

Leadership in health: Effecting change

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What I am about to say to you, I say not as a representative of the government, nor should my remarks be construed as government policy in formulation. Perhaps, though, one day they might.

In many ways this is a somewhat self-indulgent address. It also may prove for me to be one of a 'career-limiting' nature!

What I will seek to do is to share with you some of my own experiences, identify the contemporary problems and offer some reflections on the kind of leadership required to address them. For those of you wondering whether you have come to the right conference or not, I can only offer that the most important things I learned, I did when I least expected and from the most unlikely people.

Late last year a constituent – people cease to be human beings and instead become constituents when you are a politician – forwarded me a book authored by Bernhard Philberth entitled *Revelation*. Within it I found the following passage:

Progress leads to chaos if not anchored in tradition.

Tradition becomes rigid if it does not prepare the way for progress.

But a perverted traditionalism and a misguided progressivism propel each other towards a deadly excess, hardly leaving any ground between them.

A better description of the dichotomies of reform that we face in health, I have not yet heard.

Vision creates power. It is a comprehensive sense of where you are, where you want to get, how you intend to get there and what you intend to do when you have arrived.

Vision is also something neither organisations nor individuals should ever allow to escape them. As Woodrow Wilson said:

We grow by dreams. All big men are dreamers. Some of us let dreams die but others nourish and protect them, nurse them through bad days ... to the sunshine and light that always comes.

So what should be our overall vision? My vision, for both our nation and health care system, I have adopted from the United Nations Children Fund, 1993, *The Progress of Nations*.

The day will come when the progress of nations will be judged not by their economic or military strength, nor by the splendour of their capital cities and buildings, but by the well being of their peoples; by their levels of health, nutrition and education, by their opportunities to earn a fair reward for their labours; by their ability to participate in the decisions that affect their lives; by the respect that is shown for their civil and political liberties; by the provision that is made for those who are vulnerable and disadvantaged; and the protection that is afforded to the growing minds and bodies of their children.

All nations, all organisations, and all lives which are successful must be built on a guiding set of principles or values. So too must their vision.

There are four principal values that have guided me. They were instilled by both my parents and the Jesuits with whom I was privileged to spend the last two years of my secondary education:

- Commitment: The persistent application to a cause in which you believe.
- Conscience: To ask the eternal question – ‘What is the right thing to do?’
- Compassion: To understand the perspective, feelings and emotions of another person or organisation.
- Courage: Few worthwhile goals are achieved without risk, without having a ‘brave heart’.

Several decades ago Mohandas K Ghandi warned against what he described as the seven social sins. The first of these he named as politics without principle.

Whether it be in health or in politics, it is critical to your own sense of wholeness, and indeed your success, that your ideas and actions be distilled into a basic set of principles. The world in which I now work is one in which integrity and principle are frequently little more than tradeable commodities.

I chose a career in medicine based on my observation as an economics dropout that those who approached the latter part of their lives with the greatest sense of satisfaction were people who, frequently against great adversity, had committed themselves to making the lives of others just a little bit better.

This year represents the tenth anniversary of my joining the Australian Medical Association (AMA).

As a young medical graduate I had always believed that if you worked hard and placed the interests of your patients ahead of all else, you could not help but be a good doctor. You would, committed to an ethic of service to others, naturally find yourself in a textbook or medical journal, attending meetings, practising good medicine and the financial rewards would naturally flow.

In 1988 my world changed.

One Saturday morning I awoke to find that my local Hobart newspaper was carrying a banner headline on its front page that 'The average GP in Australia earned \$125 000 per year'. This was compliments of a politician called George Gear who, like many before him and many others to follow, had chosen to build a career for himself on the denigration of my profession.

I joined the AMA determined that I would support my profession in overcoming the politics of mediocrity and envy.

Whilst I found the AMA filled with decent and committed people, it was clear that the world was passing it by. At my third meeting I turned to the person next to me and said, 'If it's the last thing I do I am going to change this organisation'.

I was told at the time that a person with an earring, a background in left-wing politics and a hairstyle my son would now describe as a 'number 2' had no hope of achieving anything in such a conservative organisation.

I refused to believe that worthy objectives were unachievable in what was purported to be one of the most democratic organisations in the country. Amidst controversial circumstances I successfully ran for President-Elect of the Tasmanian Branch of the AMA in May 1989.

Towards the end of that year I had my first meeting with Dr Bruce Shepherd. Bruce has been described as an 'avuncular right-wing orthopaedic surgeon'. Bruce

finds this somewhat offensive as he considers himself to be far more right-wing than that!

Our meeting, after the Tasmanian launch of the Australian Doctors Fund, was a seminal event in my life.

I approached the then Federal Vice-President of the AMA and President of its New South Wales Branch and said, 'Dr Shepherd I don't particularly like you. You've given the medical profession a bad name.'

I expected Bruce to respond with two words, the first of which would be 'get'.

Instead, he looked at me and said, 'You don't know me. But I have been watching you and you are going to go a long way. The medical profession desperately needs people like you.' He went on to say, 'When you get to know me, then tell me what you think. In the meantime you will find that we have more in common than you ever thought.'

I learned many valuable lessons over the years from Dr Shepherd, many good, some not so good. The two most important, however, were:

- Never pass an opinion on someone you haven't met.
- Surround yourself with people possessed of two qualities. First is that they are overenthusiastic and 'have to be hosed down twice a day'. You also need to surround yourself with those who are prepared to bleed for the cause. People who have fought for something in which they believe. That they are prepared to do so is more important than whether you agree with their cause or not.

Within five years of joining the AMA from one of its smallest branches, I was privileged to be elected to the federal presidency. From here, I set about to organise in five critical areas:

- Policy: It is pointless to seek to be an effective advocate without substantive policies to promote, nor is it possible to captivate enthusiasm for something if you are unable to identify what it is in which you believe.
- Personnel: The AMA had a Federal Council of 28. Not all of those individuals were people I liked nor were they people with whom I would naturally choose to work. But each and every one had something to contribute. It was my task to bring out the best in each of them so that they 'put their oar in the water at the same time'.
- Organisational structure.

- Political: There were two dimensions to the political environment in which we worked. The first were internal political issues, notable amongst which is the constant arguments between sections of the profession over industrial, professional and fee issues. But what I found is that there is nothing more powerful than harnessing idealism to practical achievements. Ensuring the AMA had a broad social and professional agenda meant that it was able to make doctors not only capable, but enthusiastic about overcoming their own self-interest to support the broader interests of the profession and its patients.

The second political challenges were external ones. Critical to our success in this area was establishing a working relationship and coalition with a range of organisations with whom the AMA had previously little or no contact, let alone collaboration on mutual objectives.

- Media: In my first National Press Club address after assuming the presidency of the AMA, I set out the agenda for the profession and its peak representative body in what was a controversial speech. Apart from the predictable issues of Medicare and health insurance, I added Aboriginal health, homosexual law reform, the treatment of women by the medical profession, youth despair and suicide, the impact of the environment on health, foreign aid and the treatment of women in the developing world, gun control, the health effects of unemployment and the importance of tobacco control to current and future generations. About an hour before I was due to appear, I turned to one of the staff, now a close friend, and said, 'I am bit nervous about this, I think I should take some slabs out of the speech'. He said something to me that day I will never forget. Rohan Greenland said, 'Brendan you have come this far. You don't want to forget why you are here and what you want to achieve.'

That day, amongst the first calls I received when returning to the AMA's Canberra offices, was one from Bruce Shepherd. A number of the things I had discussed were not things that Bruce would have done, nor necessarily were they issues dear to his heart. He said, 'Brendan I just rang to say I saw you on TV. I am very proud of you. Well done.' Such is the measure of a man that he knew that this had to be done and he loyally supported me through that and a difficult two years at the helm of the association.

After my preselection to the seat of Bradfield, a somewhat 'character building' experience, the Western Australian Premier, Richard Court, gave me another piece of advice I carry to this very day. He said, 'Brendan, just remember one thing. You are only there once. The saddest thing you will ever see is a politician who leaves after a period of time regretting that he or she did not say or do what they knew to be right.'

In every position that I have held, I have sought to squeeze out of it every last drop that I possibly could to challenge and change the way other people think. To confront injustice, intellectual bankruptcy and policy stagnation where political expediency has taken the upper hand.

Whether it was to say that I was ashamed with the inaction of the organised profession in relation to Aboriginal health; fossicking through dead dog carcasses at Brewarrina in western New South Wales, having been poisoned by pastoralists who had failed to consult their Aboriginal owners, or dragging television crews through Sydney hotels to expose the exploitation of young women by hoteliers offering 'free' drinks, it is about an activism of caring.

Effecting change is not only about the things that I have described, but it is about demonstrating that you believe in what you are doing. That you are prepared to do the unexpected and pay a personal price for that in which you believe.

By September 1994 I had had enough. I had been patronised by the last politician who would suggest that 'Brendan, if you want to change anything this Government is doing, you will have to change the Government.' I sold my house, I moved to Sydney and I am now privileged to represent, despite my best efforts, the safest Liberal Party seat in the country.

Leadership without vision is management. Management is about getting results, but leadership is why we want those outcomes, where we are going, how we relate to one another. It is about ideas and wisdom reflected upon those whom you wish to lead.

Good leadership is hard to define, but you know it when you see it. It inspires others and evokes in them a genuine enthusiasm for transcending their own self-interest – to support those ideas which are in the long-term interests of us all, both as individuals and as a group. Good leadership takes people to where, in their best selves, they know they need to go.

I spent most of my medical life working in low income areas – public housing, blue collar workers and three generations of welfare dependency. I now represent one of the most affluent electorates in the country because I learned in effecting change that you need people with influence around you.

I have sought to distil the concerns of people into a single one that will most reliably bring them to where you want to get them. It is not so much worry about their own lives, but rather the future faced by their children and the legacy left to the next generation.

Something obvious keeps eluding us – our legislators and many who profess to lead in modern life but which is quietly understood, though not articulated by

everyday Australians. It is that the emerging battles are not one of Labor and Liberal, nor are they arguments of left and right, but rather the political divide is rapidly becoming one fought between those who have values, ethics and philosophical perspective, on the one hand, and materialists seeing little other than the primacy of markets, on the other.

You can open a newspaper, turn on a television or radio in any part of the country on any day of the week and you will read or hear of evidence of a society that is seriously failing.

We are a country preoccupied with death, whether it be in the form of in excess of one youth suicide a day or a euthanasia debate, whatever your attitude to it. We are a nation that has been engaged in what is described as a 'race debate'. Australia has an unprecedented level of drug use, both legal and illegal. Gambling has been elevated to the status of a religion in many parts of the country. Australia has a disappearing middle class, with 2 million Australians now living in households earning less than \$20 000 a year. There is a growing divide between country and city, at the vanguard of which is a debate about Native Title and, more recently, waterfront reform.

John F Kennedy, when President of the United States of America, identified the *real* struggles of his generation as being against tyranny, disease, poverty and war.

Social policy researcher, Hugh McKay, in his February 1997 column in *The Australian*, invited his readers to consider who, in the nineties, are our heroes?

Who are our heroes? The question I ask is whether a significant number of Australians, especially young people, have given up on the 'real' wars of the twentieth century? The celebratory struggles of youth have been replaced by a grim determination to survive a day-to-day emotional and material subsistence.

What *are* the struggles for our generation? In what do we believe? What kind of country do we want to become, upon what values will it be based and what do we need to do to get there?

In marginalising the role of churches in public policy debate; disparaging the role of parenting as a full-time occupation; pushing kids to the zeniths of educational achievement beyond their natural abilities, studying courses which in their hearts they do not like, for jobs they doubt may exist; in relegating voluntary work to the domain of the 'do-gooder;' and diminishing respect for institutions and professions, we have created a culture in which young Australians, especially, feel that they have nothing greater than themselves in which to believe.

Once we were a nation enmeshed in 'God, King and Country'. These things inevitably change, but you can't help but feel that we are left with a vacuum.

Many Australians now feel that they live within a system to which they are no longer committed. They await the outcome of events, not anticipating any meaningful role in decisions that are made about their lives.

The next generation faces a future which does not guarantee a higher standard of living than that enjoyed by their parents. Yet they remain tethered to a value system equating success with a BMW, mobile phone, fashionable clothing and outstanding results at school.

The problem is not that young people have not learned our values. It is that they have.

So what does this have to do with health? Some of you may think that you have come to the wrong conference. It has everything to do with health. Most importantly, it has everything to do with the political, financial and philosophical debates in which you are engaged. For your sector and those whom you represent have traditions deeply rooted in ethics, values and an ethic of service to others. You have the potential to be amongst the most powerful combatants in a new and emerging political war.

Associate Professor John Duggan, writing in the *Medical Journal of Australia* last year (3 Nov 1997), said this:

In Australia, organised medicine fails to show effective leadership in health care delivery, health bureaucracies lack long term plans, the community is concerned about the health care system and, although denied by politicians, there is defacto health care rationing.

Rationing, perhaps, remains the most obvious evidence of the ideal being out of step with reality.

Although ethical choices of treatment in hospital care attract the most media attention – low birth weight babies and money spent in the last year of life – there are deeper issues to be teased out.

While efficiencies remain to be gained in the system – in the administration of its resources, funding mechanisms and utilisation at hospital level – how can we allow such crude decisions to be made?

Time magazine late in 1993 ran a story which, whilst extreme, illustrates the dilemma.

In Philadelphia, siamese twins were born to the Lakenberg family. They had a fused liver and shared heart. One would need to be sacrificed to still offer the

other only a 1% chance of survival. The surgeon leading the team, Dr James O'Neill Jnr, said:

We take the position that parents have the right to choose. If someone is going to ration care because of money, it is not going to be us.

Doctors have a relationship to patients, but they also have responsibilities to their colleagues and to society generally.

If doctors, hospital administrators or anybody else focused *only* on the patient, refusing to participate in decisions about resource allocation, then we abrogate our responsibilities to those who miss out. No-one in health should be desensitised to the agony of decision-making over resources. A preoccupation with one person, and one only, ignores the costs imposed on others.

Governments need first and foremost to give an honest explanation of Australia's health care system that those they seek to govern can reconcile with their day-to-day experiences.

It is time that there was a 'state of the nation' address explaining how our health care system is financed and the nature of the contemporary problems. To articulate a vision of where we want to get and how we intend to get there, and determination of the broad priorities for the health system in its entirety.

In considering the myriad of issues that face our health care system, remember that there is deep grief and anger in Australia about changes that many do not understand, and many others simply don't want. Pauline Hanson has been a lightning rod for that national grief and anger, the issues she raises going to the very heart of the changes that are occurring in our country.

The problem arises when those professing to lead follow popular opinion rather than recognise the need to lead it. It is in these circumstances that the entire nation is vulnerable. Equally, if we allow facts to bow to bias, truth is in danger, and evil in all its guises finds an environment in which it may flourish, if not triumph.

Amongst the critical issues are:

- Public expectations outstripping the capacity of the health care system to deliver.
- A changing emphasis from financing to health itself.
- An unsustainable growth in outlays – pharmaceuticals, Medicare benefits and the role of co-payments.
- Integration of community and hospital services.

- Benchmarking evidence-based medicine – again the clinical versus the financial. It is worth remembering that on 2 August 1775 John Hunter said to Edward Jenner ... ‘but why think, why not try to experiment.’
- Corporatisation of hospitals and prospects for managed care.
- Privatisation of public health care delivery. What are the social, teaching and research obligations of society and can these be met entirely by the private sector?
- Private sector contracting – will there be an abuse of market power? In my view there is clearly a need for a code of conduct in relation to negotiations between health insurance funds and private hospitals.
- Competitive tendering and the application of competition policy.
- Ageing – age dependency ratios collapsing and a change to our economic, political and social priorities brought about by the ageing of Australia.
- Casemix – activity targets and marginal funding levels.
- Confidentiality and privacy.
- Reallocation of resources to growing catchment areas.
- Technologies – their use in clinical medicine and communication.
- Changing patterns of health service delivery – hospital in the home, step down care and day surgery.
- Capital maintenance.
- Euthanasia.

You come to this conference in challenging times. Australia and its health care system is at a crossroad and that creates an environment in which people are willing to listen to those skilled in the art of leadership.

My numerous critics call me an idealist. I hope that they never stop. Those who abandon their idealism do so to court irrelevancy. What is essential, though, is that idealism be harnessed to practical achievements that serve the interests of others.

To make a difference, you need the courage to challenge the status quo; to confront and prod the comfortable thinking of others; constantly challenging and changing the mores of those who profess to lead but who, all too often, are led by public opinion.

In recent years this has become a selfish country. Those in my generation, in particular, have become more concerned about rights than responsibilities, value

rather than values, and a preoccupation with the here and now instead of meaningful planning for the future.

The romance of struggle is dead only for those deaf to despair, blind to injustice and indifferent to the future. In the end, it is not the economic indices with which we are so understandably obsessed that will determine our future, but who we are, our values and beliefs, how we relate to one another and see our place in the world.

I am told every day that politics is the art of the possible. I believe that real politics must sometimes also be the art of the impossible.