

DisabilityCare Australia: our new national disability insurance scheme

A change is coming to the world of disability. On March 21, the House of Representatives passed the legislation for the National Disability Insurance Scheme (NDIS) and on May 14, with the release of the 2013-2014 Federal Budget, the Labor Government committed to funding the scheme in full by 2019.

In 2010, after years of advocacy by disability groups, the Federal Government directed the Productivity Commission to explore the allocation, efficacy and funding of disability services in Australia. The Commission produced a report in 2011 that was highly critical of the existing model, stating that it was 'underfunded, unfair, fragmented, and inefficient' and that it gives people with disability 'little choice, no certainty of access to appropriate supports and little scope to participate in the community'. The report spoke of the need for early intervention, explaining that the current lack of future-planning leads to poorer long-term outcomes, disempowerment and disenfranchisement of those with disabilities and their carers. The report ultimately recommended the development of a comprehensive NDIS, which the Government will implement under the name DisabilityCare Australia.

The existing disability system in Australia is too often soaked in tragedy. The disabled communities and their carers find themselves trapped in a system that simply cannot provide adequate support. The type and level of care that people receive is determined by seemingly arbitrary formulae related to residential areas and particular medical conditions,

rather than the level of disability and individual need. Over 60% of those requiring assistance for activities of daily living are currently receiving only informal support. It may be thought that such problems could be solved by increasing funding, but this is to misunderstand the problem; the system itself is also a significant factor, plagued by poor governance and controls, with a lack of coordination between services leading to frustration for both people with disabilities as well as their carers.

Treasurer Wayne Swan proudly stated on budget night that DisabilityCare Australia would end what he called "the cruel lottery of the current system".

"Speaker, tonight we right this wrong. We provide choice, control and dignity to people with disability. This could mean the difference between getting the right wheelchair now or waiting three long painful years using a wheelchair that doesn't fit."

The goal of the NDIS is to 'provide

insurance cover for all Australians in the event of significant disability', as Medicare currently exists for health problems. Examples of specific supports DisabilityCare Australia will provide include home and vehicle aids and appliances, community-access supports, respite care, and occupational and physical therapy. On a practical level, the NDIS would divide society into three tiers. Tier 1 would include the entire population and would aim to increase social participation and decrease the impact of disability, in addition to providing insurance in case of future disabling events. Tier 2 would be targeted at all people in Australia with disability (4 million people) and their carers (330,000 people) and would provide referrals, information and community engagement. The core role of the NDIS would be for Tier 3, which is a group with disabilities that lead to a significantly reduced functionality with need for support and early intervention, including

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The Health Report with Duncan Sweeney

O'Byrne moves to liberalise abortion laws

Tasmanian Minister for Health, Michelle O'Byrne proposed a bill to liberalise abortion laws in the state, which has passed the Lower House. Current law states that termination of pregnancy is illegal in Tasmania unless it is 'legally justified' – in practical terms meaning 2 doctors must decide that continuation of pregnancy places the woman at greater risk (physical or mental) than retaining pregnancy. The aim of the proposed laws is to decriminalise abortion and make it a health issue rather than one concerning the criminal code. This would mean abortions are more freely available with no need for medical justification prior to 16 weeks, and after 16 weeks requiring the current 2 doctor assessment.

AMSA call for national intern solution

The peak medical student body AMSA has called on Australian governments to create a national allocation system for intern positions. With recent changes to some states' policies effectively barring students from successfully applying for jobs in those states there have been questions as to the legal validity of the current system, as voiced in a recent article in the MJA. AMSA is lobbying for

the federal government to form a system that safeguards jobs for all graduates, removing the multiple layers of bureaucracy that currently exist and ensuring the nation's future healthcare needs. For more information about the internship crisis or AMSA, look on their website (amsa.org.au) or email our AMSA Rep, Mark Fenton (amsa@tumss.org.au).

Bulk Billing and Private Insurance Rates continue to rise

Bulk billing rates have hit record highs with 82.4% on primary care services bulk-billed in the March quarter. Federal Health Minister Tanya Plibersek welcomed the data stating "The Gillard Government has invested and reformed the health system so that all Australians can have access to quality and affordable healthcare". Despite industry predictions of a fall in the number of Australians with private health insurance (in the face of means-testing placed on the private health insurance rebate), a record 10.6 million Australians now have private health cover.

Public hospitals struggle to reach training needs

A survey by the AMA demonstrates that the ability of public hospitals to provide effective teaching to junior

doctors is questionable. Doctors from intern to senior registrar level were interviewed and it was found that there was a lack of structured clinical teaching, a generally poor performance in balancing learning and working requirements, in addition to a lack of support for junior doctors who are also expected to teach other doctors and medical students.

Tasmania and Australia commended for anti-smoking policies

The Australian Council on Smoking and Health has singled out Tasmania as a state doing especially well at mitigating the malign effects that smoking has on our community. Dr Hambleton, president of the AMA, stated "The Tasmanian Government has introduced legislation... the best in Australian in banning smoking in enclosed public spaces and workplaces". The work of the Australian government was also highlighted with the advent of plain-packaging, restrictions on duty free tobacco, restriction on advertising and working to decrease tobacco smuggling in Australia.

Duncan Sweeney
(Med IV)

I am my greatest critic

Students of medicine and law are said to be perfectionists – when it's good we are conscientious, when it's bad we are neurotic. Sound familiar?

I stand in the arena. Stone, cold silence, a pin could drop. I look up, daring to be great. Gasps and muffled voices echo 'who does she think she is?'

Each day I wake up, shower and put on my war paint. For each day is a battle. The struggle is not to face others, but to look deep into the mirror and face myself. Each day I play tug of war with logic and shame. I wrestle my 'natural instincts' that strive for perfection in all that I do: appearance, work ethic, relationships, and academic study. I tell myself 'I have the capacity', 'I have the ability' and 'I have the desire' but what I'm really saying is that unless I attain perfection 'I am not worthy', 'I am shameful'; 'I am not enough.'

I grew up in a family environment where success was encouraged. I was 11 when I recognised my natural ability in academia, music and sport and I soon strived with my own encouragement to achieve the best. Not the best of my ability, but the best. While one parent recognised that success was in my sight and that pressure should not be exerted, the other piled onto my already dangerous thinking. Why strive for the best of my ability when being the best, full stop, is within sight? Surely if I achieve that, then satisfaction and happiness will naturally follow... Now, when I'm anxious I assume that the world knows. I look for signs, even the slightest look or comment

can set me off: reaffirm that 'they' know and 'they' disapprove. 'They' are those in the arena who whisper under muffled tones. It is 'they' who cripple me with fear, fear of disconnection, of not belonging. Rejection. Weakness. 'They' do not associate with. I cannot see their faces but I feel their glare. I blink and try to focus. I make out facial features; each has big blue piercing eyes. 'They' is I.

Kelsey Paske

Kelsey grew up in the north-west of Tasmania and currently studies law at Monash University in Melbourne

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those with intellectual, physical, psychiatric and sensory disabilities (410,000 people). Additional benefits that will stem from the NDIS include efficiency gains within the sector, savings to other governmental services, increased participation rates and the economic benefits therein.

In modern society, the cost of the implementation of such a system sits at the forefront of public policy. It is estimated that DisabilityCare Australia will cost \$6.5 billion per year in addition to the current spending on disability of \$7.1 billion, representing a 90% increase. Perhaps the need for this spending is a good reflection of how inadequate the current system is, but not everyone agrees with the way the Government has decided to fund the new scheme. With the release of the Federal Budget, the Government committed \$14.3 billion over seven years to help fund it. Another large portion of the funding will come from a rise of 0.5% to the Medicare Levy, increasing it from 1.5% to 2% of taxable income. This will be put into a fund for 10 years and will provide another \$20.4

billion over that time to help fund it. Some groups, including the Business Council of Australia, have questioned the move, suggesting that the funding should come out of general revenue. Treasurer Wayne Swan has hit out at this criticism, questioning the motives of people who are unhappy to pay what amounts to an average of one dollar per day extra in order to provide greater support for people with a significant and permanent disability.

Opposition leader Tony Abbott offered the Government bipartisan support for “a responsible and timely NDIS”, while Greens leader Christine Milne stated that the scheme was “a transformative change” to people with disability, describing the passage of the legislation as a “once in a lifetime opportunity”. DisabilityCare Australia has gained widespread support, including agreements with every State and Territory (except Western Australia) as well as in-principle support from the opposition, the Greens and key independents. However, a fully funded NDIS remains dependent on the funding arrangements of the State and Territory Governments. For example, the Tasmanian Labor-

Greens Government was eager to sign up to the NDIS, which will cost the state an extra \$134 million over six years. Yet, in the recent State Budget, just \$16.8 million (12 per cent) was set aside for the next four years of NDIS funding, leaving the remaining \$117.2 million to be found in the distant budget years of 2017-18 and 2018-19. Thankfully, initial funding does mean that Tasmania will be part of the first stage of the roll out on July 1, beginning with increased support planning and delivery for young people (aged 15-24) with significant and permanent disability.

Every 30 minutes, someone in Australia is diagnosed with a significant disability, only to receive support services which are invariably a day late and a dollar short under the current system. Let us hope that the Federal and State Governments follow through with their funding arrangements so that with the NDIS, we finally have a system which invests in the future of people with disability, rather than responding sluggishly to existing crises.

**Duncan Sweeney
and Huw Jarvis**

TUMSS AMA Report

The Australian Medical Association (AMA) is the peak advocacy body for both fully-fledged doctors and doctors-in-training such as ourselves and is a powerful organization in both the healthcare world and more broadly in the political sphere.

Luckily at the University of Tasmania we enjoy a very healthy relationship with the AMA with a TUMSS representative given the opportunity to sit on the branch council and attend quarterly meetings to discuss relevant issues. This relationship allows us as UTAS medical students to get a few of the issues affecting us onto the AMA's agenda and often into the political and media landscape as a result.

Last year the AMA helped lobby for guarantees of intern positions in Tasmania and has vowed to do the same again in 2013 as the national squeeze on intern positions gets tighter and tighter. At the same

time, the AMA has been dealing with other significant issues in the Tasmanian medical world, namely the proposed euthanasia legislation and the amendments to the state's abortion bill. These are hot topics at the moment and the AMA's position statements on these bills are available from www.amatas.com.au and definitely worth a read. While on the website, why not grab a membership form and sign up because membership of the AMA is free for students and

comes with a range of benefits and the opportunity to affect what is a powerful agenda in Tasmania.

If you would like any more info on membership or issues or have something you would like represented to the AMA, don't hesitate to send me an email at ama@tumss.org.au.

**John Kevin
(TUMSS AMA Representative)**

A PENNY FOR YOUR THOUGHTS?

ACTUALLY, IT'S MORE THAN A PENNY

IT'S FREE REGO

2013 HOBART

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AUSTRALIAN MEDICAL STUDENTS ASSOCIATION

The Burnie Bruiser

88% of Australians have never heard of the place, and 97% could not even point it out on a map. But in a somewhat bizarre turn of events, the Economist's Global Liveability Report has ranked Burnie as the world's most liveable city. This came as a surprise to some who live in the area. "I didn't even know Burnie was a city" said Latoya Krystalmeth, a TAFE student. "I'm originally from Sydney. But I'll seriously need to rethink whether or not I want to go back. This place has so much more variety!" However Tommy Bourbon - a local mechanic - was not the slightest bit stunned. "Been running me shop for 27 years on this site. Think we have a little slice of heaven down here, yeap." Despite a modest population of 20,000, Mayor Steven Pons believes steady population growth will continue as it has for the last 5 years. "Last year alone, the population numbers exploded! We saw an influx of 34 medical students into the area!" Mayor Pons had to be reminded that despite the influx of medical students, there was also an efflux of 20 students - resulting in a net gain of 14 people. The report looks at a variety of aspects including public safety, cost of living and access to services. But it was the Public transport that gave Burnie its top marks. "Our passenger train service is world class" stated Mayor Pons. Again he had to be reminded that there is only one daily train service, the 3:57pm freight train. "Well it does carry containers. But I'll give you a hint from personal experience: not all of those containers are full" he said with a wink. The City council plans on throwing a party in celebration of the port City's new status. "At first we were thinking of holding a celebration in the town square," said City Council member Ryan Hardkent, "but then we realised, we don't have a town square!" *This piece does not represent the views of TUMSS. Quotes and names cannot be verified. Readers should assume 100% inaccuracy. We in fact love it up here at the Rural Clinical School and we encourage prospective Pre-Clinics to take a look around!*

Ashwin Bhana (Med V)

The Mischief

The following piece does not represent the views of TUMSS.

Comrades, my pieces are now being censored by the TUMSS heavies. If this piece fails to excite, I apologise. Yours always, M.

Liberalising abortion laws in Tasmania. Making them more understandable, available, and intelligible to both those that want and need abortions, and those who provide them. A sensible solution. A rational solution. A solution that is good for women. A group, who, by the way, make up half of our population, yet are subject to far more than half our abuse. A group whose continued survival is a testament to their strength against man's cruelty. Yet when we see a bill proposed that is only good for women, just look how quickly the zealots line up. That women, and not God, have the fundamental and total dominion over their own bodies seems to be offensive to some. That they can choose what they do, how they do it, and with whom they do it is apparently against some code that is written onto our DNA. Well if that is the code written onto their DNA then that is all well and good, but some of us abide by a different code

and so should we be allowed. A code that allows all people the freedom to do what we care to do, as long as we harm no others as we go about doing it. Rights that have been fought for, rights that have oftentimes had far too much blood spilt over them. Not only, however, is birth control a fundamental right by extension of our rights to control our own bodies, and own destinies, it also provides us with a solution. For years we didn't know the answer to fighting poverty, the answer to living in squalor and abjection. Now we do, and it is simple. Allow women to free themselves of the animal cycle, the constant stream of pregnancy and birth, and watch the floor rise. It has worked everywhere it has been attempted. Heck, throw in a few seeds and a line of credit and watch the explosion of affluence. I would prefer unwanted pregnancies to never happen. I would prefer the guy pulled out or wore a condom, or for the woman to be on the pill. Abortions are a tragedy. The last resort. They cause a great deal of mental suffering and anguish. They should be far less common than they are. But fundamentally, abortions should be safe, they should be legal, and they should be available and affordable to any woman who wants or needs one. Friends of freedom, enemies of poverty, unite. I commend this bill to you all.

GHC Hobart 2013: World Citizenship

Kosmopolitês: a citizen of the world or universe. The strangely beautiful word first breathed by Diogenes of Sipon in 412BC gave birth to shiny new philosophies: a first, tentative attempt to describe an individual's belonging to all human experience. It all sounds terribly (wonderfully?) ethereal, but thousands of years later this concept is becoming more and more relevant. The spaces between us are shrinking: 16 550 kilometres are compressed when you Skype from Hobart to Oslo whilst international borders are reduced to the banal experience of buying a new sim card. Today, politics, economies, environments across the globe are intimately connected. And yet, after two thousand years it's hard to say that cosmopolitan thinking has caught

on. There is a collective disregard for the consequences of rising temperatures on mosquito migration and for the fact that big profits for American confectionary companies equates to bigger Mexicans and an even bigger health care burden. A lack of imagination is threatening the integrity of the human experience. A lack of moral conviction and dulled awareness of global interdependence is threatening the health and freedom of millions around the world. What does it mean to be a citizen of the world? What can we do as individuals? Is there a role for world governance? GHC Hobart 2013 wants to find out. Registration opens June 1! To register, visit ghc2013.amsa.org.au.

Julia Dixon-Douglas (Med IV)