to 30 kms away, which meant it was a day's travelling with a horse and cart. And, at the moment, those hospitals are desperate to stay open and maintain a health service within their communities.

And as a Western Australian Senator, you can probably imagine I do—I really do travel all over the place. I was down at Wagin at the Woolorama on Friday and Saturday. Now, that's a very large agricultural show and

machinery show with probably 100,000 people going through the gates on the two days, and the biggest single issue that I had was, of course, lack of doctors. We're short of 141 doctors in the Wheatbelt area and, somehow, we have to rethink how we're going to access health services in the bush. And I'm going to leave the remote—I'm very interested and have had a lot of involvement with remote indigenous communities, but I'll leave that to my colleagues and I'll concentrate probably on just the rural area and access to health services there.

So probably one of the biggest issues for the shires is the fact that, because we could never get doctors, they've set up quite a lot of infrastructure, and it's got to the stage now that a number of the shires are up for about \$900,000 to try to attract and retain a doctor in their area. And, of course, as in other parts of Australia, farms are getting taken up with probably more the big corporates. Neighbours are selling out. People are moving away from the country. So, consequently, the rates and the number of people there are not nearly as—well, not as plentiful as they were.

So we have to try and somehow educate our communities that, look, you're not going to be able to see the same doctor every time. That person is just not going to be available. The students have got great ideas about going and living in rural areas, and that's wonderful, and if we can keep attracting them and getting them to stay, that's great; but, at the moment, we have a number of communities where the doctors have left. They've come to work in the metropolitan area so, therefore, we've now got to think, how do we actually provide health services for the people left there?

And as at last night, our Director-General of Health, Kim Snowball, actually spoke about the inequity of the Medicare dollar when comparing the amount spent on someone living in the city in comparison to someone in rural or remote Australia. And rural families, wherever they live in remote or rural Australia, must get a fairer share of Medicare and, to achieve this goal, the Medicare formula must be changed and, as I said, consideration given to the way in which health services can be delivered in a more practical way. And Jenny May spoke about practical issues. I'm a very practical person and my job as a Senator—I stood actually on life experience when I went into Parliament and that was about getting government policies to fit with real people, and I really drive probably Lou and a few of his Department of Health colleagues mad by saying, like the Medicare locals and the local network boards, how local are they going to be? How is this going to affect our communities? How are our communities going to have input into that?

I'm in opposition at the moment so it's a very good opportunity for me to really tease out, as a practical person who has worked in the country, lived in the country, educated my children in the country and accessed health services in the country, just how is this policy going to work on the ground. And, as far as I'm concerned, the multidisciplinary team approach with the advent of nurse practitioners—I'm a very strong supporter of nurse practitioners—and now with our practice nurses within the medical services, our allied health professionals—I can remember when SARRAH first started off in the Alliance, and what a terrific group of people we had as the foundation for our Allied Health group to actually show what they could do.

The other thing that I'm passionate about is the patient assisted travel scheme. I was very fortunate that my colleagues, Senate colleagues, agreed that we could have an inquiry into the patient assisted travel scheme and that, unfortunately, was an excellent inquiry but the recommendations have not actually been taken up by government. So Western Australia really leads the way with PATS. They have increased the funding by 30.8 million, but there are still a terrific lot of practical issues associated with this scheme and these remain a problem because, as we have less and less health services in the bush, I think people should be able to access the health service they deserve and the specialists they deserve, rather than going to a specialist who's out in the bush for a visit and there's a three-month waiting list. It just doesn't work.

There's a number of other initiatives, of course, that the Western Australian Country Health Service are doing and the Flying Doctor Service has had a terrific lot of money put into that so that the inter-patient transfer in such a huge state can be achieved. And we've also got a number of strategies for mental health services, both for adolescents—and the other problem in the bush, of course, is aged care and keeping our elderly people in their own communities. I've been told that I have to stop so, with that short introduction, I'm very happy later on—I'll be here all day. If people want to come and talk to me about different issues, I'd be very happy to accommodate you. So thank you very much.