



SOUTH AUSTRALIA

**AUSTRALIAN MEDICAL ASSOCIATION  
(SOUTH AUSTRALIA) INC**

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**‘Jury out’ on private sector for public patients**

AMA(SA) President Dr Peter Ford today stated that the jury was out for the AMA(SA) on whether using the private sector for public patients was a good idea, and that the AMA(SA) would need to be satisfied about the model for undertaking the surgery privately for it to give its endorsement to the initiative.

Dr Ford was commenting following reports that the state government intends to have a proportion of the announced additional \$13.6 million in Commonwealth funding for elective surgery performed in the private sector.

The state government is considering it, and I see the Liberals have called for the private health sector to be utilised. But using the private sector is not a quick fix for getting the extra elective surgery done. The issue of using the private sector is complex, on both a conceptual and a practical level, and there are many factors to be considered. The AMA(SA) needs to be happy with any model.

The AMA(SA)'s first preference is, of course, to have our public hospital sector properly resourced to undertake the surgery we need. Something is clearly wrong with a system that has to call on the private sector to meet our everyday surgical demands. We call on the federal and state governments to work together in negotiating the next Australian Health Care Agreement to provide the capacity we need to address our growing surgery waiting lists.

That said, if the private health sector is to be utilised for the extra elective surgery, then there are some matters which need to be considered.

It needs to be remembered that the costs are clearly greater in a private setting, meaning fewer patients can potentially be treated.

The AMA(SA) is also concerned that paying for public work in the private sector runs the risk of decreasing the perceived value of private health cover.

Choosing some public patients to access to a private standard of care but not others creates potential unfairness.

And using the private sector for public patients risks undermining the morale of our loyal public hospital doctors and nurses. Clearly we cannot afford to jeopardise this.

At a practical level, it also raises questions about continuity of care and issues around dealing with medical complications or follow-up . which are likely to be referred back to the public system. The starting point for consultation around this must be with the doctors who currently have these people as patients in the public hospital system. Operational arrangements around the patientsqmedical records also raise a range of other logistical issues.

And then there is the question of whether the private hospitals in Adelaide, already operating near capacity, are able to absorb an additional caseload.

All in all, there is much to be considered before we start operating on public patients in private hospitals.

Again, our ultimate aim must be to properly resource the public hospital system to provide the capacity to address our growing surgery waiting lists . itq as simple as that,q concluded Dr Ford.

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**16 January 2008**

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