

CENTRALISING THE BLAME GAME

An abiding feature of our health system is the “blame game” — a political shield for deflecting criticisms and disowning responsibilities in health care. The prominent health commentator John Menadue argues that:

... we must resolve this problem to ensure integrated care and the avoidance of cost and blame shifting. Both federal and state governments have a vested interest in the present system.

And a suggested solution? A single health funder and provider ... the Australian Government!

But would this be an improvement? Probably not — especially if its prototype is the United Kingdom's National Health Service.

Over the past two decades, the NHS has seen wave after wave of destabilising change. British doctors have had to confront an internal market system (in 1991); general practice fund-holding (1992); abolition of regional health authorities and the creation of nine health offices (1996); abolition of fund-holding (1996); a target plan for improving care and cutting waiting times (2000); the introduction of hospital league tables (2001); primary care trusts taking on the planning and commissioning of health care (2002); a hundred-odd health authorities replaced by 28 strategic health bodies (2002); the introduction of foundation trusts (2004); payment by health results (2005); primary care trusts cut from 302 to 152 and strategic health authorities from 28 to 10 (2006); and the abolition of hospital league tables (2006).

This period also saw a culling and reconfiguration of hospital services, the introduction of Patient Choice — a program that requires a patient to have a choice of four or more providers when referred by a general practitioner — and muddled meddling with vocational training, through the disastrous Modernising Medical Careers and with the governance of the General Medical Council.

Given this record of continuous and chaotic change engineered by a central Department of Health, the blame game may well be the lesser of two evils.



Martin B Van Der Weyden

MATTERS ARISING

Opioid overdose deaths can occur in patients with naltrexone implants

- 54 Gary K Hulse, Robert J Tait
54 Moira G-B Sim
55 Colin L Brewer
55 Robert G Batey
56 Nikolaj Kunøe, Helge Waal
56 Eric Khong, Winston Choy
56 Amy E Gibson, Louisa J Degenhardt, Wayne D Hall

LETTERS

Cost of hepatitis A vaccine: \$70. Mounting your own antibody response to hepatitis A before your overseas holiday: priceless

- 58 Jake Shortt, Denis Spelman, Erica M Wood

Intradermal rabies vaccine

- 58 Anthony Gherardin, Sonny Lau

Spontaneous intracranial hypotension: an easily treated headache

- 59 Mohamed Asif Chinnaratha, Ronald A Criddle, Paul J Graziotti

Australian children and adolescents with type 1 diabetes have low vitamin D levels

- 59 Ristan M Greer, Meredith A Rogers, Francis G Bowling, Helen M Buntain, Mark Harris, Gary M Leong, Andrew M Cotterill

Revisiting the metabolic syndrome

- 61 Tomi-Pekka Tuomainen
61 Gerard T Chew, Seng Khee Gan, Gerald F Watts

Genotype and adverse drug reactions to warfarin

- 61 Keith A Byron, Anthony E Dear

Lack of consistency in safe-sleeping messages to parents

- 62 Roger W Byard, Glenda Cains, Helen Noblet, Maxine Weber

Mycobacterium ulcerans infection: an eponymous ulcer

- 63 Derek H Meyers
63 Paul DR Johnson, John A Hayman

Mycobacterium ulcerans infection in Brazil

- 63 Vitorino M dos Santos, Flávio L Noronha, Érica C Vicentina, Camila C Lima

SNAPSHOT

A web of dysphagia

- 51 Sandeep Chauhan, Atul Sachdev, Sanjay D'Cruz, Ram Singh, Sandeep Singla

DEPARTMENTS

- 46 **Poem:** The time eaters
Richard Bronson

MJA/Wyeth Award 2006

- 50 **Book Review:** The motor neurone disease handbook
reviewed by John King

- 62 **Correction:** Ototoxic ear drops with grommet and tympanic membrane perforations: a position statement (*Med J Aust* 2007; 186: 605-606).

IN THIS ISSUE

IN OTHER JOURNALS