

**COMMUNITY NETWORKER No 9/2017**

**ROTARY CLUB OF PARRAMATTA CITY Inc. DISTRICT 9675**

[www.parramattacityrotary.org.au](http://www.parramattacityrotary.org.au)

### **Rotary Four Way Test**

The Four Way Test challenges Rotarians, in everything they do, to ask of themselves:

Of the things we say or do:

1. Is it the **TRUTH**?
2. Is it **FAIR** to all concerned?
3. Will it build **GOODWILL** and **BETTER FRIENDSHIPS**?
4. Will it be **BENEFICIAL** to all concerned?

*Club Meeting 20<sup>th</sup> March 2017*

### **Our Toast**

Bob Rosengreen proposed a toast to Water and Sanitation Rotarian Action Group (WASRAG), which had addressed the critical problem of water in the third world. Clean water being vital to health, it was still a fact of life in the third world that people wanting clean water were advised to draw it upriver rather than downriver so they have less chance of collecting sewage effluent.

### **PhD Scholars Night**

Acting President Natalie said PhD night last week was a very successful event and she thanked PP Keith Henning for his organisation of it. PDG Barry Antees in turn thanked Natalie and President Phil for their efforts in jointly hosting the night.

### **The District Conference**

PDG Barry said the District Conference at Wollongong the weekend before last was one of the best he had attended for a long time. Our club had been represented by Keith, Barry, Joy and Malcolm. There were excellent speakers, capped off by an address from Deng Adut, Sudanese-born, recruited as a boy soldier at the age of five, shot when he was 12, living in a car when he was 15, who had migrated to Australia as a refugee, had studied law and had set himself up as a successful lawyer.

### **News from Honda Kabeba in Africa.**

PP Keith reported that he had received an email from Honda.

"I finished my mission in Central African Republic.

Now in Uganda I have been offered a new assignment with Doctors Without Borders-Australia, I will be heading to northern Uganda (Kitgumu) to assess needs of new south sudanee refugees.

I will be travel to Kitgumu on Sunday 20th March.

Pass my regards to the Rotarians.

Regards,  
Kaheba"

## **Amit Patel's Address**

Our newest member, Amit Patel, gave us an address in which he outlined the differences between the health systems in Australia and the United Kingdom. He had come to Australia in February last year. Being an overseas-trained doctor, he was obliged to go to an area where there was a shortage of doctors. In April he had gone into general practice in Blacktown, working at a medical centre. He had later taken up the Clean Slate Clinic, in the same location, which dealt with people addicted to alcohol or drugs but were motivated to better themselves and found that attending as outpatients was better than being in-patients.

Amit grew up in Leeds in the northern England. He went to London where he acquired a medical degree, then returned to Leeds where he practised for four years, before migrating to Australia. He had seen the operation of the health systems in both countries. The British National Health Service (NHS), introduced by a Labour Government in 1948, had been founded on the principle that all people should have access to suitable medical treatment, not just those who could afford it. It was funded completely by the taxpayer.



That system had started to fray around the edges when people took to it en masse and costs were rising. After a few years, prescription charges were introduced. But they were only small charges. There was a small private sector operating but that represented only about 10 percent of the system, because with a properly-functioning public health system, people did not want to go private. In Europe, most health systems went for social insurance models.

In Australia, having consulted Dr Google, Amit understood that the Medibank system had been introduced in 1974, again by a Labor Government. One of the key differences between this system, later called Medicare, and the British NHS was that in Australia people paid per listed item and then had an amount refunded. There was also a bulk-billing option for GPs and specialists where the charges disappeared.

In Britain, the doctors working in the National Health got paid by the National Health Service. The GPs had a fixed contract where they serviced a particular geographical area. There was no universal payment. A doctor might get 250 pounds for a patient or 90 pounds for a patient. Prescriptions free and there was just a small administration fee. But the NHS decided what should be prescribed and after assessing each drug for its suitability they went for the cheapest one. Drugs that were dearer were black-listed till the price dropped. There

were free prescription for things like cancer, HIV and thyroid conditions but not for other long-term conditions such as blood pressure. With one blood pressure drug, however, a doctor could only prescribe something different if the drug he was prescribing had side-effects. In Australia, people had more choice but they had to pay for it.

Amit said there were different political initiatives in Britain and Australia. In Britain, there was no “Closing the Gap” policy because Britain did not have such a distinctly disadvantaged group. Abortion and contraception in Britain are fully covered. There is no prescription charge for implants, injections and coils as there is here.

In Britain, a patient in a geographical area had to go to see the GP covering the area and could go as frequently as he wanted. But in some areas where a patient’s condition was not urgent, there would be a waiting time of three weeks. The downside in Australia was the “fragmentation of care”, where a patient could go to a number of doctors, and some patients addicted to a particular medication could go to a number of doctors. The recourse for a doctor here, if the doctor had suspicions, was to call a “prescription hot-line” to see whether the patient was abusing the system.

In Britain, there were a lot more targets such as the percentage of patients in emergency departments who could be seen, treated and sent home within four hours. That had been 98 percent but had dropped to 90 percent in Britain, In New South Wales that was in the 70s. People were waiting long and longer to see doctors in both countries.

### **Letter from the LAMB Project**

Ian and Jill are back in Australia! We are well, and, most surprisingly, quickly recovering from tiredness. This is only the second time we didn’t get diarrhoea – quite amazing when we watch the cockroaches on meal tables when invited out to dinner, and seeing how dirty some of the hands were that served us food. Quite simply, it’s God’s over ruling in something we can’t control.

As we reflected on the journey home, both of us feel that this visit could well be our most significant to date. We were reminded time and time again, just how much our going seems to bring encouragement to both Bangladeshis and ex-pats alike.

If you would like to get a detailed account of this visit, and ask those questions about information that we are unable to put into print, our church has pre-arranged a time this coming Saturday 18th March at St Stephens Normanhurst, corner of Pennant Hills Road and Kenley Road from 3 pm to 4.30 pm. The time was chosen to enable people to come who prefer not to drive at night.

It was good to be met by secret police at the domestic airport on arrival, as it indicated Government awareness of all new arrivals. They took details of whom we were, where we were staying, the length of our stay, and what we would be doing. Having an armed guard with an assault rifle in the front seat, simply added to our safety. We were extremely careful during our time to follow all security procedures. The only dangerous situation occurred when a huge speeding truck missed Ian by about 10 cm when swerving to avoid another vehicle. Had we been both walking along the footpath at the time, the story would have been very different.

The Cost of Living increase money that was sent by Western Union on February 16 exceeded the Australian limit. Despite several emails, phone calls, and sending different information asked for over the last three weeks, Western Union finally decided to not authorise the transfer. On contacting them again today [Tuesday 14th], I am still waiting for one of their managers to assure me the refunded money will be available tomorrow for collection. They have requested that I do not refer them to the Department of Fair Trading, as I warned about a week ago. Their motto of "Moving money for better" is a farce. If the money is refunded tomorrow, I will send the money for the 2015 and 2016 cost of living increase, wait for two days, then send the money for 2017.

Thank you so much for praying for us. We noticed the results of this every day we were there .We hope to see many of you this Saturday afternoon.

Thank you for continuing to journey with us.

Warm regards to you all,

Ian & Jill.

### **For Your Diaries**

27 March. Club Meeting - Novotel

Inaugural RAWCS Tribute address at the Burwood RSL Club

1 April. President Elect training

6 May. District Assembly for all incoming Board members

26 June. Club Changeover