



# Celebrating 60 Years of Health

"Health systems challenges: past, present and future"

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Never Stand Still

Medicine

School of Public Health and Community Medicine

Trailblazers!

Original thinkers!

Change agents!

Showing how the current hospital system can work better!

Adding vital knowledge about the jigsaw that is our appreciation of health services!

Helping lead us to a better health service!

What a birthday to celebrate!

Can you believe that there was a time when academic medicine and hospital management were separate? Did you know that this school we honour was not wanted by the faculty of medicine when it was established, and for some years was located elsewhere, in the faculty of Commerce and later in the Board of Vocational Studies?

It was not until the end of the last century, until 1998, that it came to medicine. Far later than it should have, and it was accepted far too reluctantly - but it prospered outside the faculty of medicine because people, other than some academics in the faculty of Medicine, appreciated what the school was doing and what people wanted. They saw its importance and its relevance to what we have now.

Our silos – our schools and faculties – are instruments of human convenience anyway. They have no existence of their own in nature. They change - how many people now study or know "natural science"? Yet it was once a recognised silo had its own academics and had its own graduates. In another university there is a song which states in one line: "Faculties divide and sever" Many of my PhD students studied important matters between silos. Bravo! And we often needed two supervisors - one from each silo.

But people protect their silos fiercely. They have invested in those silos. They do not want to change.

Anyway, it has been a pleasure for us to have this activity in the school of Public Health and Community Medicine.

Hospitals are part of the remit of this school, but only part hospitals because this school looks broadly across the health system. Hospitals generally treat episodes of disease. That is, they intervene after people have become sick. Actually, they are not really interested too much in people. They might as well be dealing with uncomplaining lumps of meat with disease attached as far as too many hospitals are concerned.

When my wife was in a gynae ward, she and the other women spent hours each day cleaning the ward - because the paid cleaners were not doing it well enough. So, not only are the hotel services often awful, too often hospitals talk, and they think, of throughput of hips instead of talking or thinking of people with hip disease who have been helped.

Anyway, Sydney graduate Michael Marmot says that disease is generally "failed prevention". What the school of public health and community medicine does (and the School of Health Services Management is part of that school) is encourage intervention before people get sick. We build the fence at the top of the cliff. Many hospitals treat those who have fallen over the edge of the cliff.

The United States of America spends a greater share of GDP on health care than does any other nation. But Michael Marmot wrote recently that 13% of all American 15 year old males do not reach the age of 60. 13%. That is an amazing statistic and the United States ranks only 50th out of 194 nations on that measure. And United States maternal mortality (to take another measure) ranks only sixty-third in the world. So do not believe that more money is always better or is always the answer. We know that those American figures are proxy statements about the underclass in America - blacks, Hispanics and illegals - and Obamacare will help with those figures.

But, let us return to the group we celebrate today. Yes - they have shown how the current system can work better. But there is another question too for them and for us to consider. Are hospital as we know them, as they are constituted today, still the best way to give care to all our patients? It is not certain that they are still so relevant in their present form for many who are sick. Surgery is still going to need good institutions. Much major surgery will need hospitals. We know that. But many - not all, but many, of medical patients now can be investigated, and treated, and cared for, in the community, close to their families, away from super bugs, in their own homes, at a fraction of the cost and disturbance of putting them into hospital. Community pathology services are good. Modern nanotechnology is going to mean that many chronic diseases can be detected earlier and treated more easily in the community with chips in bodies. For example, we can envisage chips which deliver the correct dose of insulin, minute by minute, to people with diabetes.

Mind you, we still need, and will need, procedural centres. But they could be different procedural centres. Places to do renal dialysis or cataract extractions outside great hospitals. Of course we already have these. They are cheaper, and more dependable, and cleaner and they are more pleasant. The diseases they treat do not need the current expensive hospital model.

And some people need institutional care - we know that - as we know that many more (especially the aged) will need residential care in the future.

So we might be at a point where we need a new and different model of institutional care. We have many choices, but one is: do we seek incremental improvements in our hospitals as they currently exist, in a system which is at least sixty years old, or do we seek a new system, and it is this School that can help answer those difficult questions for us.

And, at a recent seminar, we were reminded that 40% of our patients suffer physical damage from entry into our hospital systems. They fell, they were infected, they got the wrong treatment and they were injured in other ways. So we know today that patients are dying and are being injured in our hospitals. For instance, a committee of which I was chair, put out a report "Tracking Tragedy" about people who were murdered or who died by suicide within our supposedly safe psychiatric hospitals. So terrible things happen now. Today we have resistant germs which are more prevalent in hospitals. We get our patients out of those germ ridden institutions as quickly as we can. We have physical injury and death in our hospitals. We have rotten hotel services. We have poor cleaning services. We have chronic understaffing. And hospitals are expensive to run. So all is not good and governments are struggling.

It is compounded because governments promise what cannot be delivered. They promise a Rolls Royce when all we can afford is a Holden.

The current debate is about things like waiting times, and hospital queues, and waiting lists. It is not about better health for society - when it should be.

People are what the health system should be all about. They are what matters. What kind of care do we want to provide for people? What do we want to do for people? More and more of them are aged or with dementia too.

It was the School of Health Services Management that invited us to look at our hospitals and suggested (then a revolutionary thought), that we might improve how those hospitals work.

The School of Health Services Management looked at patient trajectory when others were not. It looked at our ways of organising the use of resources and it found so many ways in which things could be done better.

Jeffrey Braithwaite has said that we demanding baby boomers are going to require increasing help to stay at home - what a challenge that is - and what a new paradigm it suggests.

The outputs:

- better health
- patient satisfaction
- prevention of sickness

are not valued and are usually not measured, or discussed, in public.

Anyway, big hospital campuses are scary for us members of the public and we might need a different system to provide the things we want, in places that do not scare us, even as we acknowledge that good procedural centres will be one part of that system.

It is the School of Health Services Management that has steered us back to examine some of these things about our health services, and to understand differences between inputs and processes and outputs.

It is people from that school who have enriched other universities and they have enriched Australia and the public debate. The school is doing important work for us. It is now part of the School of Public Health and Community Medicine where it is loved and welcomed.

We are proud to have it.

We are proud of what it has done and what it continues to do.

In the future part of its remit will be to tell us how the current hospitals can work better especially as they treat more chronic, long term, disease, and it will probably also be to tell us how we can deliver good health care differently.

The school will prepare students for life-long learning and new paradigms - and it will help develop those paradigms and programs.

So this school has plans for its future students.

We are better because it is there. Let it prosper and grow with us. Let it point the way to a new and better future for us all.

We are proud of it.