



“Choosing not to fund public health services is just another way to transfer money from all of us to a small group of the richest. The fact is, health care does cost a lot of money, but not providing health costs even more.”

Home and away

Sometimes I feel guilty being over here in Australia. All my training was in the UK. The NHS taught me how to do general practice, but it also taught me about a system that will do its best to treat everyone who needs it. I've found a niche in Australia working in Aboriginal and Torres Strait Islander health, helping to look after the health needs of the first inhabitants of this huge continent. I work in a service run on a cooperative model, dedicated to ensuring services are accessible — they are culturally appropriate and free at the point of use. I'm drawn to this model partly because it's probably the closest Australian equivalent to working as a GP in the NHS.

Interestingly, my work is not dissimilar to my work in deprived areas of Sheffield, seeing the health consequences of unemployment and poverty decades after mining and steel works closed. When I read about the work of the GPs at the Deep End in Glasgow, they were also describing my work here, in the messy complexity of health and social needs brought on by poverty and exclusion.

So sometimes I feel guilty for leaving the NHS which trained me, and still looks after my family. But less so recently. As I write, the junior doctors are out on strike again and the *Lancet* has published an article showing increasing demand in general practice,¹ just as funding is cut. I can almost watch morale tumble in real time via social media.

So I'm cheering you on from over here in Australia. Perhaps distance gives me rose-coloured spectacles, but before the systematic political wrecking started, the combination of excellent clinical outcomes with access for everyone was an inspiration to other health systems, showing what can be achieved, without spending anywhere near as much as, say, the US. But it also can't be done by spending nothing. Combine that with misuse of research findings and the imposition of a contract which everyone who will be working under it thinks will be unsafe. (Not to mention gender pay discrimination which takes us back to the fifties). It seems like Jeremy

Hunt may have single-handedly fixed Australia's rural workforce crisis.

We have some similarities here in Australia. We too have a government keen for more corporate and private health insurance in health provision. Our government, too, is determined to do health on the cheap, claiming we can't afford it, while contriving to ensure corporations and people with money have lots of methods of paying no tax. Not even our previous health minister, who was voted by GPs as the worst health minister we'd ever had, managed to provoke a strike, though.

Choosing not to fund public health services is just another way to transfer money from all of us to a small group of the richest. The fact is, health care does cost a lot of money, but not providing health costs even more. Even if the government just sees people as economic units, each contributing a little to the Gross Domestic Product, then unhealthy little economic units aren't as productive as healthy ones. But humans are not economic units, of course. We work, yes, but we volunteer, we care for family, we grow flowers, we dance, we remember. Without health, none of this can happen, and health is not a commodity sold to customers by health services.

So I'm over here cheering for you. And if it comes to it, and you find yourselves over here, join me in feeling a little bit guilty, as we make the Australian health system the envy of the world.

Tim Senior,

GP, Tharawal Aboriginal Corporation, Airds.

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REFERENCE

1. Hobbs FDR, Bankhead C, Mukhtar T, *et al.* Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14. *Lancet* 2016; (published online April 5.) [http://dx.doi.org/10.1016/S0140-6736\(16\)00620-6](http://dx.doi.org/10.1016/S0140-6736(16)00620-6).

ADDRESS FOR CORRESPONDENCE

Tim Senior

Tharawal Aboriginal Corporation, Airds,
PO Box 290, 187 Riverside Drive, Airds,
NSW 2560, Australia.

E-mail: drtimsenior@tacams.com.au