

Legislative Council

Wednesday, the 22nd August, 1973

The DEPUTY PRESIDENT (The Hon. N. E. Baxter) took the Chair at 4.30 p.m., and read prayers.

QUESTIONS (10): ON NOTICE

1. *This question was postponed.*

2. GOVERNMENT DEPARTMENTAL HEADS

Criticism by Members of Parliament

The Hon. G. W. Berry for the Hon. CLIVE GRIFFITHS, to the Leader of the House:

Does this Government consider that a Member of Parliament should not criticise heads of Government or semi-Government departments even if in the opinion of that Member of Parliament criticism is warranted?

The Hon. J. DOLAN replied:

This question is clearly inadmissible as it does no more than ask for an expression of opinion.

3. EGG INDUSTRY

Inquiry: Report

The Hon. N. McNEILL, to the Leader of the House:

- (1) Has the Government given consideration to the report of the inquiry into the Egg Industry in Western Australia?
- (2) If so, does the Government intend to introduce legislation this session of Parliament for the purpose of implementing any of the recommendations contained in that report?

The Hon. J. DOLAN replied:

- (1) The report of the Egg Industry inquiry has been examined by the committee set up in June for this purpose.
- (2) The committee's report is at present being given consideration in relation to the introduction of appropriate amending legislation.

4. GOVERNMENT DEPARTMENTAL HEADS

Representations by Members of Parliament

The Hon. CLIVE GRIFFITHS, to the Leader of the House:

Does this Government consider that Members of Parliament, when making representations in the interest of constituents, should be

permitted to speak to the head of a Government or semi-Government department?

The Hon. J. DOLAN replied:

Questions seeking information on the day-to-day administration of instrumentalities are more correctly directed to the management of those instrumentalities.

An expression of opinion also is sought.

5. TOWN PLANNING

Subdivision Applications: Approvals

The Hon. I. G. MEDCALF, to the Leader of the House:

- (1) With regard to the subdivisional statistics for the Perth Metropolitan Region issued in July, 1973, by the Town Planning Department, could the Minister please advise how many of the 1265 preliminary approvals shown for July, 1973, relate to the 148 applications received during that month?
- (2) What is the normal time lag between the receipt of any application for subdivision and the preliminary approval?
- (3) Does this vary between the city and country, and if so, to what extent?
- (4) What departments, authorities or persons, is each application normally referred to?
- (5) Is there any significant delay in the case of any of the departments, authorities or persons, and if so, in which case and what is the extent of the delay?
- (6) Is the Town Planning Department satisfied that applications are being processed with sufficient expedition, and to the satisfaction of applicants?
- (7) Has the Department received any complaints of undue delay?

The Hon. J. DOLAN replied:

- (1) The 1265 lots which received preliminary approval in July, 1973, would not relate to the 148 applications received in the same month, but would relate to applications received earlier.
- (2) 6-10 weeks.
- (3) No.
- (4) The appropriate local authority, the Metropolitan Water Supply, Sewerage and Drainage Board, the Public Works Department, and any other Government Department or public body whose powers or function may be affected.
- (5) No, but some applications for subdivision require greater time to consider than others because of their complexity.

- (6) The Department is satisfied that with the staff and resources available to it, the applications are being processed as quickly as possible.
- (7) Yes, and every effort is made to minimise the time taken to process applications for subdivision.

6. MAGISTRATE

Port Hedland

The Hon. W. R. WITHERS, to the Leader of the House:

- (1) How many charges have been heard in the Court of Petty Sessions, including traffic offences, in Carnarvon, Meekatharra and Port Hedland, from the 1st January, 1973, to the 21st August, 1973?
- (2) In view of the answers given to my questions dated the 3rd August, the 9th September, and the 1st December, 1971, on the need for a resident magistrate and courthouse in Port Hedland, why does Port Hedland remain without a magistrate when there are magistrates in other towns with less court cases?
- (3) When is it planned to appoint a resident magistrate to Port Hedland?

The Hon. J. DOLAN replied:

- (1) Carnarvon—807 including 165 Children's Court;
Meekatharra—208 including 19 Children's Court;
Port Hedland—1,277 including 205 Children's Court.
- (2) As indicated on 3rd August, 1971 the development of the region was vital to a decision as to the location of a magistrate.
- (3) An up-to-date appraisal of the situation is now being undertaken and consideration to an appointment can be anticipated reasonably early in the new year.

7. DAIRY PRODUCTS

Imports

The Hon. N. McNEILL, to the Leader of the House:

In the year 1972-73, what was the total quantity and value of—

- (a) butter;
- (b) cheese;
- (c) milk powder;
- (d) fresh cream; and
- (e) other manufactured or processed milk products;

imported into Western Australia from other States?

The Hon. J. DOLAN replied:

It is regretted that this information cannot be provided at present since the total quantity and value of imports from the other States for the year 1972-73 will not be available from the Bureau of Census and Statistics until approximately two months' time.

8. BUILDING INDUSTRY

Aluminium Materials

The Hon. W. R. WITHERS, to the Leader of the House:

In view of the Press report in *The West Australian* on the 21st August, 1973, under the heading "W.A. Looks at New Code for Building", will the Minister please advise of the Commission's findings in relation to the use of aluminium as expressed in my debate in this House during the Supply Bill in August, 1973?

The Hon. J. DOLAN replied:

The subject matter is too wide in its scope to be dealt with by Parliamentary Question (May—Page 329 (g)). When the Hon. Member's submissions have been considered he will be advised by letter in due course.

9. ROAD MAINTENANCE (CONTRIBUTION) ACT REPEAL BILL

Consideration before Traffic Act Amendment Bill (No. 2)

The Hon. A. F. GRIFFITH, to the Leader of the House:

- (1) Will the Leader of the House give consideration to re-arranging the order of the Notice Paper so that consideration of the Road Maintenance (Contribution) Act Repeal Bill can be taken before the Traffic Act Amendment Bill (No. 2)?
- (2) If not, why not?

The Hon. J. DOLAN replied:

- (1) and (2) The order of business, as shown on the Notice Paper, is in accordance with the wishes of the Government, and it is not intended to transpose the Road Maintenance (Contribution) Act Repeal Bill and the Traffic Act Amendment Bill (No. 2).

10. INDUSTRIAL DEVELOPMENT

Wood Chipping Industry

The Hon. V. J. FERRY, to the Leader of the House:

In regard to the Press announcement on Tuesday, the 21st August, 1973, which states that the W.A.

Chip and Pulp Co. Pty. Ltd. has been granted a license to export wood chips to Japan—

- (1) Is it correct that the Japanese had set a deadline of Friday, the 24th August, 1973, for the license to be granted?
- (2) Is it also correct that the establishment of the wood chip industry is dependent upon the "Wood Chipping Industry Agreement Act Amendment Bill", now on the Notice Paper of the Legislative Assembly, passing through Parliament by the 24th August, 1973?
- (3) If so, will the Government be giving priority to this legislation?

The Hon. J. DOLAN replied:

- (1) to (3) Clause 3 of the signed Variation Agreement set out in the Second Schedule to the Wood Chipping Industry Agreement Act Amendment Bill, 1973 provides that the State will endeavour to secure passage of the Bill prior to the 30th day of September, 1973.

In answer to an inquiry, the W.A. Chip and Pulp Co. Pty. Ltd. has advised the State that the Sales Agreement between the Company and the Japanese contains a condition whereby the buyer or the seller may cancel the agreement should the granting of an export licence and the approval and consent of the State not be obtained by 24th August, 1973.

In view of the above, the Company has been assured that every endeavour will be made to secure passage of the Bill as expeditiously as possible.

TRADE DESCRIPTIONS AND FALSE ADVERTISEMENTS ACT AMENDMENT BILL

Second Reading

Debate resumed from the 9th August.

THE HON. I. G. MEDCALF (Metropolitan) [4.45 p.m.]: This Bill is designed to stiffen the penalties and the law in respect of misleading advertising and false descriptions of goods and services which are offered for sale. In general, it is a good Bill and I think it will have the support of all members of the House. I believe we are all interested in the cleansing, one might say, of bad practices in commerce—misleading advertising clearly being one of these.

I suppose all of us and many of our constituents have at some time or another believed we have been misled by advertising into buying something we would not

otherwise have purchased. There is a principle which has been known to the commercial world for a long time, where-by-products are boosted in order to put them before the public. Advertising has its place in the commercial community; indeed, it is most important. If it were not for advertising we would not become aware of the existence of many goods and services, and advertising is necessary in order to inform the public. Even the Federal Government has allocated \$1,500,000 for advertising to the public the contents of the Budget. I believe it is desirable that we should endorse the principle that advertising is necessary in the case of commercial items; and in fact it will continue.

However, it is a different story when we come to misleading and false advertising. We would all agree the law should be reasonably stiff in that connection and should prevent abuses of the advertising code. I believe the public, generally, is confident that commercial concerns will do the right thing. That general feeling of the public is abused whenever advertising misleads or paints an untrue picture as regards either goods or services.

Having said that, in general, I support the Bill, there are one or two particulars to which I will draw attention and in which I think the Bill—perhaps as a result of an excess of zeal—may be going too far and attempting to do something which is rather unreasonable.

The Trade Descriptions and False Advertisements Act was originally passed in 1936. Its purpose was stated as being to prevent misleading advertising. Nevertheless, nothing in the Act referred to misleading advertising, and when prosecutions were launched from time to time over the years it was found to be possible for an advertiser to succeed by putting up the defence that he had not breached the Act and that what might appear to be misleading was not in fact false. The section of the Act dealing with penalties refers to "false" advertising. That word appears in section 8 of the Act, which makes it an offence for any person to publish or cause to be published any statement which is to his knowledge false in any material particular. In some cases it has been found difficult to secure a conviction on the ground that the advertising was merely misleading but not false. For that reason, the word "misleading" has quite properly been used in the amending Bill before us.

In addition to the word "misleading" one or two other words have been introduced. I draw attention to clause 9 of the Bill which refers to a statement which is to the knowledge of the advertiser inaccurate, false, or misleading, or is likely to deceive or mislead any person in a material way. So we see there is quite a considerable addition to the Act. The Act simply refers to "false in any material

particular", but the amending Bill refers to "false, inaccurate or misleading in a material particular" and "is to his knowledge likely to deceive or mislead any person in a material way".

At a later stage I propose to suggest that the word "inaccurate" perhaps goes too far, because it imposes such a strict liability that it is almost impossible for a person to comply with the provision and still advertise. For those reasons I believe the word "inaccurate" should be deleted from the Bill and that we should be content that the public will be protected by leaving in the words "false or misleading, or is likely to deceive or mislead any person in a material way".

I draw attention to the comments of the Minister in his second reading speech, when he said—

A legal opinion obtained in a case of misleading information in the advertisement of a warranty by a motor firm showed that an action for false advertisement was unlikely to succeed because it may have been concluded there was a grain of truth in the advertisement which prevented it from being shown to be false. However, it was considered by the department to be misleading and the terms of warranty advertised something of a hollow shell; but until the legislation is amended as proposed, the department is unable to act and is seriously limited in effectively blocking the subtlety of advertised inducements that rely more on planned misconceptions than blatant falsehood.

I agree with the Minister entirely; that is what I have already said. The Minister is saying that it is not sufficient simply to have the word "false" or to say that advertising is false; and that we should add the word "misleading". The Minister has quite properly included that word in the amending Bill; and the inclusion of the word has answered his comment.

However, I believe it is going too far also to insert the word "inaccurate" so that it will be an offence to make any statement in an advertisement which is inaccurate in any material particular, bearing in mind that it will also be an offence to make a statement that is false or misleading.

Clause 5 of the Bill contains a greatly widened definition of "Goods". In the Act "Goods" is defined as meaning certain articles set forth in the schedule to the Act. However, in future under the amended definition "Goods" will be anything that is the subject of trade, manufacture, or merchandise. A further provision in the Bill provides that such goods may be defined by regulation. In other words, they need not be mentioned in the schedule, but may be defined by the Minister by regulation on the advice of his department.

In addition, the Bill includes a definition of "Services", and that word is to include the performance of work, whether with or without the supply of goods; the provision of, or the use or engagement of, facilities for amusement, entertainment, recreation or instruction; or the conferring of rights or privileges for which remuneration is payable in the form of a royalty, tribute, levy or similar exaction.

So "Services" now includes a great variety of items; and once again provision is made for prosecution in the case of false or misleading advertisements in relation to services that someone will supply, whether it be services for the performance of work—such as the repair of a motor car or building—or services for the provision of entertainment, recreation, or instruction. All these things are now included in the Bill, and I think this is a move in the right direction. The principle in relation to services is exactly the same as that in relation to goods; that is, people will not be allowed to make misleading or false statements in respect of goods or services. I do not object to that portion of the Bill.

Another item to which I should draw the attention of the House appears on page 5 of the Bill. I refer to clause 9(c) which provides an explanation of what is meant by the phrase "to his knowledge". You will remember, Sir, that I have already said that an offence must be "to his knowledge false, inaccurate, or misleading". Proposed new section 8(3) on page 5 says that a man is deemed to have had knowledge; in other words, it is not necessary to prove that he had knowledge; he is deemed to have had knowledge by virtue of his contravention of the section.

During the debate in another place members referred to it being necessary to prove that a person had knowledge, and when we are talking about that I think we should bear in mind that under the Bill it is not necessary to prove the knowledge; the knowledge is deemed to be there if there is a contravention of the Act.

I may say that this does pose some drafting problems, and in future it will pose some problems for the courts. Nevertheless, I draw attention to the fact that the Bill attempts to make a contravention of section 8 of the Act equivalent to knowledge that one is breaking the law. I think that is the intention. So it will not be sufficient to say that a man must have knowledge that something is false, because there is a definition in the Bill which says that if a man takes certain action it means he is deemed to have knowledge. Therefore the prosecution will not be required to prove that, in fact, he did have knowledge.

I would also like to draw attention to a situation which does provide some safeguard to the advertiser, and this appears

in clause 9(d) (vii) (c) which states that no prosecution shall be brought in a case of a broadcasting station or a commercial television station unless the licensee has been warned in writing by the Minister or the Chief Inspector of the contravention, and the licensee has not immediately prevented any statement in contravention from being published thereafter by that station.

In other words, the Minister or his department will not bring a prosecution unless a written warning has been given to the television or broadcasting station, and provided the licensee has not prevented the further publication of the statement. The provision in the Act is similar to this, with one significant difference. The Act states that no prosecution shall be brought unless written warning has been issued and the licensee has not immediately withdrawn the offending statement from the list of scheduled advertisements. So we see the difference between withdrawing a statement from one's list of scheduled advertisements, and preventing the statement from being made again.

If the manager of the television station withdraws the statement by issuing a direction that it be withdrawn, then under the existing law he is protected. If accidentally or inadvertently the statement is shown on television that evening, after the manager has issued a withdrawal of it, then the station is not liable.

However, under the amendment in the Bill that will no longer apply. Not only must the manager issue a direction to withdraw the offending statement, but he must ensure that it is withdrawn and not published; and that the station does not show it on television. If it does offend, either accidentally or inadvertently, it will breach the provisions of the legislation. The provision in the clause is far more stringent on television and broadcasting stations, than is the provision in the existing Act. Accidents in advertising can occur, and without any intention a broadcasting or television station might offend in this respect. The announcer might inadvertently read out an offending statement, after it has been withdrawn by the manager.

I believe that in general the Bill deserves support. In so far as it increases the penalties and the scope of prosecutions in respect of people who mislead the public, the Bill deserves our support. It seeks to increase the scope of prosecutions greatly. I am, however, concerned with the word "inaccurate", because its inclusion is inclined to place far too heavy a burden on advertisers.

Often when we see advertisements in the newspapers and on television, or hear them over the radio, we ask ourselves whether or not they are accurate. For

example, in respect of a well-known brand of beer the advertisement might be "This beer is best."

The Hon R. H. C. Stubbs: It should say that all beer is best!

The Hon. I. G. MEDCALF: Is the statement appearing in that advertisement an accurate one? Let us consider the advertisement, "The bank that lives here." How can a bank be alive and live in a place? If one is to be strict and accurate one must agree that such a provision makes an ass of the law. There are other examples of this type of advertisement.

We should decide whether or not we pass a law which is silly. If we are satisfied that we are able to control false and misleading advertisements under two or three of the provisions in the Bill—and these are good provisions—I do not believe we should go further and make the law silly, and thus make it virtually unenforceable. For those reasons I propose to move some amendments in the Committee stage.

Once again I draw the attention of the Minister to some comments I have made. I believe there will be confusion in relation to the provisions in some clauses, and the Parliamentary Draftsman should have another look at them. At this stage I hesitate to indicate anything further, because if I did I might be accused of attempting to redraft the Bill. I do not wish to give offence to the Minister or the department, but I do think an examination should be made of the provisions of the Bill.

I support the second reading.

THE HON. W. R. WITHERS (North) [5.05 p.m.]: I also support the Bill, but I would ask the Minister to supply the answers to some queries I have in mind when he replies to the second reading debate. Would the manufacturers of articles, which are regarded as souvenirs and obviously have a humorous content, be prosecuted if it is considered that they have falsely advertised those articles?

There are some such items on the market, and I manufacture one of these myself. In my case I am safe, but the other manufacturers might not be. I sell a product which is labelled, "Dehydrated Water". For me to be prosecuted for false advertising, someone will have to prove genesis firstly. For that reason I think I am fairly safe. There are other products in this category, such as that labelled "Genuine Mountain Air". These products are meant to be humorous, and I suppose that 99.99 per cent. of the people who purchase them recognise they are not buying pure mountain air or dehydrated water. There are other products in this category.

The Hon. A. F. Griffith: Such as hot air!

The Hon. W. R. WITHERS: Yes, and I might generate a little of it myself. There is one product labelled "Birth Control Pill". This is in reality an Aspro tablet.

The direction for the use of such pills is that the person places one inside her left knee and holds it firmly with the right knee! This could be taken as a form of false advertising.

I ask the Minister whether or not manufacturers of such articles would be jeopardised by introducing humour into the sale of these articles in the tourist industry. If there is any danger I would ask the Minister to exempt such items where they are stamped as humorous or fun items.

With those comments I support the Bill.

Debate adjourned, on motion by The Hon. R. F. Cloughton.

HEALTH SERVICES

Deeble Report Proposals: Motion

Debate resumed, from the 21st August, on the following motion by The Hon. G. C. MacKinnon—

That this House views with grave concern the proposal by the Federal Government to radically change the Health Services in this State as proposed in the "Deeble Report", because, if carried out, the proposal will—

- (a) threaten the individual's freedom of choice of hospital accommodation and medical attendant;
- (b) centralise in Canberra control over hospitals and medical practitioners;
- (c) place at risk the independence of church and private hospitals;
- (d) deny the individual the right to insure against the cost of medical care;
- (e) place in jeopardy the many associated services such as Silver Chain, Meals on Wheels, Home Help and the like which have been developed individually in this State and which rely on enthusiastic individual participation and local control;
- (f) register and number each adult person in the community which would be basic to the maintenance of computer data banks of personal histories;
- (g) lead to deterioration in the quality of health care; and
- (h) increase the burden of the cost of health care in the community.

THE HON. G. W. BERRY (Lower North) [5.08 p.m.]: In supporting the motion before us I wish to make reference to a transcript of an A.B.C. "Guest of Honour" address by Mr. Eric Roberts. This relates to private health funds in the United Kingdom. This address is of very great interest, and is very relevant to the motion.

With your permission and indulgence, Mr. Deputy President, I would like to quote from the transcript of that address. It reads as follows—

The A.B.C.'s Guest of Honour is Mr. Eric Roberts.

Mr. Roberts has been the President of the International Federation of Voluntary Health Service Funds since September last year. He has held the position of Chief Executive of the British United Provident Association for the past five years.

The International Federation of Voluntary Health Service Funds is an association of 121 non-profit health funds from 13 nations, with a total coverage of some 150 million people.

BUPA (the British United Provident Association) is the largest of the three private health funds in the United Kingdom. It covers approximately 2 million people.

The British Government has recently announced plans to re-organise administrative aspects of the National Health Service and has invited Mr. Roberts to join the National Health Service Board.

That is the introduction. The text of the speech which Mr. Roberts delivered is as follows—

I suppose that if you pick up a newspaper anywhere in the free world today you will find that the common topics of national debate are inflation coupled with the cost of living, strikes and health care.

I would like to talk to you today about the latter, health care, to give you a background of what the situation is, in particular in the United Kingdom, and then to focus the arguments on the options still open to you in Australia.

In the darkest years of the 'forties, Lord Beveridge, an economist, produced a Report which at that time we all so much needed in the United Kingdom. It was a Report on which our present Welfare State, which includes the National Health Service, is primarily based. Let me say at once that the Beveridge Report was accepted by an all-party Government, would have been implemented, give or take a bit, by whatever Party had come into power when normal government was resumed in 1945. It is irrelevant entirely to the story that a Labour Party was returned to power.

So by 1948 a National Health Service was established giving health care to every citizen and, at that time, to every visitor, at time of need, without direct payment of any type. The theory behind it all was that if a large sum of money was put into this Health Service

at the outset then the nation could be made well, and smaller and smaller amounts of money would have to go in, in subsequent years, to look after a dwindling number of sick people so that we would have in effect the most perfect health care situation in the world.

But what of the facts? The cost at the outset was budgeted for two hundred million pounds, and even in the first year the budget was exceeded. The cost now, in 1973, from that original two hundred million, has risen to two thousand five hundred million pounds and most of that money is going into day to day maintenance of people and not into capital works. As an English economist said: "When bread is free there is no limit to the demand for bread." Allowing even for inflation the absurdity of the original premise is clear.

Now having said that, you would find it hard, I think, to find anyone in the United Kingdom who would be without that Health Service because in emergency, with accidents or critical conditions, it is superb. It gives prompt treatment without what the Americans call "wallet biopsy".

Having said that I then must turn to the bad points. There was, from the outset, an increasing and insatiable demand. Waiting Lists for hospital beds grew and grew for non-urgent cases, for those people who have not got an alternative. For instance, in the United Kingdom by way of private medicine, a person with a hernia situation or varicose veins can wait up to three years for a hospital bed. And too, the family doctors, although their lists were not exorbitant in size, were themselves faced with surgeries or waiting rooms that were full to overflowing and in desperation many doctors sent patients to hospital thereby increasing the demands on the hospital care side.

Now, against that situation there was a safety valve from the outset that nobody would have felt was needed in 1948. The private sector was allowable under that original Act and allowed, in fact, every individual to have, for each medical episode, the choice of the National Health Service or, for that episode, opting out of it. And so a private sector emerged.

I am Chief Executive of one of the largest of the three main funds offering private medical insurance in the United Kingdom. Let me give you my figures for the British United Provident Association or, as it is commonly known in the United Kingdom, BUPA. We, in 1948, started with an income of £80,000 and covered thirty thousand people. Now, in 1973, we are giving

coverage (an alternative) to around two million people, and our income from the insurance side alone has risen from that original sum to thirty million pounds. That is (even allowing for inflation) I think, a very big indication of the demand; that people want to have this opportunity of choice.

Now, I would like to add there, because I think this may be of interest to you, that the private sector is not drawing on scarce resources. We, for instance, by a prudent but vigorous investment programme of the small surplus that we have made each year, have been able to diversify. We have built 25 hospitals, we've got a Medical Centre, a Medical Research Unit, and all this is helping the overall resources of the country.

I would like to enlarge on the question of how far the health funds should diversify into the realm of health care. You might well say that they should use their money, all their money, to increase their benefits, or to build up their reserves against the longevity of an aging population and indeed to have reserves to meet the contingencies that are going to face them with increasingly sophisticated medicine. Well, I would say that the arguments in favour of diversification into health care are overwhelming.

First, of course, immediately you can put more hospital beds or more medical units into operation, you are adding immediately to the health resources of the country. But more important, the hospitals you build, need not necessarily follow updated Victorian lines. They can be innovative. They can incorporate new ideas, just as with a medical centre, pathology can be automated, a thing which a government or a government health service, would feel reluctant to do, without having proven evidence that this type of pathology was to the advantage of the community.

Competition between the funds is fierce, but ethical. And all that I can say here is that people themselves are increasingly willing to pay a subscription that is their ticket for that opportunity of choice when they have a particular medical episode which is not, shall I say, a desperate one, where again, the National Health Service would immediately step in.

A recent white paper issued by the Department of Social Services following a report by a Parliamentary Select Committee, said that private practice on detailed investigation operates to the overall good of the National Health Service and thus to the community as a whole.

How does this compare with other nations? Well, New Zealand, your neighbours. They have a National Health Service and they, like the United Kingdom, have an emergent private sector. They have now three private funds operating, all of them vigorously. Israel—the same situation applies. And Sweden—although there are no private Funds for private insurance there is a fairly large private sector and we in Britain are being asked to see if we can arrange insurance for that private sector. Canada—well (as you probably know) the provinces, one by one, have swung over to socialised medicine and even now, in these early days of nationalised medicine there, money has become the chronic decision for health care and I think already there are signs of an emergent private sector. The States—well, there you've got competition at its worst between commercial companies and the not-for-profits. It's a very muddled situation and I would not really like to enlarge on it. In the Soviet Union, although it is a single system of medicine, it is not free and payment has to be made for a number of services.

Let me revert to the United Kingdom. At precisely the same time Australia and the United Kingdom entered (as it were) a tunnel from opposite ends. We have moved steadily from a single system to one that is broader based. You have moved steadily from private enterprise in partnership with government towards specialised medicine. Now you are faced with the possibility of a leap to complete state medicine. I would urge Australia to keep to "steadiness in change" in the full knowledge that there must be change—but let there be evolution not revolution in the system.

Without being too provocative I hope, I would say, first, let the medical profession and providers of health care be moderate in their financial demands for their services that cannot ever be assessed on a purely financial basis. Do not kill the goose, accept fourteen carat gold, rather than demand twenty-one carat.

Secondly, let the funds that have served your community so well within the restraints imposed from above, continue so to serve, but give them greater freedom to maximize their expertise and dedication and let them be encouraged to diversify. Let their reserves be put into health care. Let them change from ill-health insurance into health care organisations. If constitutions and regulations need to be changed then such change is simple and cheap.

Thirdly, let those democratically set to rule you, remember that complete upheaval is bad for all except the media—that the theory of academics and the best interests of the populace, do not necessarily coincide.

Finally, let you, the Australians, learn from those little offshore islands called the United Kingdom, and put such pressure as you may feel necessary on all those concerned with the provision of your health care, to give you the best return for every red cent you put in and, more important, opportunity and freedom of choice.

I support the motion.

THE HON. N. McNEILL (Lower West) [5.21 p.m.]: There is much of what Mr. Berry has just recounted during his reading of the address given by Mr. Roberts as guest of honour of the Australian Broadcasting Commission recently, which has great relevance to the point of view I wish to advance in support of the motion that has been moved by my colleague, Mr. MacKinnon. Paragraphs (d) and (e) of the motion read—

- (d) deny the individual the right to insure against the cost of medical care;
- (e) place in jeopardy the many associated services such as Silver Chain, Meals on Wheels, Home Help and the like which have been developed individually in this State and which rely on enthusiastic individual participation and local control;

As I have said, this part of the motion has great relevance to a particular example I wish to cite in support of the motion.

I refer particularly to the operation of private insurance companies, or the lack of operation of private insurance as is envisaged under the Deeble plan, presumably to be legislated upon fully by the Commonwealth Government and upon which I believe once again we have a moral obligation to comment; indeed, I feel that I for one would be most remiss if I did not take full advantage of the opportunity this motion provides to defend an institution which has developed in my district over several generations.

While this is somewhat unique in its operation, I am sure it has application elsewhere in Australia in its provision of voluntary insurance. Let me first refer to the report of the Health Insurance Planning Committee dated April, 1973, which is commonly known as the Deeble Report. Paragraph 6(1) on page 53 states—

The introduction of the new health insurance programme will necessarily have a drastic impact on the registered organisations operating medical and hospital benefit funds under the present scheme.

That in itself is an acknowledgment by the authors of this report, despite the defence which has been put up by the members of the Government, that the introduction of this programme will in fact have a significant impact on the operations of these organisations. The report continues and states—

It is necessary in the interests of the community generally (as well as of the staff and management of the organisations) that there be an orderly and planned transition from the existing to the new arrangements.

I pass now to paragraph 6 (3) of the report. I will not read all of the paragraph and I am not taking this out of its context. I refer to the following portion and I quote—

Consequently the Committee recommends that the new legislation prohibit contracts of private insurance (except workers' compensation and motor third party insurance) which cover all or any part of the cost of medical services in Australia.

Surely that would be the ground on which the scheme to which I am referring will well and truly be put out of existence. The comment I have heard from the district in which this scheme operates is quite simply "Leave our fund alone".

I wish now to make reference to that fund, which is the Yarloop Hospital and Medical Fund. The scheme came into operation prior to 1896. A company operated a timber mill in that town and in order that the employees might obtain medical and hospital cover they paid 6d. a week to the fund. However, this sum did not provide them at that time with cover for their families and, accordingly, in about 1900 the contributions were raised to 2s. 6d. a week in order that such cover might be provided for members of their families.

This scheme continued to operate until 1952 when it became one of the registered and recognised funds and schemes under the Commonwealth health insurance scheme at that time.

I have close knowledge of this because the members of my family and myself, and my forebears, have in fact been members and participants in this fund going back three generations. At the present time there are some 500 members in the fund paying a premium equivalent to that paid to hospital benefit funds at this moment.

Under the proposals in the Deeble plan that fund will virtually go out of existence and I believe this is one of the schemes the loss of which is referred to by the A.M.A. in its views; and I will quote from a booklet entitled, *A.M.A. Views on the Deeble Plan* as submitted by the

Australian Medical Association to the Minister for Social Security on the Report of the Health and Planning Committee of June, 1973. In its reference to this proposal paragraph 6 (3) of the report states at page 24 that it—

recommends total prohibition of contracts of private insurance covering all, or any part, of the costs of medical services. This will deprive the public of any possibility of insuring for extra expenses incurred for medical services, should they wish to do so.

Paragraph 141 states—

It is proposed that the exercise of choice by the public is to be prohibited, as a means of coercing the medical profession to work within the system.

The Hon. G. C. MacKinnon: The theory is that these small funds are very expensive. Can you tell us about that subsequently?

The Hon. N. McNEILL: Yes. I will do so at once. I cannot give the actual figures in terms of the financial operations of this particular fund but it has been claimed that a number of these organisations do contribute to the cost of a scheme.

I would like to refer to what the Nimmo Committee had to say on this aspect. I am sure members will be aware, if not in precise detail, at least of the existence of the Nimmo Committee. Having studied these bodies to which we are referring—

The Committee found no support at all for the often expressed view that the number of different organisations adds to the cost of the scheme. We examined the operations of a large number of friendly society and closed funds and found their service to contributors was extremely good and that they had been the most successful organisations in keeping management expenses within proper limits.

Let me relate that to the operations of the Yarloop Hospital and Medical Fund when the secretary of the fund gave me the following advice and said that the cost of operating the cover scheme is in the vicinity of 7 to 8 per cent. of the income of that scheme.

He also expresses doubts as to whether any other scheme could—and certainly feels a nationalised, centralised scheme could not—operate anywhere near as efficiently as the Yarloop Hospital scheme. Let me expand this a little further. This is not simply a medical scheme and not simply a hospital scheme; it has some claims to being unique. I suppose the Commonwealth Government could have used it—although I am sure it did not—as a blueprint for its own proposed scheme. It has three functions which, in fact, the

proposed national scheme advocates. The fund itself runs a hospital; it runs a medical insurance scheme; and it employs two doctors at the moment. In addition, it also provides ancillary cover. It may be claimed that this is all that the Commonwealth proposes to do but the scheme to which I refer does a little more. It gives a great deal more in the way of benefit by virtue of its operations. Nevertheless it is still able to operate within the figures I have already indicated.

It does this with a hospital staff which, of course, is under the administration of the Medical Department. It does this with a secretary and one doctor's receptionist cum assistant. It does this with two doctors. This is all.

This is how the fund operates and, by no stretch of the imagination, could we envisage that a fund of this nature would run anywhere nearly as effectively and as efficiently as it does were it absorbed into a national health scheme. This would apply even if it were to serve the same number of people as it now does. I cannot help but deplore the fact that a scheme of this nature will go out of existence—and it will. It has been clearly stated in the Deeble plan that there will be no place for such a scheme. It will not be able to operate. I believe the Deeble Report indicates that it would not be possible for a scheme to run parallel with the Commonwealth scheme. I cannot locate the reference in the report at the moment but it is certainly there. Clearly the scheme would have to be absorbed. This would be a great blow to Yarloop.

One of the extremely relevant factors in the motion moved by Mr. MacKinnon is referred to in paragraph (e) of that motion and reads in part—

—and which rely on enthusiastic individual participation and local control;

Enthusiastic individual participation and local control will be lost. I am sure the type of scheme to which I have referred would be replicated throughout Australia. It is a fund, a hospital, and medical scheme with all the benefits attaching thereto which is run by a local board comprising local people. Indeed the local community, by its voluntary effort, makes a handsome contribution to the running of this scheme. I am well aware of the place which the fund, the hospital, and everything associated with it occupies in that community. It is a centre and is, virtually, also the hub of social life. It is the most important institution in the community.

It is important to the entire district and community not only in terms of the services it provides but also because it exists and offers an opportunity for total and enthusiastic participation by local people. I am sure Mr. MacKinnon and possibly other members in the House have, from

time to time, attended hospital fetes. I am sure we can all imagine such a fete and would know that the annual fete is a small time affair. At the moment there are 500 subscribers to the scheme and the annual fete is held to help a hospital which battles its own way along. These people raise in the vicinity of \$1,000—and sometimes in excess of that—at the annual fete.

The Hon. G. C. MacKinnon: On a Saturday afternoon.

The Hon. N. McNEILL: Yes, on a Saturday afternoon, as Mr. MacKinnon has said. What is the reason? It is simply because a handful of people are prepared to devote their energies, enthusiasm, interest—and, virtually, love—to the great institution which they have.

The secret is not the hospital. It is the operation of a fund which runs the hospital and provides all the services of medical care which go with running a hospital. This is what is important. It will be a tragedy if a district and community loses such a tremendous asset through the enactment of Commonwealth legislation. It will never be replaced, I do not care what anyone may claim, in terms of service to the entire community. All of the people in the district can, by virtue of their subscriptions, receive the benefit of any and every service at all levels—it does not matter whether it is paramedical care or some other form of care. This is available through the institution. Clearly this will go and, in its going, personal treatment and personal attention will be lost. Any one of the 500 members—or anyone else who may use the hospital—is known personally to the matron and this gives a personal touch when medical attention or hospital care is needed. Any one of the 500 is probably known personally to other staff members. Quite importantly, any one of these would be known personally to the cook in that hospital as would he and his family be known personally by the doctors. Once again, any one of these 500 would be known personally by the secretary who administers the fund.

By no stretch of the imagination, as I have said, can we envisage a national scheme, such as the one which has been proposed, fulfilling the functions which are at present being fulfilled by a scheme such as the Yarloop hospital scheme. I have used Yarloop as an example because I know it so well. I am sure this scheme must be paralleled and replicated elsewhere throughout Australia. These schemes, likewise, will be lost and I believe their loss will be something to be greatly deplored. I hope it does not happen but I fear it will.

For these reasons, I associate myself most enthusiastically with the motion moved by Mr. MacKinnon. I certainly express grave concern about the proposals in the Deeble Report.

THE HON. L. D. ELLIOTT (North-East Metropolitan) [5.38 p.m.]: I oppose the motion moved by Mr. MacKinnon and the reasons for my opposition can be found in this small pamphlet called "The Australian Health Insurance Program—The Plain Facts". Do I have your permission, Mr. Deputy President, and the permission of the House to incorporate the details in *Hansard* without reading the whole of the pamphlet?

The **DEPUTY PRESIDENT**: If the honourable member wishes to incorporate it as part of her speech, she may. Preferably, it could be tabled.

The Hon. L. D. ELLIOTT: I assume the pamphlet will be printed in full in *Hansard* without my reading it to the House?

The Hon. D. J. Wordsworth: Why is that pamphlet different from others?

The **DEPUTY PRESIDENT**: As members have copies of the pamphlet I do not see any reason for not incorporating it in *Hansard* if the honourable member so wishes.

The Hon. L. D. ELLIOTT: Thank you, Mr. Deputy President.

Point of Order

The Hon. G. C. MacKINNON: Would you mind explaining that ruling, Mr. Deputy President? I did not quite catch it.

The **DEPUTY PRESIDENT**: The honourable member prefers to have the information incorporated in *Hansard* rather than read it out. A number of copies of the pamphlet are available and I agree that the information contained in the pamphlet can be incorporated in *Hansard* as part of the honourable member's contribution to the debate.

The Hon. G. C. MacKINNON: I should like to ask a question. For instance, a pamphlet called "Paying More, Getting Less" sets out arguments contrary to those published in the pamphlet to which Miss Elliott has referred. Of course, I will have the opportunity to reply to the debate and, when I do so, I wonder whether you, Sir, will be as generous and allow me to have that pamphlet incorporated as well.

The **DEPUTY PRESIDENT**: It depends on the length of the pamphlet.

The Hon. G. C. MacKINNON: Has a precedent been established? The booklet to which I refer is about the same size as the pamphlet which Miss Elliott wishes to incorporate in *Hansard*.

The Hon. L. D. Elliott: Your booklet is much longer!

The Hon. G. C. MacKINNON: The booklet sets out an argument contrary to that contained in the pamphlet referred to by Miss Elliott. This is the situation.

The **DEPUTY PRESIDENT**: If the honourable member wishes, he may ask permission to incorporate the booklet in *Hansard* at the appropriate time.

Debate (on motion) Resumed

The Hon. L. D. ELLIOTT: The information contained in "The Australian Health Insurance Program—The Plain Facts" is my contribution to the debate. All the points I would make are made in the pamphlet.

The **DEPUTY PRESIDENT**: Order! I would expect the honourable member to contribute to the debate a little more than a request to have a pamphlet incorporated in *Hansard*.

The Hon. L. D. ELLIOTT: I would only be repeating the points which are made in the pamphlet.

The **DEPUTY PRESIDENT**: The honourable member must put facts before the Chamber.

The Hon. L. D. ELLIOTT: A number of the points made by Mr. MacKinnon are clearly answered in the pamphlet. I really cannot see the point of repeating the contents of the pamphlet if it is to be incorporated in *Hansard*.

The **DEPUTY PRESIDENT**: If the honourable member cares to read the cover of the pamphlet, perhaps I would consider that as sufficient.

The Hon. L. D. ELLIOTT: It is entitled "The Australian Health Insurance Program—The Plain Facts". The pamphlet was put out by the Federal Minister for Social Security (Mr. Hayden) in Canberra in 1973. It sets out the plain facts surrounding the details of the Federal Government's new health plan.

We are all aware of the great campaign waged by the opponents of the plan. Many untruthful statements have been made, one of which concerns the choice of doctor. I have personally heard it said by doctors on the radio and by all sorts of people who are opposed to the plan that the average person will not have a choice of doctor when the plan is introduced because doctors will be nationalised. This is so much nonsense! Under the Australian Constitution, the Australian Government cannot nationalise anything. Before any service, organisation, or firm in this country could be nationalised there would have to be a referendum of the people of Australia. This point is dealt with in the pamphlet. A person will still have freedom of choice to attend his, or her, doctor. The only difference will be in the method of payment.

As I have said, many misleading statements have been made but I am quite sure that, when the people of Australia obtain copies of the pamphlet "The Australian Health Insurance Program—The

Plain Facts", many of the fears brought about by opponents to the scheme will be removed. The pamphlet reads as follows—

THE AUSTRALIAN HEALTH INSURANCE PROGRAM THE PLAIN FACTS

The Australian Government has decided to introduce a new health insurance program. The program is based on the report of an expert advisory body, the Health Insurance Planning Committee. Appointed by the Minister for Social Security, Mr W. G. Hayden, in December 1972, the committee's task was to devise a program to provide health insurance for the whole population of Australia.

The Government has also appointed a new Hospitals and Health Services Commission. Better hospitals and improved medical care (including community health centres) are the tasks set for it. Together with the health insurance program, this will give you better quality health care for your money.

This pamphlet aims to let you know just how the new health insurance program will affect you and your health care.

Question: Why do we need a new health insurance program so urgently?

Answer: A major reason is that the present health scheme is headed for financial chaos. It has only been kept afloat by massive Government subsidies—and that means more of the money you pay in tax. Subsidies for medical and hospital benefits nearly trebled between 1969 and 1972 when they rose from \$80m to \$200m. The present scheme could only survive if you paid very much more, either through taxation revenue or through higher medical and hospital fund contributions.

Question: Are there other reasons for the change?

Answer: The two other main reasons are that the new program will cover many more people at much fairer rates than the present scheme can. The strength of these reasons will become clear as you read on.

Question: Is it true that the Government intends to nationalise the medical profession?

Answer: No. The Government does not have the constitutional power to do this, and, in any case, it would not wish to do so.

Question: From what date will the new program operate?

Answer: The target date is July 1974.

Question: Who will be insured under the new program?

Answer: All residents of Australia. (Under the present scheme more than one million people have no financial protection against illness.)

Question: How will the new program be financed?

Answer: It will have three sources of funds. You will pay a levy of 1.35 per cent of your taxable income (i.e. your income after all your tax deductions, such as for dependents, insurance and education, have been taken out). The Government will give a grant. And it will levy workers' compensation and motor vehicle third party insurers. The program will be administered by a new Health Insurance Commission.

Question: Does this mean I'll be paying more or less for health insurance?

Answer: The great majority of people will pay less than they would under the present scheme. If you're a middle-income earner or a low-income earner, you'll pay less. If you're a high-income earner, it will cost you more, although it is worth remembering that you will pay a fixed levy of \$150 a year if your taxable income is above \$11,112.

Question: What are some examples of the cost?

Answer: Let's assume you're a married man with a wife and two children. If you earn \$80 a week, the new programme will cost you \$39.31 a year, after allowing for normal tax deductions. We estimate that, under the present scheme, you would have to pay \$109 next financial year. If you receive \$100 a week, the new programme will cost you \$50.54, compared with an estimated \$135 next financial year under the present scheme. On \$180 a week, the cost of the new programme will be \$97.43; we estimate the present scheme would cost you \$113 next financial year.

Question: Why does the man earning \$180 a week now pay less than the man earning \$100 under the present scheme of private health insurance?

Answer: That's one of the unfair parts of the present scheme that we're getting rid of. The two men would pay the same gross amount for health insurance. But the more a person earns, the more a tax deduction is worth to him. Thus, after he has claimed his

health insurance as a deduction, the wealthier man finds that the payment has actually cost him less than the poorer man. The Prime Minister, for example, pays less for health insurance than his car driver.

Question: If I earn less than any of your examples, what costs am I up for?

Answer: Families whose taxable income is less than \$2,210 will not have to pay anything. This means that a man with a dependent wife and two children would pay nothing if his gross income is less than \$65 a week. This figure will be changed in line with national wage case decisions so that the benefit is not eroded away by inflation.

Question: If I'm a pensioner, what will happen to me?

Answer: Unlike the limited Pensioner Medical Service now operating, age pensioners will receive all the benefits available to all other people (e.g., private specialist treatment). Thus, even when the means test is abolished, if you're not liable to tax or if you qualify for the low-income family exemption, you'll pay nothing for a wider and better service.

Question: What will happen to my medical bills under the new programme?

Answer: If your doctor sends his bill direct to the Health Insurance Commission, you will have to pay nothing. If he sends the bill to you, the Commission will pay at least 85 per cent. of the scheduled fee and you will pay the rest. In no case, where the scheduled fee is charged, will you be required to pay more than \$5 for even the most complicated medical service.

Question: What would I do with my bills, if my doctor sent them to me?

Answer: You would have a choice. You could pay the doctor and then claim the benefit of at least 85 per cent. of the scheduled fee from the Commission. Alternatively, you could send the bill to the Commission. It would pay the benefit to the doctor and leave the rest for you to pay. You'll be able to do this either by mail or through collection and payment points which will be established.

Question: Will I still be able to go to the doctor of my own choice?

Answer: Yes. You will be able to go to any general practitioner you choose and he will be able to refer you to any specialist, as at present.

Question: What hospital benefits will I get under the new programme?

Answer: Everyone will be entitled to free treatment in standard wards of public hospitals. The means tests which now limit entry to public wards will be abolished. If you want to go into a private or intermediate ward or a private hospital, the programme will subsidise your costs to the extent of \$10-\$13 a day. You will be able to take out private health insurance to cover the rest.

Question: If I wanted to have a private room, wouldn't the cost of the levy and extra private insurance be very high?

Answer: The average wage earner would still find the combined cost cheaper than he would if the present scheme continued. And remember that more than 60 per cent. of adult males working full-time are paid less than the officially estimated rate of average weekly earnings.

Question: But what if I'm so ill I must be treated in a private room?

Answer: If this was medically necessary, this would be free as in the case of standard ward treatment.

Question: Who will treat me in a standard ward?

Answer: Doctors, paid either a salary or on a sessional basis, will be there to treat you. The extent to which you will be able to choose your own doctor in a standard ward will depend on a number of circumstances, many of which have yet to be worked out. Every effort is being made to provide the maximum choice of doctor which is consistent with the efficient staffing of standard wards. At present, there is often no choice of doctor for patients in standard wards.

Question: If I live in Queensland, where there are free hospitals, how would the new program affect me?

Answer: You will get better facilities and you will be fully covered for medical benefits. The new program would provide more than \$30m a year extra for Queensland hospitals.

Question: What will happen to religious and charitable hospitals?

Answer: It is proposed the Australian Government should match, on a dollar for dollar basis, any operating subsidies which the State Governments may agree to pay, so that these hospitals will not run at a deficit. They will be expected in return to limit their charges to the maximum proposed for private patients in public hospitals.

Question: Will I be issued with a membership card under the new program?

Answer: Everyone will receive a simple card with a number. You will use this to get health insurance benefits in the same way you might use a shopping disc in a store. The number is necessary to facilitate computer processing of claims. There can be no reason for the number to alter in any way the relationship between doctor and patient. It guarantees the patient comprehensive medical care and it guarantees the doctor payment for his services. Identification is necessary at present with private health insurance funds.

Question: But couldn't this result in an identity card system for wider purposes? What would happen if someone—a policeman, for example—asked me to produce it?

Answer: The Australian Government has decided that the use of the cards will be restricted to programs administered by the Department of Social Security. It has decided to ban their use for any other purpose. Thus it will be illegal for anyone, including a policeman, to ask you to produce your card as a means of, say, identification.

Question: What will the Insurance Commission do with information it collects about individuals?

Answer: The Commission will only collect the same information that is now kept by private health funds. This information will be secret, just like information held by the Taxation Department. A special law is proposed for that purpose.

Question: How similar will the new program be to the British national health system?

Answer: The two systems are quite different. The British system is a nationalised medical service in which doctors work for the government. Under the new health

insurance program most Australian doctors will continue to work in private medical practice.

Authorised by the Minister for Social Security, Canberra 1973.

THE HON. L. A. LOGAN (Upper West) [5.44 p.m.]: We have before the House a motion moved by Mr. MacKinnon which, in part, says—

That this House views with grave concern the proposal by the Federal Government to radically change the Health Services in this State as proposed in the "Deeble Report".

Mr. MacKinnon could have stopped there and he would have covered all that was necessary. Undoubtedly the Federal health scheme will radically change the health services of this State. I was not very impressed with Mr. Cloughton's speech last night in which he tried to imply that this House had no right to debate the issue because it was a Federal issue. I believe anything which infringes the rights of the people of Western Australia, and particularly those whom I represent, can be properly debated in this House. I have every right to take any opportunity in this Chamber, on the hustings, in the street, or in the bar to express an opinion if I believe that the people of this State are likely to get a raw deal.

The motion says that the Federal health scheme will radically change the health services of this State. Undoubtedly it will, and not for the better. I am certainly not going to rely on just one article which was prepared at the expense of the Government.

The Hon. F. D. Willmott: Which you have not yet had a chance to read.

The Hon. L. A. LOGAN: I would not care whether I had read it or not. I have endeavoured to read all the arguments for and against this particular scheme; not just one. I have studied every letter written to the Press as well as reports from Canada, Great Britain, and Australia. I have looked at them all thoroughly in an endeavour to find a reason for the implementation of the scheme.

The Federal Minister (Mr. Hayden) repeatedly talks about inefficient health schemes presently operating in Australia—and this includes Western Australia. I defy anyone in this House to tell me of a scheme in Western Australia which is inefficient. Can any member on the Government side tell me which Western Australian scheme is inefficient?

The Hon. J. Dolan: You make your own speech and we will make ours later.

The Hon. L. A. LOGAN: I am asking the question: Can any member on the Government side answer that?

The Hon. J. Dolan: You asked a question. We will tell you the answer in due time.

The Hon. L. A. LOGAN: Through you, Mr. Deputy President, I ask Miss Elliott whether she can tell me which health scheme in Western Australia is inefficient?

The Hon. L. D. Elliott: I do not have to answer your question.

The Hon. L. A. LOGAN: She cannot answer it.

The Hon. A. F. Griffith: Silence came the grim reply!

The Hon. L. A. LOGAN: There is no inefficient health scheme in Western Australia.

The Hon. R. Thompson: Nothing is inefficient if you have to pay an exorbitant price for it.

The Hon. A. F. Griffith: Look at the price we are paying for you!

The Hon. L. A. LOGAN: This shows how ignorant the Minister is about health schemes. What is likely to happen in the future?

The Hon. R. Thompson: It is not a matter of being ignorant. It is a matter of a person on a low wage with a large family having to pay out for health services.

The Hon. L. A. LOGAN: I have four married daughters all of whom have families. Surely the Minister will agree that I know something about the health schemes of Western Australia. Members of my family belong to different health schemes.

The Hon. R. Thompson: It is necessary to be a member of one.

The Hon. L. A. LOGAN: Of course it is essential to be a member of a health scheme. However, the Federal Government will cut out all these schemes and bring in a national health scheme, and we must not believe we will get that for nothing. We get nothing for nothing in this world. Someone must pay for it somewhere along the line. If somebody gets 2s from that pocket, someone has to find the 2s from somewhere else.

The Hon. R. H. C. Stubbs: We have decimal currency now.

The Hon. L. A. LOGAN: That is plain common sense. Whether we pay for the service through taxation or as a direct charge, it must be paid for. I wonder how much extra I will have to pay in the future. We are being asked to help someone else along the line instead of everyone helping himself.

This is the basis of the case put forward by the Federal Minister. All the way along he speaks of the inefficiency of the health schemes. I do not know how many there are in Western Australia, but the two main schemes are those run by the Friendly Societies Health Service and the Hospital Benefit Fund. There are a few other minor schemes operating.

Mr. McNeill spoke about the administrative costs of the Yarloop scheme. I know that the Friendly Societies Health Services operate with very reasonable administrative costs. I know how this scheme operates because I was involved with Manchester Unity when the amalgamation took place in regard to the health services. If my memory serves me correctly, a group of doctors started the Hospital Benefit Fund to ensure that the majority of Western Australians were contributing to some health scheme for their own benefit. I also believe that the administration of this fund is efficient and economic. I believe a nationalised scheme will cost a great deal more.

The Hon. A. F. Griffith: The Hospital Benefit Fund is certainly a good service.

The Hon. L. A. LOGAN: Both these schemes are good.

The Hon. V. J. Ferry: They are recognised as amongst the cheapest and most efficient in Australia.

The Hon. L. A. LOGAN: The President of the Friendly Societies Health Services is recognised as the top man in Australia in this field. The Federal Minister wishes to do away with the schemes and I would like to know his reason for wishing to do so. Why does he call the schemes inefficient? He is telling lies when he says that. It is time we stated a few facts when we are told that our schemes in Western Australia are inefficient. The motion then says—

... the proposal will—

- (a) threaten the individual's freedom of choice of hospital accommodation and medical attendant;

It is evident from the reports we have had from Canada, Great Britain, and other places, that a nationalised scheme threatens the individual's freedom of choice.

The other day I heard a Minister of religion talking from the pulpit about the health scheme. He warned his congregation about what had happened under the British health scheme. He has been here only about three months, having lived the rest of his life in England. Most of that time the health services in England were operated under a national scheme. Surely he would know what he is talking about. He warned the congregation of the pitfalls involved in a nationalised scheme, and one of these pitfalls is the type of people such a scheme breeds. In England we see the person who does not want to work and will not work because he knows if he or his family becomes ill the social services will look after them. Do we want this type of person in Western Australia? I do not think we do.

We should not look at one report only to study the situation. Where would we finish up if members relied on one report to obtain their information on a particular subject?

The Hon. L. D. Elliott: Who read only one report?

The Hon. L. A. LOGAN: The honourable member did. She said, "I table this report; it is my contribution to the debate".

The Hon. L. D. Elliott: I answered the questions raised by Mr. MacKinnon.

The Hon. L. A. LOGAN: The honourable member said, "I want this report included in *Hansard*. This is my contribution to the debate on the measure." These are the honourable member's words.

The Hon. L. D. Elliott: It does not mean to say it is the only report I read.

The Hon. L. A. LOGAN: But that is exactly what the honourable member said. We will go on to the next paragraph which reads as follows—

- (b) centralise in Canberra control over hospitals and medical practitioners;

The Federal Government is buying a computer. This can only mean that the system will be centralised in Canberra. Mr. MacKinnon is quite correct to point this out. The next paragraph reads as follows—

- (c) place at risk the independence of church and private hospitals;

It is quite obvious that the national health scheme envisaged by Mr. Hayden will do this. To continue—

- (d) deny the individual the right to insure against the cost of medical care;

I am not too sure that Mr. MacKinnon is right in this regard. I believe eventually we will get to the stage that has been reached in England.

The Hon. G. C. MacKinnon: The voluntary schemes will come in again, but remember what Mr. McNeill said about the Yarloop scheme.

The Hon. L. A. LOGAN: I agree that for a start all the health service schemes in Western Australia will be reduced to almost negligible organisations. They will operate in respect of some private hospitals and ancillary services for the time being. Therefore for the moment the nationalised scheme will deny the individual's right, but eventually, having regard for the report from England, the schemes will build up again because the people will not be satisfied with the benefits they receive from the national health scheme. It is quite obvious from reports of the Canadian and British schemes that many people are waiting a long time for operations or medical attention which is not absolutely urgent. I believe Kirwan Ward's statement in the *Daily News* the other night summed this up very well.

The Hon. G. C. MacKinnon: It was first rate.

The Hon. L. A. LOGAN: Yes, it was a first-rate assessment of the situation so far as Western Australia is concerned. When

we have something good why should we change it for the sake of change? It appears to me that the Federal Minister is obsessed with the socialisation of medical care throughout Australia. He will not listen to any arguments against the scheme. He has been told many times by different organisations about what will happen if he carries on with the scheme. The Federal President of the health services in Australia—an organisation representing 10,000,000 people—has attempted to get Mr. Hayden to pull his horns in and look at the scheme again. But no, he is obsessed with socialisation of the Australian medical schemes. The motion continues—

- (e) place in jeopardy the many associated services

I do not know whether or not the associated services will be prejudiced, but I believe under a national scheme there will be no alternative but to bring all the services under the one control. This may not happen straight away, but eventually all these services will have to be controlled from Canberra. To continue—

- (f) register and number each adult person in the community

The Minister has already said that we will all be just numbers on a card.

The Hon. F. R. White: Do they fingerprint you as well?

The Hon. L. A. LOGAN: This may even happen eventually. We will lose our individuality. To continue—

- (g) lead to deterioration in the quality of health care;

It is obvious that health care must deteriorate if we cannot get the medical attention that we want when we want it. It cannot be otherwise.

The Hon. A. F. Griffith: And not forgetting from whom we want it.

The Hon. L. A. LOGAN: The motion continues—

- (h) increase the burden of the cost of health care in the community.

Let us look at the cost of civil servants in Australia today. Let members compare the number of civil servants with the number of people employed in the private sector, and they will realise the tremendous cost to Australia as a result of being administered by civil servants. If this is done, one can readily realise what the cost of this proposed health scheme will be to the community. Further, once the charges for such a scheme are established, it will not be long before such charges are increased.

Although I think Mr. MacKinnon could have confined his motion to the first paragraph he seemed to be of the opinion that the other paragraphs were necessary to indicate the problems Australia will be facing.

Irrespective of what Mr. Claughton might think, I believe I have every right to bring home to the people I represent and to others in the community the inherent dangers in such a scheme, and the sooner I am successful in doing this the better; that is the only reason I rose this afternoon to support the motion. I also wished to criticise the Commonwealth Minister for continually saying that our existing health benefit schemes are inefficient. I defy him and any Labor member in this House to point to one inefficient health benefit scheme in Western Australia. If they were able to do so there may be some basis for their argument, but until they can they have no basis whatsoever.

Sitting suspended from 6.03 to 7.30 p.m.

THE HON. D. J. WORDSWORTH (South) [7.30 p.m.]: One of the most outstanding aspects of the debate has been the lack of argument by Government members concerning the faults of our present medical health scheme. They have been challenged to point out the faults of the present system which justify its being abandoned completely in order to start afresh.

Very few of us would deny that the present system has a few faults, but they have been overcome and we now have a most satisfactory system.

The first disadvantage which comes to my mind concerning the new scheme is its cost in comparison with the cost of the present system. Working on round figures, about 80 per cent. of Australians are insured by some medical fund. Of those who are not, we can exclude those who are well enough off and therefore believe they do not need to belong to a fund; and also pensioners who are catered for anyway through various schemes. Consequently it is obvious most people have been wise enough to take out insurance and that such insurance has been satisfactory for them.

The average married man is fully covered for both medical and hospital expenses by the payment of about \$2.65 a week while a single man can receive accommodation in a public ward by the payment of 85c a week. Very few people would say that is not a reasonable sum.

It is well known that a person who occupies accommodation in a public ward of a hospital is not involved in very much expense, but if a patient chooses a private ward and the best available treatment including a doctor of the more expensive specialist type, he may have to outlay private funds to cover the difference between the amount charged and the amount refundable from the insurance fund.

We have been given several examples of what was thought to be an exceptionally high amount for the treatment received. For instance, one person who had an appendectomy received a refund of \$190

while the total cost was \$255. We were told that this was an exorbitant amount for the patient to pay. Another case quoted was that of a person who suffered a heart attack and, as a result, received only \$751 out of a total bill of \$931. This meant he had to pay about \$180 which is really a comparatively small amount when one considers the illness involved. As Mr. MacKinnon has said, the person concerned probably paid little more than the cost of the accommodation for the time he was in hospital.

Undoubtedly a lot of inadequacies were in evidence before the Nimmo report was made. In certain cases people were excluded from medical benefits after they had been ill for a certain time—I think it was about six months—or if it were proved they had a permanent disability. However, many of these troubles were as a result of the Government not meeting the deficiencies rather than the fault of the actual funds themselves. Unfortunately a lot of deficiencies did occur but they have been corrected.

The Hon. G. C. MacKinnon: That was the problem of catastrophic illness which was resolved.

The Hon. D. J. WORDSWORTH: That is right. Perhaps I am more aware of these difficulties because I had a daughter in this position and I found that after six months I had to pay all the hospital bills, largely because the Government was not prepared to meet the costs other than a nominal weekly amount.

As I have said, these problems have been corrected and we have evolved a very fine service which, fortunately, has allowed the individual to choose the doctor and the form of service he prefers; that is, whether he desires a public or private ward. This is very important, because although a great deal of treatment is given with the best intentions by the doctor and the hospital the psychological aspect is also involved in the complete treatment or cure. A patient must be satisfied that he is receiving the best attention, and this has been the great advantage of the voluntary system; that is, the patient has been able to have the doctor of his choice.

The other benefit of the present scheme is that it is based on competition. The doctors and hospitals are competing to give the best service for the same fee and, of course, the medical funds are competing, the one against the other. Once this competition is lost, costs will escalate and the service will not be anywhere near as satisfactory.

I wish to emphasise that an important aspect revealed by the debate is that those opposing the motion and supporting the proposed changes have found little argument against the present system which is

a great compliment to the previous Minister for Health and the present Minister who has carried on since.

Under the proposed scheme it is intended that we pay a tax of 1.35 per cent. on our income, which will undoubtedly prove a far greater cost to the individual than it is under the present system.

Several people have tried to work out the actual cost to the individual and I understand it could be as much as \$2 a week for a single person and \$4 a week for a family man, which amounts are far higher than those paid at present.

The Hon. R. T. Leeson: How do you arrive at those figures?

The Hon. D. J. WORDSWORTH: They have been worked out by Mr. Graham Simpson, who is the General Secretary of the Australian Natives Association. I could quote the figures if members desire as they provide a great deal of detail.

The Hon. R. T. Leeson: You would have to earn about \$40,000 a year to pay that much.

The Hon. D. J. WORDSWORTH: I understand that the amount could be between \$2 and \$4 because obviously some health insurance will still be necessary for those who desire accommodation in other than a public ward. Some people desire specialist treatment so consequently under the new scheme we will still have medical benefits of some sort which will prove very expensive because the Federal Government will not provide any subsidy. Therefore the new scheme will do little more than lift the means test.

Hospital treatment is already available to those who find they are unable to pay, providing of course they pass the means test. No-one in Australia need miss out on hospital treatment which is proved by a visit to Princess Margaret Hospital for Children in which a third of the patients are Aboriginal children. That hospital is doing a marvellous job and the treatment provided is available to anyone. No-one can deny this.

However, some form of insurance will still be necessary if a person desires a specialist of his own choosing or wishes to occupy accommodation other than in a private ward. Many people argue that insurance will not be necessary. In fact this is the philosophy of those responsible for the scheme, so I wish to quote the following which is found in chapter VI, paragraph iii, of the Health Planning Committee's report to the Minister for Social Security—

Since the new program is designed to pay benefits which doctors will accept as a fair return for their services or which will provide a very high percentage return to patients who are charged the scheduled fees, there is no place in it for private insurance of

medical services. Moreover, the insurance of excess fees over the benefits paid by the plan would erode any inducements in the new arrangements for doctors to adhere to the schedule fee. Consequently the Committee recommends that the new legislation prohibit contracts of private insurance (except workers' compensation and motor third party insurance) which cover all or any part of the cost of medical services in Australia.

It is interesting to note that perhaps the Government intends to prohibit any form of medical benefit thus enabling persons to insure themselves and be entitled to receive what they consider the very best of treatment and accommodation in a private ward.

If we look at the way the Federal Government is handling the funds today it is obvious it could well try to break them because it does not intend to increase the subsidy as costs rise. The Government expects the funds to meet such increased costs. Indeed they have strongly attacked the total amount of \$100,000,000 in the various funds, but if we analyse this situation we realise that the people who subscribe to the funds are the owners of that \$100,000,000. This is a mutual insurance fund so when the Government attacks the fund it attacks the people of Australia. If the Government has its way and the new scheme is introduced those who wish to have treatment which they consider may be a little better than the average—say by going to a specialist who has extra skills—will not be able to do so.

I consider the people in the country areas will suffer in this respect because it will be difficult for them to attend a hospital in an area other than that worked out by the computer. If a person from a country town is not satisfied with the medical service he is receiving he will not be able to buck the system. I sometimes wonder what a medical health scheme will be like under a computer system.

I think we all listened with great interest to the Budget last night. There was an obvious switch from what was previously decentralisation to benefits for urban people. It seems that a considerable sum of money is to be switched from country areas to city areas and one wonders how much of the money provided for medical facilities will be switched from the country to the cities. I do not see that the proposed new system will be of any great benefit to those people living in country areas.

The Hon. A. F. Griffith: It strikes me that the Federal Government is not interested in those people living in the country.

The Hon. D. J. WORDSWORTH: I think that has been demonstrated clearly. The Government is chasing the votes of those people whom it considers got them in. The article from which I have quoted illustrates that the Federal attack is two-pronged.

Undoubtedly, one prong of the attack is against the doctors. The Government is mainly concerned with the doctor who is able to charge more for his services because of his efficiency or particular skill. People are prepared to pay for improved skills, but the Government considers that a specialist should not charge for those improved skills. What is more, the Government considers that the individual should not be permitted to buy a better service if he wants it.

The Hon. L. D. Elliott: What about the common fee proposed by the previous Government?

The Hon. D. J. WORDSWORTH: The common fee was for the majority but there was always the right to charge more.

The Hon. L. D. Elliott: Then the present system is not very different from that proposed by the previous Government.

The Hon. D. J. WORDSWORTH: I have just read from an article to show that the Government does not like the previous scheme because some doctors can charge more when they become specialists.

I think it is frightening to observe the Federal Government attack on doctors in this country. Without doubt, doctors are greatly respected by Australian citizens as has been shown by a recent Gallup poll. Various groups of people from white-collar workers to people of different political views were asked to give their views and opinions on occupations from the point of view of respect. It is interesting to see that 40 per cent. of the people interviewed ranked doctors as having the highest respect. Clergymen rated 18 per cent., teachers 17 per cent., engineers 9 per cent., and members of Parliament 9 per cent.

The Hon. R. H. C. Stubbs: They must have been listening to you.

The Hon. D. J. WORDSWORTH: Lawyers rated 6 per cent., computer programmers 1 per cent., printers 1 per cent., and stockbrokers 1 per cent. With all due respect to those who did not reach first place, it is interesting to note that the doctors were considered to have twice the respect of those engaged in any other occupation.

I recently saw an advertisement on television where autumn leaves were falling and children were playing in a park. Then a quiet voice was introduced suggesting that people should go along to their post offices—as Miss Lyla Elliott did—and secure a brochure which pointed out what was wrong with the present health services. It is rather frightening to see the whole resources of the Government being directed against one profession. One wonders what the Government will start to nationalise next.

The Hon. L. D. Elliott: I tell the honourable member that we cannot nationalise anything in this country.

The Hon. D. J. WORDSWORTH: One would like to believe that. I think it was proved a few years ago but the members of the Labor Party do not seem to be able to remember that occasion.

The Hon. G. C. MacKinnon: They have used section 96 grants since then.

The Hon. D. J. WORDSWORTH: Do it by offering money; that is the answer.

The Hon. D. K. Dans: The present Government has only two years to go!

The Hon. G. C. MacKinnon: Thank God for that!

The DEPUTY PRESIDENT: Order!

The Hon. D. J. WORDSWORTH: Those on the Government side of this House, who are supporting the Federal Government in its move, have failed to put up any argument to show why we should change the present system which has proved very successful. I have much pleasure in supporting the motion.

THE HON. D. K. DANS (South Metropolitan) [7.53 p.m.]: I have listened carefully—as I have always endeavoured to do since I have been in this Chamber—to the attack on the proposed Australian health insurance programme in the motion moved by Mr. MacKinnon. In all the time I have been in this Chamber I have not really heard anything which would support the motion. I have listened to all kinds of arguments against the proposed—and I use the term, “proposed”—health insurance programme which the Federal Government intends to introduce.

The Federal Government, at the moment, is a Labor Government.

The Hon. A. F. Griffith: You are telling us!

The Hon. D. K. DANS: Of course, most people who support Labor Governments are democrats and because a Labor Government is in office they agree with the policies put forward prior to the election. They regard those policies as being what they voted for.

The Hon. I. G. Medcalf: I did not hear any reference to an increase of 5c in the price of a gallon of petrol.

The Hon. D. K. DANS: Neither did I accept the proposition put forward by a previous Prime Minister, Sir Robert Menzies, in 1949, when he said he would put value back into the pound. I have never heard of any Government going to the people and stating what it proposed to put in a Budget.

The Hon. G. C. MacKinnon: No, I did not hear that either.

The Hon. D. K. DANS: No, and members never will.

The Hon. G. C. MacKinnon: Obviously not.

The Hon. D. K. DAns: The people will never hear any such proposal from this Government, the American Government, the German Government, or any other Government. Of course, the price of petrol has been increased by 5c per gallon. Also, we must keep in mind what may happen as a result of the inquiry into the oil industry and the possible finding that the oil companies have been charging too much.

The Hon. I. G. Medcalf: That is not the reason for the increase.

The Hon. D. K. DAns: Do not try to divert me; let us get back to the health scheme.

The Hon. D. J. Wordsworth: No, tell us about the increase in the price of petrol.

The DEPUTY PRESIDENT: Order!

The Hon. G. C. MacKinnon: I am sure the honourable member could speak on the Budget better than he could on the price of petrol.

The Hon. D. K. DAns: Mr. MacKinnon has moved the motion now before us.

The Hon. A. F. Griffith: You started to talk about petrol; but you did not finish.

The Hon. D. K. DAns: I started to talk about petrol? I have a great regard for the Leader of the Opposition but I am starting to worry about his hearing. It was one of his colleagues who talked about petrol.

The Hon. A. F. Griffith: Do you mean to tell me you did not use the word "petrol"?

The Hon. D. K. DAns: I will not tell the member opposite anything.

The DEPUTY PRESIDENT: Order! I must ask members not to continually interject. Let the honourable member who is on his feet make his speech and other members will have an opportunity to speak in their turn. I call on The Honourable Mr. DAns.

The Hon. D. K. DAns: Mr. MacKinnon has moved this motion which attacks the proposed health scheme, and I agree he has every right to take such action.

The Hon. A. F. Griffith: You do not think that Mr. Cloughton is right, then?

The Hon. D. K. DAns: I realise that whatever decision is reached on this motion it will have no bearing on what will finally happen.

The Hon. A. F. Griffith: You are so right.

The Hon. D. K. DAns: To that extent, I agree with Mr. Cloughton.

The Hon. G. C. MacKinnon: But Mr. Cloughton said we did not have a right to move the motion.

The Hon. D. K. DAns: I am not concerned with what Mr. Cloughton said; I just said that members opposite have every right to move a motion. I also said, quite frankly, that whatever we decide will not change the course of history.

The Hon. G. C. MacKinnon: Does this indicate a split in the Labor Party?

The Hon. D. K. DAns: The point, of course, which amazes me is that at no stage—while I have been present in this House—has any attempt been made to substantiate the points made by Mr. MacKinnon.

The Hon. G. C. MacKinnon: I assure Mr. DAns that attempts have been made.

The Hon. D. K. DAns: Miss Elliott has asked for certain things to be incorporated in *Hansard*. I have heard about all the terrible things that happen to doctors. Let us try to divorce the two issues which are under discussion. The first issue is that of doctors' fees, but doctors' fees have nothing to do with the proposed health insurance programme.

The Hon. G. C. MacKinnon: I thought I made that point.

The Hon. D. K. DAns: If members of the Liberal Party cast their minds back—and desire to be completely honest—more trouble was experienced with doctors when the previous Government was in power, the reason being that the Government backed away after it set up a tribunal to examine doctors' fees. I think the increase amounted to some 10 per cent.

A tribunal has been set up again. The doctors have been forced back into a corner and I know that the Australian Medical Association would like to get hold of the General Practitioners' Association and strangle it.

The Hon. A. F. Griffith: I think you are worried.

The Hon. D. K. DAns: I am not worried about the Leader of the Opposition. The present Australian Government—a Labor Government—has again set up a tribunal to consider the problem of fees. I believe the tribunal comprises a very highly skilled economist, a very competent medical investigator, and a judge of the Commonwealth Arbitration Commission. The judge is Mr. Justice Ludeke, and he is considered to be a good judge.

The Hon. G. C. MacKinnon: I have never said that he was not.

The Hon. D. K. DAns: Mr. Justice Ludeke is a leading member of the legal profession, and a Q.C. He was the very advocate who took the case of the medical practitioners before the previous tribunal.

The Hon. G. C. MacKinnon: The only reason for your putting this in is to air your knowledge.

The Hon. D. K. DAns: That is the point in regard to fees. We will all look very silly if the tribunal finally agrees that 25 per cent. is not enough. It might consider the increase should be 30 per cent. What will we say then? Will we say the chairman of the tribunal is wrong?

The Hon. G. C. MacKinnon: Mr. Dans, could we save you a lot of trouble—

The Hon. D. K. DAns: The honourable member should address himself to the Deputy President. I might answer him then.

The Hon. G. C. MacKinnon: Could we save you—

The DEPUTY PRESIDENT: Order! Mr. Dans.

The Hon. D. K. DAns: What if the tribunal says the increase should be 40 per cent. or 25½ per cent?

The Hon. G. C. MacKinnon: It still has nothing to do with the argument.

The Hon. D. K. DAns: The fees of medical practitioners was one of the arguments introduced into this House. Mr. MacKinnon made the fatal error of introducing that type of argument.

The Hon. G. C. MacKinnon: I would like you to show me where.

The Hon. D. K. DAns: At no time did he attempt to substantiate what he said. It could well be that the people of this country do not want a medical programme, a—

The Hon. G. C. MacKinnon: National health programme.

The Hon. D. K. DAns: No; nothing is nationalised. I was about to say a health insurance programme. Mr. Williams brought up the old argument about what has happened in England and the British Isles. Not long ago, a Conservative Minister or member of the House of Lords said that despite all the criticism of the medical services in England, no-one could deny that Great Britain was the best country in the world in which to be sick, injured, or out of work. Let me pause there—

The Hon. G. C. MacKinnon: It is a terrible country in which to be successful, though.

The Hon. D. K. DAns: I will come back to that. The honourable member is wrong and I believe he should move out of Bunbury and live in the big world.

The Hon. G. C. MacKinnon: You are the only successful man who has ever done so?

The Hon. D. K. DAns: I have never lived in Bunbury. That Conservative member of the British Parliament said that no Government, whether it be Labor or Conservative—to the best of my knowledge, there have been no Tory Governments in recent years, and certainly no Liberal Governments—has ever seen fit to interfere with the health programme in Britain. If that health programme were so bad, so terrible, and so discriminating, would the British people have continued with it? They have continued with it.

The Hon. G. C. MacKinnon: You are showing abysmal ignorance.

The Hon. D. K. DAns: No Government is game enough to say the health programme is no good. Mr. MacKinnon suggested by interjection that Britain is almost a defunct nation. He did this on two occasions.

The Hon. G. C. MacKinnon: Do not try that waterfront stunt on me. I said no such thing.

The DEPUTY PRESIDENT: Order! Mr. Dans.

The Hon. D. K. DAns: The other evening and tonight again—

Point of Order

The Hon. G. C. MacKinnon: I rise on a point of order. I object to a phrase of mine being taken wrongly and pure vocal force being used to get out of it. I did not say England was almost a defunct nation. I know precisely the words I used. I interjected and said I objected to the waterfront tactics of talking over me and twisting my words, trying to suggest I said things I did not say.

The DEPUTY PRESIDENT: The Hon. Mr. MacKinnon will have his right of reply at the end of the debate. This is the time to deal with the situation and not by way of interjection, which is contrary to Standing Orders.

The Hon. G. C. MacKinnon: I take a point of order, which I think is valid. The interjection I made was that England was not such an ideal country in which to be successful. Mr. Dans said—he did not imply—that I had said England—

The DEPUTY PRESIDENT: Order, please!

The Hon. G. C. MacKinnon: —was almost a defunct nation.

The DEPUTY PRESIDENT: Order! If the honourable member wishes Mr. Dans to withdraw any remarks he has made, according to Standing Orders he will have to ask that they be withdrawn.

The Hon. G. C. MacKinnon: I ask Mr. Dans to withdraw his statement that I made those remarks, and to attribute to me the remarks I made.

The Hon. D. K. DAns: In order that I may proceed with my speech, I will withdraw my remarks and say I am not quite sure what Mr. MacKinnon said.

The Hon. G. C. MacKinnon: That is better.

The Hon. D. K. DAns: I will withdraw my remarks—

The DEPUTY PRESIDENT: Order! The honourable member has withdrawn his remarks and he cannot qualify his withdrawal. He may proceed.

Debate (on motion) Resumed

The Hon. D. K. DANS: Let me say this, starting from a full stop: Britain is a successful country from the point of view of investment throughout the world; Britain is successful in terms of looking after its people; and Britain is still a very successful country in terms of the conditions on which it entered the European Common Market. At the same time, in all those exercises Britain has never seen fit to change its mind on the question of health insurance for its people. In fact, Britain prides itself amongst the whole European community on providing better services than does any other country in that area.

The Hon. A. F. Griffith: You make a much better speech when you speak quietly.

The Hon. D. K. DANS: To continue, does anyone suggest Italy does not have a situation like this, or that Belgium and West Germany do not have a situation like this?

The Hon. V. J. Ferry: What about Israel?

The Hon. D. K. DANS: I do not know about Israel. I have here a German newspaper.

The Hon. G. C. MacKinnon: Can you read it?

The Hon. D. K. DANS: Yes, either the English or the German version. I will read the English version. Members may have the paper, if they wish. It is a good paper and is not lopsided.

The Hon. A. F. Griffith: What side of Germany is this?

The Hon. D. K. DANS: West Germany—not the Democratic Republic of Germany. All the European countries have similar health programmes, thereby upholding the right of the people to some of the benefits of the nation. While I have been in the House I have heard various statements which were not quite correct, and perhaps similar statements have been made while I have been outside the House. I would not like to say members are telling fibs; I do not think members tell fibs in this House. At times they just do not inform themselves correctly. The point is that there is a proposed health insurance programme.

The Hon. A. F. Griffith: Whether we like it or not.

The Hon. D. K. DANS: It has yet to pass through the Houses of the Federal Parliament. It sets out to give health benefits to a number of people who are not now able to avail themselves of those opportunities. These matters were clearly made known to the electorate before the election in December. The people of Australia voted for the party which said it would endeavour to implement this programme.

The Hon. A. F. Griffith: They did not vote for it in Western Australia.

The Hon. D. K. DANS: It is not a question whether or not people voted for it in Western Australia.

The Hon. A. F. Griffith: It is as far as I am concerned. This is my State.

The Hon. D. K. DANS: It is my State, too. If we do not agree with that situation, we in this Parliament should seek to change the Electoral Act to say that, "From time to time we will do certain things in certain areas in accordance with the vote we receive." Perhaps that is a very good idea while it is going one's own way. But what about the immediate future if the vote goes the other way? We would be in all kinds of strife.

The Hon. L. D. Elliott: In 1969 the vote went the other way.

The Hon. D. K. DANS: Miss Elliott reminds me that in 1969 the vote went the other way. I am trying to be completely fair. In this country we vote for two systems of government—one in the local sphere and one in the Federal sphere. We have agreed to that proposition and we must go along with it until such time as we change it. The people of this country have voted for a Government—

The Hon. A. F. Griffith: A socialistic Government.

The Hon. R. Thompson: The most virile we have ever seen.

The Hon. G. C. MacKinnon: Virile or puerile?

The Hon. D. K. DANS: I suppose we can talk about a government which is capitalistic. We can talk about nihilism, methodism, and all other sorts of "isms".

The Hon. Clive Griffiths: Rheumatism.

The Hon. D. K. DANS: I have rheumatism. I do not want to talk about that. All those "isms" do not mean a spit to me, despite the fact that at certain stages during debates in this House people have accused me of being a centralist and a socialist. They have not accused me of being what I am.

The Hon. A. F. Griffith: Are you a socialist?

The Hon. D. K. DANS: No, I am not.

The Hon. A. F. Griffith: You will get into trouble.

The Hon. D. K. DANS: No, I am not a socialist—not in the terms in which the Leader of the Opposition asks the question. I am mainly concerned—as I think all members should be—about how we use wealth. I am not concerned about how we produce wealth and goods; I am concerned about how we distribute them to the people of this nation, whether it be through nihilism, methodism, capitalism, or any other "ism".

The Hon. G. C. MacKinnon: Are you a distributionist?

The Hon. D. K. DANS: I suppose that comment is quite in keeping with the honourable member's ability to think. I do not know the extent of his education, but whatever the extent of it he has been educated beyond the capacity of his intelligence.

The Hon. G. C. MacKinnon: Is that right?

The Hon. D. K. DANS: That is my opinion. I could be proved wrong. People who "knock" this health system are "knocking" a system which is widely used in Europe and the United Kingdom. The important fact is that whichever Government is in power in the United Kingdom, none has seen fit to go to the people and say, "We will destroy this system and put you back on the old system." The system in the United Kingdom is entirely a Government system. The system proposed for Australia does not envisage anything like that, and I am amazed at some of the allegations that have been made. Some speakers in the debate have endeavoured to put across to this Chamber that every doctor is against the system. Let me tell the Chamber I do not know—

The Hon. G. C. MacKinnon: I have not heard a single person say that.

The Hon. D. K. DANS: Then I suggest that Mr. MacKinnon read his own speech.

The Hon. G. C. MacKinnon: I have read it.

The Hon. D. K. DANS: There is a great number of general practitioners in Western Australia, and possibly in the Commonwealth, in favour of the proposed system.

The Hon. G. C. MacKinnon: Of course there is.

The Hon. A. F. Griffith: How many?

The Hon. D. K. DANS: I do not know the percentage. If one thinks very carefully about the question of doctors—not just general practitioners—and divorces oneself from the question we are debating tonight—which whatever way we vote will not change a thing—one will realise just how many doctors are on the pay roll of the Government or private institutions. One will find that it is a staggering figure. The Hon. G. C. MacKinnon was, of course, a very good Minister for Health.

The Hon. G. C. MacKinnon: Thank you.

The Hon. D. K. DANS: I am not kidding the honourable member; I saw him on television and I liked his style.

The Hon. A. F. Griffith: The crunch will come in a minute.

The Hon. D. K. DANS: There is no crunch at all. Let us consider how many doctors work for the Public Health Department, the Commonwealth Health Department, hospitals, quarantine services, the armed forces, or private institutions.

The Hon. A. F. Griffith: How many?

The Hon. D. K. DANS: I am darned if I know.

The Hon. G. C. MacKinnon: That would have been my answer precisely.

The Hon. D. K. DANS: However, there is a great number. The honourable member asked an honest question and he has now got an honest answer.

The Hon. A. F. Griffith: You are like the fellow who said, "There are thousands there; well, there must be hundreds because I saw two myself."

The Hon. D. K. DANS: In all this confusion and humour—

The Hon. G. C. MacKinnon: You are against the motion.

The Hon. D. K. DANS: Yes, of course; even if I were in favour of it I realise that it only spells out a lot of hot air. The motion cannot achieve anything; it merely gives us the opportunity to debate the issue. I am grateful to Mr. MacKinnon for giving us that opportunity. One of the most amazing things in regard to his speech is that he did not refer to the motion.

The Hon. G. C. MacKinnon: Oh, cut it out.

The Hon. D. K. DANS: We heard all the things that might happen under the proposed health programme; we heard that we will be categorised and will become numbers. Maybe that has already happened. I sometimes worry when I look at my taxation number; and those who have served in the armed forces still have numbers stored away in Victoria Barracks in Melbourne. I do not think any Government—be it Labor, Liberal, or any other kind—would see fit to allow such confidential documents to be made public.

Of course, we have a whole host of instrumentalities apart from the Government which have files and figures on people, and this sometimes horrifies me. An attempt has been made in this debate to tell the public what a horrifying experience it may be when a doctor comes along to examine a person. I am sure that would concern only a very small percentage of doctors.

In *The West Australian* of the 21st August 1973 we find the headline "Sick in S.A. asked: Sign fee contract". The article describes how doctors in that State ask patients to sign a contract.

The Hon. G. C. MacKinnon: Do they do that, or does it suggest that they propose to do that?

The Hon. D. K. DANS: I did not intend to read out the article; members know how I hate to waste the time of the House by reading Press articles. However, in this instance I will read it.

The Hon. G. C. MacKinnon: Mr. Dans, you make us weep.

The Hon. D. K. DANS: Since the request came from Mr. MacKinnon I will proceed to read the article.

The Hon. A. F. Griffith: Would you like me to lend you my handkerchief?

The Hon. D. K. DANS: I know that Mr. Arthur Griffith is a very humane man, and I am sure if I did not have my own handkerchief, he would lend me his. The article states—

ADELAIDE, Monday.—The patients of some South Australian doctors will be asked to sign a contract stating their intention to pay the doctor's scale of fees before they receive medical attention.

The Hon. A. F. Griffith: How many?

The Hon. D. K. DANS: It does not say so. Let me pause to point out that, although I have no argument with the Press, I realise that most newspapers are biased. If it suits me to quote from the Press I will do so, but if an article does not suit my purpose I will not quote from it.

The Hon. D. J. Wordsworth: Don't you recommend that employers sign contracts? In my industry one must sign contracts.

The Hon. D. K. DANS: Oh, I will come back to Mr. Wordsworth. My goodness me, the Duke of McGlew speaks out! The article continues—

The federal secretary of the General Practitioners' Society, Dr. D. Yuille said today that more than 100 members of the society in S.A. had been sent copies of a contract drawn up by the society's legal advisers.

There is the figure for which Mr. Arthur Griffith asked.

The Hon. A. F. Griffith: You didn't know until you read it.

The Hon. D. K. DANS: That is correct. To continue—

Dr. Yuille said: "It is drawing patients' attention to the fact that the doctor has put in his rooms some indication of the fees he will charge.

"It is an agreement in writing on what in the past has been a verbal agreement."

Dr. Yuille said that the notices sent to doctors read: "I, your private doctor, regret that the intervention of the Labor Premier, Mr. Dunstan, in the confidential relationship between a doctor and his patient makes it necessary for me to ask you to sign the following contract."

The contract reads: "In requesting Dr. X, or his partners or assistants to render professional services, I acknowledge that I am offering to pay fees for such services in accordance with the scale from time to time exhibited in this surgery waiting room.

"If such services are rendered, I am personally liable to Dr. X for fees in accordance with scales."

On this occasion I agree with the Press. I agree that possibly doctors are entitled to an increase in their fees. No member of the Liberal Party in this Chamber would be afraid to admit that the previous Government faced problems in trying to block such fee increases. A tribunal was set up to try to prevent medical practitioners from increasing their fees. In fact, the judge presiding over the tribunal—he is now Justice Ludeke—was quite definite on this matter.

The Hon. I. G. Medcalf: Don't you think doctors earn their fees?

The Hon. D. K. DANS: Mr. Medcalf, I think all doctors earn their fees, just as waterside workers and seamen earn their wages.

The Hon. I. G. Medcalf: Well what are you making such a noise about?

The Hon. D. K. DANS: I am not yet making a noise; just wait for it.

The DEPUTY PRESIDENT: Order! Will the honourable member address the Chair.

The Hon. D. K. DANS: Mr. Deputy President, if it is found that doctors do not wish to agree to the decision of the tribunal, then I think it is only fair that the same should apply to other members of the work force, whether they be airline pilots, ships' masters, ships' engineers, ships' carpenters, greasers, or seamen who, under Commonwealth regulations, must serve three years before their discharge is stamped. Of course, all those workers should also be entitled to use their industrial strength to obtain the fees they desire.

The Hon. G. C. MacKinnon: Are you saying they should go on strike?

The Hon. D. J. Wordsworth: Don't they?

The Hon. D. K. DANS: I invite members to tell me the last occasion when there was a strike on the waterfront of waterside workers or seamen.

The Hon. G. C. MacKinnon: Any seaman who is not happy with his wage now should have his head read.

The Hon. Clive Griffiths: The doctors are not talking about striking.

The Hon. D. K. DANS: Mr. Deputy President, if you will bear with me for a moment, I have been asked a question which is germane to the subject. I did not know that seamen, waterside workers, or doctors have been on strike.

The Hon. A. F. Griffith: But you do know this has nothing to do with the motion.

The Hon. D. K. DANS: Very true.

The Hon. G. C. MacKinnon: And you are the only one who has spoken about it to date.

The Hon. D. K. DANS: Of course, in all fairness I think I should be permitted some license in view of the fact that the

mover of the motion at no stage touched upon it. Let me refer to a portion of the motion.

The Hon. V. J. Ferry: It is the first time he has read it.

The Hon. D. K. DANS: Oh, I have read it all right; I am trying to find something sensible in it.

The Hon. A. F. Griffith: I bet you have a nasty bit already marked.

The Hon. D. K. DANS: I wish to goodness I had.

Paragraph (a) of the motion states—

(a) threaten the individual's freedom of choice of hospital accommodation and medical attendant;

Of course, it will do no such thing. I have before me a small book entitled "Australian Health Insurance Program" which was printed by the Australian Government, using the taxpayers' money; but it is still the Government's idea.

The Hon. G. C. MacKinnon: But still an A.L.P. idea.

The Hon. D. K. DANS: I reject the proposition of Mr. MacKinnon. There is a Government in Canberra and we do not pin a label on it. The Government in Canberra decided to print this booklet, which gives the plain facts. Articles have appeared in the newspapers inviting people, irrespective of their political affiliations, to write for this booklet, and then to form their opinion as to whether it is right or wrong. The booklet does not try to coerce people; it simply tells them the plain facts.

However, to get back to the motion, paragraph (a) states that the individual's freedom of choice with regard to doctors is threatened. Of course, this is where our proposed scheme differs from the British scheme. Everyone will still have his choice of doctor. The doctor that my wife and I attend will still be our doctor if we require him to be; we will not be required to go to another doctor, although we may if we wish. More importantly, as set out in the pamphlet, the doctors will have a range of choice. When the doctor bills us we will pay him a certain sum of money, and then claim it back.

In fact, three choices are available to the people. The pamphlet also puts forward the proposition to the doctors that if they present their accounts in bulk, they will be paid. The doctors to whom I have spoken on this matter have indicated that this arrangement suits them.

The Hon. G. C. MacKinnon: They get back 85 per cent.

The Hon. D. K. DANS: The 85 per cent. rule will apply. Most people have read this pamphlet and know what it contains. In no case does the Government seek to restrict the choice of doctors by patients. Under the existing schemes certain categories of coverage is available

to the people. I myself belong to a friendly societies scheme, and I have contributed to that scheme for many years. By paying a higher rate members of my family and I are assured of accommodation in a private ward.

The scheme put forward by the Federal Government gives every member of the community the right to hospital ward accommodation; furthermore it extends to pensioners the same rights as apply to other members of the community. Opportunity is also given to the people to continue insuring with the private health schemes for coverage of expenses for private ward accommodation.

The Hon. D. J. Wordsworth: Does the proposition of the Government allow these schemes to continue?

The Hon. D. K. DANS: It is the policy of our Government to continue with the existing system.

The Hon. D. J. Wordsworth: What about the quote I have just given?

The Hon. D. K. DANS: I do not know anything about that quote. If people desire to obtain higher coverage they will be able to insure with the private health schemes. It is not envisaged that all the existing schemes will continue in operation. All that will happen is that the people will be given the choice of paying two or three rates. If they pay one rate they are entitled to a certain type of hospital accommodation, and if they pay a higher rate they are entitled to a better type of accommodation.

The Hon. D. J. Wordsworth: The main difference is the 1.35 per cent. tax on income.

The Hon. D. K. DANS: The 1.35 per cent will be based on taxable income.

The Hon. S. J. Dellar: That will save me about \$80 a year.

The Hon. D. K. DANS: The assessment is made after all the taxable deductions have been taken into consideration.

The Hon. F. R. White: Is that another Robin Hood exercise?

The Hon. D. K. DANS: I challenge any member of the Opposition to stand up and say that he and the party he represents are wholeheartedly opposed to the proposition put forward by the Federal Government relating to the health insurance scheme. If they are they should stand up and let us know.

The Hon. R. J. L. Williams: Opposed to the proposition put forward in the Deeble report?

The Hon. D. K. DANS: There is no such report. The report is merely headed "Health Insurance" and there is no mention of Deeble.

The Hon. Clive Griffiths: Is that the Deeble report you have in your hand?

The Hon. D. K. DAns: There is no such thing as the Deeble report. I challenge members of the Opposition to stand up and say they are opposed to the Australian health insurance scheme.

The Hon. G. C. MacKinnon: I thought that was what we have been saying.

The Hon. D. K. DAns: If they do they should get up and say to the people of Australia that they do not believe in it. They should say they oppose it, despite the fact that Labor won the Federal election; that the people of the United Kingdom have accepted their national health insurance scheme; and that those people have declared it to be the greatest system that has been introduced.

The Hon. G. C. MacKinnon: I oppose it!

The Hon. D. K. DAns: They should substantiate their opposition, and let the people of Australia understand their reasons.

Debate adjourned, on motion by The Hon. R. H. C. Stubbs (Minister for Local Government).

ADJOURNMENT OF THE HOUSE: SPECIAL

THE HON. J. DOLAN (South-East Metropolitan—Leader of the House) [8.35 p.m.]: I move—

That the House at its rising adjourn until Tuesday, the 11th September.

Question put and passed.

House adjourned at 8.36 p.m.

Legislative Assembly

Wednesday, the 22nd August, 1973

The SPEAKER (Mr. Norton) took the Chair at 2.15 p.m., and read prayers.

QUESTIONS (62): ON NOTICE

1. AIR FREIGHT AND CHARTER SERVICES

Pilbara

Mr. HUTCHINSON, to the Minister representing the Minister for Transport:

- (1) Will he explain the substance, the effect and the possible repercussions of his plan to promote a pure air freight service to the Pilbara together with a reorganisation of third level and regular charter services in the same area?
- (2) How far has this plan progressed?

Mr. JAMIESON replied:

- (1) and (2) The rationale for a pure air freight service rests on the belief that it is not easy to har-

monise the conflicting requirements of passengers and freight in the one aircraft.

For instance optimum passenger departure and arrival times are not necessarily optimum freight departure and arrival times; freight handling into and out of some aircraft primarily arranged for passengers is not easy and can result in on route delays if freight volume is significant; in a mixed passenger and freight operation freight will obviously take second priority when, for operational reasons, more than normal fuel has to be uplifted.

For these reasons there are a number of pure freight airlines in the world and almost all predominantly passenger airlines operate pure freight flights.

Having in mind that in addition each air freight service to the north-west provided logistic support for heavy industry—a somewhat different role to the air freight service between Sydney and Melbourne—it seemed appropriate to at least encourage a pure freight operation on a permanent basis.

The discussions that have taken place and the results of these discussions have been set out in the annual report of the Director General of Transport for the 30th June, 1972 and 1973.

Since the 1973 report went to Press Wards Freight Service have contracted with M.M.A. to provide the all-cargo flights with F28 aircraft.

The foregoing is the substance. The effect is that the north-west has a successful pure freight operation providing one document door to door service. There are no discernible adverse repercussions.

The Director General of Transport's annual reports for the 30th June, 1972 and 1973 describe the background to the Government's thinking on strictly regional services within the north-west. As a generalisation it may be said—

- (i) The degree of fragmentation of services probably results in less than optimum aircraft utilisation in the area as a whole.
- (ii) The fragmentation does not appear to provide any one operator with sufficient revenue to embark on a long range programme of equipment upgrading.