REMOVAL OF PRIVATE PRACTICE FROM PUBLIC HOSPITALS, ANOTHER ANGLE

Ireland has continuously been unwilling/unable to provide an equitable, affordable, effective health service to its population. This is because we have largely retained our early 20th century system, and tried to make ad hoc improvements but they haven't worked. Why have Irish people been so undemanding over the at the very least the last 50 years?

In the 1970s we had the beginning of the bones of a universal, tax funded health service. The Medical Card, could have been the basis of a universal public health service, the fact that students supporting themselves and financially independent of their parents were able to get medical cards could have been the beginning of publicly funded health care was for everyone. In the 1970s eligibility for access to public hospitals was extended, in a series of steps, to everyone, and this could have been the end of "private" medical practice in hospitals. Because a significant number of people did not look at their own long term best interest, that a tax funded health service would be available to them and everyone else as of right, and continued to pay for private medical care, the savage health cuts of the 1980s were politically possible.

If nobody had taken out "private" health insurance once income conditions of eligibility for treatment in public services were extended, then the health cuts of 1980s would not have been possible. Because Irish governments, in calculating what level of service to fund for and provide, have traditionally worked on the assumption that a significant number of people would opt out of the public system, sometimes through ideological belief but mostly through lack of faith in the public system, this then became a vicious circle, everyone opting out made it worse for those unable or unwilling to opt out of the public system and also made the cost of "private" services more expensive because it was a "market". For people using private services, providers were able to charge those willing to pay again for services which they had already paid for through their taxation. If everyone had made the public system their service of choice, the political imperative would have been that the service would have had to be better funded and resourced and more emphasis put on prevention if only for cost saving reasons. Successive governments have relied on people opting out of the public system and this has been a disastrous, Ireland has a costly private system and an underfunded public system, we need one system, neither "public" nor "private" but "collective" the possession of all, to be funded and supported by all and seen by people as something precious to be protected.

Of course, Sláintecare is to be welcomed but why did we not have something similar circa 1970? Why was health policy not always based on a consensus between political parties and civil society? Whoever thought that it was acceptable to use health and health care, a human rights issue, as something to be the subject of political point scoring? Health policy and health care provision should always have been decided through political consensus and always using evidence of what produces best outcomes, not what would be politically or economically advantageous to any particular group/location.

Public heath service provision has to be so good that there would be zero opting out, people should see the health service as "theirs", which they have paid for collectively, leaving no "patients" for private health insurance/private services. This should be the result of Sláintecare. However Irish people have allowed themselves to be conditioned to think that "private" is better and as using private services remains socially acceptable, individuals, in spite of the cost and the negative consequences for others, the danger, in the Irish situation, is that if a totally collectively funded

service is not the only service we would still have in a two-tier system. Maybe a slightly different one than we have at present, but still not a unified service.

The question on which views were requested was that of whether "private" practice should be removed from "public" hospitals. The approach should be different, we should totally drop the concept of "public"/"private" and have "patient" no qualifying adjective. Ireland, historically has not been able to cope with "separate but equal" that has never been achieved in Ireland so equality of access can only be achieved through a single collectively funded system. "Private" hospitals run as commercial concerns should never have been allowed, they only exist because of the existence of "private" health insurance and the chronic underinvestment in our public services. Of course, every facility doesn't have to be publicly run but should always be run by not for profit organisations all excess of income over expenditure going back into improvement in services or cost reduction.

Every service, whether originally established as a public, private or voluntary service, has to be totally available to all, medical considerations the only criterion to where, when or by whom a patient is treated, and all services funded collectively.

Slántecare rightly emphasises prevention of illness but we have to go much further and implement economic, social and environmental policies which make illness much less likely. Improvements to maternity care so as to reduce physical and intellectual damage to children as a result of birth injuries or negligence at the time of birth, have to be implemented. Better road and workplace safety is a health issue, reduce injuries, less pressure on health services.

Everything Sláintecare says about primary care is self-evident. Hospital admissions could be greatly reduced through being able to do more in adequately funded and staffed primary care facilities and in the community. For conditions where hospital care has to be used, most care should be on a day case basis, admission as an inpatient, other than for surgery, should be rare and certainly no patient should be kept in hospital for tests if, because of the unavailability of a test on a particular day, it is easier, administratively easier for the hospital, to keep a patient overnight or even longer. There is no excuse for the situation where a person, medically fit to be discharged, is kept overnight because the decision maker to authorise their discharge, is not available. There is also the situation where people cannot be discharged due to lack of step down facilities or home care, wasteful of resources and difficult for the patients. Even worse, there is the perception that "private" patients may be kept in overnight so that the bed fee can be charged to them.

Ireland has to move totally from "public"/"private". With "patient" no adjective, private patients in public hospitals or public patients, funded from costly National Treatment Purchase Fund, in private hospitals, becomes a non-issue.

M. Chambers