8 December 2006

The NRHA: the ‘best friend people with no access to Medicare ever had’

Those who sit up late to watch Question Time will know that almost every Dorothy Dixer to the Government on Medicare for ten years has ended with the words “this Government is the best friend that Medicare has ever had”.

And last week the Prime Minister spoke at the Pharmacy Guild Dinner and extolled the (undoubted) virtues of the Pharmaceutical Benefits Scheme and guaranteed its future as “a system that means that you don’t have to be a wealthy person in order to have the same access to [these] drugs as the next man or next woman.”

Medicare and the PBS are undoubtedly most virtuous and valuable programs. But we must be aware of the impact of the tyranny of distance and scattered populations on such schemes and their supposed universality.

Places too small to have a doctor - and many that are big enough to know better - cannot provide access to Medicare. No doctor: no Medicare. The ‘Medicare deficit’ is an estimate of the dollar value of services that people in more remote areas miss out on, calculated by comparing the Medicare benefits outlays per capita in rural and remote areas with those paid in urban and metropolitan areas. It is $400-$500 million a year.

Similarly, people who live in towns or settlements with no community pharmacy have no local access to subsidised medicines (section 100 normally notwithstanding). No pharmacy: no PBS.

It would be good to expand the rhetoric to acknowledge the fact that many people are not covered by the munificence of the MBS and PBS. Over 330,000 people live in RRMA 7 (2002) or 179,000 in areas classified as ‘Very Remote’ (in 2004). That’s three to six Wagga Waggas or six to twelve Alice Springs.

Let’s never forget our citizens in remote areas.

Further information:
John Wakerman, Chairperson    0417 884 182
Gordon Gregory                02 6285 4660