ADDRESS BY MINISTER OF HEALTH, HON MISA TELEFONI AT THE OPENING OF THE ANNUAL GENERAL MEETING OF THE SAMOA MEDICAL ASSOCIATION ON 29 APRIL 1999

Health Reforms Require Careful Consideration

Health Systems Reforms are all the rage throughout the World at this time. Why? Basically because demand for health services always exceeds supply. This is true even in the United States of America, the world's largest economy. My friend Dr Michael Wooldridge – Australia's federal Minister of Health, told me he came to the conclusion that the only way to curtail costs is to control supply, he could never control demand! And Dr Wooldridge is a medical doctor, whose reforms are little admired although I understand greatly respected by the Australian medical profession. Not all medical practitioners are eligible for government subsidies, and they must be registered, and when the quota is full, then too bad. Dr Wooldridge also tried to encourage more people to use the private sector by offering tax and other incentives for people to take up private health insurance.

New Zealand's health system was hailed as the model. Before getting her fingers badly burnt in this area of health reform and running a mile from it, we read how Hillary Clinton was going to lead an American delegation to study the

New Zealand health system. Yet even with the bulk funding of the CHEs – waiting lists do not seem to be getting any shorter, without continuous injections of cash. It is all about demand exceeding supply, or rather what the Government can afford to pay for. The newly introduced free services for the under 6s created its own special problems. Consciously or unconsciously, parents were taking their children to doctors at the slightest hint of an ailment, and doctors were conscientiously asking them to come again within a week – it is all so easy because the New Zealand government pays the bill.

Some measure of means testing was introduced through the community card – it became something of a social stigma, known as the "poor card" – there are some people who are eligible for it who do not apply because of the stigma of possessing a poor card.

When I visited the United Kingdom in April last year, what were the headlines in the newspapers? The tragic story of a bypass patient, 45 year old father of 5. he had waited 6 months on the official wait list for a bypass. On the Friday morning he was wheeled in for his operation, but a young child of 6 needed emergency life saving cardiac surgery, so the poor man was asked to go home again, and come back Sunday night, he would have his bypass first thing on Monday morning, he died on Sunday afternoon of a heart attack.

We all read the front page New Zealand Herald story of the man wait listed for angioplasty – when he finally got called – the doctor told him that his veins were now too blocked for angio plasty – he needed a bypass. However he now had to go on the queue for a bypass! The headline should have been "What next, death?" – however, the New Zealand Herald was more sensitive to the situation.

Why this long introduction? It is not to establish skepticism of what these countries are doing. Absolutely not! However, the point must be made that health reform depends largely on the resources available to health, and to focus on the big difference between health and other government services.

What is the difference between health services, and all the other services any government provides? The answer is obvious – LIVES ARE AT STAKE!

This brings in a whole new dimension of its own. Lives are at stake, and every person by and large, wants to live as long as possible. I became a good friend of a gentleman in New York who ate and drank what he wanted, and at 60 was quite philosophical about what this had done to his health over the years. He said "I pay the doctors good money to allow me to eat and drink what I want". My friend was wealthy enough to eat and drink well, and could afford the best medical services, but he still died a few months after we had lunch.

This is another often ignored reality health service providers do not take into account – all people must die. God's will is that we must all eventually die. What do we do? People, even those who have totally neglected their health, do not want to die! What happens when they do die? What does human nature tell us is the answer to this question? Someone has to be responsible, someone has to be blamed? There are many exceptions, however these are some of the emotional accessories (for want of a better word) that go with the territory.

Our objective in Samoa must be to bring together management's allegiance to the organisation and the clinician's priority – the patient. In my humble view, the patient must always come first. Just look at what has happened since MedCen Hospital opened. How many patients are transferred to MedCen – to die the same or a few days later? How many are transferred from MedCen to Tupua Tamasese Meaole Hospital – only to die shortly after. These movements will always take place, as people try to avoid the inevitable, and the speculation will always be there – If only…. If only there was a transfer to New Zealand. If only there was a transfer to MedCen. It is hardly ever – if only dad had not smoked for thirty years, was not 60lbs overweight, and had controlled his sugar intake as a diabetic!

My first paradigm is that all these lessons point to one overwhelming truth – as we approach the New Millennium, the emphasis has to be on health prevention. The apostle Paul referred to the body as God's "temple". The wages of sin is death. It is indeed a sin to abuse this "temple" – and unhealthy lifestyles lead to early death. Long term therefore, we must aim to spend as much of our budget as possible on health prevention and raising awareness.

In Samoa, television has proved a mighty tool in this effort – both Televise Samoa and Graceland Television, putting priority on health promotion programs. The anti-tobacco campaign spearheaded by Pat Mamaia was a resounding success. All those involved in the Health Department and the Media are to be congratulated. It does not bring us any political kudos, in fact only resentment if we push our messages too hard. However, from WHO on down, the world now realizes the best way to reduce health costs down the line, is to instill healthy lifestyles in our people now. Prevention has always been better than cure, it just took ballooning health costs to make the world wake up to this reality. Most private insurance schemes offer real cash incentives to people to exercise good healthy judgments and make good healthy lifestyle decisions.

Now we have agreed on the need for aggressive health prevention and public health initiatives, and Samoa is a world leader in achieving our 97%

immunization rates, just to mention one public health success, what of the provision of health services?

The question is whether we really need to reform the status quo? We have one of the best private sectors in the Pacific. Even Fiji does not have a private hospital. We have excellent general practitioners offering competitive health services. We are not subsidizing the private sector in any way, and those who can afford those services, avail themselves of them. We have introduced health insurance to enlarge the scope of our private sector.

We have a public health service that is by and large free. Medicines are subsidised but there is a charge. Our senior citizens enjoy free access to all health services, and Cabinet recently agreed to include false teeth in this free service. No Samoan citizen who needs health services is denied access because of a lack of means to pay for such services. That is quite an achievement.

We do need to remunerate all our health providers more. Cabinet is set to approve a substantial increase for nurses, and the doctors' application for an increase has been favourably received by Government; the Public Service Commission is preparing a report on this.

We are operating still within the auspices of the Public Service Commission, and if we cannot compensate our health providers adequately within this structure, we may need to apply to remove the Health Department from the Public Service Commission. This has been done before, but would, in my view, be a drastic final step.

To me the big challenge is, if we were bulk funded, could we pay our health providers these increases in remuneration and still provide the highest quality health care to the greatest number of people.

Clearly there are other challenges, however it would involve the management board of such a structure in being effective in obtaining assistance from outside donors, and making productive use of existing resources. When and how charges may be increased, is a more difficult proposition, which I will discuss more fully below.

We must carefully evaluate every new proposal for reform in the context of the status quo and how it is functioning. Do we want to get into means testing? Do we accept we will provide free health services to those who need it, and may not be able to afford it otherwise? Where is the demand coming from in any consideration of user pays, say in radiology and other diagnostic services? If a doctor requests these services, and they cost $20 say, what if the patient

just walks away without taking the necessary tests? Sceptics may say the patient loses, but I say if a patient loses his life because he was denied access to diagnostic tests he could not afford – society loses, the health system has failed, and we all lose. Even if the patient survives, it will cost more to cure a more serious condition down the line, one that may have been avoided, if the diagnostic tests had been done, and proper medication prescribed.

These are but some of the issues that need serious consideration, and need to be addressed in discussing any proposed health reforms. My point here is let us think and consider very carefully before we change an existing system that warts and all, is by and large working quite well.

Change for the sake of changing is as dangerous, if not more so, than no change at all.

Faafetai and God Bless

Misa Telefoni

MINISTER OF HEALTH