

Addressing inequality of health care

Inequality in access to health services and the rising cost of the health system are both challenges to the Australian health system (<https://www.health.gov.au/about-us/the-australian-health-system>). A number of articles in this issue of the *MJA* are relevant to describing the nature of these challenges and how they may be addressed.

The National Disability Insurance Scheme (NDIS) replaced a disability care system that was inequitable and provided limited choice and access to appropriate support. The self-directed nature of the NDIS is designed to, at least in part, overcome these limitations and address deeply rooted barriers that hinder people with disability from fully engaging in society. In this issue, Disney and colleagues used NDIS data to quantify the inequalities in the allocation and use of NDIS support (<https://doi.org/10.5694/mja2.52594>). They found that older applicants, those who are women or girls, and those living in socio-economically disadvantaged areas are less likely to be deemed eligible for the NDIS. As Smith-Merry and Chang note in their associated editorial (<https://doi.org/10.5694/mja2.52587>), inequality of access is linked to social inequities, in addition to providing guidance for future research to inform a more tailored and inclusive approach to support provision.

Obesity is a major contributor to the burden of disease in Australia and is strongly linked with social inequalities and disadvantage. After the failure of so many previous anti-obesity medications (<https://journals.biologists.com/dmm/article/5/5/621/3257/Anti-obesity-drugs-past-present-and-future>), the glucagon-like peptide-1 (GLP-1) receptor agonists provide perhaps a glimpse of light at the end of the tunnel. Supported by strong evidence of both weight loss and broader health benefits, and amidst a wave of viral celebrity engagement, their worldwide usage has skyrocketed. Within this context, Kanellis and colleagues discuss the role of GLP-1 receptor agonists in obesity (<https://doi.org/10.5694/mja2.52582>), with a specific focus on identifying funding models and models of care relevant for Australia. By addressing these challenges, the potential of GLP-1 receptor agonists to revolutionise obesity care in a sustainable and equitable manner can be fully realised.

There are also challenges on the individual level for patients. The decline in bulk-billing by general practitioners and the current cost of living crisis have affected affordability of health care for many people. Through analysis of Medicare bulk-billing rates and out-of-pocket costs for non-bulk-billed general practitioner services, Saxby and Zhang highlight the differences in access to affordable health care on the basis of geographic region, with those in remote and socio-economically disadvantaged areas of Australia having the highest out-of-pocket costs (<https://doi.org/10.5694/mja2.52562>). In their associated editorial, Rosenberg and



Hickie describe three issues that require redress to improve the system to a level of fairness expected by the average Australian (<https://doi.org/10.5694/mja2.52580>).

And finally, a medical history article that has less to do with modern challenges to the health care system, but rather provides a glimpse of health care challenges under extreme circumstances. Ariotti and Roberts-Pederson present a fascinating look at the diaries written from inside the Changi prison camp complex by prisoner-of-war Australian medical officer Major Kennedy Burnside (<https://doi.org/10.5694/mja2.52581>). For the thousands of his fellow prisoners-of-war in Changi, his work there played an important role in minimising the impact of their living conditions on their health. Key aspects of his work highlighted include the diagnosis, treatment and prevention of malaria and the development of a dysentery vaccine. The photos that accompany the article, taken by Burnside, provide an insight into the nature of the pathology laboratory that he established and an intriguing glimpse of life within the complex. I would recommend readers to take the time to view the full collection available on the Australian War Memorial website.

In one thought-provoking section, the authors detail how Major Burnside pondered whether his endeavours while a prisoner-of-war would have any relevance to his post-war career; he went on to have an illustrious career in medicine. Irrespective of his post-war career achievements, the value of what he did in that period, under those circumstances, cannot be overstated. In the words of Ralph Waldo Emerson, "The reward of a thing well done, is to have done it". ■

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