

LEGISLATIVE COUNCIL

Wednesday, March 5, 1975

The PRESIDENT (Hon. Sir Lyell McEwin) took the Chair at 2.15 p.m. and read prayers.

QUESTIONS

SENATE VACANCY

The Hon. R. C. DeGARIS: Has the Chief Secretary a reply to the Premier to my recent question relating to Government action that may be taken regarding Territorial Senators?

The Hon. A. F. KNEEBONE: Yes, I have a reply. It is "No".

MEDIBANK SCHEME

The Hon. F. J. POTTER: Can the Minister of Health say whether it is the intention of the Government to present a Bill to this Parliament to ratify the agreement made between the State Government and the Australian Government in relation to the adoption of the Medibank scheme and, if not, why not?

The Hon. D. H. L. BANFIELD: I will not be introducing a Bill to ratify the agreement. This is an Australian Government programme, and we are co-operating.

The Hon. B. A. CHATTERTON: On a recent visit to the Riverland area, I was informed that Barmera Hospital had many problems with unpaid debts. Can the Minister say what the position will be under the Medibank scheme, whether the debts in future will be covered by Medibank, and whether there is any opportunity for the hospital to recover some of the existing debts from the scheme?

The Hon. D. H. L. BANFIELD: As from July 1 hospitals will start with a clean slate. This means that any debts outstanding on July 1 will not come into consideration in connection with Medibank.

The Hon. R. A. GEDDES: Can the Minister say whether Parliament will have an opportunity to debate the agreement that I believe the Minister or the Government will be signing?

The Hon. D. H. L. BANFIELD: An announcement will be made as to what is in the agreement. I have no intention of introducing it in the Council but that will not stop honourable members opposite from asking questions or moving a motion.

The Hon. V. G. SPRINGETT: I seek leave to make a short statement before asking a question of the Minister of Health.

Leave granted.

The Hon. V. G. SPRINGETT: The Minister said that on July 1, hospitals would start with a clean balance sheet. Does that mean that people with outstanding debts to the hospital will get away without having to pay anything at all?

The Hon. D. H. L. BANFIELD: No; it does not mean that. It means that money owing to the hospitals will not be affected by the Medibank scheme. The people will still owe the money to the hospitals.

LOAD LIMITS

The Hon. M. B. DAWKINS: I seek leave to make a short statement before asking a question of the Minister representing the Minister of Transport.

Leave granted.

The Hon. M. B. DAWKINS: All honourable members will be aware that some time ago Parliament amended the Road Traffic Act to provide for weight restrictions, for the purpose of safety, on trucks. At that time, as a result of

representations, the Minister was persuaded to insert in the legislation exemptions for some trucks. The Minister assured me at that time in private conversation (and I mentioned it in this Council) that he intended that those exemptions should work when the occasion arose and when the circumstances were propitious: he did not mean that the exemptions in the legislation were to be just so many words on paper. I have had inquiries directed to me as to how primary producers should apply for these exemptions, as they need them. Can the Minister say what method of approach should be adopted, and can he say that it should be through the Road Traffic Board?

The Hon. D. H. L. BANFIELD: I will seek a reply from my colleague.

ABORIGINAL FARMING

The Hon. M. B. DAWKINS: Has the Chief Secretary a reply to my question about Aboriginal farming pursuits, particularly in relation to Yorke Peninsula?

The Hon. A. F. KNEEBONE: In accordance with the request from the Point Pearce Community Council Incorporated, the Aboriginal Lands Trust has withdrawn from a farming operation at Point Pearce. The total management of Point Pearce, including the farm, is as from the end of the 1974 harvest the responsibility of the Point Pearce council. The trust is the most appropriate organisation to secure the Aboriginal land title, and the council has been given a lease of the area for 99 years. The manner in which the Point Pearce farm is conducted is now in the hands of the council.

PETROL TAX

Adjourned debate on the motion of the Hon. A. M. Whyte:

That, in the opinion of this House—

- (1) The Government should urgently consider promulgating regulations under section 35 of the Business Franchise (Petroleum) Act, 1974, to remove the burden of the petroleum tax on fuels (with the exception of petrol), used by primary and secondary industries: and
- (2) The Government should further consider the promulgation of regulations under section 35 of the Business Franchise (Petroleum) Act, 1974, to remove the burden of the petroleum tax on any fuels used in primary and secondary industries.

(Continued from February 26. Page 2561.)

The Hon. C. M. HILL (Central No. 2): I support the motion because of the assistance that would be given to primary and secondary industries if it was passed and if the Government acted to conform to the terms of the motion. Although I am concerned about both primary and secondary industries, I speak more particularly in regard to secondary industry, which, I believe, would be helped greatly, in that this taxation burden would be reduced if the Government carried out the wishes contained in the motion; also, it would encourage secondary industry to employ additional labour. In that way, the motion sets out to help the most unfortunate unemployment situation that exists in South Australia at present.

I pose the question regarding the State Government's plans for employment in South Australia. The Government has done its best to place the burden of this problem on the Commonwealth Government but, in my view, it should not get away with that kind of political tactic. There was a day not many years ago in this Parliament when the Labor Party was in office and unemployment was increasing. Day after day questions on the subject of

unemployment were asked, and day after day the Government replied to them and accepted the responsibility for unemployment in this State. However, the Government seems to believe that the situation has changed, but it has not changed. The people of this State, especially the unemployed, look to the State Government for help on this question of unemployment.

Although we have not got the February figures on unemployment in this State (and that might be a good thing from the Government's point of view because I believe that they will be higher than the January figures) I have before me the figures that were announced officially for the month of January. A newspaper, dated February 11, contains an article which states that the figures in January for unemployment took a leap of 5 000 and that the number of people out of work in South Australia in January was 26 854. It was the worst figure for this State since the days of the great depression and, therefore, I stress the question, which I believe the Government should be answering, regarding what plans it has to help the unemployment situation in this State. The motion is a positive move to reduce taxation and thereby encourage employers to regain the confidence we want to see them regain and, in that process, they will both re-employ and employ some of the unemployed in the State.

If the Government takes heed of the motion on this point, it will assist this State's unemployment situation. The question could be answered by means of the favourite reply the Government makes every time this question is raised, namely, what do you expect us to do: reduce education expenditure or reduce health facilities? But the positive solution lies in the good management of the State's finances. If the Government applied the principles of good management, it could well afford to go without the revenue that it would forgo if it adopted the terms of the motion. As regards good management, I will refer to some of the headings that I think the Government ought to consider, the first of which is the deferment of Monarto. If that message has not come to the Government loud and clear from the Public Service and the average person in the street in South Australia, the Government has not got its political ear to the ground. Much money could be saved if the Government took that action.

The Government could also suggest to those people within its media monitoring service and to some of its vast army of press and publicity officers that they should seek employment in the private sector. When that is accomplished, the Government should abolish the media monitoring service and reduce the number of press secretaries, thereby saving money. I could go on and on. The Government must in future nip in the bud the hairbrained schemes such as dial-a-bus and the compulsory amalgamation of councils in this State, on both of which much money has been wasted.

The Hon. T. M. Casey: You don't agree with that report at all, do you?

The Hon. C. M. HILL: I do not think the Government should ever have gone on with the scheme to which Cabinet agreed. When the Minister put the scheme to Cabinet, that was the time to save the State the immense sum of money that has been spent. I cannot ascertain what that sum is. Although I have asked questions regarding the matter, I have not received a reply.

The Hon. D. H. L. Banfield: Do you think it was a waste of money?

The Hon. C. M. HILL: It was a waste of money to go on with a scheme that should have been ditched.

The Hon. T. M. Casey: I think it will eventually be proceeded with.

The Hon. C. M. HILL: I think the Government is trying to curry favour because an election is coming up next year. Is the Government going to continue doing this sort of thing and, once it has calmed down public opinion on the issue, have another go?

The Hon. R. C. DeGaris: Through the back door.

The Hon. C. M. HILL: That is so. I could go on and on in this way. Furthermore, because of the serious financial situation facing the State and because of the present number of unemployed South Australian citizens, expenditure should, for the time being, be curtailed in the whole area of arts.

I now return to the point I made regarding taxation. The taxation increases which have, in part, caused unemployment in this State have been immense. State taxation has in part occasioned this unemployment, because we all know that, when employers' overheads increase, they must retrench labour. They have no alternative than to do so, especially when a great part of their overheads is increased State taxation. I should like now to refer to some of the increases in State taxation about which one does not hear very much.

The Hon. R. C. DeGaris: It was stated last August that there would be no further State taxation increases.

The Hon. C. M. HILL: That is so, but we all know what happened. In the last four years, direct State taxation has increased from \$58 000 000 in 1970-71 to a budgeted estimate of \$208 900 000 in 1974-75. To this, one can now add about a further \$20 000 000 in taxation as a result of the impost on petrol and cigarettes. This therefore involves nearly a four-fold increase in State taxation, from \$58 000 000 to \$229 000 000, in the four years to which I have referred.

It is interesting to note, from a personal point of view, that for every \$1 that each single taxpayer in South Australia paid in tax to the State Government in 1970 he must now pay \$3.60. I should like now to refer to pay-roll tax, which directly affects the employers to whom I have referred. When this State took over this matter from the Commonwealth Government, pay-roll tax was levied at the rate of 2½ per cent, and was bringing in about \$20 000 000 a year. The Government, by a succession of moves, has now increased that tax to 5 per cent, and this year it is estimated that \$94 000 000 will be collected. That represents nearly a five-fold increase.

That is referring to the situation in general terms. We know of many items that have been affected by increased taxation, all of which tend to aggravate this problem, and all of which in totality could at least gain some relief for the community if the Government accepted the motion before the Council. We have seen the 6c a gallon petrol impost, astronomical increases in land tax revenue where land-tax assessments have taken place, increased water rates, and increased gas charges as a result of the 5 per cent levy on the South Australian Gas Company. We have seen a 25 per cent increase in vehicle registration fees, and a \$3 to \$5 increase in driver's licence fees.

There has been a \$10 increase in the registration fee for trailers of a certain size, and an increase from \$1 to \$3 in the fee charged for driving tests, increased taxation on cheques and conveyancing charges and we have had new taxes imposed in respect of mortgages. There has been an increase in taxation in general insurance, life insurance, third party policies, and the transfers of registration of motor vehicles. These are merely some of the examples of the huge taxation increases that have been made by this Government.

In the motion now before the Council we are dealing with a proposition to reduce taxation, and therefore to encourage employers to offer more jobs in South Australia, thereby helping those most unfortunate people who are unemployed in South Australia. I plead with the Government to take notice of this motion and to do all in its power, to reduce, by regulation, these imposts in the motion to which I have referred. If the Government does not accept these statistics and does not accept the reasoning, it has little cognizance of the suffering, the tremendous need and the unfortunate social and economic problem caused by unemployment.

Finally, I quote the wise words on this subject of Abraham Lincoln, who said, "You cannot strengthen the weak by weakening the strong. You cannot help the wage earner by pulling down the wage payer." Socialists elsewhere in Australia have at last come to realise that they must take heed of this philosophy, and it is about time that the Socialist Labor Government of this State did the same thing.

The Hon. A. F. KNEEBONE secured the adjournment of the debate.

MEDIBANK SCHEME

Adjourned debate on the motion of the Hon. R. C. DeGaris:

That, in the opinion of this Council, the acceptance by the State of the Commonwealth Government's proposals under the Medibank scheme will:

- (1) jeopardise the efficient delivery of health services in South Australia;
- (2) seriously affect the existing efficiency of the subsidised, community and private hospitals;
- (3) generally reduce the standard of health services in South Australia; and
- (4) produce inequalities and inequities in the provision of health services to different sections of the South Australian community.

(Continued from February 26. Page 2562.)

The Hon. V. G. SPRINGETT (Southern): I support the motion introduced a week ago by the Hon. R. C. DeGaris in relation to Medibank. No-one can deny that provision of a national health service for this country is one of the most critical measures ever to be debated in the history of Parliament, whether Commonwealth or State. On the one hand is the view of the Socialists, based upon their time-honoured belief that they know best what is best for the people; what is best for them and what would give the greatest satisfaction is part of the dogma of Socialism. It is true to say that very little would be left and not controlled centrally given time under a Socialist Government, so it is not surprising that quite early in its life it is trying to pass this rather important scheme. On the other hand is the attitude toward good medical and health care of those who believe in free enterprise.

Free enterprise seeks to give the individual the right to arrange his own life, both in sickness and in health, and to decide for himself the type of service he wishes. Under this sort of system, care and provision for those genuinely unable to provide for themselves have always applied, throughout the history of medicine. Medical care and its provision must always call for the same standards of judgment as are applicable to other facets of life. One cannot think of medicine in isolation. I personally think of society (and indeed human beings) as something of a building with a basement floor below which no-one could sink for want of help and care. At the same time, I believe strongly that there should be no fixed roof to prevent people who, by their own efforts and choice, can aspire upwards, from making their own decisions, as so many have done in the past.

Socialist dogma, as I understand it, inevitably gears the community to the lowest and slowest, while free enterprise encourages and gives opportunity to those with ability and talent to provide for themselves and for their families, unfettered by Party dogmas. Obviously, checks and counter-checks have to be applied in either system. In the case of dogma, these checks are based upon "thou shalt not", while free enterprise provides an atmosphere in which people can decide for themselves with a minimum of control.

I suppose from July 1, 1975, in days to come we will get the hang of M day, when Medibank comes into being and when the Government scheme, which is only 18 weeks away, is supposed to come into full operation. It is only 15 weeks to 18 weeks away, yet we know barely anything about it beyond the conception and the general skeleton. It was only two or three days ago that anything more than the skeleton was made apparent to us. How monstrous it might be, how workable or unworkable it might be, and what sprats are there to catch what mackerels have not yet fully emerged; there is more to come. Have they been kept there, ready to be revealed so late in the piece that people will be just swept into the scheme because there will be no time or opportunity for them to do otherwise? Obviously, as a doctor I have a keen interest in what will emerge—not as banner headlines costing \$1 500 000, but the small print which forms the stuff of which national health services are created.

May I say here, and remind honourable members, that throughout generations a standard of medicine has evolved in this country which has become the envy of many countries and is respected world wide. During that time, the community has been well served; yet, for the sake of dogma, in less than five months from now the community has to accept that the Government is going to insist that it knows best for the citizens of this country, in the face of world-wide evidence which indicates that no country that has embraced socialised medicine has not reached the point where centralised care has broken down or has caused so much economic imbalance that the scheme becomes a burden and the standard of medicine begins to erode away. Not one country which has embraced socialised medicine has not had that experience.

Britain, with its complete Socialist scheme, took two years from the day the Parliament in Westminster passed the required legislation to implement it. We have had only a few months in which to iron out a few of the bugs, and there will be plenty. No-one, whatever his politics, could dispute that this country has been built upon free enterprise. It is salutary to note that until a couple of years ago Socialists, as well as non-Socialists, proudly proclaimed that Australia was "God's own country". Perhaps we have fallen from divine grace. However, one thing is certain: judged against oversea medical services standards, we are unlikely to be so highly regarded in the future once all medicine comes under the mail-fisted hand of bureaucracy.

As the Government sector of a nation extends and increases (including medical services), so the burden placed across the shoulders of the private sector also increases. Let us not forget that, as the Government sector enlarges, so the private sector decreases in size, thereby throwing an ever-increasing load upon fewer and fewer people who represent the productive output of society. Medicine can hardly be called a major productive segment of society. Around the world is a string of countries which have flirted with, and in many cases embraced, socialised medical services of one sort or another. Without exception, they have tied up more than they could afford of their

gross national product, so that once the honeymoon period was over they had to start looking around to see how to reduce the financial burden originally accepted so readily. We were told that 1.35 per cent would be levied on our taxable income, but that figure already is well and truly outdated.

The Hon. D. H. L. Banfield: So has the tax been outdated. That is not going to be—

The Hon. V. G. SPRINGETT: It has got to come from somewhere.

The Hon. D. H. L. Banfield: It was knocked out in the Upper House in Canberra.

The Hon. V. G. SPRINGETT: Look around the world at some of these countries. Each individual country has its own personal method of development and the history of each is fascinating. They all start off with the desire and the will to care for and provide for the indigent poor. There is nothing wrong with that. They then go on to provide financial aid to members of society who, though better off, still feel the stress of the cost of medical services in what has come to be regarded as medicine's scientific age. The idea of a welfare State is almost as old as history itself. Society (which in the past has usually meant the church) has taken care of the sick and the needy of the day. All the way back through history one can see this. Coming more up to date, what about Germany? In 1880, in the days of Bismarck, Germany took steps to see that laws were enacted inaugurating a compulsory scheme of insurance against sickness, accident, invalidity, and old age.

In the United Kingdom, in 1911 Lloyd George brought in his national insurance legislation—a scheme which apparently reproduced a lot of Bismarck's ideas. In England in 1834, a medical service for the poor was added to the already active poor law which dated back to 1812. Hospitals for paupers later became public hospitals, which in turn became the public hospital services of this century. There were other ways of helping the poor and others who needed help. In 1873 the Saturday penny a week fund came into being, first in Birmingham. Of course, various schemes have been adopted since then. In 1921 the British United Provident Association came into being.

France has a very bureaucratic form of socialised medicine, with which the people are becoming increasingly disenchanted. French doctors have succeeded in retaining four principles which they and their colleagues in other parts of the modern world hold dear: first, free choice of doctor; secondly, the sanctity of professional secrecy (this goes by the board in some places); thirdly, freedom to prescribe and to run their own practices as they wish; and, finally, freedom from interference in the doctor-patient relationship. However, the French system is so bureaucratically bound that the doctors are far from happy about it. In 1949, when there was a referendum on this kind of matter in Switzerland, the people turned down a proposal for nationalised medicine.

The Hon. R. C. DeGaris: I wonder whether the Government would hold a referendum here.

The Hon. V. G. SPRINGETT: It would think twice before it did.

The Hon. D. H. L. Banfield: There have been two elections on the issue.

The Hon. V. G. SPRINGETT: New Zealand has had a national health service since 1938. It is called a free medical service, but that is a scandalous misnomer. Nowhere is there a free service: a person may not have to pay to get the service provided, but he has to pay before and after receiving the service.

The Hon. R. C. DeGaris: Do you believe that the Commonwealth Government has been infringing its advertising laws in advertising the so-called free medical service?

The Hon. V. G. SPRINGETT: I have wondered about that matter. Perhaps the Minister can answer the Leader's question. As a result of the so-called free service, New Zealand has become one of the most heavily taxed communities in the world. Australia already has a relatively high tax scale, and perhaps we may be able to oust New Zealand and even become the pacesetter for finding new sources of taxation. In the United Kingdom the people have a fully socialised form of health service. Apart from the prescription fee and some optical and dental work, the system is entirely financed by taxation. According to one writer, the United Kingdom has the most socialised service outside of Russia. In Australia, the late Sir Earle Page, at one time Minister for Health in the Commonwealth Government, emphasised that it was not the socialisation that was objectionable; it was the degree of socialisation. All help and charity in its true meaning is a form of socialisation.

Good health for all! It sounds good on the posters and in the newspapers, and no doctor or layman would not subscribe to that philosophy, but at what cost, and how will that cost be raised? It is true to say that the method of financing the scheme is not the point of greatest concern, whether the method be by means of direct taxation, a special levy more realistic than 1.37 per cent on taxable income, or what have you. One thing stands out like a sore thumb: the service has to be paid for from somewhere. What concerns me is the almost certain fact that the Commonwealth Government will by its fiscal powers reduce, if not remove, the State's powers to run their own health schemes and services. This point is particularly vital to South Australia, because of the number of private, community and subsidised hospitals, on which we rely more heavily than do other States. Fundamentally, therefore, this State is more vulnerable, and I am sure that such Commonwealth intrusion would be resented by both sides of politics.

Even the present South Australian Government, which has agreed to join the Commonwealth scheme, is surely not happy that it may lose control of its hospital services. Having promised national health care, Governments all over the world are finding that total health care costs are growing steadily all the time and will continue to grow, but there is no turning back once the wheels have started turning to nationalisation. Man has sought to prolong his life; or, rather, to postpone death, and to live free from disease or pain for as long as he can. Consequently, all through the ages the physician has enjoyed the humbling privilege of special recognition by the community. With the speeding up of the provision of socialistic services, the public has become increasingly demanding. *Readers Digest* and other equally informative publications have increased man's search for information and have put at his fingertips information that has caused him to seek therapy from his doctor at a rate and level not before experienced. Modern medicine is not cheap, whatever else it is.

Lord Beveridge, the originator of Britain's nationalised health services, and the late Aneurin Bevan, a formidable Socialist giant, between them piloted the scheme into being in Great Britain. They were both intellectually sincere. To keep to the analogy of a ship, the seas were pretty rough and, in fact, a majority of doctors and the public opposed the scheme; they showed this through their votes. However, the scheme was pushed through Parliament on strict Party lines. Lord Beveridge and Mr. Bevan neglected

two vital points: first, the post-war technical revolution was, to a significant degree, a therapeutic revolution that gave to the doctor an enlarged armamentarium to choose from in treating his patients (the seriously ill as well as those with minor ailments). This meant that the general practitioner's field of activity became greatly enlarged, and he could extend his care over a wider section of the community. This inevitably resulted in the second point that was neglected by Lord Beveridge and Mr. Bevan: a higher cost structure than they had budgeted for. The therapeutic revolution meant more treatment and more expense. In other words, the cost structure was out of focus from the beginning, and it has remained so ever since.

According to the late President of France, Monsieur Pompidou, "If health care costs continue to rise at the present rate, today's entire gross national product will be required to finance the health care costs of France by the year 2000." He made that statement in 1972, only 28 years from the turn of the century. I have been informed by economists that it is difficult to see how any nation can allocate much more than 10 per cent of its gross national product to health care without causing losses in other equally vital services such as education, transportation and ecology. Adequate expenditure is as important in these fields as it is in the medical field if the term "quality of life" is to have any meaning at all. That is the term we are using more and more, and it is regarded as being more important to the average citizen. The rate of spiralling costs in much research work is astronomical. Throughout history, the care of the sick has been closely allied to the work of the Christian church. In South Australia, we have the Calvary Hospital, St. Andrews Hospital, Memorial Hospital and others; other States and countries have their religious hospitals. I am glad to hear that another institution of great merit, namely, the Kate Cocks home, will be continuing its own special work for a special section of the community. I understand, however, that hospitals such as Calvary Hospital will be expected to turn over a proportion of their beds for public use. For goodness sake, why? These hospitals are fulfilling a fine community service; so, why must they be tampered with? They are going well and are serving the community nobly.

The Hon. D. H. L. Banfield: They will not be compelled to do it.

The Hon. V. G. SPRINGETT: No, but what will happen to them if they do not?

The Hon. D. H. L. Banfield: They will carry on with their private patients. Do you think there will be no private patients?

The Hon. V. G. SPRINGETT: No. There will be plenty of private patients.

The Hon. D. H. L. Banfield: Then they will carry on with their own.

The Hon. C. M. Hill: Where will you get the beds

The Hon. D. H. L. Banfield: We'll manage.

The Hon. C. M. Hill: In the park lands?

The Hon. D. H. L. Banfield: You have a fair place where you live.

The PRESIDENT: Order!

The Hon. V. G. SPRINGETT: Is it again the old dogma of, "We know what is best and you must fall into line or else"? Disturbing the efficient and well-balanced work of these hospitals will not give one extra bed, nor will it do a single thing to improve overall care. Waiting lists will probably become even longer. The more I read such information as comes through the various channels, the

more certain I am that the plan does nothing to enhance or improve the climate of care for our future citizens. If it does not do that, what can it do? More important, what are we trying to make it do, as the Parliament of South Australia, in agreeing to the Commonwealth scheme? All the words which are spoken and those which have been written are all for nothing if the end result is not an improvement in the quality of what we offer people now or, even more important, what we will offer them in the future.

Each of us can produce examples of failure in any system. We can produce examples of failure, but what we are concerned with is the total picture of total care and what nationalisation of medicine (call it Medibank or what you will) is likely to do not to one or two people but to thousands of people who will have to bear it and its consequences when they are sick. The patient and his well-being should be at the centre of every decision and suggestion. If he is not, then our sense of direction is entirely out of perspective and our purpose and priorities are wrong.

One thing we can never forget is that, if there was no patient, there would be no need for any medical service, and we could all shut up shop. It has been said that, when planning for the future, we neglect the available body of history at our peril. The further we look back, the further we can look forward. We neglect history to our peril. True, every country without exception that has gone in for State medicine has found the same kinds of problem. The more sophisticated the country, the more troublesome has been its entry and subsequent maintenance of service. The less advanced the country, the fewer its problems. In other words, if we are to learn much from the past, we are in for a somewhat rough voyage. I noted that the Prime Minister, when speaking in Sydney last Monday, had some stringent words to say about the Australian Medical Association in general. As has been happening all along, the Government has dealt with the subject as a Government affair (benevolently and misunderstood) *versus* the medical profession—money-grabbing, soulless and ready to sell the welfare of the patient to the highest bidder, whereas the formal wording used by the Hon. Mr. DeGaris in introducing his motion emphasises what we really fear: I think they sum up all that I have left to say, as follows:

- (1) jeopardise the efficient delivery of health services in South Australia;
- (2) seriously affect the existing efficiency of the subsidised, community and private hospitals;
- (3) generally reduce the standard of health services in South Australia; and
- (4) produce inequalities and inequities in the provision of health services to different sections of the South Australian community.

The Government has much explaining to do. I support the motion.

The Hon. D. H. L. BANFIELD (Minister of Health): I oppose the motion. When moving it, the Leader of the Opposition took the opportunity to express his views on Socialism. I found his views most interesting, coming from someone who had on that very day switched on the electricity for his lighting from a supply provided by a State-run system: that was Socialism by a Government formed by people of the Leader's own political colour. In addition, he had taken a shower, using water distributed by a State instrumentality: Socialism at its best. As a result of education he received at great expense to the State, he was then able to read his morning paper. He then travelled to work, on roads provided by the State, to join his colleagues, who have repeatedly attacked any proposal to reduce the services of the State's railways: all Socialist operations of the State, and he took full advantage of every

one of them. His Government was the one that started these socialistic systems. These actions are a complete contrast to his stated contempt for the Socialist system.

The Hon. A. J. Shard: It was often said that Sir Thomas Playford was one of the best Socialists ever.

The Hon. C. R. Story: That was said by Labor.

The Hon. A. J. Shard: It was said by your people, too.

The Hon. D. H. L. BANFIELD: The Opposition did not appreciate how good Sir Thomas Playford was, but now it does. When I said that previously, the Hon. Mr. Dawkins took a bat to me. The Leader, having steered away from the motion by giving his views on Socialism, promised that some time in the future he might expand on the matter. I suggest that, in the meantime, he shows us how genuine he is by refusing to use the benefits provided under Socialism.

The Hon. J. C. Burdett: Isn't it Socialism when you do everything that way?

The Hon. D. H. L. BANFIELD: Who provides the electricity? The State does. Who distributes the water? The State does. Who runs the railways? The State does. Is that not Socialism?

The Hon. J. C. Burdett: No.

The Hon. D. H. L. BANFIELD: Then, if we provide national health, that cannot be Socialism, either. Members opposite cannot have it both ways. Either national health is in the same category and is Socialism or it is not. The Leader then attempted to tear strips off the Australian Labor Party, its policies, its leaders and, particularly, the Premier. However, he did not do a very good job in that direction, simply because he did not have the grounds on which to do it.

The Hon. M. B. Dawkins: He did a better job than you're doing now.

The Hon. D. H. L. BANFIELD: Who awakened the honourable member?

The Hon. M. B. Dawkins: I've been awake all the time.

The Hon. D. H. L. BANFIELD: The honourable member kept me awake by snoring. Having launched a personal attack on the Premier, the Leader criticised him for having the temerity to criticise the Australian Medical Association in what the Premier described as a disgraceful campaign conducted by the A.M.A. against the Medibank scheme.

The Hon. R. C. DeGaris: That's his usual tactics: group denigration.

The Hon. D. H. L. BANFIELD: The Leader was attacking the Premier for attacking someone else, and suggested that he had no right to attack anyone, yet the Leader had just attacked the Premier. That is consistency, I must say!

The Hon. R. C. DeGaris: Group denigration is one of the Premier's great political assets.

The Hon. D. H. L. BANFIELD: The Leader, having read what he said last week, will have to agree with the Government that his speech was far from being one of his better speeches. He would have to agree that, apart from the fact that it was full of inconsistencies, it showed that he had been grossly misinformed about the scheme. It also highlighted the fact that on this occasion he failed miserably, with what little homework he had done on the subject. On this occasion, the Leader let the Council down, because, although he does not often convince us that his argument is correct, we have always believed that he put much hard work into the matter. However, on this occasion it was not his hard work.

The Hon. R. C. DeGaris: Whose hard work was it?

The Hon. D. H. L. BANFIELD: I saw a little paper going around, and people who have interviewed me have made comments similar to those made by the Leader, so it is not difficult for me to guess. Those people came to interview me about the same things that the Leader has put up, but they had been put to me a long time before he put them up. It is therefore not hard to guess at who did the homework.

The Hon. R. C. DeGaris: I deny that. I have had no contact with the A.M.A.

The Hon. D. H. L. BANFIELD: Did I say that the Leader had had contact with the A.M.A.?

The Hon. C. R. Story: You implied it.

The Hon. D. H. L. BANFIELD: I did not. I asked whether they were questions that the A.M.A. had raised. I was not referring to the Leader's speech yesterday, and members opposite know it. This is the first time that I have referred to the Leader's speech.

The Hon. R. C. DeGaris: It is what you were implying.

The Hon. D. H. L. BANFIELD: The Leader claimed that the acceptance by the State Government of the Commonwealth Government's proposal was hasty and almost clandestine.

The Hon. R. C. DeGaris: And I stand by that.

The Hon. D. H. L. BANFIELD: I do not accept that, either. The Leader knows full well that, contrary to the actions of members of his Party, this Government accepts the will of the people, and I am referring not to the permanent will of the people to which the Leader has referred but to the will of the people as expressed through the ballot-box, and on this matter they expressed their will twice in that way. It was necessary for them to do so the second time because members of the same political Party as members opposite have done, and are continuing to do, exactly as L.C.L. members did in this State in 1965: they have refused to accept the result of the ballot-box. I point out that some months ago, at Mannum, I said publicly, when the Hon. Mr. Burdett was present, that we would be accepting the Medibank scheme. That was not said hastily. This was not a hasty decision by any means, and it is not a decision that has been hushed up. The Leader also said:

One thing that will be destroyed by the acceptance of this Medibank scheme will be the involvement of the community in health and hospitals.

I interjected and said, "That's not right, you know", to which the Leader replied:

That is right, and I challenge the Minister to deny it.

I will deny it. Obviously, as a former Minister of Health, the Hon. Mr. DeGaris was not aware that ladies auxiliaries have been operating at the Royal Adelaide Hospital for over 50 years. On the very day that the Leader spoke on this Bill, the newspaper in front of him stated:

Fifty years ago a handful of women sold magazines, cakes and jams from a tin cabin at the Royal Adelaide Hospital to raise extra funds for the hospital. That was the start of the Royal Adelaide Hospital Auxiliary.

Although it is a complete Government institution, the Leader claims that the community spirit will be killed simply because assistance is given through Medibank. The Leader may not have known then about ladies auxiliaries or that over the past 50 years they have raised about \$500 000. I do not know whether or not he knew.

The Hon. R. C. DeGaris: I knew about it.

The Hon. D. H. L. BANFIELD: I am simply suggesting that he may not have known and, indeed, that this proves that the community spirit will not be killed, as the Leader has suggested. In addition to the ladies auxiliary

at the Royal Adelaide Hospital, there are auxiliaries in all Government hospitals, including country and subsidised hospitals.

The Leader also suggested that perhaps I was doing something that would kill these auxiliaries and that it would not be necessary in future for them to continue in operation. I should now like to refer to the following report in the *Pennant* newspaper, which is printed at Penola each Thursday. If honourable members do not know where Penola is I shall be happy to tell them. I was reported as having said the following at Penola:

I would like to place on record my appreciation for the quiet but effective work done by these tireless ladies over many years as they deserve every credit. As well as raising money they bring a breath of community life into the hospital and break down the institution-like atmosphere.

I see no lessening of the role of such fund-raising groups with the advent of the National Health Scheme after July 1, this year. There will be just as much need for auxiliaries in the future as there is now, and there will always be a continual need for community involvement such as this.

This clearly shows that I am doing nothing to stifle community effort in relation to hospitals. Despite rumours that preceded me at Mannum, Penola, and Snowtown that I would tell the ladies auxiliaries that they were no longer needed and that the board members were out of work (which rumours really upset those involved), the ladies told me that they were willing to carry on with their work and that they were disgusted about the rumours.

The Hon. R. C. DeGaris: What rumours?

The Hon. D. H. L. BANFIELD: I am referring to rumours that the auxiliaries would no longer be needed.

The Hon. R. C. DeGaris: I didn't say that.

The Hon. D. H. L. BANFIELD: I did not say that the Leader said it: I am merely stating that these rumours were circulating at the time. I am also saying that I pointed out that the hospital boards and auxiliaries would still be needed, and that community involvement was needed, despite rumours to the contrary that had been spread through these towns.

The Hon. V. G. Springett: We will need the women's help even more as nationalisation occurs.

The Hon. D. H. L. BANFIELD: True, the women are now doing a good job, helping to raise finance, and so on, for hospitals. The trouble is that members opposite want the whip out all the time, and do not want these women to have less work to do as a result of the introduction of this scheme, from which the hospitals will benefit greatly.

The Hon. J. C. Burdett: How will the hospitals benefit?

The Hon. D. H. L. BANFIELD: First, they will not have to chase any bad debts, and people will not be put into prison for not having paid their debts. The honourable member would know, from a report that was released recently, that many people are sent to gaol because they have not paid hospital debts. There will be no such outstanding debts in future. That is one consideration, and it is not a bad one, either, when one considers the number of outstanding debts owing to hospitals.

The Hon. J. C. Burdett: But there will not be any surplus cash for Government subsidised hospitals. This is deficit budgeting.

The Hon. D. H. L. BANFIELD: The hospitals will be better off because their costs will be covered. Why do they need surpluses if their costs are met?

The Hon. J. C. Burdett: New buildings.

The Hon. D. H. L. BANFIELD: They will still have the right to have their own fund-raising programmes to enable them to get extensions built. That right is not

being taken away from them under the Medibank scheme. Under that scheme these hospitals will be recompensed for the cost of running hospitals.

The Hon. J. C. Burdett: But they can't do it.

The Hon. D. H. L. BANFIELD: Why can they not do it? They have been able to do it in the past, and they have not done it only as a result of patients' fees.

The Hon. J. C. Burdett: But they cannot set aside a surplus.

The Hon. D. H. L. BANFIELD: Why not?

The Hon. J. C. Burdett: They will not have a surplus.

The Hon. R. C. DeGaris: You could overcome the debt position of hospitals by paying them now. What is wrong with that?

The Hon. D. H. L. BANFIELD: On the one hand, members opposite go off the deep end because the Government suggests that it will pay for the scheme, and on the other hand they suggest that the Government should pay again: they are indeed inconsistent.

The Hon. A. M. Whyte: It is not the paying: it is the control.

The Hon. D. H. L. BANFIELD: Control will still be under the present boards, or those elected by the townspeople. Nothing in the Medibank agreement removes that control from them. The hospitals are already receiving funds from the State Government, and it is obvious that the Government will continue to keep an eye on that matter as it has in the past. The running of hospitals has been completely in the hands of the hospital boards. I refer to the following report in the *Yorke Peninsula Country Times* of February 26:

"The State Government and the Hospitals Department have never tried to dictate the internal management of a hospital because subsidy payments have been made in the past and I cannot see why they should seek more control as a result of increased subsidy payments under the proposed scheme", Mr. Banfield said. "I see no lessening of the existing role of the board of management."

We have continually said that there is not going to be any central control in respect of country hospitals. I have said it in the country, and I now say it in this Council.

The Hon. R. C. DeGaris: Who do you think you're convincing?

The Hon. D. H. L. BANFIELD: I am not convincing the Leader, because obviously he knows nothing about the scheme; if he did, he would know what the position really was. That report merely supports my denial of the claim made by the Leader in respect of hospital boards and auxiliaries. The Leader then referred to community involvement and stated:

There is no question (and the Minister can warble as much as he likes)—

at this stage he felt the chink in his armour, and he started his personal attack—

that this involvement will be seriously curtailed under this scheme. Let me warn you, Sir; once the step is taken to the half-way house along the line of socialised, nationalised, bureaucratic medicine there is no coming back, and the public will not assist or be involved when they do not own or control their local situation.

I have already pointed out that country people have indicated that they are willing to carry on and that they are pleased that they will have the opportunity to do so. In the wording of his motion, the Leader indicated that he would advance four points. However, apart from reading the four points at the beginning of his speech, he did not try to prove any one of them, with the result that I am certain that, apart from his colleagues, who will be compelled to vote in favour of his motion, he did not convince anyone.

The Hon. J. C. Burdett: Ha, ha!

The Hon. D. H. L. BANFIELD: We will see when the count is taken where the votes are. Obviously, members could not be influenced by what the Leader said about the scheme.

The Hon. J. C. Burdett: It was good.

The Hon. D. H. L. BANFIELD: Of course it was: members of the Australian Medical Association assured me that the Leader had put up a good case on its behalf.

The Hon. J. C. Burdett: When did it tell you that?

The PRESIDENT: Order! There are too many repeated interruptions.

The Hon. D. H. L. BANFIELD: Although the Leader did not cover the four points referred to in his motion, I will refer to them in passing. The Hon. Mr. Springett did not keep to the point: he did not tell me how the system would jeopardise the efficient delivery of health services in South Australia. He merely said, "It just will not work. I have said that it will not work and, therefore, it will not work." Now doctors are trying to say the same thing, but they are wrong. The scheme does not envisage any change either in physical provision of health services or in the efficiency of their delivery. I suggest that neither the Leader nor his colleague pointed out where there was to be any change in the provision of health services or the efficiency of health services. Not one of the two honourable members pointed to one instance where this would occur. The second part of the motion states that the scheme will "seriously affect the existing efficiency of the subsidised, community and private hospitals". Again, there is no evidence to show that the existing efficiency of these hospitals would be in any way affected by the introduction of Medibank. Neither the Leader nor the Hon. Mr. Springett pointed to such a possibility. They merely told us of such a possibility, but they could not say where this possibility existed.

The third point in the Leader's motion is that the scheme will "generally reduce the standard of health services in South Australia". There should be no reduction in the standard of health services in South Australia, unless those who provide such health services reduce their standards. The only way in which the health standards can be reduced is through the actions of doctors themselves. There is no doubt that people with a vested interest are threatening to do just that. If the medical profession were represented by a normal trade union and if threats were made by the trade union movement such as those which are being made by the A.M.A., every member opposite would be on his feet condemning the trade union movement and asking the Government to see that the movement pulled its horns in. However, we have heard not one outcry from members opposite in respect of the suggested threat of the A.M.A. membership going on strike in order to disrupt this scheme.

The Hon. R. C. DeGaris: Is there a question of their going on strike?

The Hon. D. H. L. BANFIELD: It has been suggested that they will go on strike. No: they do not go on strike—they will withdraw their services.

The Hon. R. C. DeGaris: From the scheme.

The Hon. D. H. L. BANFIELD: A statement was released, I think, in yesterday's press, that someone was threatening to pull out.

The Hon. R. C. DeGaris: Are you suggesting that doctors will not treat patients?

The Hon. D. H. L. BANFIELD: I am telling the Leader what has already been stated by sections of the medical profession.

The Hon. R. C. DeGaris: Where?

The PRESIDENT: Order!

The Hon. D. H. L. BANFIELD: Will doctors refuse to treat patients, whether they have \$6 in their hand or not (it has been suggested that in future, unless a patient has his \$6 in hand, he will not be welcome, and he will not be treated)? If a man is suffering from a severe haemorrhage and has only \$3, I assume that the doctor will merely slow down the bleeding and tell the man to come back when he has the other \$3.

The Hon. C. M. Hill: You are talking absolute rubbish now.

The Hon. D. H. L. BANFIELD: I am talking about what the A.M.A. has said, that its members should not treat patients unless they have the money in hand. A report appeared in the press last week stating that doctors were going to insist on being paid cash before they treated patients.

The Hon. R. C. DeGaris: Like a union.

The Hon. D. H. L. BANFIELD: I do not think the association is like a union. If it were, the Leader would have attacked it for that attitude. To be consistent, the Leader would have had to do just that.

The Hon. A. F. Kneebone: It is the most exclusive union I know of.

The Hon. D. H. L. BANFIELD: It uses a different term. Doctors withdraw labour; they do not go on strike. We have the position of doctors saying, "This is the minimum we will accept, and this is not negotiable." How often have members opposite told us of the necessity to get both sides talking, yet, if a matter is not negotiable, it is no use talking to doctors, as they have said that their terms are not negotiable. So, who will reduce the efficiency of the standard of health services in South Australia? No-one, unless it is the doctors themselves. An honourable member asked me where I got the information that doctors intended to go on strike. I refer to reports in the *Sunday Mail* and the *Advertiser*, in which the following appeared:

... Australia's surgeons have threatened to withdraw their services from the scheme.

The Hon. R. C. DeGaris: That's entirely different.

The Hon. D. H. L. BANFIELD: The report continues.

We will do everything in our power to stop it. . . . Medibank will be opposed absolutely and that is not negotiable.

What a bright start we have in getting the new health services delivered to the people of Australia! The fourth part of the motion states that the scheme will produce inequalities and inequities in the provision of health services to different sections of the South Australian community. In fact, Medibank will overcome many of the existing inequalities and inequities in the provision of health services to the different sections of the South Australian community, while retaining for those people who at present can afford insurance the same privileges as previously. Many people cannot afford insurance. The Hon. Mr. Springett this afternoon referred to the 1.35 per cent proposed levy. He said that Medibank would be a most costly affair and suggested that the figure might increase above 1.35 per cent.

The Hon. Jessie Cooper: He said it had already done so.

The Hon. D. H. L. BANFIELD: He did not give us any figures, but what is the position in relation to the present scheme? A man with a taxable weekly wage of \$100 would have to pay for his full family for medical and hospital care \$1.35 a week (at the 1.35 per cent rate). If he were on \$200 a week taxable income he would have to pay \$2.70 a week for himself and his family.

The Hon. R. C. DeGaris: \$270 a year.

The Hon. D. H. L. BANFIELD: No, \$2.70 a week at the rate of 1.35 per cent on a taxable income of \$200 a week. At the present time this same man (and it does not matter whether his income is \$100 a week, \$80 a week or \$500 a week, as long as he wants to provide standard ward accommodation for his family) would have to pay \$3.36 a week. The Hon. Mr. Springett says the scheme will be much more expensive to everyone, but it will not be more expensive for those people. At present, I pay almost \$6 a week to the medical fund. I can afford to pay that amount, but many people cannot. On the other hand, they cannot afford not to pay it because they never know when they might be struck down by illness. The rate of 1.35 per cent would represent a great saving for the average wage-earner, and also for the unemployed, the sick, and the pensioner wanting to be covered under the scheme. The unemployed man would not be paying any of the 1.35 per cent, but he would still have to pay \$3.36 for cover at present, whether he was working or whether he was not.

The Hon. A. M. Whyte: What do you have to pay when it gets to 3 per cent?

The Hon. D. H. L. BANFIELD: It has not got to 3 per cent. Notices went out recently from some of the funds stating that family rate contributions as from February 1 would be increased by \$1.96 a week. The funds did not have a referendum of their members to see whether they wanted to pay that rate or whether the existing rate should be put up. There was simply a notice saying that as from February 1 the contribution would be increased by that figure.

The Hon. A. J. Shard: They are going up again shortly.

The Hon. D. H. L. BANFIELD: The choice was to drop out or to pay up.

The Hon. R. C. DeGaris: You do not think that will happen—

The PRESIDENT: Order! The Minister does not require the assistance of interjections. He has a speech to make, and members will have an opportunity to speak after he has concluded his remarks. He is not closing the debate. The honourable Minister.

The Hon. D. H. L. BANFIELD: It has been suggested that a huge bureaucratic apparatus will be required to maintain Medibank. Although in the initial stages there will be a need for additional clerical staff, in the long run there will be a saving of staff in this area due to the removal of the need to collect fees for inpatient and outpatient treatment from a large proportion of the patients at recognised hospitals. That does away with the Leader's other objection. One of the most disturbing and serious statements made relates to community involvement, especially in country areas. It may be said that in evolving methods of financing the Medibank hospital scheme this matter has been given the most serious consideration, and every effort has been made to provide a system which will continue to provide an incentive toward community involvement. Community involvement is well known and respected. This was considered to be an essential part of the continued provision of high quality health care in South Australia. It is not considered that there is anything within Medibank or within the arrangements currently being made that would result in a reduction in the number of private hospitals in the country, but rather that the quality of the services available to country residents could be improved by rationalisation of the services to be provided.

I refer again to the taxation figure of 1.35 per cent. This legislation was not passed, but was thrown out in the Senate in Canberra, despite having been put to

the people on two occasions and having been accepted (that was not enough for the Senators). This provision does not apply, and the payment to be made by the Australian Government will come from Consolidated Revenue. The Leader of the Liberal Movement in the Senate pointed out that the Senators who knocked back the 1.35 per cent proposal penalised themselves and did not know what they were doing. Instead of paying 1.35 per cent they will have to pay about 60c or 70c in the dollar; yet they had the opportunity of passing legislation providing for 1.35 per cent. They were blinded by the A.M.A. and could not see what they were doing to the people.

There has been a complete misinterpretation of the joint statement made by the Minister for Social Security and myself to the effect that an additional \$20 000 000 could be available for South Australia in 1975-76 to help provide medical care. This question was canvassed yesterday, and it was answered yesterday. The \$20 000 000 is not being used to finance Medibank, but is in fact the amount by which it is estimated the State's contribution to hospital services would be reduced as compared with the amount that would be needed should the present system have continued during 1975-76. This saving could be used to provide additional health services.

There will be no change in the provision of non-hospital medical services except to the extent that pensioner patients will no longer be subject to the need to attend outpatient clinics at public teaching hospitals to obtain specialist medical attention. Thus, rather than reducing the private consulting room usage, it could mean probably an increased usage. The Leader attempted to scare people by suggesting that they would have to line up in queues at hospitals to get medical attention.

It would appear probable that the queues in outpatient departments of public hospitals (if, in fact, they do exist) would not increase, but rather decline in the future. When people can afford to pay the doctor, they will no longer have to go to outpatient departments. They will get a new doctor because they will be able to afford to do it. The question has been asked as to why all South Australians could not have private treatment. In fact, private treatment would be available to all South Australians at reduced personal cost under Medibank. However, it might reasonably be anticipated that some proportion would choose free standard ward treatment. This fact would not in any way affect the rights of other patients to receive private treatment. This is another point that the Australian Medical Association and honourable members opposite have been making: they have been saying that people will no longer be able to have their own private doctor. Actually, people could not have their own private doctor from the day that doctors' clinics were set up; honourable members know that. A person can go to a clinic, but he may not be able to see his own doctor for a number of weeks, depending on the doctor's golf day. A person cannot successfully ring up and say, "I am a sick man, and I want to see Dr. X." If the patient says that, he may be told that Dr. X is out fishing.

The Hon. G. J. Gilfillan: That is not true.

The Hon. D. H. L. BANFIELD: At any rate, he may be told, "Dr. X will not be in today, and it will not be possible to see him for three or four days."

The Hon. Jessie Cooper: Why do you hate doctors?

The Hon. D. H. L. BANFIELD: I do not hate doctors. I am simply saying that in today's circumstances a person cannot always successfully ring up his private doctor and say, "I want to see you today."

The Hon. Jessie Cooper: You sneered at doctors.

The Hon. D. H. L. BANFIELD: I did not. I said that ever since the advent of clinics it had not been possible to see one's personal doctor on the day that one wanted to see him.

The Hon. G. J. Gilfillan: You have changed your tune.

The Hon. D. H. L. BANFIELD: I have repeated exactly what I said earlier. I hope to keep in with doctors, because one never knows when one may need their services. I hope to hold out until the Medibank scheme is in operation, because I will be able to afford my own doctor then. It has been suggested that 75 per cent of South Australian standard ward patients will be required to join queues in the outpatient departments of hospitals before being directed to clinics in large hospitals. This suggestion seems to assume that the present private practice in doctors' rooms will no longer be available to members of the public. Surely, if anyone has cast a slur on doctors, it is the person who made that suggestion; surely it assumes that doctors will not see patients at doctors' surgeries. If the Leader had not assumed that, he would not have referred to the long queues.

The Hon. R. C. DeGaris: What about surgical patients?

The Hon. D. H. L. BANFIELD: It would not matter who it was. In the Leader's suggestion to which I referred there appears to be some confusion as the term "standard ward patient" refers only to inpatients, whereas the context appears to be one of outpatients. It has been suggested that boards of non-government hospitals will lose control. However, non-government hospitals will continue to be independent bodies in exactly the same way as they are now. There is not a surplus of hospital beds in South Australia. Therefore, the suggestion that non-government hospitals will be down-graded and used as nursing homes is most unlikely to prove true. There is no intention to take them over. It has also been suggested that the Government will restrict city hospitals to a certain number of doctors and a certain list of doctors. This suggestion is also incorrect. An explanation of the situation has been given to representatives of non-profit, charitable, religious, and community hospitals. Honourable members have had words with these people, because they have read correspondence that has been sent to them. So, honourable members know what has been said to the hospitals.

Arising from the calculations of a firm of actuaries, it has been estimated that the cost of Medibank for 1975-76 will be \$1 680 000 000, compared with the budgeted cost to the Commonwealth Government of supporting the existing services of \$575 000 000. These figures are in no way comparable with each other. It could perhaps be stated that, whatever the total cost of health services, these must be met in some way or other—either through the Australian Government, the State Government, or from personal contributions. So, it is a question of the method of payment. If the cost goes up to the insured patient, he must pay for it through increased contributions if the Medibank scheme does not come into operation. If the service is provided, someone must pay for it in one way or another. Those who can afford to do so may pay for it through private contributions, and those who cannot afford it may go without medical attention. Is this the sort of system that members opposite want to continue? I hope it is not. The cost of health care may increase as the result of more people receiving medical attention, but it is a blot on our community that in the past people did not receive the medical attention that they required.

The Hon. Jessie Cooper: Rubbish!

The Hon. D. H. L. BANFIELD: Because a person cannot afford medical care, he stays away from the doctor; the honourable member says that that is rubbish. Of course it is not rubbish. If a patient wants treatment and cannot afford to go to a doctor, what does he do?

The Hon. V. G. Springett: He goes to a public hospital.

The Hon. D. H. L. BANFIELD: If he does that, a cost is involved. No matter where the person goes, the cost must be met in some way. Instead of going to a public hospital, the person will now be able to save his fare and his time by going to his local general practitioner; he is unable to do that at present.

The Hon. V. G. Springett: Don't they receive medical attention when they need it?

The Hon. D. H. L. BANFIELD: I do not know whether they do, but some people have been placed in gaol for being unable to pay for medical services. Perhaps gaol is not a bad place to recuperate!

The Hon. C. M. Hill: You don't have to introduce Medibank to change that situation. They go to the Social Security Department for help.

The Hon. D. H. L. BANFIELD: What system is the honourable member suggesting? Instead of being called social services, it is called Medibank. What is in the name?

The Hon. C. M. Hill: You can avoid the possibility of imprisonment without going to the full length of Medibank.

The Hon. D. H. L. BANFIELD: One can avoid many things if one is directed along the right lines. I will now say something about the Medibank scheme. Hitherto, I have been speaking to the motion and have been pointing out where the Leader suggested that the scheme would jeopardise the efficient delivery of health services. However, I will prove that this not so and that the scheme will not seriously affect the existing efficiency of subsidised hospitals. I take the opportunity, in addition to having pointed out that these things will not happen under the scheme, to say that at no time did the Leader or the Hon. Mr. Springett say where this would happen under the scheme. Parliament is entitled to know what the scheme is all about. The Medibank scheme is divided into two separate parts: the Medibank medical scheme and the Medibank hospital scheme. The information I will give is a broad outline of the situation. It is considered that the most important feature to be understood is that the Medibank scheme will make no difference to the actual physical resources (hospital beds, staff, medical practitioners, etc.) that will be available within the State.

What it will do is to change the methods of financing the use of such physical resources and the financial responsibility of individual citizens of the State. The Medibank medical scheme also consists of two main parts: the non-hospital medical services and the hospital medical services. Under the non-hospital medical services, the only changes will be:

(1) Persons will no longer be required to pay for medical benefits through a medical benefit fund.

(2) There will no longer be any discrimination against pensioners in respect of the services which they can obtain, that is, they may now obtain specialist medical services on a private practice basis—something they are unable to do at present.

(3) Medibank will pay to all members of the public benefits which will be equal to those formerly paid by medical benefits funds, with the exception of physiotherapy and pharmaceuticals (N.H.S.A. only), which are supplementary benefits for which additional contributions need to be paid under the present arrangements.

(4) Currently patients may pay their medical practitioners and seek reimbursement from their medical benefits

fund or may forward the unpaid account to their fund and receive a benefit cheque made out in the name of the medical practitioner. Patients are presently responsible for any difference between such fund contribution and the actual charge made by the medical practitioner.

Exactly the same situation will apply under the Medibank medical scheme, but with the medical benefits fund being replaced by Medibank. However, in addition the Australian Government will provide the facility for those medical practitioners who wish to participate to have patients assign their benefits and for the medical practitioner to make a claim direct on Medibank, thus accepting medical benefits as payment in full and at no cost to the patient. So, it is entirely up to the doctor. Regarding hospital medical services, there are two different situations:

(1) Private patients in private hospitals and private patients in recognised hospitals.

(2) Hospital service patients in recognised hospitals.

Regarding private patients, the situation is exactly as previously in that the medical practitioner may continue to charge a fee for service for medical services provided to private patients in both private and recognised hospitals. The funding arrangements are also unchanged as far as the patient is concerned, with the exception that claims for medical benefits will be made on Medibank rather than a medical benefits fund. Diagnostic services (pathology and radiology) are to be provided free of charge to patients in recognised hospitals.

Regarding hospital service patients, arrangements are to be made by recognised hospitals with medical practitioners whereby the medical practitioner is remunerated for the provision of medical services to hospital service patients either on a salaried, sessional or contract basis so that there is no charge to the patient. This will relate to hospital service patients in recognised hospitals only as far as the State involvement is concerned, but in addition the Australian Government is making similar arrangements with the non-profit community and religious hospitals for this facility to be made available to pensioners with a medical entitlement card in such hospitals.

In essence, therefore, it may be said that the real effect of Medibank in respect of medical services will be as follows:

(1) As from July 1 all South Australians would no longer be required to contribute to a medical benefits fund.

(2) Those who were previously unable to afford the cost of such contributions will now be covered.

(3) There will be no discrimination against pensioners either as to the services which they may obtain or against the medical practitioner as to the fee to be paid for such pensioner service. However, the Australian Government is seeking the concurrence of all medical practitioners for "direct billing" to Medibank for all services provided to P.M.S. pensioners so that they do not have any personal payments to make; this scheme already operates.

As stated above, there should be no change in the physical services available, but there may be additional demands on such services from those members of the public who previously could not afford to receive medical attention, plus possibly some members of the public who may abuse the privilege. Thus, there could be a greater demand for the existing services, which could marginally affect the quantity of services available to those who previously could afford to be insured for medical benefits. A rather philosophical argument must then arise as to whether the fact that there should be a better distribution of medical services (particularly to the under-privileged) off-sets some possible reduction in services to other members of the public. As a whole, the medical services available to residents of this State would be unchanged.

Regarding the Medibank hospital scheme, as indicated above there will be two types of hospital following the introduction of the Medibank hospital scheme, namely, private hospitals and recognised hospitals, and for an interim period there could be a third category of a former public hospital which has not achieved recognised status and has not yet been reclassified to a private hospital.

Regarding private hospitals, the main feature of the Medibank hospital scheme is that the Australian Government will pay to all hospitals, both private and recognised, an amount of \$16 a day for all hospital inpatients. This will mean that in the case of private hospitals the fees, which such hospitals will need to charge, will in future be \$16 a day less than would have been the case had the present system continued. Similarly, it might reasonably be anticipated that the hospital benefits funds would be able to reduce their benefit tables by an amount of \$16 a day with an appropriate reduction in contributions by members in respect of the lower benefit tables.

As the National Health Act has not been repealed, the Australian Government will continue to pay in respect of insured patients (through their hospital benefits fund) an amount of \$2 a day in addition to the above \$16 a day and will also pay direct to private hospitals an amount of 80c a day in respect of uninsured patients, that is, none of the existing benefits has been repealed. Regarding recognised hospitals, they will provide the following:

(1) Free hospital accommodation (and also as indicated above, free medical treatment) to all patients who request such accommodation and treatment (these patients are to be known as hospital service patients).

(2) In certain circumstances, hospital service patients may request preferred accommodation (that is, share or private room) and may be charged a fee for such privilege. In these instances, the patient will either be required to meet the charge personally or may insure with a hospital benefits fund. So, it takes nothing away from what the patient is already entitled to. If he wants a private ward, he pays more for it under the scheme and contributes the amount himself. This will not be altered in any way. If a patient wants to go into a public ward, he can do so at no charge. If he wants to go into an intermediate or private ward, he can go in at a charge to himself.

(3) In the case of patients who wish to be treated privately (that is, have their own medical practitioner and accommodation of their own choice), the situation in recognised hospitals will be the same as for private patients in private hospitals.

Thus, the real import of the Medibank hospital scheme will be:

(1) Provision of free hospital accommodation and medical treatment in recognised hospitals for those patients seeking it.

(2) For other patients, a reduction in hospital fund contributions of an amount equivalent to the contribution for \$16 a day.

(3) For those recognised hospitals that agree to provide outpatient casualty services, this will also be provided free of charge and generally free of means test (the means test for dental services will need to be retained).

The probable effects of the Medibank hospital scheme are somewhat more difficult to forecast, as the end result will depend upon the individual decisions of each inhabitant of South Australia on whether or not he will seek free treatment or continue to be insured for hospital benefits. Currently, it is thought that initially there will probably be little change but that, in the longer term, there could be a more appropriate division of patients between teaching and non-teaching hospitals and a greater tendency for the less seriously ill patients to be treated in hospitals nearer to their own homes.

It is unfortunately true that in the discussions, newspaper articles, and so on, which have surrounded the proposed

introduction of the Medibank scheme, no publicity whatsoever has been given to the second part of the proposal, which is the provision of community-based services which have as their objective the provision of more appropriate health care at the community level and the provision of a satisfactory alternative to hospitalisation in many instances. When Medibank is considered in the context of its correlation with the community health programme, it will be seen that there are very considerable advantages in these new joint concepts as compared to the former methods of health care delivery. Honourable members can see that, if an individual patient wants to continue doing what he is doing now, there will be no difference whatsoever. I pointed out yesterday that the only difference will be in the types of service available, and that it will be a matter of which way the payment comes in. I oppose the motion.

The Hon. C. M. HILL (Central No. 2): Honourable members have just listened to a marathon effort by the Minister, who has tried to justify to the Council the reasons why he has committed every citizen in this State to a health scheme of which those citizens know very little and about which there is at present tremendous confusion in the public mind. He clasped the hand of little Tasmania, off the south coast of Australia, and jointly he went into Mr. Hayden's den and said, "We are in." By that action, it seems that this State is committed to this scheme upon which grave doubts exist.

The Hon. D. H. L. Banfield: Can I put you on the track? I had not even spoken to the Minister of Health in Tasmania on this subject, let alone clasped his hot little hand.

The Hon. C. M. HILL: I did not say that the Minister had clasped his hot hand.

The Hon. D. H. L. Banfield: You said "hand".

The Hon. C. M. HILL: The Minister knows that South Australia and Tasmania are the only States that have so far agreed to this scheme.

The Hon. D. H. L. Banfield: What sort of a scheme has Queensland got?

The Hon. C. M. HILL: As the Minister knows, it has not a scheme solely on the lines of this scheme. Only two States have been committed to the Medibank scheme, of which South Australia is one. The Minister cannot deny that there is much confusion and doubt in the public mind about the whole scheme. To realise this, one has merely to listen to the talkback programmes. Day and night, people are ringing up complaining and wanting to know what it is all about. They ask questions and reveal their state of mind, because they know nothing about it. Despite this, the Minister got up and spoke at length like he did today. However, in his long speech he has not convinced me or other members that the Government has made the best move in joining the Commonwealth Government in this Medibank agreement.

I should like to talk in general terms, after which I would like an opportunity to examine some of the details with which the Minister has provided the Council. I hasten to make the point that I deny absolutely that Opposition members are in league with or are influenced by the A.M.A. Members on this side of the Council are concerned primarily with patients and patient care. That is our main concern, not what the doctors say or what the doctors' institution says. The clear inference from the Minister's speech was that Opposition members are making speeches based on information supplied by the A.M.A. or, indeed, making speeches supplied to them either wholly or

partly by the A.M.A. That is absolute rubbish! It is the people about whom we are concerned, and not the A.M.A. or doctors.

However, having said that, I hasten to say that we on this side of the Council do take notice of all sections of the community. We do not deny that we have much respect for the medical profession and its association. As was pointed out to me a few moments ago in private conversation, no doctor refuses medical aid, no matter what the situation or circumstances may be.

The Hon. A. J. Shard: Some doctors threatened to do so when you were in Government.

The Hon. C. M. HILL: I am not concerned with who threatened whom or when threats were made.

The Hon. A. J. Shard: But some doctors made threats when you were in Government.

The Hon. C. M. HILL: I am not concerned with the matter of threats. Apparently, I have not made myself clear. I am making the point that we stand first for patients and patient care. At the same time, however, we have respect for the medical profession and its institution. We know that doctors do not deserve to have implied against them what was implied today by the one Minister in the Government to whom doctors should be able to look to for respect.

The Hon. D. H. L. Banfield: Did you see reports from the people of Elizabeth who were turned away from their doctors and told to seek medical care elsewhere?

The Hon. C. M. HILL: No, I did not.

The Hon. D. H. L. Banfield: Then don't come here and say this sort of thing.

The Hon. C. M. HILL: I would be pleased if the Minister could supply me with that information.

The Hon. D. H. L. Banfield: I could do so.

The Hon. C. M. HILL: I should be pleased to read it if the Minister would give me that information.

The Hon. D. H. L. Banfield: I can supply it.

The Hon. C. M. HILL: This point must be emphasised: it is obvious from the speeches that have been made so far by Opposition members that they are concerned about patients, patient care and the maintenance of established standards of hospitalisation. Those are the things about which we are worried and which have caused this motion to be moved. Indeed, one has merely to look at the motion to see this point in all its clarity.

This stresses the point—that the Hon. Mr. DeGaris was concerned with the efficient delivery of health services and to ensure that the existing efficiency should be maintained. He was concerned, as can be seen from one of the paragraphs in the motion, that the general standards of health services in South Australia might be reduced and that the scheme might produce inequalities and inequities that would cause patients in South Australia to suffer. I treat with scepticism everything that the Minister has said today. I say that because of the matter which was raised yesterday and to which the Minister alluded in his speech today. The publicity that the Minister of Health, jointly with the Commonwealth Minister, gave out was that South Australia would be provided with an additional \$20 000 000 in 1975-76 for expenditure on hospitals in South Australia under the Medibank agreement. I stress those words that were used in the press release issued by the two Ministers. Money was to be provided (and I stress the word "provided").

The Hon. D. H. L. Banfield: They aren't grants to the States.

The Hon. C. M. HILL: According to the Minister, the money was going to be provided. The Minister also used

the word "additional". However, when the matter came under questioning yesterday, the Minister said, in effect, "That is not quite so. The State will be saved that sum by our entry into Medibank." The Minister used the word "saved". Then, when I gave him an opportunity to think again about the matter (because I wanted to be fair), he again took the same stand and said (and I use his exact words), "It is the benefit that will accrue to the State as a result of our entry." As I said yesterday, in my view that was blatant misrepresentation. Anyone who read that press release must have accepted the picture that, because of the Minister's entry into Medibank on behalf of South Australia, an additional \$20 000 000 was to be provided by the Commonwealth Government to South Australia.

The Hon. D. H. L. Banfield: It didn't say that.

The Hon. C. M. HILL: But that was not to be the case. The Minister tried to pull the wool over the eyes of the South Australian people who were to read that press release. The Government wanted to curry favour. If the Minister was willing to go to those lengths in that report, how can we place great credence on anything that he has said today?

That is the point I make, and I make it strongly. When Ministers set out on that kind of political propaganda about a specific issue, are they completely happy about the public reaction that will develop as a result of the moves that have been made?

I believe the Government is not happy about it, because otherwise the Minister would not have used those words in that release. If the Minister adopts that kind of publicity, saying that the Australian Government will provide an additional \$20 000 000, and when on being questioned he admits that we are simply to be saved that sum by our entry into the scheme and it will be a benefit that will accrue, he is trying to hide something. He is trying to hide from the public criticism that is now mounting against the scheme, against the Minister and against his Government in this State.

The Hon. D. H. L. Banfield: The honourable member is not right.

The Hon. C. M. HILL: So severe is this criticism and so vast is the effect of this scheme on every South Australian citizen that I am amazed that the Minister and his Government have not come to Parliament, to the representatives of the people, with a motion to the effect that Parliament agrees with the Government's acceptance of our entry into Medibank. Today the Minister denied that he was willing to do that.

The Hon. D. H. L. Banfield: I didn't deny it: I said I wasn't going to do it.

The Hon. C. M. HILL: I will accept what the Minister says. He says he is not going to do that.

The Hon. D. H. L. Banfield: That's right. When did you ever bring an agreement to this Council that you signed with anyone on an administration basis?

The PRESIDENT: Order! There are too many interjections today to permit good debate. I ask honourable members to restrain themselves and to address the Chair.

The Hon. C. M. HILL: I want to be fair. I want to deal with the Minister's interjections, because I well understand the Minister's feelings on this matter, having been in a somewhat similar position as a Minister. I do not know whether the Minister has forgotten the situation surrounding the Metropolitan Adelaide Transportation Study. I well remember sitting where the Minister now sits and saying to this Council that I did not think it was necessary for a resolution of the Council and a joint

resolution of the Parliament to be debated on the matter, and that situation is identical to the situation just described by the Minister.

My first reaction was that it should not be required. What did I then do? I did what I hope the Minister of Health will do now: I changed my view and I adhered to the opinion of the Council. I introduced a motion that the Council should approve that public undertaking. I believe the Minister should move a similar motion on this matter. This is too big a public undertaking for the Minister to commit South Australia and all its citizens without reference to Parliament.

The Hon. D. H. L. Banfield: Did you fight two elections on the M.A.T.S. plan?

The PRESIDENT: Order!

The Hon. C. M. HILL: I am amused by the Minister's constant reference to elections being fought on this matter. He is talking about the Commonwealth scene. Let him go to the people of South Australia, either by referendum or election, on this issue. That is how he will obtain his real test. The Minister had his real test in respect of the Commonwealth scene, but we are referring to an issue here in South Australia and in this Parliament, and we are speaking for the people of South Australia. The Minister is afraid and this State Government is afraid—

The Hon. D. H. L. Banfield: You're wrong.

The Hon. C. M. HILL: —to go to the South Australian people with this as an issue.

The Hon. D. H. L. Banfield: Then why don't you cause a double dissolution? Why don't you threaten us with that?

The Hon. C. M. HILL: The Minister is on such weak ground that he is showing himself as being worried about this scheme. I come back to the point that I believe that this is a matter on which the South Australian Parliament should have a full debate. It is in the Government's hands to initiate that debate in the proper way. If it is not necessary for enabling legislation to be passed by the States, the next step is a motion supporting our entry into the scheme to be debated by both Houses of this Parliament.

I challenge the Minister to take that course of action and to introduce such a motion here, and to have a similar motion introduced in another place so that a full debate on the question of entry (and that is a vital issue) can take place.

The Hon. D. H. L. Banfield: What would you do if it were carried in one place and not in another?

The Hon. C. M. HILL: At least the South Australian public would have had their voices heard.

The Hon. R. C. DeGaris: And they would know what the scheme was all about.

The Hon. C. M. HILL: That is so. They do not know this now.

The Hon. A. J. Shard: Get out! You would confuse the people even more than ever.

The Hon. C. M. HILL: This is a tactic that any Government and its supporters must be wary of: this tactic of saying, "This is a big scheme. Let us not tell the public too much, because it will confuse the people." The public is vitally interested in this scheme and I have much respect for the views of all sections of the community. This matter should be clearly aired in the proper democratic manner, and we should have a full debate on it.

Our constituents who sent us here should have the right to make representations to us about it so that we can voice those opinions here. Then, when that process is complete, it is entirely in the Government's hands. I am willing to accept such a situation. Unless the Government

is willing to initiate that democratic and proper process for such important undertakings as this (it will affect the welfare of the people of South Australia), I say that the Government is acting improperly. I urge the Minister and the Government to consider such a motion so that a complete debate can be held.

I said that I wanted to speak only in general terms, and I again refer to the motion in general terms. It deals with the general concern in relation to the possibility of decreasing efficiency in the service of health facilities in this State. What the public is saying should be voiced here in general terms.

The Minister or any other honourable members can debate this in some detail, but the public is saying that it wants to avoid future big queues in consulting rooms, it wants to avoid confusion and chaos in our established and proven hospital system, and it is concerned that our standards of hospitalisation be not reduced to a common level in which patient care suffers. The public is still concerned about free choice of doctors, it is still concerned that the free choice of specialists will be affected by the scheme, and it is concerned that the free choice of hospitals will also be affected.

The Hon. D. H. L. Banfield: Can you explain how that will be affected?

The Hon. C. M. HILL: In due course I will explain that. The public is concerned that its basic democratic right, which it has had in the past in respect of these freedoms, be maintained in the future. In general terms, as I listen to them on talk-back programmes, they do not want to be dictated to in this area; in short, they do not want to be socialised. The Minister's speech today contained details that I want to look at more closely, because members have not had much time to analyse it carefully, and other questions require answers in detail. To have that opportunity, I seek leave to conclude my remarks.

Leave granted; debate adjourned.

LAND AND BUSINESS AGENTS ACT REGULATIONS

Order of the Day (Private Business) No. 7: The Hon. J. C. Burdett to move:

That the general regulations made on May 23, 1974, under the Land and Business Agents Act, 1973, and laid on the table of this Council on July 23, 1974, be disallowed.

The Hon. J. C. BURDETT (Southern): I wish to speak briefly to this motion by way of explanation. The reason I gave this notice was that I considered that these regulations were impracticable and oppressive in some regards. Some examples were that the regulations required a vendor to give details of mortgages which were his own affair, and it was oppressive to require him to do that. The regulations required vendors to obtain from councils particulars that councils were not geared to provide. The regulations also provided for certificates to be given regarding the sale of businesses which the person giving the certificates could not be expected to know of. There were other similar examples. While this notice has been on the Notice Paper, approaches have been made to the Attorney-General, and yesterday in this Council regulations varying the regulations the subject of this notice were laid on the table. Those regulations take care of the matters I have explained and those to which I objected. Therefore, the purpose of my notice having been achieved, I move:

That this Order of the Day be discharged.

Order of the Day discharged.

LAND AND BUSINESS AGENTS ACT REGULATIONS

Order of the Day (Private Business) No. 8: The Hon. J. C. Burdett to move:

That the land brokers regulations made on May 23, 1974, under the Land and Business Agents Act, 1973, and laid on the table of this Council on July 23, 1974, be disallowed.

The Hon. J. C. BURDETT (Southern): For the reasons I gave in relation to the Order of the Day just discharged, I move:

That this Order of the Day be discharged.

Order of the Day discharged.

INDUSTRIAL ORGANISATION (BUILDING LOANS) BILL

Received from the House of Assembly and read a first time.

The Hon. A. F. KNEEBONE (Chief Secretary): I move:

That this Bill be now read a second time.

As honourable members are aware, the United Trades and Labor Council of South Australia, through the Trades Hall Managing Committee, has recently erected a new Trades Hall on South Terrace in order to provide employee organisations generally in South Australia with facilities in the provision of office space and meeting rooms necessary for the continuance of their activities. The original Trades Hall in Adelaide received public assistance, but no such assistance was given to the new Trades Hall on this occasion. The new Trades Hall in New South Wales was assisted by Government guarantee, and in Western Australia by both a Government guarantee and an undertaking to lease for the Public Service certain part of the Trades Hall offices.

The Trades Hall Managing Committee has run into difficulties in the present economic climate and does not have sufficient income to meet its interest liabilities on the Trades Hall. After an investigation of their situation by the Under Treasurer, it is apparent that the only way in which the Trades Hall can remain viable is by a reduction in the capital liability on the hall to an amount which the Trades Hall Managing Committee's income could service. The amount necessary for this purpose is \$200 000, and it is proposed that a loan be made to the Trades Hall Managing Committee of such a sum.

If assistance is to be given to employee organisations in this way it is only proper that similar assistance should be granted to employer organisations. At this stage there is no application before the Government by employer organisations for such assistance, and in fact the Chamber of Commerce and Industry, the largest employer organisation, does not provide facilities for employer organisations generally. It might be necessary in those circumstances to receive applications from employer organisations and to allot the moneys in proportions appropriate to the circumstances. This Bill therefore proposes to make an interest free loan of \$200 000 to the Trades Hall Managing Committee, and to allow the Treasurer to receive applications from employer organisations who make application for a proportion of the \$200 000 available to employer organisations and to allot moneys by way of interest-free loan as he deems proper among them after consideration of the applications.

Clauses 1 and 2 of the Bill are formal. Clause 3 sets out the definitions necessary for the purpose of the Bill and I would draw honourable members' attention to the definition of "the corporation"; this corporation is the body corporate responsible for the construction of Trades Hall. Clause 4 authorises the Treasurer to advance by way of loan \$200 000 to the corporation, the terms and conditions of repayment being that no repayment will be required until June 30, 1985, and thereafter the loan will be discharged by 40 instalments each of \$5 000.

Clause 5 provides that any "prescribed organisation" being an organisation that directly or indirectly represents the interests of employers as such may apply for and be granted assistance in providing a building for its use on similar terms. Subclause (2) of this clause limits the total assistance that may be provided under this clause to \$200 000. Clause 6 makes the necessary appropriation of money for the purposes of the Act presaged by this Bill. This Bill has been considered by a Select Committee in another place and in its present form incorporates amendments recommended by that committee.

The Hon. R. C. DeGARIS secured the adjournment of the debate.

WHEAT DELIVERY QUOTAS ACT AMENDMENT BILL (COMMITTEE)

Returned from the House of Assembly without amendment.

STATUTE LAW REVISION BILL (VARIOUS)

Received from the House of Assembly and read a first time.

CORONERS BILL

Received from the House of Assembly and read a first time.

CROWN LANDS ACT AMENDMENT BILL

Received from the House of Assembly and read a first time.

REAL PROPERTY ACT AMENDMENT BILL

Received from the House of Assembly and read a first time.

FRIENDLY SOCIETIES ACT AMENDMENT BILL

Received from the House of Assembly and read a first time.

AGED AND INFIRM PERSONS' PROPERTY ACT AMENDMENT BILL

Received from the House of Assembly and read a first time.

STATUTES AMENDMENT (PUBLIC SALARIES) BILL

Received from the House of Assembly and read a first time.

SOUTH AUSTRALIAN COUNCIL FOR EDUCATIONAL PLANNING AND RESEARCH BILL

Adjourned debate on second reading.

(Continued from March 4. Page 2633.)

The Hon. C. M. HILL (Central No. 2): Having listened with interest to honourable members who have so far contributed to this debate, I share some of the fears that they have expressed. I am concerned about two points: first, the question of cost and, secondly, the question of experimentation in education. This Bill sets up a council to promote the development, co-ordination and rationalisation of education where necessary.

I cannot help wondering, on reading the Minister's second reading explanation of this Bill, whether the same new efficiency could not be achieved by more application within the Education Department. The Minister of Education has senior, highly skilled officers who could from time to time give him advice, based on their experience and travel, similar to the advice he hopes to get from this council. The Minister, through his senior officers, could hold inquiries from time to time that would not be expensive, and the findings of those inquiries could provide the Minister with the knowledge that he hopes to obtain through this council.

The second reading explanation says that, apart from the council itself, there will be executive officers and other staff members attached to it. One can imagine that there will be a considerable number of such people and, as inevitably happens, the number will probably increase as time passes. So, I have a real concern about the future cost of this council.

Regarding my concern about experimentation in education, I am always very sceptical when schoolteachers, headmasters or Education Department officers claim to create firsts in education. One often reads news along these lines, and the person making the claim submits that an achievement has resulted from such firsts.

However, the real result of experiments in the educational process, generally speaking, are not known in the short periods after they are implemented: many times it is five, 10, or even 20 years later when true judgments ought to be made of the result of these so-called achievements. Although I am not opposed to change in anything, and I am not opposed to some change in education, I think that in education, particularly, experiments must be implemented with great care and great caution, because the people affected are the students themselves.

As I have already said, the results of those changes on the students cannot be truly assessed for many years to come. I look on the implementation of this proposed council as a form of experiment in this State's education system. Because I believe it is an experiment, I am somewhat cautious and, indeed, cool towards the proposal.

Recently, there has been concern in the public mind about where we are going in the whole area of education in this State. Only recently, we read that a prominent citizen questioned this matter in most severe terms. He believed that some students left the educational process after between 10 and 20 years, quite rudderless within our society.

I think we cannot altogether overlook that comment. Also, last January, Professor Karmel (and I remind honourable members that it was on the recommendation of his committee that this council is being established) raised some interesting points with regard to education. He talked about the great rush of young people to become educated, and questioned whether this was desirable. He said that he believed that some radical change in the education system, under which students would spend less time at school, was desirable. He also said that less emphasis should be placed on qualifications. He said:

It is probably not necessary to insist on a university qualification to get a job in an insurance company or a bank.

Only last week there was a significant report from Victoria that was published in the *Australian* of March 3 under the heading "Illiterates turned out by schools". The article states:

More than 15 per cent of students who leave high school cannot read or write well enough to communicate in the most fundamental way, the Victorian Employers Federation said yesterday. Employers had noticed a steady decline in reading, writing and basic arithmetic standards over the past four years, the organisation's secretary, Mr. I. C. Spicer, said yesterday.

"Industry may well have to start teaching school leavers how to read and write before they can be usefully employed," he said. "There has been too much emphasis placed recently on new ideas and experiments in education and the basic skills have tended to be downgraded in our schools. It has been fashionable, in Victoria especially, to experiment with education and this has just not worked."

I do not want to go into the relative merits of our system compared to Victoria's system, but I think it fair to say that amongst the South Australian community comments similar

to those are often made today. All honourable members receive representations from parents of students who are leaving the educational institutions of this State and, indeed, from parents whose children are now, say, in their mid-twenties or thirties and who are, in general conversation, expressing serious doubts whether the finished product, so to speak, is the best possible product that could be supplied by our education system.

So, I simply refer to that general issue, namely, that serious questions are being raised by people at large about whether the education process, which has undergone tremendous change and which has been involved in considerable experimentation, is indeed heading in the best possible direction. The concern of parents representing the general South Australian community can well be appreciated if we consider the sum the State outlays on education.

My figures reveal that more than one-quarter of the general revenue account of South Australia (and I am talking about payments from that account) is being spent under the general heading of education. Indeed, for the financial year 1973-74, the net payments for education by this State from Consolidated Revenue amounted to \$164 800 000, which does not include net payments for education by the State from Loan funds or the Commonwealth grants applied to education.

Total payments from our general Consolidated Revenue Account last year were \$645 500 000; that means that 25.5 per cent of our total payments from that account were applied to education. In the previous year, 1972-73, the relative figures were \$143 700 000 and \$524 800 000; therefore, 27.4 per cent was the proportion applied to education. In the previous year (and I mention this simply for comparison purposes) the figures were \$126 100 000 and \$456 300 000; therefore, 27.6 per cent was applied to education. Although I am not criticising that allocation, I stress that education, as a single department, has absorbed a large proportion of the total payments from this State's Consolidated Revenue Account.

Of course, we are responsible to ensure that this money is spent wisely and well and to ask questions when new proposals such as the one now before us are introduced. We are also responsible to try to make the Minister and Government of the day justify the introduction of the scheme from the point of view of finance and of its effects on the education of people who pass through our system. Although I am not opposed to long-term planning in any area, including education, I wonder whether the setting up of this new council is really necessary and whether it is a wise measure for the Government to adopt.

Certainly the Minister and his department must proceed with great care with regard to this matter. The Minister has a clear duty to prevent a complex empire building within the education process and to watch carefully the expenditure of money in the field of education. One cannot therefore pass a proper and final judgment on this proposal. One must go, as I have said previously, to the end product, the youth who pass through our system, before one can pass that kind of judgment.

I close by again echoing in the Council some of the queries that are being raised outside this Chamber regarding our education process and the students who pass through it. Parents and others are asking whether the young people are being equipped to obtain the kind of work that will be available, and whether the system is influencing today's young people to accept high moral values. Of course, this is one of the prime functions of an educational system.

People tend to think that its prime function is to equip people for work. However, education and the system involving it go much further than that, and people are asking whether the young people, as they pass through this period of 10 or 20 years, are being implanted with ethics that we, as parents, and others would expect them to uphold and maintain. We expect them to reach these standards as a result of education in this State.

I again emphasise the doubts that I have regarding this Bill. If the Bill passes and this council is set up, it might well be the best practice for the new body to do as I have tried to stress: go to the end product and work back from there to ascertain what best measures it should introduce as part of its activity within the education system in South Australia.

The Hon. B. A. CHATTERTON (Midland): Like the Hon. Mr. Burdett, I support the Bill. I draw particular attention to that honourable member's contribution to this debate because, despite his claimed support for the Bill, he used his time in the debate to make completely unjustified criticisms of the policies of the Minister of Education in relation to autonomy for educational establishments. He said that this Bill showed that this talk was largely a sham and a subterfuge for the Government's doing what it wanted to do and had every intention of doing, anyway, and claiming that the community was involved. Later, he said that the council would be stacked with Government nominees. He continued:

However, in the first place, the Government has taken good care to ensure that the people who will have the same views as it has will be in the majority on the council.

That is completely unjustifiable criticism of the Minister's policies. In this respect I speak from personal experience, as the councils that the Minister has already established are not stacked with his own nominees or people of his own political persuasion. In fact, they represent wide interests in the community. I am referring to the many councils that have been established to control the various colleges of advanced education throughout the State. I refer, first, to the Roseworthy Agricultural College council, of which I am a member. The appointed nominees of this council (it also has elected representatives) include Mr. Haines from the Education Department; the Acting Director of Agriculture, Mr. Walker, Professor Jarrett and Dr. R. B. Porter, who represent the interests of other tertiary institutions; Mr. Taylor from the Society of Agricultural Technologists; Mr. Colin Gramp, a well-known winemaker and Mr. R. A. Honner, a farmer from Yorke Peninsula. It is most surprising, when one considers the allegations made by the Hon. Mr. Burdett, also to find that Mr. Nankivell, the member for Mallee in another place, is the President of the council, which the Hon. Mr. Burdett claims is stacked with people who have the same political opinions as the Minister.

The Hon. M. B. Dawkins: I don't think he claimed that about the Roseworthy Agricultural College council.

The Hon. B. A. CHATTERTON: This is what the Minister has done in relation to Roseworthy and other councils. Another college of advanced education with which I have some connection is that at Salisbury. Here, one sees the same sort of situation, the Minister having appointed a large group of people with wide interests in the community. Although I will not go through all the members in detail, I refer particularly to the administrator of the Lyell McEwin Hospital, and Brother Bourke, the Headmaster of Rostrevor College.

The Hon. T. M. Casey: Do you think that the Hon. Mr. Burdett is trying to get on the council?

The Hon. J. C. Burdett: I would not take it.

The Hon. B. A. CHATTERTON: I do not think the honourable member would have much chance in that respect. I am referring only to appointed members on these councils, which have been established to give real autonomy to various educational institutions. The council proposed to be established under this Bill will also give a degree of autonomy for research purposes, and so on. The view has been expressed that this is only a subterfuge for stifling independent criticisms and protests, instead of being what it pretends to be, giving real involvement to independent views in educational matters. In view of the action that the Minister has already taken in appointing these truly independent councils, this criticism is completely unjustified. I support the Bill.

The Hon. C. R. STORY secured the adjournment of the debate.

PLANNING AND DEVELOPMENT ACT AMENDMENT BILL (CITY PLAN)

Adjourned debate on second reading.

(Continued from March 4. Page 2634.)

The Hon. M. B. DAWKINS (Midland): I rise to support this short Bill which, as the Hon. Mr. Hill said yesterday, refers to the City of Adelaide Development Committee. It merely extends the life of that committee for another 12 months, from June 30, 1975 to June 30, 1976. In another place it might be considered unusual for a country member to discuss this Bill dealing with development in the city of Adelaide, but I think that in this Council we never try to stay too close to the parish pump, as we have always tried to have a broad view. Of course, next year honourable members will represent the whole State, and that will represent a broader step again. Therefore, it is not entirely inappropriate that a country member should address himself briefly to this Bill.

I support the Bill, but I do so with some misgivings. It is all very well to provide for planning and development, which normally is a good thing, but when planning and development reaches the stage where it causes delays such as those referred to by the Hon. Mr. Hill yesterday, I wonder whether it is entirely desirable that such a committee as that existing under this Bill should continue. The Hon. Mr. Hill said yesterday that he believed the committee was not working satisfactorily, and I believe that that statement could be regarded, at least in some quarters, as the understatement of the year.

The Hon. Mr. Hill emphasised some of the delays that have occurred largely as a result of the operations of this committee, and this is of great concern to me. I hope that these delays are a matter of concern to all honourable members, and the Hon. Mr. Hill highlighted two projects affected by these serious delays. The building extensions to the Adelaide Children's Hospital is a most important project. I am concerned that the work on that project will cost \$3 000 000 more as the result of the delay to the project caused, as the Hon. Mr. Hill said, by the delay in approval of the plans. This is most serious. I am not really conversant with the set-up at that hospital, although I am well aware of the valuable service which that institution has given to this State over many years. However, I am better informed about the work of the Helping Hand Centre, and I know how true were the comments of the Hon. Mr. Hill about that project. The delay in the approval of plans for the additional Helping Hand project could add a further \$1 500 000 to its cost, again as the result of the committee's operations. This is most serious situation, because the Helping Hand organisation, like so many similar organisations existing in South Australia, provides accommodation and assistance for elderly people. This is vital work.

Nearly all these institutions (and the Helping Hand Centre is no exception) have long waiting lists of people seeking admission to them. Therefore, such delays result not only in tremendous additional costs of construction, to which the Hon. Mr. Hill referred, but they also result in delays in admission of people requiring special care. While I support the Bill, I can only reiterate my concern about this situation, as the committee's work has held up progress rather than advance it. I support the Bill, but I trust that the committee will improve its efficiency in respect of future activity.

The Hon. R. C. DeGARIS secured the adjournment of the debate.

JUSTICES ACT AMENDMENT BILL

Received from the House of Assembly and read a first time.

ROAD TRAFFIC ACT AMENDMENT BILL (SIGNS)

Received from the House of Assembly and read a first time.

INDUSTRIAL AND PROVIDENT SOCIETIES ACT AMENDMENT BILL

Received from the House of Assembly and read a first time.

ART GALLERY ACT AMENDMENT BILL (BOARD)

Adjourned debate on second reading.

(Continued from February 27. Page 2607.)

The Hon. JESSIE COOPER (Central No. 2): In rising to support this Bill I can find nothing wrong in changing the ancient name of the National Gallery at Adelaide to the Art Gallery of South Australia. That is the first matter dealt with by the Bill. The main clause deals with the powers and functions of the board. The Bill widens the powers set out in the 1939 Act. As honourable members will notice, the proposed new section does not restrict or take away any of the powers or functions of the board. Clause 5 of the Bill amends section 16 of the Act by repealing the original section and inserting the following new section:

- (1) The functions of the board are as follows:
 - (a) to undertake the care and control of the art gallery and of all lands and premises placed under the care and control of the board;
 - (b) to undertake the care and control of all works of art, exhibits and other personal property acquired for the purposes of the art gallery;

Both these paragraphs are identical with the old wording in the original Act. New paragraphs (c), (d), (e) and (f) are inserted before old section 16 (2), which now appears as section 16 (3). In fact, all that honourable members are asked to consider in this Bill is the wording of new paragraphs (c), (d), (e) and (f). I refer to the word "organisation" in the first line of paragraph (c). It again appears in paragraph (d), and that word in those two subsections has two different concepts. After discussion with the Parliamentary Counsel to see which meaning was desired, when the Bill is dealt with in the Committee stage I will move for that word to be deleted in paragraph (c), as this will clarify the position. Honourable members will remember that the Hon. Sir Arthur Rymill spoke about his concern about the word "or" in paragraph (f). He considered that this made the paragraph wide. Paragraph (f) provides:

Such other functions as may be necessary or incidental to the foregoing or as the Minister may from time to time specify.

The Hon. Sir Arthur Rymill considered that "or" should be deleted. However, I believe that what the honourable

member really wanted was not to restrict the powers of the board as that amendment would do, but rather to have the whole phrase "or as the Minister may from time to time specify" deleted. That would get the meaning clear and would be more acceptable to me. I support the second reading.

Bill read a second time.

In Committee.

Clauses 1 to 4 passed.

Clause 5—"Powers and functions of the board."

The Hon. JESSIE COOPER: I move:

In new section 16 (1) (c) to strike out "organisation".

I explained the reasons for this during the second reading debate.

The Hon. A. F. KNEEBONE (Chief Secretary): I cannot see what is achieved by the amendment, except to reduce the area of the powers and duties of the board.

The Hon. JESSIE COOPER: It is not a controversial matter; I was being pedantic. The word "organisation" in paragraph (c) is quite in order, but the word is used again in paragraph (d), and the organisation referred to in (c) is not the organisation referred to in (d). The word "organisation" in (c) is an abstract term. I consulted the Parliamentary Counsel to find out what the Government intended (I am not trying to do something against the wishes of the Government), and he explained that the organisation in paragraph (d) referred to art galleries, collections of art, bodies, associations, and so on. One way out would be to delete the word "organisation" in paragraph (d) and to insert the words "art galleries, collections of art, any body or association", but that would be unwieldy, so we came down on the side of the other suggestion for neatness and clarity.

The Hon. A. F. KNEEBONE: I wonder whether the promotion and supervision of art galleries would include the organisation of them, which is apparently what the Minister wished to do. To take away "organisation" leaves one area of work uncovered. I am not completely opposed to it, but if I agree, and if my colleague wishes it to remain, the situation becomes somewhat difficult. It is unfortunate that the counsel cannot substitute another word. Perhaps it could be overcome by saying "advise the Minister and any body" in paragraph (d).

The Hon. JESSIE COOPER: "Body" is not as good as "organisation", although the word "administration" could be used, or even "arrangement", which is what it really means. "Organisation" means the getting together and arranging of something. I cannot agree with using that word in this context.

The Hon. A. F. KNEEBONE: The honourable member has moved it, but I shall vote against it.

Amendment carried.

The Hon. JESSIE COOPER: I move:

In new section 16 (1) (f) to strike out "or as the Minister may from time to time specify".

I do not think those words are necessary.

The Hon. A. F. KNEEBONE: I oppose the amendment. The words should be there to enable the Minister to specify some other function as necessary from time to time.

The Committee divided on the amendment:

Ayes (10)—The Hons. J. C. Burdett, M. B. Cameron, J. M. Cooper (teller), M. B. Dawkins, R. C. DeGaris, R. A. Geddes, G. J. Gilfillan, C. M. Hill, V. G. Springett, and C. R. Story.

Noes (8)—The Hons. D. H. L. Banfield, B. A. Chatterton, T. M. Casey, C. W. Creedon, A. F. Kneebone (teller), F. J. Potter, A. J. Shard, and A. M. Whyte.

Majority of 2 for the Ayes.

Amendment thus carried; clause as amended passed.

Title passed.

Bill read a third time and passed.

UNDERGROUND WATERS PRESERVATION ACT AMENDMENT BILL

Adjourned debate on second reading.

(Continued from March 4. Page 2634.)

The Hon. G. J. GILFILLAN (Northern): This Bill makes the administration of the principal Act simpler and it reduces the financial load on the owner of the bore concerned. I favour the control of underground water supplies. Most honourable members and most members of the public are fully aware of the underground waters in the Adelaide Plains and in the South-East, but in other areas, too, there are bores tapping underground water supplies. In many such areas landowners have branched out into the irrigation of fodder crops. In dry seasons this practice can affect the water supply from stock bores. In this connection we must keep our priorities right: stock must come before crops in such areas. I hope this matter will be continually reviewed to ensure that our underground water supplies are properly preserved. This Bill permits a restriction to be placed on a bore without necessarily requiring that a meter be installed. As the legislation stands at present, if a restriction is imposed, a meter must be installed. In some instances this could involve unnecessary expense. I have pleasure in supporting the Bill.

Bill read a second time and taken through its remaining stages.

ABORIGINAL LANDS TRUST ACT

The House of Assembly transmitted the following resolution in which it requested the concurrence of the Legislative Council:

That this House resolves that pursuant to section 16 (1) of the Aboriginal Lands Trust Act, 1966-1973, a recommendation be made to the Governor that those pieces of land being sections 553 and 565, hundred of Adelaide be vested in the Aboriginal Lands Trust.

FAIR CREDIT REPORTS BILL

The Hon. A. F. KNEEBONE (Chief Secretary) moved:

That Standing Orders be so far suspended as to enable the conference on the Bill to be held during the adjournment of the Council and that the managers report the result thereof forthwith at the next sitting of the Council.

Motion carried.

ADJOURNMENT

At 5.30 p.m. the Council adjourned until Thursday, March 6, at 2.15 p.m.