

Legislative Council

Tuesday, the 21st August, 1973

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

QUESTION WITHOUT NOTICE WOOD CHIPPING INDUSTRY

Legislation

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

In regard to the Press announcement today which states that the W.A. Chip & Pulp Co. Pty. Ltd. has been granted a license to export wood chips to Japan—

- (a) is it correct that the Japanese set a deadline of Friday, the 24th August, 1973, for the license to be granted?
- (b) 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; and
- (c) if so, will the Government be giving priority to this legislation?

I realise the Leader of the House may not have had sufficient time to obtain a full answer but in view of the time factor associated with the question it would be appreciated if I could be given an answer to it as soon as possible.

The Hon. J. DOLAN replied:

This matter came into my hands at 4.15 p.m., and I would suggest the honourable member have the question put on the notice paper for the next sitting.

TASMANIAN SELECT COMMITTEE MEMBERS

Presence in Gallery

THE DEPUTY PRESIDENT (The Hon. N. E. Baxter): Honourable members, I would like to draw attention to the presence in the President's Gallery of members of a Select Committee of the Legislative Council of Tasmania.

QUESTIONS (13): ON NOTICE

BIRDS

Regulations

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

In respect to the keeping or breeding of all species of birds, both indigenous and exotic, in Western

Australia, would the Minister lay on the Table of the House a copy of all rules, by-laws and regulations—

- (a) currently in force; and
- (b) currently being proposed by any Government department?

The Hon. J. DOLAN replied:

The information sought by the Hon. Member is submitted for tabling (see Paper No. 254).

2. METROPOLITAN MARKETS

Produce to Eastern States

The Hon. G. W. BERRY, to the Leader of the House:

Referring to the answer to my question on Tuesday, the 14th August, 1973, in regard to produce from Metropolitan Markets bought for resale in the Eastern States, what are the regulatory marketing and quarantine requirements for—

- (a) bags of runner beans for Adelaide and Melbourne;
- (b) bags of pumpkins for Adelaide and Melbourne;
- (c) bags or cartons of cucumbers for Adelaide and Melbourne;
- (d) cartons of capsicums for Adelaide and Melbourne;
- (e) cartons of eggfruit for Adelaide and Melbourne; and
- (f) cases of tomatoes for Adelaide and Melbourne?

The Hon. J. DOLAN replied:

- (a) Beans must be in new bags and are subject to inspection on arrival at Adelaide and Melbourne.
- (b) Pumpkins must be in new bags and are subject to inspection at Adelaide and Melbourne.
- (c) Cucumbers must be in new containers and are subject to inspection on arrival at Adelaide and Melbourne.
- (d) Capsicums for both Adelaide and Melbourne must be accompanied by a Department of Agriculture certificate of fumigation with ethylene dibromide. Melbourne requires containers of dimensions:
 $\frac{1}{2}$ bushel dump case—18 in. x 8-2/3 in. x 7-1/8 in.
 $\frac{1}{2}$ bushel volume fill carton—18 in. x 11-7/8 in. x 6-1/2 in.
 Adelaide accepts the existing Carnarvon capsicum carton which is 14-1/8 in. x 9-1/2 in. x 16-1/4 in.

- (e) Eggfruit for Melbourne is subject to inspection on arrival.

Eggfruit for Adelaide must be accompanied by a certificate stating that it has been grown in an area free of fruit fly.

Carton requirements are as in (d) above.

- (f) Tomatoes for Adelaide must be accompanied by a certificate stating that they have been grown in an area free of fruit fly.

Tomatoes for Melbourne must be accompanied by a certificate from the Department of Agriculture that the fruit is not coloured. In the event of export this administrative arrangement would require renegotiation with the Victorian Department.

Cases need to conform with standards permitted in Victoria and South Australia.

3. HOUSING

Tenancies: Transfers

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

- (1) Has there been any alteration to the State Housing Commission rule which required tenants to occupy accommodation provided for two years before applying for a transfer?
- (2) If so, what is the new requirement?

The Hon. J. DOLAN replied:

- (1) No. This question is under review.
- (2) Answered by (1).

4. METROPOLITAN REGION SCHEME

Wanneroo: Amendment

The Hon. F. R. WHITE, to the Leader of the House:

In view of the statement made by me when moving for the disallowance of the amendment to the Metropolitan Region Scheme on Tuesday, the 1st May, 1973, that the amendment had "lapsed by default" because it had not been advertised or tabled in accordance with the requirements of Sections 31 (c) and 32 (1) of the Metropolitan Region Town Planning Scheme Act, would the Minister advise—

- (1) Did Cabinet, the Executive Council, or the Minister for Town Planning, seek legal opinion with reference to the subsequent validity of the amendment?

- (2) If the answer to (1) is "Yes" what opinion was given?

- (3) If the answer to (1) is "No" will the Government take immediate action to obtain the legal opinion referred to in (1) above?

The Hon. J. DOLAN replied:

- (1) At the time, verbal advice was sought from Crown Law Department officers. It did not appear the failure to fully meet the requirements of the Act regarding advertising was sufficient to invalidate the amendment. The Act does not impose any requirement to advertise or give publicity to the modification made to the amendment.
- (2) and (3) Answered in (1) above.

5.

EDUCATION

Achievement Certificate

The Hon. D. J. WORDSWORTH, to the Leader of the House:

- (1) What percentage of children pass their Achievement Certificate in—
 - (a) the City;
 - (b) the Agricultural areas;
 - (c) the North-West?
- (2) Having failed this examination—
 - (a) what percentage of students; and
 - (b) what numbers of students; become "drop-outs" from school?

The Hon. J. DOLAN replied:

- (1) and (2) The Hon. Member apparently does not understand the nature of the Achievement Certificate. Passes and failures are not awarded. The purpose is to record continuous progress of courses undertaken at different levels during the first three years of Secondary Education.

6.

HOUSING

Fences: Removal

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

- (1) Has the State Housing Commission adopted a policy of the removal of all front fences from rental and/or purchase homes under its control?
- (2) If so, what is the estimated saving to the Commission of the removal of all such fences?
- (3) Are any exceptions to this policy allowed on representations from tenants or purchasers, particularly where small children are involved?

- (4) What financial or other concessions are made in cases where restrictive structures are required to keep small children or pets within the house area?
- (5) Has the Commission received significant opposition to the policy from its tenants?

The Hon. J. DOLAN replied:

- (1) Yes, for rental only. This policy was first implemented in April, 1969, under the Government which the Hon. Member supported.
- (2) \$25.00 per house as an average. However, in the instance of fences aged around 20 years the cost to repair and repaint would be approximately \$50-\$60.
- (3) No, not generally though a case could be treated on its merits.
- (4) Where tenants request some fencing provision so as to enclose the back yard the Commission will leave sufficient materials for the tenant to construct a wing fence himself.
- (5) No. The objection rate would not be more than 10 per cent.

7.

ROADS

Causeway Interchange

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

What is the anticipated completion date for the road works currently being carried out at the eastern approaches to the Causeway?

The Hon. J. DOLAN replied:
February, 1974.

8.

LOCAL GOVERNMENT

Camping and Caravan Parks: Regulations

The Hon. F. R. White for the Hon. T. O. PERRY, to the Minister for Local Government:

- (1) Is it intended to gazette regulations relating to camping and caravan parks during the current Session of Parliament?
- (2) If so, will the Minister ensure that the gazettal will allow members sufficient time to study the regulations before the House rises?

The Hon. R. H. C. STUBBS replied:

- (1) and (2) No precise date for gazettal of the regulations can be given as they have not yet been finalised.

9. COUNTRY HIGH SCHOOL HOSTELS

North Province: Accommodation

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

In view of the answers received to question 6 on the 14th August, 1973, and the reduction or proposed cessation of *per capita* grants to private schools, would the Minister obtain the figures from the private schools as requested in part 3 of that question?

The Hon. J. DOLAN replied:

The private schools, listed in categories A and B of the Report of the Interim Committee, will be asked to supply the information if more specific details are provided by the Hon. Member.

The Hedland Hostel provides accommodation for students drawn from the whole of the North-West: The Geraldton Hostel boards students from a wide geographical area.

Student enrolment at Swanleigh comes from the whole State.

10.

MILK

Licenses: Transfers

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

- (1) Since the 1st April, 1973, how many applications have been received by the Milk Board of Western Australia for transfer of a dairy business?
- (2) How many of these applications are for the purposes of re-establishment?
- (3) How many of the applications referred to in (1) and (2) above, and including the 20 pending at the 1st April, 1973, have been—
 - (a) approved;
 - (b) declined;
 - (c) held, pending decision by the Board?

The Hon. J. DOLAN replied:

- (1) 18.
- (2) 6.
- (3) (a) 13;
- (b) 19;
- (c) 6.

11.

HEALTH

Medical Practitioners: Metropolitan Area

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

- (1) Does this Government consider there are sufficient medical practitioners in the metropolitan area?

- (2) Are there excess numbers of medical practitioners in the metropolitan area?
- (3) Is there an insufficiency of doctors in any part of the metropolitan area?

The Hon. J. DOLAN replied:

- (1) Yes.
- (2) No.
- (3) No.

12. METROPOLITAN REGION PLANNING AUTHORITY

Subdivisions: Delegation of Powers

The Hon. F. R. WHITE, to the Leader of the House:

As the Metropolitan Region Town Planning Scheme Act makes the Metropolitan Region Planning Authority the responsible authority for all subdivision and development of land within the metropolitan region, would the Minister advise the date upon which the Authority delegated its subdivisional powers to the Town Planning Board in accordance with section 19 of the Act?

The Hon. J. DOLAN replied:

I am unaware of any provision in the Metropolitan Region Town Planning Scheme Act which confers subdivisional powers on the Metropolitan Region Planning Authority and there has been no such delegation.

13. DEVELOPMENT

Manjimup Canning Co-operative: Inquiry

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

- (1) Is it correct that the Minister for Development and Decentralisation recently called for a departmental inquiry and a full report on the Manjimup Canning Co-operative?
- (2) If so—
 - (a) has the Minister received the report;
 - (b) what does the report reveal, particularly in regard to the present financial position of the cannery and its likely needs for further financial assistance?
- (3) What action, if any, does the Government propose to take as a result of the findings?

The Hon. J. DOLAN replied:

- (1) Yes. The Minister has called for a report.
- (2) (a) A report has been received from the management of the Cannery.

- (b) The Directors advise that the Cannery could possibly reach a break-even situation by the end of 1975, but would require additional financial assistance of about \$500,000 during this period. The Cannery has already had financial backing amounting to \$1,390,000.

- (3) The Government has now agreed to advance \$190,000 from Loan Funds to meet contingencies to the end of the year, while the full implications of the Directors' report are evaluated. Realising the urgency of the growers' situation, a decision will be made as soon as possible.

HEALTH SERVICES

Deeble Report Proposals: Motion

THE HON. G. C. MACKINNON (Lower West) [4.49 p.m.]: I move—

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.

I believe this is a matter deserving of very keen and careful examination and debate; and that such a debate has not in reality taken place. I think the whole proposal has bogged down in a debate about what

Mr. Hayden has referred to on television as "the greedy doctors"; the matter of medical practitioners' incomes. This has caused a great deal of concern in one way and another, and I will refer to that later. I think the width, or the breadth, of the debate is quite contrary to Mr. Hayden's stated beliefs in his original article as published in *Towards a New Australia Under a Labor Government* on page 241, wherein he said—

Public involvement must be encouraged in the formulation of policy. It is outrageous that so much formulation of public policy is conducted in secrecy.

Yet I do not really believe the discussion on this matter has been open and frank. I am convinced that the exercises which have been undertaken have to some extent amounted to an almost Goebbels-like exercise in confusion, because the fact remains that virtually every argument one comes across regarding this subject leads back like a homing pigeon to how much medical practitioners are receiving, rather than relating to the discussion itself.

The question is not what recompense a doctor should receive, but what sort of health care delivery we should receive. To commence this debate, I think I should say that some myths ought to be exploded. The first such myth is that there is such a thing as an Australian system of health care delivery. There is not. We have as many different methods of health care delivery as there are States in Australia—indeed, we have one more because the Federal Territories have a different system—and each State system has marked differences from the others. So the question really relates back to what sort of health care delivery we in Western Australia should have.

The differences between the States are not marginal; they are extreme. The Queensland system is totally and completely different from the system that operates in Western Australia. It is in the main a "free" hospital service, with salaried doctors and the like. It has a totally different basis and a totally different foundation from that in our State. There are marked differences in the church and privately-owned hospital beds component within the different States.

Western Australia happens to be one of those States which have a high component of private and church hospital beds. I think possibly South Australia may have the highest component; and that is an historical fact relative to the arrangement in that State.

You mentioned earlier, Sir, that we have some visitors from Tasmania with us. I think the Tasmanian system and the Western Australian system are probably the most similar, because during my term as Minister for Health just after we escaped from the Grants Commission we sent

officers to Tasmania at the request of the Tasmanian Government to guide that State with regard to some changes sought to be made to hospital management and the like; and Tasmania adopted the changes. However, each State has great differences, and I believe those differences should have been noted.

The Health Insurance Planning Committee report, which I designated in my motion the "Deeble Report", has been accepted by many people who have not read it as an examination of the health services of this country. I feel a number of mistakes should be cleared up in this regard. To start with, neither Dr. Deeble nor Dr. Scotton is a medico; they are doctors of philosophy, each having a degree.

The Hon. D. K. Dans: They are doctors of economics.

The Hon. G. C. MacKINNON: I thought all doctorates in economics or anything else carried DPhil's. I thought they had a degree in economics, but their doctorate was in philosophy.

The Hon. D. K. Dans: Just tack "Economics" on the end.

The Hon. G. C. MacKINNON: That is right; I am aware of that. This report is in no way an analysis of the health services of Australia, or of any part of Australia. Neither of those men is in a position of competence to make such a report. Indeed, the report is clearly what it states itself to be. In the introduction the following is found—

The Committee's recommendations are based on its understanding that the principal elements of the Government's programme are . . .

It then sets out the principal elements of the Government's programme. So it is in fact an analysis of the principal elements of the programme of the A.L.P., and contains suggestions as to how the programme should be implemented. I think that should be very carefully borne in mind. The report is not an analysis of the health services of this State or any other State. It does not in any way set out to prove that the health services should be altered in any particular way; it is an economic document setting out how the A.L.P. policies regarding health services could be implemented. It seems now that those policies will in fact be implemented whether or not we like it, despite the claims of Mr. Hayden that the matter should be subject to a very wide, careful discussion throughout the community.

In the report will be found a couple of fundamental mistakes, owing to ignorance of the present health services. Bear in mind that Dr. Deeble and Dr. Scotton were research students at a university, and carried out an analysis of how to implement a new costing system for hospital services. They did not know very much

about health services. How could they; the States have all the information. To illustrate these mistakes, I point out that in the report these gentlemen state as an axiom that health services should be available to all, regardless of income. The supposition is that they are not available to all. Of course, in fact that is wrong because they are available. In this State any person who is admitted to a Government hospital is able to visit the secretary of that hospital and explain his financial position; and if necessary his account can be written off by the secretary—or at least it can be until the Government changes the position, and I believe no alteration has been made in policy since the present State Government took office.

Arrangements can be made with the administrator of the hospital for these accounts to be paid over a term; arrangements can be made for these accounts to be written off, either in part or in full; or it may be decided that payment of the accounts be pressed, if need be by action through the courts. Consequently, some people are sued for the payment of their accounts, where they have the ability to pay. Indeed, some people who do not have the ability to pay have also been sued; this is done to ensure that they insure with some hospital benefit fund. Once they so insure the summonses are withdrawn.

Dr. Deeble and Dr. Scotton made a basic and a fundamental mistake as to the need for the A.L.P. scheme when they said that hospital treatment should be available to everyone regardless of his financial position. Apart from this, it should be borne in mind that the Federal Government has introduced a scheme under which people receiving less than a certain income would not have to insure and their hospital insurance would be paid for them. This is a cumbersome scheme and it will require modification in time. In the main it is aimed at assisting the Aborigines, as well as some indigent Caucasians.

Another thing those two gentlemen said was that a system should be developed under which the ward charges—whether they be private or public—would be standardised. In Western Australia that has been the position; and therefore those two gentlemen made a fundamental mistake in that regard. In short, they did not understand the Western Australian system. To the best of my knowledge Dr. Scotton and Dr. Deeble have not been over to Western Australia.

In regard to the Western Australian system of health care delivery, I would like to quote an article which appeared in the *Daily News* of the 14th August by Kirwan Ward. Over the years I have noted that he has often quoted anecdotes relating to members of Parliament; so it is only fair when the opportunity arises we should

quote what he writes. I think this article sets out the arguments succinctly and very well indeed. It is as follows—

Most of the arguments about health schemes seem to break down to a comparison between the Gough-bless-mummy-and-daddy plan and the U.K. one that some people describe as the God-help-mummy-and-daddy plan. What few have bothered to ask is what's wrong with the scheme we've got?

On my desk is a file dealing with the case of a woman who recently had an abdominal operation. Once surgery was seen to be absolutely necessary the arrangements were made swiftly and easily, with no third party involved. The patient decided which particular surgeon inspired the most confidence, and a hospital bed was available with a minimum of delay.

There were no hangups at all and—this is of major importance—no paper work. No filling in forms, no queuing at counters, no putting names on waiting lists.

The hospital bill came to \$541.65 of which the HBF (in my own experience the promptest payers in town) paid \$507.20. The surgeon's and anaesthetist's fees totalled \$203, and HBF's contribution to this was \$198.

The patient had the best treatment possible, irrespective of her husband's income, and the overall cost to her was \$39.45.

I don't know Gough's plan in detail (who does?), I don't know the U.K. plan in detail, but it does seem that it's about time somebody put in a good word for our own very good existing scheme and those who run it.

Let us examine more deeply what that article has set out in relation to costs. The hospital bill came to \$541.65. Let us say the person concerned was in a private ward which costs \$30 a day, this being an inclusive fee. So, the person remained in hospital for almost 20 days. For that period in hospital the cost to the patient was \$39.45 overall. I hazard a guess that very few people are able to live at home for 20 days on \$39.45.

The Hon. D. K. Dans: Do you mean as a single person?

The Hon. G. C. MacKINNON: Let us say that this woman is single.

The Hon. D. K. Dans: You are saying that a single person cannot live at home on \$39.45 for that period?

The Hon. G. C. MacKINNON: Yes, for 20 days. The cost would be about \$13 per week. If we get down to tin tacks we could say that under the present system of hospital treatment it cost the person concerned less than \$20 a week for her stay

in hospital. If we are to work out the actual cost we should deduct the cost of keep at home from the cost of hospital treatment. I admit there might be a few additional expenses, such as purchases of fruit and so on. In any case, the actual cost to the woman or, in fact, to most patients, is very small. Yet, this is the health scheme which the Federal Government seeks to destroy.

Kirwan Ward is not very respectful of people in his writings. He is never notably rude, but he has a racy style of writing. In his article he said—

I don't know Gough's plan in detail (who does?), I don't know the U.K. plan in detail . . .

I am in the same situation in which he is, and I am not too sure about the plan of the A.L.P.

I shall mention the community health plan. I do know the scheme which is operating in Western Australia, and I have reasonable knowledge of the United Kingdom scheme. In fact, I looked at the United Kingdom scheme in great detail for 5½ weeks at the invitation of the British Government, and I learnt a great deal about it. So, I have some background for the remarks I am making.

Our present scheme consists of a chain of hospitals throughout the length and breadth of the country. These are graduated in accordance with the standard of treatment they can provide, or with the sophistication of the treatment they offer. At the head of the list are the teaching hospitals. At present—and it has been for some time past—the major one so far as general health is concerned is Royal Perth Hospital; the major one for pediatrics is Princess Margaret Hospital; and the major one for obstetrics is King Edward Memorial Hospital.

Filling the hospital needs in some places are the private hospitals and church hospitals. There are the peripheral hospitals such as Osborne Park Hospital, Swan District Hospital, Bentley Hospital, and the like. There are community hospitals such as South Perth Hospital. There are regional hospitals in centres like Albany, Narrogin, Bunbury, Geraldton, Kalgoorlie and Northam. There are also district hospitals at such centres as Manjimup and Merredin. Of course we should include the local hospitals, the country hospitals, and the nursing posts which technically are hospitals under the Act. The latter are usually manned by double-certificated sisters. Beyond that there are the Red Cross depots where qualified and registered nurses, who are supplied with certain first-aid equipment, provide medical services.

That is only in respect of hospitals. When people talk about hospitals they invariably talk about Royal Perth Hospital

and on occasions they might progress beyond this institution to the teaching hospitals. At the front line of our defence against ill health are the general practitioners. It seems to me that the scheme of the Australian Labor Party is aimed at the denigration of the general practitioner and his present mode of operation. The general practitioner has been the subject of a great amount of discussion.

I do not intend to deal at great length with a lot of figures, but I do want to show the sort of things that can happen with the use of figures. I think it is fair enough to assume that some members have seen reports in the newspapers which indicated what Dr. Scotton said when he was examined by Mr. Wooton, Q.C., before the medical fees tribunal. He admitted under cross-examination that he had regrettably made a \$10,000,000 error in his calculations. He admitted that the figures he gave to the Government relative to the income of doctors contained a \$10,000,000 error.

The Hon. L. A. Logan: Who said this?

The Hon. G. C. MacKINNON: Dr. Scotton. He admitted that before a tribunal. Let us look at some of the figures that have been mentioned. Mr. Hayden, the Minister for Social Security, gave an address to the Perth Press Club at a luncheon on Tuesday, the 14th August, 1973. In that address he had this to say—

Similarly, according to the A.M.A. health care costs are rising by 13 per cent. a year in Canada.

This may be true but in the three years from 1969 to 1971 the cost of Commonwealth benefits for health insurance, health insurance subsidies, pensioner and repatriation health care, rose from \$350 million to \$675 million.

I hope members will bear those figures in mind. He said that from 1969 to 1971 the figure rose from \$350,000,000 to \$675,000,000. In his address Mr. Hayden also said—

This is about a 30 per cent. averaged yearly increase, so if we could get our costs increases down to the reported Canadian level, we would be doing well.

Let us see how correct that is. Mr. Smetherham, the Director of Social Security in Western Australia, wrote a letter in answer to a query as to whether the figures were correct. In it he said—

The following is the text of a telex received from Mr. Bill Hayden, Minister for Social Security, contents of which were conveyed to you per telephone this day.

"Further to our discussion yesterday on my Perth Press Club address and the West Australian A.M.A. query about page 19, I have

checked my original handwritten manuscript and find, no doubt due to my appalling handwriting, an error in transcribing figures.

"Paragraph 1, page 19 should have read:

"This may be true but in the three years from 1969 to 1972 . . .

That is the first correction to the statement made by Mr. Hayden in his address. He said the period was from 1969 to 1971. The letter from Mr. Smetherham continues—

... the cost of Commonwealth Benefits—for health insurance, health insurance subsidies, pensioner and repatriation health care—rose from \$280 million to \$565 million."

So, one figure is reduced from \$350,000,000 to \$280,000,000, and the other is reduced from \$675,000,000 to \$565,000,000. To continue with the letter—

"Paragraph 2, page 19 should have read:

"This is about a 30 per cent. averaged yearly increase, so if we could get our cost increases down to the reported Canadian level, we would be doing well."

"Actually there are other substantial subsidies coming from the Commonwealth in the form of taxation concessions for contributions to health insurance funds.

He tried, to justify his remarks. Let us see how he arrives at his figures, which are as follows—

Commonwealth contributions	\$ million	
	1969	1972
Medical	50	133
Pensioner Medical Service	17	28
Hospital	54	91
Repatriation Medical Officers	6	11
	127	263

At the bottom of the list he has added "Fund Benefits". Under medical and hospital he gives the amounts of \$155,000,000 and \$301,000,000. These figures are added to the others and produce totals of \$282,000,000 and \$564,000,000. The fund benefits, however, are not a Commonwealth subsidy. These are paid by the individual through his insurance.

Accordingly, bearing in mind what Mr. Hayden says is the cost of Commonwealth benefits under the scheme we find that the true figure runs from \$250,000,000 to \$280,000,000 and then down to \$127,000,000; and from \$675,000,000 to \$565,000,000 and then down to \$263,000,000. So the figures he gave in his Press club notice are so very wrong that they are astounding.

The Hon. L. A. Logan: They are untrue.

The Hon. G. C. MacKINNON: But the matter does not finish there. I do not want to weary the House with the complete analysis, but if members would like to look at the annual report of the director general for the year 1971-72 they will certainly find that the figure of \$10,000,000 is charged twice under the total fund benefits; and it is highly likely if these are examined in great detail that the increase will be found to be overstated by \$44,000,000.

I brought down these figures using exactly the same figures per annum that were used by Mr. Hayden and specified in his Press club notice. The figures shown range from \$675,000,000 to \$263,000,000; which is an increase from \$350,000,000 to \$675,000,000 which Mr. Hayden says is an increase of almost 100 per cent. I brought the figures down from \$267,000,000 to \$163,000,000 and I say the increase is still overstated, probably by \$44,000,000 and certainly by \$10,000,000. It will be seen, therefore, how misleading Mr. Hayden is being over all the figures he has quoted, and how impossible it is to accept any of them. This is a fact.

The Hon. D. K. Dans: Why is it a fact?

The Hon. G. C. MacKINNON: I will go through the figures again. The figures I have quoted appear over the signature of Mr. H. W. Smetheram, Director, Department of Social Security and the report was written at the request of Mr. Hayden and conveyed to Mr. R. J. Hayward at the request of Mr. Hayden. Accordingly I hope that Mr. Dans will accept that this is a fact.

I want to read into the record the figures given to the Perth Press Club luncheon by the Minister for Social Security (Mr. Hayden). The report reads as follows—

Figures given to a Perth Press Club luncheon by the Minister for Social Security, Mr. Hayden, this week were inaccurate to put the kindest interpretation on them said the W.A. Secretary of the Australian Medical Association. He said that according to Mr. Hayden, the cost of Commonwealth Benefits for health insurance, health insurance subsidies, pensioner and repatriation health care rose from \$350 million in 1969 to \$675 million in 1971.

"Figures taken from the last annual report of the Commonwealth Department of Health and from the last report of the Repatriation Commission show the figures were \$127 million and \$198 million for the respective years" Mr. Hayden said.

I do not know who prepared the figures but no matter who it was it is certainly shocking when we have an example of doctors being vilified, and so on, from one end of the country to the other; and when Dr. Scotton admits a \$10,000,000

error; and, further, when Mr. Hayden speaking about the subsidies and the cost of the present scheme exaggerates the figures to these absurd degrees. It is on these fallacious arguments that we are told that we need a completely different health system.

I mentioned that the Deeble report lays out the methods of financing and general management under the proposed A.L.P. health care programme. This has to be read in conjunction with the report entitled *A Community Health Program for Australia—Report from the National Hospitals and Health Services Commission: Interim Committee June 1973*, commonly known as the Sax report.

The Sax report is nothing more nor less than a pleasant essay. It contains one or two implications with one of which I disagree. I will read out the part entitled "Objectives and Principles", item 13 of which reads as follows—

The key component of the community health program is primary care. It includes:

- (i) preventive, diagnostic and therapeutic services provided from medical, X-ray, pharmacy and laboratory facilities in the community;
- (ii) complementary activities, such as day care, domiciliary care, transport to and from health services, personal welfare services, health education, and environmental health activity;
- (iii) dental, mental health, rehabilitation, alcoholism and drug addiction services, family planning, casefinding, social intervention, and adequate follow-up programs.

What I have read is so self-evident that one would expect a first-year high school child to be able to write it. It is probably what every country in the world is aiming at today.

The only thing I would argue about in this document is the airy fairy manner in which it is thought these things can be accomplished—block grants to States and so on. There is also the implication in the report that organisations which do so much to aid the health services should be rationalised and brought together under one management—organisations like the Silver Chain, Meals on Wheels, and so on. I certainly do not believe that such organisations would work better if they were brought under control of one Government and run as one large organisation. I believe there is a great advantage in having such organisations running individually with individual controls and individual interests. I see great advantage in having such organisations run parallel

with each other, because there is always liaison between these various groups. The word is passed from one group to the other and this is of great benefit.

Heaven forbid that we should ever reach the stage when the organisations I have mentioned will be controlled by Government civil servants. This is where the cost will really mount. In a speech given by Mr. Eric Roberts it is reported that the cost of the English system is almost all gobbled up not in building hospitals and the like; but in the day to day maintenance of people and not in capital works.

Of course this is true. It is as inevitable as tomorrow that when there are all sorts of moneys—particularly those organised from Canberra—that all kinds of inspectors and the like are appointed. So I repeat that the Deeble report is not an examination of the health services of Australia; it is an economic analysis of how to implement the Labor Party policy and nothing else. The Sax report is a collection of self-evident truths which are acceptable to anyone in any party—they are acceptable by the communists, by the Labor Party, the D.L.P., and the Liberal Party; indeed much of what the report suggests is in operation in this State; the ground work is already being developed and its implementation is also being laid down. One can see that this is evident wherever one might go.

Mention has been made about frail-aged institutions and the like, and yet no consideration seems to be given these organisations. There does not appear to be any real thought given to the fact that there are so many contingencies other than hospitals which must be considered; that the whole idea of hospitals is changed; that the purpose is to move within the community and keep people out of hospitals. No thought is given to the fact that we have institutions now which are looking after slow learners, the mentally retarded, the aged, and those in several other categories.

A number of these institutions originated in this State; the major one would be the frail aged homes, which has been adopted throughout Australia and has now been taken up by the Federal Government.

The Hon. V. J. Ferry: It is a very good system.

The Hon. G. C. MacKINNON: It has worked well and the system keeps a lot of people out of hospitals.

Let us consider the aspect of nursing homes; what we used to call "C"-class hospitals. It is amazing to find that virtually every aspect of health care service in this country is in violent conflict with Mr. Hayden. For example there is the national standing committee for nursing home care. These people have been having

debates with Mr. Hayden about fee increases. It is obvious that the salaries of nurses have increased alarmingly and many of their patients are on a set income, being retired. Many others are on pensions whose increases are \$1.50 a week. To give a quick example I will quote from the figures I have here. We find that the salaries of nursing assistants have risen from \$125 in June, 1972 to \$174 in June, 1973, while the salaries of evening sisters have risen from an hourly rate of \$1 in June, 1972 to an hourly rate of \$1.30, in June, 1973. The salaries of cooks have increased from \$91.86 in June, 1972 to \$125.41 in June, 1973.

The Hon. L. D. Elliott: Is that for a fortnight?

The Hon. G. C. MacKINNON: It is a weekly wage.

The Hon. L. D. Elliott: For one person?

The Hon. G. C. MacKINNON: That is what is paid to a cook—\$125 a week. The salary of a matron has gone from \$138.06 in June 1972 to \$143.96 a week in June 1973.

I am not arguing that these salary increases are wrong; I am merely pointing out that there is a very real need for increased amounts to be paid to the nursing homes before they go to the wall. I cannot imagine what would happen to their patients if the nursing homes did go to the wall.

I notice in one article there is some criticism that all the patients in nursing homes are not bed patients needing intensive and heavy nursing. Of course they are not. If they were the nursing homes would need a staff so large that they could not possibly keep going. There must be a grading of people in nursing homes. It would not be possible for the nursing homes to continue if every patient had to be bathed, fed, washed and the like. Accordingly nursing homes must be graduated, and the Commonwealth has been made aware of this problem.

Trouble was being experienced in Western Australia and the Government assisted where it could. Under the previous scheme the State had infinitely more flexibility and a great number of things were done to assist.

[Resolved: That motions be continued.]

The Hon. G. C. MacKINNON: I make no excuse for the length of the speech I intend to make because I believe this is a matter of vital importance. Very many aspects should, in fact, be covered and it is my intention to do this.

I have mentioned the question of nursing homes. Representatives from nursing homes, as a group, have met with Mr. Hayden but have come back to tell exactly the same story which every other group meeting with him has told; these people simply

do not know where they stand. They are given an answer today and it is contradicted tomorrow. Figures are checked out and it is found that they do not tally. The figures are shown to Mr. Hayden but apparently he does not understand.

The reason for not understanding is perfectly clear and all members ought to accept and understand that health care service is a State matter. The Commonwealth Government—whether it be Liberal-Country Party or Labor Party—simply does not have the expertise or the experience. The only part which the Commonwealth Government plays is as a tax collecting agency for the people of Australia. The Commonwealth Government runs only a few hospitals in Canberra, one in Alice Springs, and one in Darwin. It is possible to joke—but I will not—when saying that the Commonwealth Government does not even run a mental hospital as part and parcel of the health services of the country. Until only a few years ago the Commonwealth Government had no psychiatric advice at all. At one conference when the Commonwealth Government tried to tell us how to handle certain matters concerned with mental health I had to point out that the Commonwealth Government simply would not know.

Mr. Hayden is arguing on plain, straight theories which have been taken up by Dr. Deeble and Dr. Scotton who have given them some semblance of body and form. To me, at least, it is perfectly understandable that the Commonwealth Government should be running into all sorts of difficulties and troubles, because it simply does not know the position and has no way of knowing it without the weight of experience; and this experience is readily available in the States. Officers in the States are well clued-up and have a great deal to do with this subject.

The very many references in the different arguments and schemes must be explained and put on record. Many of them become confusing, and I apologise for this. I wish to read from a pamphlet called, "Paying More, Getting Less" which purports to be an answer to some of the usual arguments which are so confusing. We see arguments put forward that the poor pay more because their payments are not great tax deductions and the rich, who pay the same amount in terms of insurance, pay less because of their tax deductions. To say this is to forget the tax components and that the rich pay more, anyway, because they pay far more in taxation. Further, there are counter-arguments to this argument and the harangue about misrepresentation of figures goes on interminably. Under the heading, "Hospital Services" on page 9 the pamphlet says—

The State Governments stand to lose most under the Committee's hospital plan. They would be completely reliant

on the Federal Government for finance, but would have to bear the full brunt of any criticism which would inevitably arise because of the failure of the States' hospital system to cope with new and rapidly increasing demands. This situation has arisen in Canada where the Federal Government is now moving to reduce its previous 50 per cent contribution to Provincial Governments for their hospital services, leaving the Provinces to meet a higher share of the spiralling costs.

Of course that sort of thing will happen and we will be left holding the baby! The complaints will be made to the State Government.

No dramatic or cataclysmic changes are needed even to implement the Sax Report. Certainly no cataclysmic or revolutionary changes are needed to improve the methods of financing and the various methods of payment by poorer people. Indeed I believe that those who really deserve special consideration are not the very poor because the very poor do not pay now. I have always thought that special consideration is deserved by a person who, on present-day values, earns between \$80 and \$100 a week. Perhaps he owns a car and may even have bought his wife a second-hand car for \$200 or \$300. This person looks after his children well, sends them to school, and pays his debts. If this type of man is struck by some unfortunate complaint which needs a doctor's care and hospitalisation for a long period he can be in difficulty because he is expected to pay. We frequently find that this type of person finds himself in real problems in the event of a disaster of this nature. However, methods exist under our present scheme whereby the system can be improved with the greatest of ease.

For example, I will briefly deal with the pensioner-medical service which now exists. The pensioner-medical service was devised by the Commonwealth Government and, under this service, pensioners are entitled to free medical and doctors' services provided no charge is raised against them. The Federal Government pays a subsidy to the hospitals.

The Hon. D. K. Dans: Does it not pin them down to teaching hospitals?

The Hon. G. C. MacKINNON: No, it does not pin them down to teaching hospitals. However, Mr. Dans has touched on the crux of the matter and a point which so few people understand. A doctor in, say, a peripheral, regional, or country hospital can afford to handle a percentage of work which is absolutely free—let us say about 10 or 12 per cent. Almost without exception doctors do this amount of work at no cost.

If a pensioner finds himself in a situation of requiring extensive treatment or, alternatively, there are many pensioners in the area, it frequently happens that the doctor must send the patients to Perth because no payment system for the doctor has been devised. Consequently, patients are sent to a hospital which has a salaried doctor. I ask members to bear this in mind. Generally, this is a teaching hospital and this is the reason for so many pensioners finishing up in teaching hospitals. By a reverse process of logic under the Labor scheme—

The Hon. D. K. Dans: Say that again—"reverse process of logic"?

The Hon. G. C. MacKINNON: Yes, to use the logic of that argument in reverse, it is almost a sure bet that, under the Labor scheme, practically every hospital in Australia will finish up with salaried staff.

An infinitely better scheme for pensioners would be for the Government to say that it will continue paying the Hospital Benefit Fund contributions when people go onto the pension. Arrangements could be made with insurance funds to this effect. In this way hospitals and doctors could be paid and patients could go to the hospitals and doctors of their choice. The A.M.A. has advocated this for years and, certainly when I was Minister, I advocated it at every conference I attended over the years. I am extremely gratified to see it is now part and parcel of the Liberal health policy, because it will put personal dignity back into the pensioner-medical system. This is the sort of alteration which could be made.

It seems to me quite wrong—I almost said "dishonest"—to label the present scheme in Western Australia as unjust, unscrupulous, and unfair to any section of the community and, literally, to wipe it out and start again. This is the type of mentality which says, "Society is corrupt and all who control and run it must therefore be corrupt. Therefore, I, the elect, will destroy it and, phoenix-like on the ashes, will build anew". Probably, in the process, the same sort of mistakes will be made as those which were made when the old scheme was established. Further, the poor taxpayer will face the problems of paying for the destruction of the old, the building of the new, and all the mistakes which go with building it.

I am worried about the attitude adopted at the discussions because of the statements which are actually being made by Mr. Hayden about greedy doctors and about the present scheme being a shambles. The present scheme may have its flaws, but it is not a shambles. I doubt whether there is any honourable member in this Chamber who has not made use of it. It is also claimed that the present health insurance schemes will collapse, but we see no signs of this. Of course, the same

remark was made about building societies—I am sure all of us recall that. It is also claimed that the contribution system is unfair. Of course, the contribution system can be modified but, in the main, it is a play on figures.

The Hon. L. A. Logan: It is another form of taxation.

The Hon. G. C. MacKINNON: To make the discussions even more difficult, the unions have come into it and have threatened to refuse to deliver mail to doctors. This sort of coercive, intimidatory, tactic has had Mr. Hayden's support and has stopped the free and genuine discussion and argument which Mr. Hayden himself promised. This is yet another example of the wrongful use of an organisation. A union is properly intended to look after the welfare of its members. Instead, this union is threatening to use its power for political purposes to further what I consider to be the weak arguments of the political party which that union supports.

The Hon. D. K. Dans: What about doctors who refuse to treat pensioners? I know there are not many but there are a few.

The Hon. G. C. MacKINNON: Yes, there are a few and it may well be that the doctors have their reasons for this. Perhaps the doctors concerned have quite a feeling against old people; I simply do not know. Perhaps it may be for the protection of these people. All of us have a right to refuse to do something which we do not wish to do.

The Hon. D. K. Dans: The unionists may not like delivering the mail to them and, so, they have their own rights.

The Hon. G. C. MacKINNON: Mr. Dans should know better than that. For instance, I have argued with Catholic doctors—

The Hon. D. K. Dans: They are very good doctors.

The Hon. G. C. MacKINNON: —who have told me that, under no circumstances, would they perform a termination of pregnancy operation. I have told them that they would, in fact, be liable at law if they did not perform the operation provided the termination of pregnancy was medically necessary and essential for the welfare of the patient. I believe I am right in saying this. At the very least, such a person has a duty to ensure that another medico performs the operation.

The big difference, and well does the honourable member know this, is that a doctor may say, "I am sorry, I do not operate. I am a physician, but I will send you to someone who will do the operation." A Catholic doctor says, "I will not perform a termination of pregnancy."

The Hon. D. K. Dans: That has nothing to do with not treating pensioners.

The Hon. G. C. MacKINNON: He can send the pensioner to another doctor. He may say, "I do not treat pensioners, but Dr. so-and-so does." However, the unions say to the doctors, "None of us will handle your mail and none of us will work on your building site." That is where the difference lies. One would expect a doctor who has gone to a great deal of trouble to specialise in pediatrics to refuse a geriatric patient.

The Hon. D. K. Dans: You are confusing the issue. No-one would suggest a pensioner would go to a children's specialist.

The Hon. F. R. White: No-one has refused to treat pensioners—some doctors have not charged pensioners.

The Hon. G. C. MacKINNON: If a pensioner or anyone else needing medical attention were to visit a doctor who then refused to treat him, I would hazard a guess that the particular patient would have an action against that doctor, if not through the court at least through the Medical Board.

The Hon. D. K. Dans: A number of pensioners have appeared on TV telling us that certain doctors would not treat them, and various medicos have appeared telling us why they have not treated the pensioners.

The Hon. G. C. MacKINNON: Mr. Hayden appeared on television and told us that the Commonwealth contribution went from \$280,000,000 to \$375,000,000. A few of us did not believe this figure and we checked on it. The honourable member knows the result of that—he was overstating his case by millions of dollars.

The Hon. D. K. Dans: I thought you said it was a Press luncheon?

The Hon. G. C. MacKINNON: That is right, and it was repeated on TV. One always has to check matters of this kind. While I was Minister for Health, I heard some terrible stories about different doctors. Occasionally I found that a story was true, but the complaints that were true were few and far between.

The Hon. D. K. Dans: They are a responsible section of the community.

The Hon. G. C. MacKINNON: That is correct. If a doctor decides not to treat a section of the community, there is usually a sound reason for his decision, and very rarely is it money.

The Hon. D. K. Dans: Are there not two questions involved here—doctors' fees and the health scheme? I do not believe the two are connected.

The Hon. G. C. MacKINNON: I do not think they should be connected, but I believe they have been. Mr. Hayden has very skillfully switched the debate from the health scheme to doctors' fees.

The Hon. D. K. Dans: I think they have done a fair bit of it themselves.

The Hon. G. C. MacKINNON: They have been oversensitive about it, and Mr. Hayden has used their sensitivity in this regard to his advantage.

The Hon. D. K. Dans: Would you say Mr. Hayden has been fair in the choice of a tribunal—Mr. Justice Ludeke?

The Hon. G. C. MacKINNON: I do not know the gentleman.

The Hon. D. K. Dans: I understand that Mr. Justice Ludeke was the man who—

The Hon. G. C. MacKINNON: I always thought interjections should be fairly pithy and to the point!

The Hon. D. K. Dans: I am just finding out what you know about it.

The Hon. G. C. MacKINNON: This is not really the question.

The Hon. D. K. Dans: Let me tell you that Mr. Justice Ludeke was the doctors' advocate—

THE DEPUTY PRESIDENT: Order!

The Hon. G. C. MacKINNON: I will accept that, and I think the doctors were wise to accept the tribunal. The doctors in this State—the general practitioners—have been doing a job for us and they have faced all sorts of abuse. Incidentally, I wonder how Catholic workers who belong to the building union would feel if that particular union forced them not to work on buildings being erected for doctors.

What will happen in the ultimate with regard to the private hospitals? Let us make no mistake about it, once the Commonwealth Government starts to control hospitals of this type, it will demand that they be run the way the Government wants them run. In this regard I am prepared to agree that the Federal Liberal Government was not much better than the Federal Labor one.

The Hon. D. K. Dans: Well, they give most of the money to the public hospitals, whichever Government is in Canberra.

The Hon. G. C. MacKINNON: I wish that the honourable member would collect all these very long interjections into a speech and make it subsequently.

The Hon. D. K. Dans: I was waiting for you to speak to your motion.

The Hon. G. C. MacKINNON: I would then have an opportunity to answer his queries in a proper and orderly fashion.

The Commonwealth Government does provide finance to the private hospitals on a *per patient* basis, but it always demands to know how the money will be spent and how the administration will be set up. The Commonwealth Government has always appointed inspectors to see that the money is spent in accordance with its demands. My fear is that exactly the same thing will happen with any other nationalist scheme—more public servants will be employed in

administration than patients cured. The hospitals will completely lose personal control.

The Hon. N. McNeill: You mean more queues than cures?

The Hon. G. C. MacKINNON: Choice is a two-way thing. We can accept or we can refuse. Much of the publicity has been to the effect that we do not have much choice now when seeking medical attention. However, if we do not like a particular doctor under the present system we can refuse to attend him and go to someone else. No matter what Government members say of Mr. Hayden's scheme, it comes back to the fact that it is an organised scheme with salaried medical officers. It will be these officers with whom we will be dealing. Control over hospitals and medical practitioners will be centralised in Canberra. This is self-evident and anyone who has had anything to do with Federal departments knows that inevitably a lack of flexibility follows.

Decisions will be made in Canberra, and I am not simply referring to decisions over clear-cut issues when the answer will be obviously "No" or "Yes". In the field of health services particularly, we are speaking of something which affects individual people in individual ways. There are always variations and flexibility is required; it may sometimes be necessary for slight changes and modifications to be made. I have yet to see a Federal Act which would be capable of the inclusion of such modifications.

If we want to see the man at the top, the man who can make a decision, we will have to make a trip to Canberra. Most people acknowledge that the greatest cost will be transferred from medical treatment to bureaucratic control, and checks and more checks by inspectors. It is inevitable that **this will happen** as it has occurred in every country which has instituted a scheme of this type.

Mention has been made of the scheme operating in the United Kingdom. It is usually accepted that the scheme operates uniformly throughout the United Kingdom, but this is not so. Quite marked variations occur in different places, but it is all subject to centralised bureaucratic control.

I believe the system will place the independence of church and private hospitals at risk. Money will be used to control them, and their administration will be altered. Canberra has effected this control with regard to the different State systems. The control is accelerating and it will extend to the private hospitals. It is inevitable, and the private hospitals, nursing homes, and church hospitals are very much aware of this. A private or church hospital can operate more cheaply than a Government institution, which is spending public funds and therefore the accounts must be carefully scrutinised. I believe

St. John of God Hospital in Subiaco operates with an office staff of about four or five. Any comparable public hospital would need a staff four times this size. It is inevitable, and one could almost say it is proper, because a Government hospital is dealing with public funds.

Once we see the intrusion of Federal finance into the private hospital sector, we will see hospital staffs multiply with all the attendant problems. Private hospitals will receive the money provided the hospital is run in the way Canberra says it must be run. The takeover will be insidious and slow, but nonetheless complete. Again Canberra has no expertise in this sphere. It operates only a few hospitals and is not involved with mental health hospitals at all.

People who live and work in Canberra tend to hold the idea that all Australia is like Canberra. They forget that the average wage in Canberra is higher than anywhere else in the country.

The proposed scheme will deny the individual the right to insure against the cost of medical care. If a person wishes to ensure that he will enjoy the very best medical care if he does get sick, why should he not be able to do so? There is nothing wrong with being frugal or with wanting the best if one is prepared to pay extra for it. I cannot see why we all have to be dragged to some grey mediocrity of a socialist heaven and a free man's hell.

The new medical health scheme will place in jeopardy the many associated services such as the Silver Chain, meals-on-wheels, and home help. Such services have developed individually in this State and rely on enthusiastic participation and control. It is necessary that organisations of this type which deal individually with people should be completely divorced from Government control. It may be that they receive some money from Government sources; I believe most of them do. However, they should be organised by volunteers on an individual basis and each organisation should be run according to its needs, under the control of its own committee. There is plenty of room for liaison, and indeed there is liaison. Most of these organisations operate with only a few salaried people and a minimum amount of money. They do a magnificent job at a very small real cost. Practically everything given them is passed to the patients they are helping.

It is indeed clear that every individual in Australia will have to be registered and numbered, because this is the basis for any community-operated system.

The Hon. D. K. Dans: As the Taxation Department does now?

The Hon. G. C. MacKINNON: Quite so. However, a person's medical history has always been completely confidential. A

contractual arrangement exists between a patient and his doctor. We will see all the confidential medical information put into computer language and it will be available for statistical purposes. The Government will have access to this information and to the mass accounting which will follow. The contract immediately will move from the patient and the doctor to the doctor and the Government. The very important contract between the patient and the doctor will no longer exist. Do not tell me this will not change because it will. Do not tell me it does not change because it does. I have seen it operate. I have to visit a doctor once a week, and whilst I was in England for five weeks I visited a doctor every week.

The Hon. L. D. Elliott: This is not the English scheme.

The Hon. D. K. Dans: What happens with Royal Perth Hospital records in regard to pensioners in the Outpatients Department?

The Hon. G. C. MacKINNON: The information is not computerised. It is kept in a specialised area. The Royal Perth Hospital is very jealous of its hospital atmosphere which I believe will be lost inevitably under the scheme proposed by the party to which the honourable member belongs.

The Hon. D. K. Dans: What happens with hospital benefit fund schemes?

The Hon. G. C. MacKINNON: Hospital benefit fund schemes are not acquainted with the intimate details of people. I do not care whether a person pays for his doctor's services through an insurance scheme, because the contract between the doctor and the patient still remains. Under the proposed health scheme, in many cases the contract will switch in relationship from between doctor and patient to between doctor and the Government, and I think that this would be a disaster. I think it would lead to a deterioration in the quality of health care. Many people compare the different health services and show a preference for one or the other. That is quite reasonable, because there is competition between private and Government hospitals.

I believe that under the proposed health scheme doctors will ultimately become salaried medicos. I believe there will be a loss of personal satisfaction in the duties performed and peer group acceptance, and delays, together with increased cost because of delays and all that goes with them. I also believe that the proposed health scheme will increase the burden of the cost of health care in the community. There is a belief that the new scheme will reduce costs and give better service, but I have yet to hear of any of these schemes being put into effect and actually working.

People speak of a "free" medical scheme. The only way we can get free health services in this country is for Mr. Whitlam to see Richard Nixon, tell him how much the nation's health services cost and persuade Mr. Nixon to write a cheque for \$1,000,000,000, or whatever the cost will be. Only then will health services be free to the people of Australia. However, whether health services in this country are made available free to us, at half cost through insurance schemes, or by any other method, the cost will still be borne by the community. Therefore in actual fact, the services are not free. Further, I believe that once we move into a field where people imagine the health services to be free, use of those services will increase and the actual real cost of such services to the community will also increase. What is more, the services that are rendered must degenerate.

The Hon. L. D. Elliott: Do you realise that a person will pay less under the new scheme than he does at the moment?

The Hon. G. C. MacKINNON: No, I do not. All this talk about people paying less is a myth and a play on figures. I have already quoted to the House the financial statement made by Dr. Scotton, and the value of the statement that has been made by Mr. Hayden. Therefore, if the honourable member's figures come from either of those sources I suggest that she review them because such figures have been checked and rechecked. With the additional bureaucrats that will be appointed and built into the existing system, health services inevitably must cost more. To Bill Smith and to Des Dans it may cost a little less.

The Hon. D. K. Dans: That is only speculation.

The Hon. G. C. MacKINNON: No, it is not speculation; it is as inevitable as tomorrow.

The Hon. D. K. Dans: How do you know we are going to get it?

The Hon. G. C. MacKINNON: If we are not, the honourable member will be unable to prove me right or wrong. However, there must be an inevitable increase in the cost of health services because of the ever increasing army of inspectors and the ever increasing groups that are appointed to conduct checks to ensure that the scheme is being conducted in the way it should be.

I cannot stress strongly enough that the Royal Perth Hospital does not constitute the total health services of this State. It is not the beginning and the end of them, although it is a most important part of those services. It is a special hospital that renders special service and is the only one of its kind. However, what we have to consider are the people who I think

will be destroyed under the proposed health scheme; the frontline troops—the general medical practitioners—in any medical care system. They need a hospital in which to work and they need to work in hospitals. Those doctors that come from the country are fully aware of that. They need the association they get with other medicos in other hospitals. They do not get this in Royal Perth Hospital because it is a special hospital.

The general medical practitioner is the lynch pin in any medical service, because it is a personal service.

The Hon. D. K. Dans: Have you any idea how many general practitioners would favour the proposed scheme?

The Hon. G. C. MacKINNON: No, I would not know. It is interesting to learn that in Ontario the medical association there in its 1973 report lists the needs of the people as follows—

	Per cent.
Service	17.8
Competence	34.0
Good human relations	46.4
Other	1.8

These are the things that people want in the doctor of their choice. Yet all the assumptions of the Labor Party are based on the Pavlovian theory of automatic response; conditioned reflex. It is based on the theory of, "Offer them a dollar and they will do the job." That is not true, because of the personal satisfaction obtained in the duties performed and because of another most important aspect; the ability to change human relationships.

I applaud the attempt by the Royal Australian College of General Practitioners to lift the standards of general practice, and I will do everything in my power to assist them. I am worried about their place in the scheme of things. I am alarmed that even some of them are inclined to think that the new scheme, as proposed by Mr. Hayden and the Labor Party, will assist them. I am alarmed to think that anybody in this country is of the belief that any revolutionary change in the present system is acceptable, because I do not believe it is.

I believe the present system we have in Western Australia is quite sound. I am not speaking of Redfern or anywhere else. One friend of mine happened to say to Dr. Scotton, "Have you visited Western Australia and seen the system there?" Dr. Scotton replied, "No, but we must do something. Have you seen Redfern?" My friend said, "You can fix Redfern, but do not muck up the rest of Australia." In fixing one or two facilities it seems to be the determination of the Federal Labor Party to wreck years of work and experience and I sincerely hope that this House will join with me in carrying the motion I have moved.

Sitting suspended from 6.09 to 7.30 p.m.

THE HON. R. F. CLAUGHTON (North Metropolitan) [7.33 p.m.]: It is deplorable that the credibility of a Federal Minister should be attacked in this Chamber where he has no right of reply.

The Hon. G. C. MacKinnon: You can reply on his behalf.

The Hon. R. F. CLAUGHTON: That is an interesting observation by the honourable member who moved the motion the subject matter of which has nothing at all to do with the State Government as such.

The Hon. G. C. MacKinnon: You have to be joking. Health is a State matter.

The Hon. R. F. CLAUGHTON: It is a matter for decision in the Federal Parliament.

The Hon. G. C. MacKinnon: It is a State matter and always has been.

The Hon. R. F. CLAUGHTON: The legislation involving the proposed national health scheme is not dealt with in the State Parliament, but in the Federal Parliament; and the Minister responsible for its introduction in the Federal Parliament has no rights in this Parliament.

The Hon. A. F. Griffith: Rats!

The Hon. G. C. MacKinnon: Absolute tosh!

The Hon. R. F. CLAUGHTON: I am surprised that a member of Parliament with the experience Mr. MacKinnon has gained should introduce a motion of this kind. We heard a great deal from him, but very little in specific reference to the items covered by the motion. Unfortunately, I am ill-prepared to reply to the specific items with which he dealt.

The Hon. A. F. Griffith: You said it brother!

The Hon. R. F. CLAUGHTON: As members know, it is not the normal practice for an immediate reply to be given on a private member's motion, but members will be aware of the circumstances in this case.

The Hon. G. C. MacKinnon: No; we are not aware of the circumstances in this case.

The Hon. R. F. CLAUGHTON: Mr. MacKinnon had better talk to his leader afterwards because I am sure he will inform him.

The Hon. A. F. Griffith: I beg your pardon?

The Hon. R. F. CLAUGHTON: I said that the honourable member had better talk to the Leader of the Opposition afterwards.

The Hon. A. F. Griffith: Why should he talk to me afterwards?

The Hon. G. C. MacKinnon: Mr. Williams was quite prepared to follow me. There was no need for you to speak.

The Hon. R. F. CLAUGHTON: That is very interesting.

The Hon. G. C. MacKinnon: He stood up at the same time as you did.

The Hon. R. F. CLAUGHTON: That again would be a departure from the normal procedure on a private member's motion.

The Hon. G. C. MacKinnon: You are implying it is wrong?

The Hon. R. F. CLAUGHTON: I am not saying it is wrong.

The Hon. A. F. Griffith: Then what are you saying?

The Hon. R. F. CLAUGHTON: That it is a departure from the normal procedure adopted in this Chamber.

The Hon. A. F. Griffith: What are you saying?

The Hon. R. F. CLAUGHTON: What I have just said.

The Hon. G. C. MacKinnon: Are you implying there is some skulduggery going on?

The DEPUTY PRESIDENT: Order!

The Hon. R. F. CLAUGHTON: I am at a loss to understand the interjection just made.

The Hon. A. F. Griffith: We are at a loss to understand what you are insinuating.

The Hon. R. F. CLAUGHTON: I am at a loss to understand why a motion of this sort has been introduced.

The Hon. G. C. MacKinnon: Because health has always been a matter of State authority.

The Hon. R. F. CLAUGHTON: As I stated initially, the legislation concerning the national health scheme will be dealt with in the Federal Parliament and the Minister responsible for its introduction there will be the person answerable in connection with any charges or criticism levelled at the scheme. It is not a matter on which the State Government would be expected to provide the answers to the criticisms raised.

The Hon. A. F. Griffith: What about Mr. Crean's speech? I cannot answer that here.

The Hon. R. F. CLAUGHTON: Members in this Chamber can comment, but they are not responsible for anything done in the Federal Parliament. Mr. Hayden has been accused of stirring the argument on doctors' fees. This again is a matter on which only Mr. Hayden could be expected to provide an answer to the honourable member.

Charges have been made about the actual figures in the Press reported to have been given by Mr. Hayden at a Press luncheon;

and this again is a matter in regard to which only Mr. Hayden could provide the answers.

The Hon. G. C. MacKinnon: That is not correct. I provided the proof.

The Hon. R. F. CLAUGHTON: The State Government could not be expected to answer for him. It would seem to me to be far more reasonable for Mr. MacKinnon to challenge Mr. Hayden to a public debate on television. That, rather than this Parliament, would be a far more appropriate forum for this type of discussion.

The Hon. G. C. MacKinnon: That is absolute nonsense. Parliament is a debating place.

The Hon. R. F. CLAUGHTON: Yes, but Federal Parliament is also a debating place in this instance.

The Hon. G. C. MacKinnon: This is a matter affecting us as a State.

The Hon. R. F. CLAUGHTON: In the Federal Parliament we have members representing the State and those members are quite capable of raising the criticism contained in the motion. Perhaps Mr. MacKinnon does not have sufficient confidence in those Federal members.

The Hon. G. C. MacKinnon: You are prepared to hand it all over to Canberra.

The Hon. A. F. Griffith: He is prepared to help them get it.

The Hon. R. F. CLAUGHTON: I am trying to catch the content of the interjections.

The Hon. V. J. Ferry: You will catch more than that.

The Hon. R. F. CLAUGHTON: At the end of his rather long speech, the honourable member touched only briefly on the matters contained in his motion. In essence he supplied very little argument to support the charges he made. At all post offices a publication entitled, *The Australian Health Insurance Program—The Plain Facts*, is freely available, and it completely refutes all that Mr. MacKinnon has said.

The Hon. G. C. MacKinnon: That is very much a matter of opinion.

The Hon. R. F. CLAUGHTON: So was the subject matter in the honourable member's speech entirely a matter of opinion. This subject is one on which the Australian public—not this Chamber—will judge the Federal Government.

The honourable member has stated that the proposal in the report will threaten the individual freedom of choice of hospital accommodation and medical attendants. What a lot of nonsense.

The Hon. G. C. MacKinnon: Tell us what is wrong with our present system which demands such a revolutionary change.

The Hon. R. F. CLAUGHTON: The honourable member is making charges against the proposals of the Federal Labor Government.

The Hon. G. C. MacKinnon: I am saying the change is not necessary.

The Hon. R. F. CLAUGHTON: The honourable member desires to change the basis of his argument to suit himself. That is a reasonable approach to adopt in a debate, but we are expected to answer the debate on the actual motion. No threat is evident to the individual's freedom of choice unless that threat is already in existence under the present system. If a person goes to a public hospital he accepts the doctor who is on duty. If he requires specialised treatment, the patient accepts the specialist in attendance.

The Hon. G. C. MacKinnon: What specialist is at the Northam public hospital?

The Hon. R. F. CLAUGHTON: A person has complete freedom under the scheme to request any doctor he desires. In effect a wider choice is available. At the moment we have no choice under the scheme built up in an *ad hoc* sort of way by the previous Liberal Government. If we want to insure ourselves against medical or hospital expenses we are forced to join a private enterprise insurance fund. We have no alternative.

The Hon. J. Heitman: What is wrong with that?

The Hon. R. F. CLAUGHTON: If a person is extremely poor he must accept the treatment which comes his way. He does not have any choice.

The Hon. G. C. MacKinnon: Is the Friendly Societies Health Services a private enterprise fund? I thought it was a lodge fund.

The Hon. D. K. Dans: They charge the same as the Hospital Benefit Fund.

The Hon. R. F. CLAUGHTON: I take it Mr. MacKinnon approves of the Friendly Societies Health Services.

The Hon. G. C. MacKinnon: I happen to be a member of it; but what has that to do with the price of eggs?

The Hon. R. F. CLAUGHTON: That is extremely good; I am pleased to hear it. The fact remains that if a person wants to insure himself to guard against tremendous bills for medical and hospital expenses he must do so with one of the funds. He does not have any freedom of choice about that.

The Hon. G. C. MacKinnon: Is the Hospital Benefit Fund a private enterprise fund?

The Hon. R. F. CLAUGHTON: It has often been said that under the new scheme a person will be presented with a card and a number. But what is the present situation? I have a card and a number.

I am a digit in a computer somewhere and I have no control at all over the rules made by that body.

The Hon. G. C. MacKinnon: You have the right to say whether or not you will join, but under the national scheme you will not have that choice.

The Hon. R. F. CLAUGHTON: What a wonderful right that is. What happens if I do not join?

The Hon. G. C. MacKinnon: Who wants nationalised medicine anyway?

The Hon. R. F. CLAUGHTON: I want it, for one.

The Hon. G. C. MacKinnon: That shows you are out of step with the average person.

The Hon. R. F. CLAUGHTON: It certainly shows someone is out of step. I agree that medical and hospitalisation insurance is a good thing. I have been in it since before I was married because I could see its obvious benefits. However, I do not think the present system is desirable because one must insure with a private organisation over which, in fact, one has no control and where the public cannot examine what is going on.

The Hon. J. Heitman: What say will one have in the case of nationalised medicine?

The Hon. R. F. CLAUGHTON: Just the same say as the public now has on all matters on which Parliament legislates. If one does not like what is going on one can express his disapproval through the ballot boxes. There is that check on what is done in a true democratic system. However, there is no check on what is done at present. We can, therefore, dismiss the thought that there is any threat to the individual freedom of choice regarding hospital accommodation and medical attention.

The Hon. G. C. MacKinnon: You cannot, you know.

The Hon. R. F. CLAUGHTON: The situation will be much the same as it is under the present system. People do have a choice, bearing in mind that hospitals cannot be spread around the State, willy nilly. Hospitals are constructed by private enterprise, or through the use of public funds so the ordinary person bears the cost in some way.

The motion continues and sets out that control over hospitals and medical practitioners will be centralised in Canberra. Well, it is rather strange that we have had public hospitals for a very long time but it has never been felt that they were a disadvantage to the people of Western Australia. In fact, we have a centralised system in Western Australia itself whereby social service benefits and pensions are distributed to the population. The same

system operates in each State. If I have a complaint regarding repatriation benefits, or social service payments, I do not have to take my complaint to Canberra; I deal with the heads of departments in this State. The problems are resolved without reference to Canberra.

The Hon. G. C. MacKinnon: You would have to be joking. You could not know because you have not yet been in the situation with regard to medical services.

The Hon. R. F. CLAUGHTON: If I do not know then the honourable member opposite has failed in his task to let me know. In a self-imposed manner he considered it his duty to set himself up and explain these things to us in the motion. If there is a problem he certainly did not demonstrate what it was.

The Hon. G. C. MacKinnon: The honourable member does not even know that 50 per cent. of State hospitals are run by boards.

The Hon. R. F. CLAUGHTON: If the member opposite cares to read what he has said he will see there is no substance in his claim as outlined in the motion. He had his opportunity and he failed lamentably.

The motion continues and states that the proposal will place at risk the independence of church and private hospitals. That is a lot of nonsense. It does not seem to matter how often Mr. Hayden denies these things, the same charges appear to be brought up again. I suppose it is a case of the constant drip wearing away the stone; if the same thing is said often enough people will begin to believe it.

I hope the Federal Minister is able to retaliate to the same extent so that the unsubstantiated charges are not believed by the public. Fears are continually raised in the mind of the public in regard to what might happen.

The Hon. G. C. MacKinnon: And in every likelihood, could happen.

The Hon. R. F. CLAUGHTON: No proof has been forthcoming that it will happen. It was rather interesting to note that the honourable member spoke about the use made of the health system in England. An article appeared in the *Daily News* on Thursday, the 16th August, under the heading, "Use or Abuse". Under the sub-heading, "Canadian free health study is good news for Hayden" the article completely contradicts many of the charges which Mr. MacKinnon made regarding the number of people who would be flocking to the doctors and the hospitals. It simply did not occur in Canada. The charges have no basis at all. There was some increase in the number of people who went to the doctors, but it was a small fraction of 1 per cent.

There was a similar increase in the number of people who visited doctors earlier than they did previously, and whose conditions were treated earlier and more effectively. Under the old system those people may have waited longer to visit their doctors and then found themselves in serious trouble. So, the two instances balanced out.

We had a free health scheme operating in Western Australia for a long time. It operated at Kalgoorlie and I spoke to a doctor who practised there approximately seven years ago. I questioned him on this very point: Did more people go to him with trivial complaints than was the practice in Perth? The doctor replied that there was no significant difference.

The Hon. G. C. MacKinnon: That was because there were only three doctors serving the whole of Kalgoorlie. That was the most "undotored" place in Western Australia while the scheme applied, and that is the reason that people could not get in to see the doctors. It was a real problem.

The Hon. R. F. CLAUGHTON: The ex-Minister seems to know the gentleman about whom I am speaking, and who was at Kalgoorlie at the time!

The Hon. G. C. MacKinnon: But I was instrumental in changing the system from a panel to a fee-paying service.

The Hon. R. F. CLAUGHTON: The honourable member seems to have the ability to read my mind. I have mentioned that instance because it simply substantiates the result of an investigation of the Canadian system, and which completely disproves the remarks made by the honourable member opposite.

He also quoted, from a pamphlet which criticised the Canadian scheme. I think it was put out by the A.M.A., and it was titled, "Paying More and Getting Less". I cannot remember the exact words of the quote but it referred to the rapidly increasing commitments of the scheme.

It is rather interesting that on a previous occasion doctors had quoted the Canadian system, and had taken the remarks of Dr. LeClair quite out of context. The extract I have reads—

On Friday, in a joint statement, these groups quoted the Canadian Deputy Federal Minister for Health as saying "We have come to the inescapable conclusion that we have the wrong system."

The allegations made by the General Practitioners Society, the Royal Australian College of General Practitioners, the National Association of General Practitioners of Australia, and the Australian Medical Association were completely refuted in the information received from Canada.

Dr. LeClair refutes the statement, or the case built up by the organisations to which I have referred and says the quotes made

by him were completely out of context. He was, in fact, referring to something completely different from the material for which the quote was being used to support.

While the member who has moved this motion might try to destroy the case put up by Mr. Hayden, by using a few misquoted figures—

The Hon. G. C. MacKinnon: My figures are not misquoted. They are taken out of an annual report, a statistical part of the Government.

The Hon. R. F. CLAUGHTON: The honourable member should listen more carefully; I did not say his figures were misquoted.

The Hon. G. C. MacKinnon: Are you saying that the figures quoted by Mr. Hayden are wrong?

The Hon. R. F. CLAUGHTON: A few figures were quoted by Mr. Hayden, and with those figures the honourable member tried to convince us that the whole scheme is no good.

The Hon. G. C. MacKinnon: It is a proposition based on wrong figures.

The Hon. R. F. CLAUGHTON: Pages and pages of figures are connected with this health scheme, not just those which were quoted. The argument shows a lack of—perhaps I had better not continue my statement; I do not want to unnecessarily criticise the member opposite. However, I expected a far sounder argument to be presented by him.

The honourable member said that the independence of private hospitals was at risk. The Deebie report gives three options which the Government might follow. The Government has not stated which course it will follow, but it has said it will support the private and church hospitals.

I earlier referred to *The Australian Health Insurance Program*, and in that pamphlet the question is asked, "What will happen to religious and charitable hospitals?" The answer is as follows—

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.

The Hon. G. C. MacKinnon: And every bit of money will have strings such as that attached to it.

The Hon. R. F. CLAUGHTON: Does not the money which is made available at the moment have strings attached to it? It is rather odd that only a couple of weeks ago I received a call from a lady who was

a patient in a private nursing home. She was extremely worried. The hospital was run by a church organisation and she considered it should have been a charitable organisation. However, the charges at that nursing home absorbed the whole of her pension, and more, and her savings were steadily being eroded. She could see the day coming when she would be left in penury. That is the sort of system which operates at present and which the honourable member opposite believes to be so marvellous.

The Hon. G. C. MacKinnon: You have picked one case out of thousands, quite unsubstantiated, to prove the system is bad. That is ridiculous. Bad cases make bad laws.

The Hon. R. F. CLAUGHTON: That pretty well sums up the argument the honourable member presented to this House.

The Hon. G. C. MacKinnon: Your argument.

The Hon. R. F. CLAUGHTON: In one instance the figures given in a statement made by Mr. Hayden were wrong. The correct information was given subsequently, but I might add it did not make any difference to the percentages. The argument on percentages remained true. In one instance Dr. Scotton—

The Hon. G. C. MacKinnon: That was only \$10,000,000.

The Hon. R. F. CLAUGHTON: What were the total figures? The honourable member slid over that aspect. Why were we not told the total figures that were involved? When one speaks of a total of \$30,000,000, an amount of \$10,000,000 becomes significant; but in a total of \$300,000,000, an error of \$10,000,000 is not so significant.

The Hon. G. C. MacKinnon: In my humble life, \$10,000,000 has always been a significant sum.

The Hon. A. F. Griffith: Now I know what goes wrong in the Treasury—\$10,000,000 out of \$300,000,000 does not mean much.

The DEPUTY PRESIDENT: Order!

The Hon. R. F. CLAUGHTON: This is the sort of argument on which the honourable member attempted to build up his case, and it was completely removed from the substance of his motion. I tried to find out what the argument was about, but the actual relationship of his argument to the motion was left to the last few minutes of his speech. As for substantive arguments to support the motion, I was at a loss to know what they were. The motion goes on to say—

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

That is just not true. The scheme quite clearly gives people the right to insure.

The Hon. G. C. MacKinnon: Provided they also pay all the other costs imposed upon them by the Government.

The Hon. R. F. CLAUGHTON: Yes.

The Hon. G. C. MacKinnon: A double deal.

The Hon. R. F. CLAUGHTON: If one wants something additional to that which is received by the rest of the community, is it unreasonable to ask that one pay a little extra for it?

The Hon. G. C. MacKinnon: But one has to pay twice.

The Hon. R. F. CLAUGHTON: That is by the way. The real charge made by the honourable member is that the scheme denies the individual that right. It does not deny the individual that right. He still has the right under the scheme. If he wants to take out private insurance in order to get into a private ward in the hospital and have the care of a specialist of his choice, he may do so. That right is not denied him.

The motion continues—

- (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;

I have not been able to find in the papers I have before me any statement in which it is said that will or will not occur, but in the Budget speech given by Mr. Crean tonight a sum of \$2,000,000, I think, was mentioned for Meals on Wheels. Does that sound as though those organisations are to be done away with? I am sorry I do not have with me the report of a speech of Mr. Hayden in which he expressed his support for these private voluntary organisations. But when we accept his statements, and when we take into account the Federal Budget, that charge in the motion is denied. It is not factual.

The motion continues—

- (f) register and number each adult person in the community which would be basic to the maintenance of computer data banks of personal histories;

I daresay there has to be something in the motion that is factual; and I suppose that would be it. As I said earlier, I am a contributor to a hospital benefit fund, and I have a card bearing a number. I have no control over what that organisation notes in its records.

The Hon. G. C. MacKinnon: Your name, your age, your wife's name, and the names of your children.

The Hon. R. F. CLAUGHTON: Does it?

The Hon. G. C. MacKinnon: Yes.

The Hon. R. F. CLAUGHTON: I am glad the honourable member was able to tell me that. I did not know. For all I know, the records could contain other information, to which I have no access, and I have no protection as regards what the fund does with the information.

The Hon. J. Heitman: What has it done with the information in the past?

The Hon. R. F. CLAUGHTON: I do not know. I am not told. In fact, I would prefer data concerning me to be kept under the proposed health scheme, where-in the public has the right to demand that the elected representatives take responsibility for what is done. I think that is a far preferable situation to the existing situation, where there is no control at all.

The motion continues—

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

That has not been proved. Nothing the honourable member said substantiated that aspect.

The Hon. G. C. MacKinnon: I do not think it will improve, either.

The Hon. R. F. CLAUGHTON: When a member makes such charges about a proposal, and the person responsible for the proposal does not have the right to answer in this Chamber, I suggest it behoves that member to substantiate fully the charges he makes.

I do not know what provision the Federal Government is making for hospital care, but perhaps we should suspend our judgment until we hear about it. There is no doubt that the quality of care provided by the Government of this State in its public hospitals—one could call them nationalised or socialised hospitals as they are run by the Government—lacks something.

The Hon. G. C. MacKinnon: What does it lack?

The Hon. R. F. CLAUGHTON: But that charge has not been substantiated here. The motion continues—

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

Again, it has not been proved. I would like to quote comparative costs but in the short time I have had at my disposal I have not been able to ascertain them.

The Hon. G. C. MacKinnon: You can only make guesses.

The Hon. R. F. CLAUGHTON: I am sure one of the other members will have a little more time to research the matter and provide the figures.

I regret that I have had to get up tonight and speak to this motion. It is a matter which is not really relevant to the Government of this State.

The Hon. G. C. MacKinnon: I keep telling you health has always been relevant to the Government of this State because the State Government runs the health services in this State. The Federal Government does not run them.

The Hon. R. F. CLAUGHTON: One could go through the whole range of human activities and say everything is relevant; not just health care. We could say defence is relevant, for that matter.

The Hon. G. C. MacKinnon: Of course it is relevant.

The Hon. R. F. CLAUGHTON: But we do not debate defence proposals here because defence is under the jurisdiction of the Federal Government.

The Hon. G. C. MacKinnon: It is dealt with by Mr. Davies, your colleague in the other House.

The Hon. R. F. CLAUGHTON: Defence?

The Hon. G. C. MacKinnon: Mr. Davies is the Minister for Health. I am sorry; if you said "defence", you did not enunciate clearly.

The Hon. R. F. CLAUGHTON: We could say all things are relevant to this Parliament, but if the Government of this State does not present the legislation to this Parliament we must accept the fact that there is a separation of responsibilities between State and Federal Parliaments. We have heard enough about it in the last few weeks.

The subject of the motion is a matter which will be legislated for and fully debated in the Federal Parliament, yet we are asked to discuss it here. I am not averse to discussing it, but we do not have in the Parliament of Western Australia the Federal Minister who will be responsible for introducing the legislation and explaining it to the Federal Parliament, and whatever we resolve here about this matter can have no relevance to what goes on in the Federal Parliament. The Federal Minister for Health—

The Hon. G. C. MacKinnon: Dr. Everingham. I do not mind coming to your assistance.

The Hon. R. F. CLAUGHTON: The Federal Minister for Social Security—

The Hon. G. C. MacKinnon: Mr. Hayden is the Minister for Social Security. Apparently the Commonwealth is taking over the health services of the States.

The Hon. R. F. CLAUGHTON: The Federal Minister for Social Security has been at great pains to ensure the public is fully informed. We have available to us—

The Hon. G. C. MacKinnon: He is spending \$1,250,000 of the taxpayers' money to do so, is he not?

The Hon. R. F. CLAUGHTON: In a matter as important as this, should we quibble about the Government taking the trouble to inform the taxpayers—

The Hon. G. C. MacKinnon: Yes, because he is selling a party line.

The Hon. R. F. CLAUGHTON: —about what it intends to do? If the Federal Government did not do so, it would be accused of secrecy. It is one of those "each way" matters—if one does it, one is wrong; if one does not do it, one is still wrong.

I vehemently oppose the motion before the House on the grounds that it is not an area of legislative responsibility of this Parliament and that the honourable member has not proved the case set out in the motion.

THE HON. R. J. L. WILLIAMS (Metropolitan) [8.14 p.m.]: I am somewhat amazed. I have always regarded you, Mr. Deputy President, as being *au fait* with Standing Orders. I have always regarded the clerks at the table as being completely responsible in their parliamentary duties. But the implication seems to be, according to the last speaker, that the motion is out of order.

The Hon. R. F. Claughton: I did not make that charge.

The Hon. R. J. L. WILLIAMS: Had it been out of order, it would have been ruled out of order by you, Sir, or attention would have been drawn to it by the clerks.

The Hon. R. F. Claughton: Keep to the facts.

The Hon. R. J. L. WILLIAMS: I am keeping to the facts. This might become a little uncomfortable for Mr. Claughton.

The Hon. R. F. Claughton: Perhaps you will substantiate some of the things that Mr. MacKinnon left out.

The Hon. A. F. Griffith: He hasn't had a chance to say anything yet.

The Hon. R. J. L. WILLIAMS: I wish to make it perfectly clear that if my opinion is wrong then I have no right to be in this Parliament. However, I feel I have every right to represent my constituents on all matters that are of some urgency to them, be they State, Federal, or international.

The Hon. R. F. Claughton: I take it you have not much confidence in Mr. Garland?

The Hon. R. J. L. WILLIAMS: I do not see what that has to do with the subject.

The Hon. R. F. Claughton: He is the Federal member for your area.

The Hon. R. J. L. WILLIAMS: I suppose Mr. Claughton has a great deal of confidence in Mr. Viner? I still say I am entitled to speak in this House on any

subject appertaining to the people of Western Australia. If it is necessary to alert them to the fact that a health scheme which is not perfect but which has worked very well in this State is likely to be substituted by the dream of nationalised medicine, then I will do so; because the proposed legislation and the pamphlets we have seen preceding it are only the Beveridge report of 1946, amended for Australian consumption. Nationalised medicine in the United Kingdom now costs some £2,000,000,000.

The Hon. D. K. Dans: Did you say it was the Beveridge report?

The Hon. R. J. L. WILLIAMS: I said it was the Beveridge report of 1946, as amended for Australian consumption; although there seems to be very little difference. Having said that I have a right to register a protest, and I intend to do just that. It seems that the previous speaker would like us to debate on television with the Federal Minister the rights and wrongs of the scheme.

The Hon. R. F. Claughton: I suggested that Mr. MacKinnon do that.

The Hon. R. J. L. WILLIAMS: I merely say that we do not like the David Frost show. This is the Chamber where matters should be debated. I happen to know that when he was in this State Mr. Hayden refused to debate the matter with the Vice-President of the A.M.A., who has some little interest in the subject. Possibly the Minister did not have time; I am not criticising him.

The Hon. R. F. Claughton: Probably you would like—

The Hon. Clive Griffiths: You are getting a lot of interjections.

The Hon. R. Thompson: The interjections are more entertaining than the speech.

The Hon. G. C. MacKinnon: I do not think they are entertaining, let alone informative.

The Hon. R. J. L. WILLIAMS: The proposed national health scheme is outlined in a report written by two economists—although only one gets a mention as it is called the "Deeble Report", but the other gentleman is Dr. Scotton. When one reads through their report carefully one finds they point out various dangers in the scheme; and these inherent dangers leave me in no doubt when I say that the scheme is questionable.

I do not know of any person in Western Australia who has been refused medical treatment on the ground that he cannot afford to pay for it. When I talk about Western Australia, we must not forget that Mr. MacKinnon pointed out that the States have differing health schemes. Ours happens to be one that has grown up, and I would say that in comparison with any other health scheme in the world it is one

of the cheapest and most efficient. If there are cases of people being refused medical treatment due to inability to pay for it, I would like to know of them. I know of no doctor who would refuse to treat a person who has insufficient money to pay for the treatment. I understand even Royal Perth Hospital has an inbuilt system whereby people who have insufficient money and who can satisfactorily prove that fact can have their accounts written off. If that is not a satisfactory health scheme I do not know what is.

Great play was made about patients not having a choice of doctor. It is inevitable that under such a scheme one will not be able to see the doctor one wishes to see because the demands upon his time will be so increased and the conditions under which he must work will be so increased that it will be difficult for one to see him. Perhaps I could give a simple example of this. In the United Kingdom there is a waiting list of anything up to three years for those who wish to undergo an operation for a simple hernia.

The Hon. D. K. Dans: There is no evidence yet that it will happen here.

The Hon. R. J. L. WILLIAMS: No, we have no evidence yet that it will happen here, but I think it is fair conjecture to say that the pressures placed upon medical people will result in something similar occurring. Perhaps I should be even more localised than that, and say that in my mind there is no doubt that private hospitals will eventually be taken over conditionally, and their costs will escalate. I think this is rather sad when one realises this could be the fate of the St. John of God Hospital and St. Anne's Hospital. At the moment both these hospitals are running at something like a five-figure loss each month through no fault of their own; it is simply caused by escalating costs in the provision of domestic services.

We all know that the nuns receive very little for their work, apart from the satisfaction of attending to the sick. I think we owe these people a debt which is not easy to wipe out. The Sisters of St. John of God were the first to become involved in the care of the sick in Western Australia in 1895 when they established—I believe it was in Adelaide Terrace—a three-bed hospital. Then in 1897 that was increased to a 40-bed hospital. No-one who reads the history of Western Australia will fail to be surprised at the devoted care they gave to sick miners during the typhoid epidemic on the goldfields. Any funds the Sisters have had have been reinvested in the extension of their hospitals, and they now have an "A"-class hospital of some 377 beds at Subiaco.

I think there is probably not a member of this Chamber who has not, either through his family or through his friends, been affected by the Sisters of St. John

of God. Probably every member has been nursed or knows someone who has been nursed at St. John's; and people go to this hospital out of choice. The strings attached to any matching money grant will be that the Sisters must devote at least one-third of their bed space to public wards—it could be more—or that the hospital will be turned into a community centre.

The Hon. D. K. Dans: Does it say that in the report?

The Hon. R. J. L. WILLIAMS: I will quote the report in a minute, because I knew Mr. Dans would ask that. One thing we must be sure of in a report like the Deeble report is that the proposed scheme will be fair and equitable to all members of the community; yet paragraph 3.55 on page 33 of the report states—

There is no way of knowing the effects of making comprehensive hospital care available without means test or charge.

So the suggestion that we are to have free health services is, as Mr. MacKinnon said, a myth; we will have to pay. When one considers the people set out in the Deeble report in chapter 7, starting on page 58, and going through to page 66, one finds a great number are involved. There is a very interesting chart on page 65 showing how the processing of claims will be done.

If anyone has been to Eastbourne in the United Kingdom and has visited the Medical Health Records Department to look at the system of processing claims, and then has visited three or four other cities in the United Kingdom in which it has become essential to process these claims, he would be only too aware of the fact that the only increase we will see is an increase in bureaucracy.

We will have inspectors, auditors, checkers, claim receiving clerks, counter clerks, counting and batching clerks, examination and inquiry clerks, editing and converting to computer form clerks, assessment and payment clerks, computer processing clerks, statistics clerks, and cheques and statements clerks, along with all their managers; and we will have to pay for them.

We will have to pay for them, although not initially; because as soon as the scheme is commenced, as sure as God made little green apples, the fund will run into debt and the charges will be increased.

The National Health Scheme in the United Kingdom was to be free for all, but within a year of its introduction the Minister responsible—the late Aneurin Bevan—was forced to resign because the scheme was in debt and he would not agree to a 1s. prescription charge being levied. Surely we can see in the United Kingdom a pattern of what may occur in respect of the escalating costs of such a scheme.

I suppose when one is sick one of the greatest aids to one's recovery is to know one's doctor and to have complete faith in him. Even if a person does not know the doctor in charge of a ward in a hospital, the doctor will make every attempt to ensure that at least the patient feels the doctor is a human being. I think it ill behoves the Federal Government to call these people greedy doctors. Those of us who have worked and studied with these men when they were aspiring to become medical practitioners know the amount of hard work they put into their profession for very little reward in their training days, and for two years after they leave their college or university.

I think the proposal to give them a guaranteed income under this scheme of \$30,000 a year after they have been through such intensive training, and considering the responsibility of their work, to say the least makes one smile, especially when one realises that a Federal Minister can earn \$34,500 a year, and he is not required to have any specialised training.

Those figures are somewhat contradictory, because in point of fact about six weeks ago we read that the average income of doctors in Australia ranged between \$15,000 and \$26,000 per annum. Is it not significant that since 1969 specialists have not increased their fees at all; and that is what the tribunal which gave those figures was all about; and it is what the case for doctors' fees being raised was all about.

I have never quibbled about paying a doctor's fee. I have never quibbled because I have watched a person in pain and seen a doctor come along and relieve that person's pain and anxieties and make him well again. I do not think any member of this Chamber would say that he objects to paying a doctor his fee. I will not fall into the political trap of explaining that doctors' fees is not the real issue before the country at the moment. That has been put up as a smoke screen, and it was a very clever one, by those who wish to confuse the issue and rush the nationalisation of medicine through the back door.

The Hon. D. K. Dans: Who raised the fees—the doctors?

The Hon. R. J. L. WILLIAMS: I do not care who did. The doctors were susceptible to a trick which went down very well. I refer to paragraph 3.63 of the Deeble Report which is as follows—

Adequate remuneration is an essential pre-requisite to attract the experienced and senior medical staff on which the quality of care rendered to hospital patients will depend.

That is a contradictory piece. It says that we have to pay the doctors the proper rate to attract them, because if we did not the standard of hospital care would drop.

Against the castigation of doctors by Mr. Hayden, the Minister for Social Security, both Deeble and Scotton say that we have to pay the doctors an adequate remuneration, because the training of the Australian doctor is the most thorough that one can find in the world. There is no need for them to have to suffer deprivation of income because of nationalisation of medicine. They could easily transfer their services to other countries which do not have such a nationalisation scheme.

In point of fact we know this has worked in reverse in the United Kingdom, where quite a number of doctors decided to disassociate themselves from the national health scheme by going to other parts of the world to practise. Other doctors in that country have given up practice under the national health scheme and have gone into private practice entirely. It was around 1948 when a private insurance company in Great Britain, the B.U.P.A., began an examination of the financial position of doctors and the assets which they had.

When we take into account the needs of Western Australia I think Mr. MacKinnon was very correct in what he said. We know what this State needs. If one listened to the Federal Budget tonight one could not help remarking on the mention of the capital cities by the Treasurer. He mentioned Melbourne, Sydney, and then Melbourne again, and he also mentioned Brisbane. However, he did not mention Adelaide or Perth; yet people in these two cities have to pay taxes.

I am unashamedly a State-righter. We in this State have the right to alert the people to what they will have to face.

The Hon. G. C. MacKinnon: We should bear in mind that the State has been responsible for the health services.

The Hon. R. J. L. WILLIAMS: That is correct. We should guard against the handing over of the health rights of Western Australia to the Commonwealth. The only right which the States have handed over to the Commonwealth is the right to collect income tax, and that was first granted during the last world war. Once we decide to accept the nationalisation of anything we, as a State, lose the right of having any say whatsoever. That is the very danger in the present system.

I would hate to think that a person in Canberra was responsible for the health of people, such as those on stations in the north. It might be that the officer in Canberra would have to bring out a map to find out where the stations were located in Western Australia.

We in this State know our people, our hospitals, and our doctors. By supporting the motion before us if we did nothing more than to alert the church hospitals and the private hospitals that they would be the victims of a land grab, the likes of which has not been seen since the days of

Henry VIII and Oliver Cromwell, we would have done our duty. I have great pleasure in supporting the motion.

Debate adjourned, on motion by The Hon. D. K. Dans.

SUPPLY BILL

Third Reading

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

That the Bill be now read a third time.

When I moved that the third reading of the Bill be made an Order of the Day for the next sitting of the House, it was with the intention of clarifying some misgivings or doubts as to the date of the next State general election.

First of all I propose to read a statement that I received from the Premier this afternoon. This is addressed to me as Leader of the House, and is based on discussions that were held by the Government yesterday. It is as follows—

21st August, 1973.

THE HON. LEADER OF THE LEGISLATIVE COUNCIL:

For the purpose of allaying apparent concern that the Government intends to delay the General Election due next year until May, it is desirable to state that the Government proposes to hold the Election on, or before, 30th March, 1974.

However, because the date of the Senate Election is not known, it is essential for the Government to keep its options open in order to avoid a possible clash of dates. Should this occur, it could be necessary for the State Election to be held in April.

(Signed) J. T. TONKIN,
Premier.

The Hon. A. F. Griffith: May I have a copy of that statement?

The Hon. J. DOLAN: I will have a photostat copy made immediately. I trust that my remarks will resolve any difficulty and allay any concern that might be in the minds of the Opposition.

THE HON. A. F. GRIFFITH (North Metropolitan—Leader of the Opposition) [8.37 p.m.]: I am a little disadvantaged, because I have not before me a copy of the statement that has just been read out by the Leader of the House. I would like a copy of it to enable me to proceed.

I have just been handed a copy. I am grateful to the Leader of the House for reading it to us. The statement is signed by the Premier and is dated the 21st August. I feel compelled to say that this

statement has arrived after a long and tedious attempt to get something like this before the House. I am grateful for it.

I must examine what the statement means. The debate was adjourned from Thursday last at 2.00 a.m. The adjournment was agreed to on the understanding that the Leader of the House would confer with the Cabinet on the following Monday in order that a clearer picture of the intentions of the Government in respect of the State general election next year might be presented to us, because it had been strongly rumoured that the Government intended to hold onto office beyond its three-year term as far as possible, to the last date on which it could constitutionally hold an election; that is, the 4th May, 1974.

The Hon. R. Thompson: I wonder who started this rumour?

The Hon. A. F. GRIFFITH: If the Minister can tell me who starts this sort of rumour he would know infinitely more about this matter than I do. Until I obtained a copy of this statement by the Premier, it was very difficult to believe otherwise, because other statements made by the Premier in response to the request by me on behalf of the Opposition in this Chamber were not, to say the least, clear at all.

In the early hours of last Thursday morning I asked that after the matter had been considered by the Cabinet we be told of the Government's consideration "this day" by the Leader of the House. Of course, we were not told "this day" by the Leader of the House firsthand, as the same information that is contained in the Premier's statement appeared in *The West Australian* this morning. The report is as follows—

The Premier, Mr Tonkin, yesterday narrowed the likely time of the next general election to March or April—but said that the exact date would depend on the Senate election due early next year.

He said after a Cabinet meeting had discussed the timing of the election that the Government did not know when the Senate poll would be held and had to keep its options open to avoid a clash of dates.

Taking account of the proposed visit of the Queen to W.A. early in March and the constitutional restrictions relating to Easter, there were only two or three Saturdays available in March and one in April.

The Queen would come to W.A. on March 5 and would stay till March 8 or 9.

The Legislative Council's belief that the Government planned to put off the election till the first week in May—the latest time constitutionally available—was founded on a rumour.

"There never was any foundation for such belief and the Government has no intention of unduly delaying the election," Mr Tonkin said.

SUPPLY BILL

This statement that the setting of an election date is being held up only because of the Senate poll means that the Legislative Council should pass the Supply Bill today and thus remove the threat of forcing the Government to call an early election.

The Council is scheduled to resume debate on the Bill, which authorises payment of the State's accounts this afternoon.

In the debate last week the Liberal and Country Parties called for an assurance from the Government that the election would not be put off till the latest possible date. Mr Tonkin's statement should satisfy this call.

I do not wish to delay unduly the third reading stage, but we know that under our law no election can be held on an Easter Saturday; and neither can one be held on the Saturday preceding, or the Saturday following Easter. Easter Saturday in 1974 will fall on the 13th April; therefore the Saturday preceding is the 6th April; and the Saturday following is the 20th April. The last date on which the Government can hold an election constitutionally is the 4th May.

It has been made abundantly clear by the Government that it does not intend to hang onto office until the 4th May, 1974. I take it that it is abundantly clear that the Government intends to go to an election on or before the 30th March, 1974, provided the Senate election does not clash with any date the Government might choose, up to the 30th March, 1974.

The Commonwealth Electoral Act does not have the same prohibition in respect of Easter. As far as I am aware the Commonwealth Electoral Act simply states that an election for the Commonwealth Government must take place on a Saturday; and, in fact, if one likes to draw a long bow—and it would be drawing a long bow—one could say a Commonwealth election could take place on the 25th December if that day happened to fall on a Saturday. Nearer to the point, it could take place on Easter Saturday if that happened to be the date selected; and next year Easter Saturday falls on the 13th April.

While I think it is unlikely that the Commonwealth Government would fix an election date for either one of the two days I have mentioned it is not beyond the bounds of possibility, I suggest, that the Commonwealth Government may pick Saturday the 6th April, or Saturday the 20th April. In that event I cannot see how the State Government could claim there would

be any conflict or likelihood of a conflict or clash as a result of the dates selected for the Senate and the State elections.

I take it that in those circumstances if the date for the Senate election were known to be before the end of April the State Government would go to the polls before the end of March. That would not be a reason to use the last sentence of this letter which says—

However because the date of the Senate election is not known it is essential for the Government to keep its options open in order to avoid a possible clash of dates. Should this occur, it could be necessary for the State Election to be held in April.

In those circumstances the only date on which the State Government could adjust its election date would be to April the 27th, which would be exactly one week removed from the 4th May which, we are assured by the Government, it does not intend to use. Could I place this interpretation on the Premier's letter: Can I take it the Government has every intention—and it is surely clearly stated in the first paragraph of the letter—of holding a State general election on or before the 30th March 1974; and that it would only use the date of the 27th April in circumstances which would prevent it from otherwise going to an election before any date in March?

The Hon. J. Dolan: Will you give your second point clearly? You said we would only use 27th April if—

The Hon. A. F. GRIFFITH: I said the State Government would only use the 27th April if the Commonwealth Government fixed a date in April which, in fact, would conflict with any possibility of a State election being held prior to the 30th March, or on the 30th March.

The Minister can see what I am driving at. It is possible for the State Government to interpret its own undertaking in this respect and say, "Because the Senate election is going to take place on the 6th April it will therefore clash and we should not have a State election until the 27th."

The Hon. R. Thompson: What you are getting at is in the second last sentence of the first paragraph—that the State Government proposes to hold the election on or before the 30th March, 1974.

The Hon. A. F. GRIFFITH: I have said that, but I realise there is a saving paragraph in the second portion of the letter.

The Hon. J. Dolan: It is an option.

The Hon. A. F. GRIFFITH: That is so. I suggest, with all the good intentions in the world—and even though I accept the assurance that has now been given; and it has been a tedious job to get it—that the Government should also assure us that it does not intend to exercise the option which is the 27th April unless there are

unusual circumstances which necessitate that course being adopted. Can I be given that assurance?

The Hon. J. Dolan: I can say, "Yes."

The Hon. R. Thompson: Would it not be fair to say if the Senate election is held on the 30th March at least a three weeks' campaign would be needed, and that similarly a three weeks' campaign would be required for a State election which after taking into consideration the Easter period would bring us to the 27th April?

The Hon. A. F. GRIFFITH: The Minister is already, perhaps unintentionally, preparing the way for the very thing about which I am concerned.

The Hon. R. Thompson: I am being honest with you.

The Hon. A. F. GRIFFITH: I am sure the Minister is. If there is to be a Senate election on the 30th March he will not discover that on the 29th March; he will know of it two or three months ahead.

The Hon. J. Dolan: Not necessarily.

The Hon. A. F. GRIFFITH: Therefore it will be quite competent for the Government to fulfil its undertaking and for it to hold an election before the Senate election.

The Hon. R. Thompson: It could be true.

The Hon. A. F. GRIFFITH: I want to know whether it will be true, not whether it could be true.

The Hon. R. Thompson: We do not know the date.

The Hon. A. F. GRIFFITH: But if it is going to be held on the 30th March or the 6th April the people and the country should know well and truly ahead. I do not think the Government should find that as a reason to use the second paragraph of the Premier's letter.

The Hon. R. Thompson: We should not read any ulterior motive into the letter. We are being as honest and as frank as we can.

The Hon. A. F. GRIFFITH: I have said this is so on the 21st August—

The Hon. D. K. Dans: Do you think there will be a Senate election in March?

The Hon. A. F. GRIFFITH: I cannot tell the honourable member. If anybody should know about that it should be those who support the State Government in Western Australia.

The Hon. R. Thompson: We do not know.

The Hon. A. F. GRIFFITH: If Mr. Whitlam does not tell members of the State Government I am certainly sure he will not tell me.

The Hon. D. K. Dans: I thought there may have been a leak somewhere.

The Hon. J. Dolan: In Wales!

The Hon. A. F. GRIFFITH: I would be the last person in the world to be in receipt of any knowledge of there being a leak.

The Hon. R. F. Claughton: You said you had received rumours about the date of a State election.

The Hon. A. F. GRIFFITH: I have not received any rumours about the date on which the Senate election will be held. I will not go any further than that.

I take it from the Leader of the House that he does give me an assurance in the words for which I have asked for it? There is one other thing I must know. I can tell the House all the names of the Ministers in the Government at the moment from the Premier down; but what I cannot tell members—and I will not talk about any rumours I have heard—is the names of the Ministers who might be in the Government around and about the time that the Government sets the date for the State election.

I can say, however, that I feel sure the great majority of the Ministers will be present, and I take it that this matter was considered in Cabinet yesterday by all the Ministers present; they were all aware of what was going to be said and I hope and trust it commits the ministry, whether or not one of them happened to be out of the room at the time. I want an assurance that this commits the ministry to the undertaking given in the Premier's letter.

The Hon. R. Thompson: You are not starting rumours.

The Hon. A. F. GRIFFITH: I only read the newspapers. It is quite fair to assume that the undertaking given in the Premier's letter commits the ministry.

The Hon. J. Dolan: Of course it does. We accept the Premier's word as binding.

The Hon. A. F. GRIFFITH: I thank the Leader of the House. I do not think I can ask for more. I am only sorry I had to ask for this assurance for so long and that it was necessary for me to keep on asking. It would have been much easier had the Premier put his signature to a document of this nature in the first instance because I feel sure a lot of words may have been saved.

THE HON. CLIVE GRIFFITHS (South-East Metropolitan) [8.55 p.m.]: I would like to take this opportunity to make one or two comments. I would first like to make it known to members of the House that we have as a visitor in the President's gallery Mr. Rod Frampton, clerk of the Legislative Council in Hong Kong. Mr. Frampton is also secretary of the Commonwealth Parliamentary Association, and I would like to place on record our welcome to Mr. Frampton and his wife and children on their first visit to Western

Australia. I trust that their stay in Western Australia will be a pleasant one; as pleasant as the welcome we received when we travelled to Hong Kong and partook of his hospitality in that country.

The other matter on which I wish to comment is one of grave concern to the South Perth City Council. It has been caused by the failure of the State Housing Commission to co-operate and conform with the requirements of that council and by the commission's fragmented approach to the planning and development of the Karawara housing scheme.

I bring this matter forward at this stage because of a letter I received from the South Perth City Council and as a result of a discussion I had with that council over the failure of the State Housing Commission to honour an obligation which it undertook to honour with the South Perth City Council in relation to its co-operation in the preparation of plans and specifications in the housing development in the estate known as Karawara which, for the people who are not familiar with the location of the particular area, is in East Manning adjacent to the existing Koonawara development.

The South Perth City Council is most concerned at the Government's action which has resulted in the State Housing Commission endeavouring to bypass the requirements and building by-laws of the South Perth City Council.

This is not a matter which has arisen recently; it is one that has caused the local authority great concern for many months, because it has been apparent from the commencement of the development in question that on instructions from the Government the State Housing Commission has set about the construction of the development concerned with absolute disregard for the views of the South Perth City Council.

The South Perth City Council was so concerned about this that it called a special meeting as long ago as the 14th March, 1973. To this meeting it invited all parliamentary representatives for the area together with members and officers of the State Housing Commission. At the meeting all the areas of dispute were discussed at length in an endeavour to reach an amicable agreement which would permit the project to proceed without any breach of the requirements which must be met by any other developer in the City of South Perth.

The members of the State Housing Commission present were the Chairman, Mr. Hawkins, and Mr. Corser. At the beginning of the meeting they expressed the view that there was no cause for concern on the part of the South Perth City Council because they were convinced that there had been no deviation by officers of the State Housing Commission from

standard rules and requirements. They could see no reason for the South Perth City Council seeing fit to call a meeting of this nature.

After all of the officers of the South Perth City Council had given an account of what had actually happened in negotiations between officers of the commission and officers of the council it was interesting to note that the attitude of the Chairman of the State Housing Commission was completely different from his attitude at the beginning. Mr. Dolan was present as one of the parliamentary representatives for the area. He gave the council an undertaking that he would vigilantly look after the interests of the local authority and ensure that the State Housing Commission, or the Government, did not encroach upon the powers of the local authority and that the requirements of the by-laws of that authority would not be by-passed.

To return to the Chairman of the State Housing Commission, he was practically apologetic to the South Perth City Council and indicated that the commission had not been aware of the extent of the areas of dispute. He undertook to organise a meeting within a week between officers of the commission and officers of the council for the sole purpose of ensuring that agreement was reached on how the project was to proceed. He said that it was not to proceed without the concurrence and goodwill of the local authority.

As I have said, this was as long ago as the 14th March. Consequently I was astounded to receive the letter I did, from the South Perth City Council. It is dated the 17th August and though it is quite a long letter I intend to read part of it because it illustrates some of the points I made the other evening when I spoke to the second reading debate on the measure. At the time I suggested the State Housing Commission seemed to be embarking upon a path whereby it considered there ought to be one set of laws for the State Housing Commission and another set for the ordinary people in our community. I referred to a recent newspaper item in which the General Manager of the State Housing Commission accused the Carnarvon Shire Council of blackmail because that council wanted the State Housing Commission to comply with the uniform building by-laws and the council by-laws.

I went on to criticise the General Manager of the State Housing Commission. I prefaced my remarks by saying that the Government had encouraged members of the public service to make statements and comments at random. I said that, in the absence of any rebuke on the part of the Minister concerned, I took those comments to be the comments of the Government. The Leader of the House chastised me

when he closed the debate and said that he had taught the General Manager of the State Housing Commission when a child at school and he therefore knew him to be a person beyond reproach who ought not to be criticised—or words to that effect.

The Hon. J. Dolan: Hm!

The Hon. CLIVE GRIFFITHS: I will tell the Minister exactly what he said if he likes because I have it here.

The Hon. J. Dolan: It may be better.

The Hon. CLIVE GRIFFITHS: To deviate slightly, today I put a few questions on the notice paper asking the Minister to give me some idea of the Government's attitude towards the position of members of Parliament who criticise members of the public service if in the opinion of a member of Parliament they deserve to be criticised. However, tonight I am not speaking to criticise the General Manager of the State Housing Commission—

The Hon. R. Thompson: That is a change.

The Hon. CLIVE GRIFFITHS: —although he deserves to be severely criticised. Copies of the letter I received from the South Perth City Council were sent to The Hon. J. Dolan, M.L.C., The Hon. R. Davies, M.L.A., Mr. Grayden, M.L.A., and The Hon. D. May, M.L.A., who all represent parts of the City of South Perth. The letter was sent to all these members including myself and it states—

Dear Sir,

RE. S.H.C. DEVELOPMENT "KARAWARA"

Council is concerned at the manner in which the above development is progressing.

A Special Meeting of Council's Building & Town Planning Committee (which Committee has power to finalise urgent matters relating to the above development) was held last night and the following action was decided upon:—

1. RE. APPLICATIONS FOR BUILDING LICENSES FOR THE FIRST PORTION OF STAGE 1 DEVELOPMENT (2 DUPLEX, 16 HOUSES) BOONA COURT AND GILLON STREET.

(A) The Commission is advised as follows:—

Council is unable at this stage to issue Building Licences, for the following reasons:—

- (1) Subdivision approval for the individual lots has not been granted, and Council is not satisfied that the Commission will

meet the conditions of subdivisional approval because:—

- (a) The Commission has not indicated to Council's satisfaction that—

- (i) it intends to construct adequate interceptor seepage drains in time for their effects to be studied during this winter;

I interpolate to say that for months the council has repeatedly asked the State Housing Commission to indicate what it intends to do in regard to the drainage of this land. The council has told the State Housing Commission what its requirements are and has asked to be provided with a comprehensive drainage plan so that it may study the plan to ascertain whether it complies with council requirements. This request has been ignored.

The Hon. R. Thompson: The requirements of drainage must comply with the Public Health Department.

The Hon. CLIVE GRIFFITHS: The State Housing Commission has not provided any plans except one with a pencil line on it indicating the main drain. This is the extent of it but no details have been provided and the council has no indication as to whether or not the drainage will be satisfactory. Anybody who goes to the Karawara area at the moment can see water lying all over the ground. Clearly this indicates a tremendous drainage problem.

The Hon. L. A. Logan: There must be compliance with the present drainage scheme.

The Hon. CLIVE GRIFFITHS: This is what the City of South Perth is asking. As I have said, it held a special meeting to which it invited all and sundry who had anything to do with the scheme. This was done in a genuine attempt to overcome the problem.

Notwithstanding the fact the Government has told us it has overcome the housing shortage, for some reason or other it is showing indecent haste in its attempts to complete this project. This almost smacks of being something different from simply wanting to construct houses. I would like to know what it is. The fact that Karawara is in the Clontarf Legislative Assembly Electorate may or may not have something to do with it. However, a time limit has been placed on it. At the meeting which was called one of the points made by the officers of the State Housing Commission was that the Government had issued instructions that a tight time limit was the essence of the contract and the completion dates were critical.

The Hon. D. J. Wordsworth: Was it the 27th April?

The Hon. CLIVE GRIFFITHS: It was before the 27th April. Notwithstanding the undertakings which were given at the meeting the council now finds itself in the situation of being forced to write to all of the parliamentary representatives to appeal for some assistance to ensure that the State Housing Commission complies with the requirements of the local authority. The letter continues—

- (ii) its deep main drain proposals are adequate and are acceptable to the M.W.S.S. & D. Board;

This is the next point upon which the council is doubtful. The Metropolitan Water Supply, Sewerage, and Drainage Department has been asked to look at this but, as yet, nothing has been forthcoming. Building licenses have been demanded of the South Perth City Council; the contract has been let; but the requirements of the South Perth City Council have not been complied with. To continue—

- (iii) the integration of local (parking area and roadway) drainage, interceptor seepage drainage and main drainage have been proven.

The undertaking given by the Commission that a minimum of one metre dry fill would be maintained over the subdivision will not now be met this winter; it is noted that the ground water level is currently no more than one metre below ground level in many places within Stage I and the present ground water level is known to be only 0.5-0.75 metres below previous maximum recordings,—

I interpolate to say that the South Perth City Council has records of the water levels. These records have been kept from the levels in years past.

The Hon. L. A. Logan: So does the Public Health Department.

The Hon. CLIVE GRIFFITHS: The South Perth City Council knows what the levels are and is not guessing. The records are available for anyone to see. To continue—

—and the suggested interceptor seepage drains have not been constructed to gauge their effectiveness.

- (c) The Commission at this stage has not satisfied Council that its road construction proposals will meet the conditions for subdivision approval.

2. The levels for buildings have not been set and cannot be set until Items 1 (a) and 1 (b) are satisfied.

It is noted that on 15th December 1972 the Commission stated that it was engaging a firm of Consultant

Engineers to prepare detailed plans and specifications and would submit these to Council for approval.

The fact that the above items are still outstanding and that many sub-missions made to Council have been incomplete, fragmented and unsatisfactory leads Council to believe that a proper detailed plan for the development has not even at this late stage been produced.

The fact that expensive remedial work on roadways and building sites was necessary—

I will explain that later—

—leads Council to believe that the development was proceeded with with undue haste and without proper plans for the development being produced and submitted to Council for approval.

- (B) A copy of Council's reasons for refusal to issue Building Licenses, as listed above, be sent to the Builder, Jaxon Construction Pty. Ltd.

That is the first item in the letter and it indicates why the council is not prepared to grant building permits. It also sets out a long list of reasons why the council is not prepared to grant development approval. I will not weary the House with these, but they are all in similar vein. The letter goes on to say—

The Committee also resolved as follows:—

That in view of the verbal statement made to the Town Clerk today by the General Manager, State Housing Commission that he was going to refer the matter to the Government, a copy of the above resolutions be forwarded to all local Members of Parliament and they be also supplied with copies of any correspondence requested from Council's file.

Enclosed herewith please find copies of correspondence to and from the Main Roads Department, Commissioner of Police and the State Housing Commission (referred to in item 3 (3) above).

If you wish to peruse Council's file and be supplied with copies of any of the other relevant correspondence, would you please contact me.

Bearing in mind that this is low-lying land and is subject to flooding in winter, certain filling and drainage requirements must necessarily be complied with by all developers, including the State Housing Commission. However, the commission went ahead with filling without presenting any plans to the local authority and without consulting it. The commission also went ahead with compacting without removing any of the dead trees, roots, or

vegetation on the ground. The foundation sites were compacted on top of the vegetation. This compacting was extended out onto the roadways and it is on this base that the commission intends to build houses and construct roads.

The local authority was horrified at this action, but the commission objected to the local authority's decision. However, it agreed to engage a firm of consulting engineers. As a result of the report from this firm, the State Housing Commission had to remove all the filling and start again.

These extra costs had to be met by the State Housing Commission because it was pressured by the State Government into completing the project at all costs. It disregarded the South Perth City Council's requirements. Of course, the housing sites have now been rectified, but nothing has been done in respect of the roadways. The council has asked the State Housing Commission to accept responsibility for the maintenance of the roads in future if they are constructed in the proposed substandard manner. Of course, the commission will not accept this responsibility. It intends to go ahead with the development of the roads.

The commission appealed to the Minister for Local Government for permission to build a narrower road than that laid down in the by-laws. The Minister upheld the appeal and the commission is going ahead with the Radburn scheme of development—a substandard road system constructed in a substandard manner. Why is it that members of Parliament have to bring matters such as this to the attention of the House? Surely the Government should immediately instruct the General Manager of the State Housing Commission to cease operations until he has presented comprehensive plans and specifications to the council detailing exactly what will be done.

I am conscious of the time and I do not want to delay the passage of this Bill any longer than necessary. There are many more things I would like to say. However, I will refer briefly to the parking area set aside for this development. The South Perth City Council believes that the parking area will be insufficient because of the decision made by the Minister for Local Government to permit roads of 20 feet rather than the prescribed 24 feet. There will be insufficient room to park cars on both sides of the road.

The Hon. F. R. White: Are these breaches of the by-laws?

The Hon. CLIVE GRIFFITHS: Of course they are.

The Hon. F. R. White: Why does the council not invoke the penalty clause?

The Hon. CLIVE GRIFFITHS: Unfortunately the council finds that it is fighting the whole State Government.

The Hon. F. R. White: But the State Government is bound by the legislation the same as anyone else.

The Hon. CLIVE GRIFFITHS: We know that.

The Hon. F. R. White: Take the commission to court.

The Hon. CLIVE GRIFFITHS: I am trying to tell the Government that it is bound by the laws. However, for some reason or other this Government places itself completely outside the law. It has no regard for the local authority whatever. A representative attended a meeting called by the South Perth City Council and gave all the undertakings in the world. He said that the council's interests would be looked after and no attempt would be made to ride roughshod over it. The next thing we know is that every member of Parliament representing the area received an appeal from the South Perth City Council for assistance because the council is in fact being disregarded.

The South Perth City Council wrote to two bodies which they regarded as experts in regard to parking requirements and road safety; that is, the Main Roads Department and the Police Department. These departments were asked to give an opinion on the State Housing Commission proposal for this development. The Main Roads Department replied saying that it was a hopeless proposition—I admit this is my resume of the department's letter—and a totally unsatisfactory situation. The department thought it would cause havoc to the users of motor vehicles in that particular area.

A brief letter was received from the Police Department. It reads as follows—

Traffic Branch

Town Clerk,
South Perth City Council,
Municipal Offices Civic Centre,
SOUTH PERTH. 6151.

Dear Sir,

STATE HOUSING COMMISSION
DEVELOPMENT—KARAWARA

I refer to your letter of May 31, requesting comments on this proposed development, and submit the following as pertinent.

A perusal of the plan received indicates that the road system would be inadequate.

Yours faithfully,

(Signed) A. L. M. Wedd
COMMISSIONER OF POLICE

The Commissioner of Police says that the road system would be absolutely inadequate.

Not to be outdone, the State Housing Commission goes to its expert on road matters, Mr. Rexilius, Chief Architect, to give his opinion on whether the road system was adequate. Mr. Rexilius says—

The comment made by Sgt. Rule—I do not know where Sgt. Rule comes in. The letter from the Police Department was signed by the Police Commissioner but perhaps Sgt. Rule looked at the plan. It continues

—of the Police Traffic Branch that the road system would be inadequate is an opinion but it is not clear on what this opinion is based.

I know Mr. Rexilius and his wife. They are very nice people and good friends of mine. I now intend to criticise him but it is not personal criticism. I am criticising his competence to pit his opinion as to what is and is not adequate in regard to roads against that of the Main Roads Department and the Police Department. I challenge his arguments and his competence to make an assessment.

However, the Government has decided to accept the opinion of Mr. Rexilius and to disregard the concern felt by the South Perth City Council. I wanted to comment briefly on the concern felt by the South Perth City Council that the State Housing Commission, under instructions from this Government, is not co-operating with or abiding by the requirements of the local authority in regard to the Karawara estate.

THE HON. I. G. MEDCALF (Metropolitan) [9.26 p.m.]: One of the aspects of the debate on the Supply Bill which has interested me greatly is the number of constitutional experts who have sprung up on all sides. It must have been apparent to members who have read the Press, watched TV, or even listened to the debates in Parliament—both in this House and in another place—that a number of experts on constitutional law have suddenly appeared and said that the Legislative Council cannot withhold supply.

It was quite astounding really to realise that, in saying this, these people were in fact exercising that wishful thinking which we all tend to indulge in sometimes, that dreamlike state when we say, "That must be the law because that is what suits us." In fact, of course, we must be very literal about this. There is not the slightest doubt that the Legislative Council has, and has had at all times, the ability to reject the Government's Supply Bill. It is not spelt out in so many words in our Constitution because it does not need to be. It is necessary for all Bills before Parliament to be passed by both the Legislative Assembly and the Legislative Council. In our Constitution there is a negative requirement

that in respect of amending money Bills, the Legislative Council can take only certain actions, but there is nothing to say that the Legislative Council cannot refuse to pass a supply Bill. In other words, its powers are not limited in the way in which some of the so-called constitutional experts have sought to claim.

There is no doubt about this. The plain words of the Constitution and the practices of British Parliaments make it quite apparent that the Legislative Council has the power to refuse to pass a supply Bill if, on its own decision and judgment, it sees fit not to pass it.

However, it is generally conceded, and I think I indicated this earlier, as a matter of convention the Legislative Council or second Chamber would look for a major issue which would justify its interference in the passage of a Bill to grant money to a Government for the ordinary financial services of Government. Traditionally, as indicated earlier by The Hon. A. F. Griffith, the second Chamber would require a major issue such as corruption in Government, gross negligence, or neglect of the interests of the State or of the people.

I have examined the situation carefully myself, as I suppose all members have done. I believe that there could be such an issue in the present situation of the transference of State powers to Canberra. The powers and influences of our State are being transferred to Canberra, and I use that word "influences" advisedly because I am referring not only to the legislative powers of the State but to the many administrative powers that the Government exercises without recourse to legislation.

If the people of this State were to suffer as a result I believe this would constitute an issue. However this, on its own, would perhaps not be an issue for the second Chamber without a further element which I believe is also present. That is that the Labor Government in Canberra is being aided and abetted in what can only be described as a conspiracy against the States by its little brother in Western Australia. The Labor Government in Western Australia, by its policy and platform must follow the party line and transfer power by request. We have read of this in the Press; that is, that it has been told to do so either by legislative or administrative action, or by default or inaction.

One member of this Chamber during the second reading debate on this Bill said that the speeches here would be more appropriate if made in the Federal House in Canberra. I do not dispute that; I believe that this is so. However they were not made in the Federal House in Canberra, but were made here. That is the point. The very fact they were made

here shows the depth of feeling that members of this House have in regard to the transference of the powers of the Parliament of this State to Canberra either by legislative or administrative action, or by default or inaction.

I believe we have sufficiently quoted Mr. Tonkin who said that the transfer of the State's powers was unwise and unnecessary and would be the downfall of State Labor Governments. I believe the public will, in time, come to realise that maybe this is the real issue for them and that such an issue may have justified the Legislative Council in intervening. In my view it probably would have, had not other considerations prevailed.

Finally, in view of the comments that have been made publicly, I want to reiterate my own views on the matters raised by The Hon. A. F. Griffith in relation to the Leader of the Liberal Party, Sir Charles Court. I hope that no man or woman in this community would think that the action of the Opposition members—or at any rate the action of members of the Liberal Party—in the Legislative Council, in not taking the advice of Sir Charles Court, is a disloyal act. If they think that they will think wrong. Such a thought is born of ignorance of the very high charge which Opposition members of the Legislative Council believe they have in being members of this House; that is, to act properly, carefully, and with stability as members of the second Chamber.

I believe this feeling that Legislative Council members should act properly, carefully, and with stability is shared by many members of the Labor Party who are members of this Chamber. I believe they would share the view that a Legislative Councillor should act cautiously and with a certain amount of restraint as a member of a House of Review, but alas, they cannot say so. They are bound to the platform of the Labor chariot, and any deviation from the platform or the policy will mean disciplinary action and possible loss of endorsement or even expulsion.

Sir Charles Court is undoubtedly a leader of exceptional ability, and I would like, personally, to reiterate the comments which have been made by The Hon. A. F. Griffith. I endorse those comments and I believe I can speak for a number of other members when I say he has our full support.

THE HON. J. DOLAN (South-East Metropolitan—Leader of the House) [9.34 p.m.]: I was delighted when the Leader of the Opposition said he was not going to ask for more. I thought that he may have been a little like *Oliver Twist*. However, evidently our thoughts are co-ordinated in regard to what both of us have said.

I would like to make one comment on the remarks made by Mr. Clive Griffiths. As stated by him I attended a meeting at which were also present representatives of the M.R.P.A., including Mr. Hawkins, and also members of the State Housing Commission. It was quite a pleasant meeting and at its conclusion all parties were perfectly happy that the correct thing was about to be done. That was last March, and until a letter reached me late yesterday I heard nothing more about it. I did not get home until midnight last night because I was attending a concert and that letter is still lying unopened on my office table. That is the first indication of any kind I have received from the South Perth City Council. As Mr. Clive Griffiths has said, I take it the letter relates to the area that has been under consideration in this House ever since I have been here. At the moment the name of the area escapes me, but it has a peculiar name. However, it is a place that has all the necessary facilities for a housing settlement, including good transport, water, sewerage, and power. It is within easy reach of the city.

Tomorrow, when I open the letter which is at present lying on my office table I will read of the matter that has been mentioned by Mr. Clive Griffiths. As is customary, when matters are raised during the debate on the Supply Bill, I will follow the example of previous leaders in this House and ensure the members concerned that answers will be given to any issues that have been raised during the debate on this Bill.

The Hon. F. R. White: We have not received answers to the queries raised on the Address-in-Reply debate yet, so I think you should reconsider the statement you have just made.

The Hon. J. DOLAN: I will refer all the matters that have been raised to the departments concerned and ask the Ministers in charge of those departments to ensure that replies are furnished to the queries that have been raised. I do not keep a tab on every request that is made to ensure that the honourable member who makes it receives a reply, but should any member fail to receive a reply to any issue raised by him, I will be only too happy to contact the department in question and ask that an answer be supplied to that honourable member as soon as possible. I give an assurance that I will do all that I have promised to do, and if a department fails to do that I can only offer an apology.

Question put and passed.

Bill read a third time and passed.

House adjourned at 9.39 p.m.