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Public hospitals being privatised by stealth

New figures released by the Australian Institute of Health and Welfare (AIHW) confirm that the public hospital system is being privatised by stealth, as public hospitals increasingly give preferential access to privately insured patients to the detriment of the public patients they are supposed to serve.

The number of private patients seen annually in public hospitals has grown by half a million patients over the past decade – an average increase of 9.6% each year. This is almost three times as fast as the growth in public hospital services overall.

One of the biggest areas of growth has been ‘emergency’ admissions of privately insured patients into public hospitals, which grew an average of 11.7% per year over the past decade. Same-day emergency admissions grew the most, at an average 20.3% each year.

Australian Private Hospitals Association (APHA) CEO, Michael Roff, said this was a direct result of hospital staff pressuring patients while in the emergency department.

“These data are clear evidence of public hospital staff trawling through emergency departments, triaging patients by their insurance status, not their need for treatment. A public hospital emergency department should be solely focussed on the clinical care of the patients who present there, it is not the place for hospital administrators to pressure and blackmail patients in an unseemly cash-grab.”

“The AIHW figures also provide more information on the unconscionable practice of allowing private patients to jump the queue for elective surgery while public patients are forced to wait longer, often with conditions that affect their quality of life, mobility or capacity to work.”

“For example, public patients wait a median of 113 days for a cataract extraction, compared to only 29 days for privately insured patients.”

“Even for the most urgent cases, public patients are disadvantaged. For example, cancer patients without health insurance wait 40% longer and those needing a heart bypass wait twice as long as their insured counterparts.”

“Public hospital advocates and state Health Ministers will twist and turn in their efforts to justify these outrageous practices, but they must know they are abandoning one of the key principles of Medicare – access to public hospital care based on clinical need, not the ability to pay.”

“If the rate of growth of public hospitals chasing insured patients continues as we’ve seen in the past five years, half of all patients in the public hospital system will be private by 2035. At the same time, public patients will increasingly be forced to play the waiting list lottery.”

“Is this really the public hospital system we want in Australia, a system that is effectively privatised by its addiction to insurance payments?”

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