



Consuming battle over health care ownership

An academic's new book sparks debate about the public health system and the rise of corporate influence over policy, Health Reporter **DANIELLE CRONIN** writes

Canberra academic Dr Thomas Faunce asks a crucial question — who owns our health — as the major political parties inch towards a federal takeover of public hospitals.

Prime Minister John Howard has sidelined the Tasmanian Government and assumed financial responsibility for the Mersey Hospital. Howard sees the takeover as a trial that, if successful, may be rolled out in other parts of Australia.

Opposition Leader Kevin Rudd has unveiled Labor's plan to provide \$2 billion for states and territories to improve the health system and has threatened to take over all 750 public hospitals if they fail.

At the same time, both houses of Federal Parliament have passed legislation that potentially threatens access to low-cost medicines under the Pharmaceutical Benefits Scheme.

The new system arguably favours pharmaceutical companies and may have been driven through a "secretive" committee set-up under the Free Trade Agreement between Australia and the United States.

Against this backdrop, Faunce explores the ramifications of corporate interests dominating the provision and regulation of health care along with the ethos of those working in the system.

"At present, universal public health systems based on taxpayer-funded equality of access still have great popular support," Faunce says in his new book, *Who Owns Our Health?*

"The majority of citizens in most developed nations appear to view higher tax rates as reasonable if the payback is greater security and peace of mind as they collectively age and are exposed to greater risk of illness.

"Yet despite this widespread popular support, many governments are still producing health policies that lack any consistent commitment to such public goods. "Indeed, increasing numbers of political and industry allies are willing to assist the continuing push for the full privatisation of global health care."

Faunce is a senior lecturer in the Australian National University's College of Law and Medical School. Currently, he is in charge of two major research projects — a probe into regulation of nanomedicine and an investigation into the impact of international trade agreements on Australia's medicine policy.

Faunce has been a barrister and solicitor as well as a senior registrar in the intensive care unit at Alfred Hospital in Melbourne.

In his book, he draws on this practical experience, literature, philosophy and interviews with key players in the health sector to spark debate about the public health system and the rise of corporate

influence over policy. He looks at the implications in a range of areas including the impact on relationships between doctors and patients, consent and ethics.

"A major pressure on the pivotal role of doctor-patient relationships will be the facet that corporate strategists and lobbyists have facilitated the widespread designation of patients as 'consumers'," Faunce says.

"This title implicitly equates health care decisions with those involved in purchasing a house, car, food or clothes. These are inaccurate analogies not only due to the uniquely powerful capacity of illness to create vulnerability and erode choice but because purchasing decisions about medicines or surgical procedures are largely trusted, by those suffering illness, to be made on their behalf by doctors."

In a health system dominated by corporate interests, there can be unusual problems with the law of consent.

A patient's body is increasingly seen as a low-cost resource for research and product development.

"Policies requiring consumer involvement in clinical trials of new medicines as a condition of private health insurance coverage or promoting such participation as a viable alternative for consumers unable to afford expensive innovative medicines, [are] a logical outcome of market fundamentalist philosophies when applied to the health care sector," Faunce says.

The sick may be forced to consent to surgeons taking tissue samples or using experimental techniques before patients can access treatment.

Surgeons who suffer a needle-stick injury may take blood without consent from an anaesthetised patient to check for diseases such as HIV.

"What option does a subsequently woken patient have to actually refuse consent when the sample was necessary, according to hospital guidelines, to minimise corporate liability and justify continuing private health insurance coverage?" he says.

A doctor's failure to disclose that they have shares or other financial stakes in a pharmaceutical company, health management group or medical device manufacturer will also be a challenge for the courts.

"[It] will be a major test of the extent to which the laws of consent can be relied upon to protect the interests of patients," Faunce says.

A variety of codes, guidelines, protocols, registration boards, specialist colleges and indemnity insurers are the guardians of "medical professionalism". "All of these institutional forms of medical ethics are susceptible to corporate influence in the age of the market state and are not uniformly focused on loyalty to relief of patient suffering," Faunce says.

Faunce proposes a radical way forward —



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a model where corporate health managers and health policy-makers are registered and trained alongside doctors and nurses.

The curricula should cover the “idealistic” aspects of medical ethics and international human rights as well as the “realities” of corporate health care.

“Many educators may be perplexed by the novelty of suggestions that they should run pre-registration postgraduate training courses that include health care industry representatives and policy-makers alongside health professionals,” he says.

“One response to their concerns would be that such involvement merely reflects,

systematically and coherently, the influence of such professionals on contemporary health care delivery.”

Faunce says innovative approaches must be created and examined to effectively deal with profit-driven health care — an increasingly common model throughout the world.

“Health professionals and policy-makers can play an important leadership role in this process at a local, national and international level,” he says.

■ ***Who Owns our Health?* by Dr Thomas Faunce is published by UNSW Press.**



PROBING: Dr Thomas Faunce's new book explores the corporate interests dominating health care