

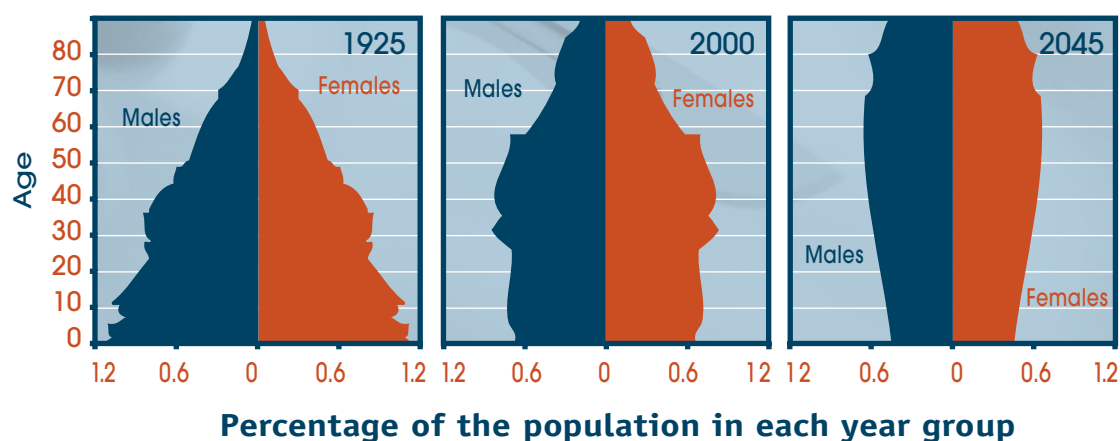
7: The future

Health systems across Australia, and throughout the developed world, are under pressure for similar reasons.

The ageing population

Until a recent turnaround, there were fewer and fewer babies born each year. Older people are living longer (see figure 21). The result? Australia has shifted from a land of the young to one dominated by the middle-aged. And that shift will continue for decades to come.

Figure 21: Changing age structure of the Australian population, 1925-2045



There will be more older people, and they will use more health services. Also, the number of people of working age will decline.

So at the very time the demand for health services is increasing, the ability to supply the workforce is decreasing.

The workforce

There are shortages of doctors, nurses and other health professionals throughout the world. In countries such as Australia, Canada, the UK and the US, 20-25 per cent of doctors come from overseas.

The national workforce is growing at an annual rate of about 170,000 per year. But this will drop soon – it is predicted that in 2020, just 12,500 people will join the national workforce.

The health sector alone needs about 10,000 new workers a year just to maintain the status quo, and finding that number is a challenge. With the shrinking national workforce, it is inevitable that the number of people joining the national health workforce will shrink, also.

The health workforce we have is getting older, too. A large number of doctors and nurses will retire over the next 15 to 20 years, and will not be easy to replace.

The Australian Government is responsible for educating the majority of this health workforce. Unless it increases student numbers dramatically across all health professions, ensures education is affordable, and works with states, territories and health professionals to develop curricula that attract and prepare new generations of health workers, there will continue to be significant staff shortages in the future. This will have a serious impact on access to services and the quality of patient care.

The changing nature of illness

The nature of illness is changing. Once Australians suffered short-term diseases such as dysentery, but now the main causes of illness are long-term diseases like diabetes and cancer. Mental illness is also much more widely recognised, as are the associated issues for families. Substance abuse, too, is being recognised as a health issue, not just an issue of law and order.

These changes put enormous pressure on health services. Half a century ago people went to their local hospitals for one-off treatment. They got better, or they didn't, but they didn't need to keep going in and out of hospital. And if people were elderly and clearly dying, there weren't the medications and technologies to keep them alive for long periods.

Now, people with a chronic illness may end up in hospital half a dozen times a year for the same condition. They can be treated and helped back on their feet. And people who are dying can be kept alive, often with a reasonably good quality of life, for weeks, months or even years with modern treatments.

Of course, much of this is a good thing. But it means that public hospitals are now dealing with older, sicker people, and they are dealing with them over and over again.

Public hospitals were not built to do that. If you were starting from scratch and designing a way to look after a person with diabetes, or heart failure, or recurrent anaemia, or even someone who was dying with dignity, you would not start with a hospital. You would start with providing health care in the community. Will the Australian Government work with states and territories to build up community services to deal with the change in disease patterns?

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A mismatch

Although the health care system is evolving, there is still an over reliance on the acute care hospital. While the hospital's role is important, and always will be, unless we put greater emphasis on preventive health and health promotion to reduce chronic disease, hospitals will buckle under the weight of demand. They will end up able to provide emergency care only.

Doctors, nurses and other health professionals are coming to grips with the new world of health care. As students, they need affordable, quality education to take on new roles that reflect the needs of the current and future populations.

Rising costs

Costs rise. That is the way of the world. But costs in health care are rising faster than inflation.

The cost of pharmaceuticals is rising (see chapter 5). The costs of technology are rising – new forms of testing and new treatments are usually more expensive than the ones they replace. And in some cases, the new tests and treatments are carried out as well as, not instead of, older tests and treatments.

The demands placed on health services are rising – people expect more of the health sector, and health professionals are doing more in order to meet those expectations.

One way the Australian Government has dealt with these rising costs is to shift some of them onto the individual. Ten years ago Australians spent the equivalent of \$9 billion from their own pockets on health care – now it's up to \$15 billion. The rate of growth is much higher than inflation.

Summary

The costs of health care for the average person are rising rapidly. Overall, even after taking inflation into account, people are spending over 5% a year more on health care.

Health care is becoming more expensive, and more of it will be needed as the population grows and ages. The health system was designed for people with short-term illness, yet most of its effort is spent looking after people with chronic, long-term illnesses. On top of this, the shortage of health professionals is likely to get worse.

Is the Australian Government doing enough to care for our health now and in the future?

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Queensland
Government



New South Wales
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Government of
Western
Australia



Government
of South Australia

