This petition is signed by more than 2,500 grassroots doctors after a four-week campaign run in the pages of Australian Doctor. We are calling on the Federal Government to rethink its controversial co-payment plan. The plan — in its current form — threatens the healthcare of some of your most vulnerable constituents. Our campaign is also making a wider call — a call on you, as our elective representatives — to recognise the fundamental importance of general practice to the future health of this country.

In the following pages you will read about the contribution GPs make to the lives of people in your communities, helping them through family crises, illness, emotional trauma, even through the months before they die. You will read the statistics showing the difference GPs make. It is our hope this document will give you a glimpse into the real world of general practice.

We urge you to read the petition and are keen to hear your reaction.
Please email, mail@australiandoctor.com

Yours,
Australian Doctor magazine
THE PETITION

Dear Prime Minister, Ministers and Federal MPs

THIS petition demands an end to the co-payment plan and the move to cut Medicare support for patients needing GP care. It is a call on you to understand what is at risk by the continued attempt to target general practice funding.

Whether the better-off should pay a $7 fee to see their GP is an issue to be debated. But this current reform threatens the health of your constituents — your constituents spending the final years of their lives in nursing homes, those living with serious mental health problems, those at the margins and those families just hit by bad luck.

Put simply, from July 2015 it will become economically unviable for us to continue to bulk-bill concession card holders or children. Under the government’s proposal, waiving the co-payments for these patients will trigger a reduction in Medicare funding of up to 25% for their care.

As GPs, we cannot absorb such losses and continue to offer the care your communities demand. Over the years, much lip service has been paid but too little action given to supporting general practice. For some time now, we have been witnessing the infliction of a slow death on the one part of the health system that has the most to give.

To prevent illness, to care for those struck by sickness, to protect patients from the often avoidable misery and expense of hospitals — Australia relies on our clinical skills and care. And yet we fight against constant financial pressures to dilute clinical care, to practise medicine on the cheap.

Rebates for patients have never kept pace with rising costs or been indexed to inflation. Last year, MBS rebates for GP care were frozen. Although the fact is not widely known, Medicare fails to cover the real costs of items as basic as wound dressings or point-of-care INR testing. The government has come for general practice again.

With the enormous burden of diseases like diabetes and dementia, patients need the full scope of our clinical skills and expertise. Governments need to support those same skills and expertise to contain the billions they are spending on high-cost hospital and specialist treatment in an overcrowded system plagued by long waits.

General practice lies at the heart of the health system. We care for over a quarter of a million Australians every day in communities across the country.

WE URGE THE FEDERAL GOVERNMENT TO:

• Halt the government’s co-payment plan.
• Reverse the planned $5 reduction in Medicare rebates for GP consultations.
• End the erosion in the value of Medicare rebates by introducing proper indexation.
• Launch a formal review of the MBS to examine whether it ensures the financial viability of high-quality general practice.

To see full details of this petition visit www.gpsmakethedifference.com.au
FEARFUL FOR MY AGED CARE PATIENTS

DR MARY BARSON – BELLBRAE, VIC

I am a GP registrar in rural Victoria. I regularly visit up to 20 nursing home patients in a rural aged care facility.

Through regular visits, I am able to manage the chronic health issues of these vulnerable people, and help keep them in their home and out of the hospital, saving Australian taxpayers thousands and thousands of dollars.

I am also able to meet the palliative care needs of my dying patients so they can die in comfort, with peace and dignity in their home without costly transfers to hospital.

A $7 co-payment will make regular visits for some patients unaffordable. I genuinely fear that they will refuse visits, fail to have proper management of their heart failure/diabetes/chronic lung disease/urinary tract infections/etc and will end up in hospital at huge expense and inconvenience.

I am furious at the short-sighted nature of these proposed reforms. It is false economy at its most heartless.

THE WOMAN FROM THE REFUGE AND HER CHILDREN

DR KATIE PULLINGER – KINGSTON, TAS

There are many stories that could be told, but I’ll tell this one. My patient was a mum in her 30s with two little kids. She was poorly educated, nervous, respectful. The three of them were living in a women’s refuge for the usual reasons. They came in every few weeks: asthma, kids’ colds, anxiety.

One day, as they were leaving, the mum said to the children: “We’re going to the chemist now.” And the kids beamed and said with obvious delight, “The chemist! Will we be able to get some water and one of those mints Mum?” The mum smiled and said yes, and gave me this look that I have always remembered.

See, at the chemist there is a free water dispenser and a little bowl of free mints. The look the mum gave me showed the delight that every mother feels in seeing her children happy. But she was also sad that these freebies meant so much to her kids, and embarrassed because now I knew too.

Seven dollars mightn’t seem that much to people whose kids get to go out for milkshakes but if this mum had to pay $7, her kids wouldn’t miss out on a trip to a cafe. They would simply miss out on coming to the doctor, on their vaccinations, on their antibiotics, on their asthma puffers. They’d miss out on contact with me and the practice nurse and the reception staff — with a whole set of friendly adults who spoke to their mum respectfully and helped show them that grown ups can be kind.

DUTY FIRST

DR MICHAEL MOLTON – ADELAIDE, SA

Most doctors think of duty of care first and money second. Otherwise we would all be doing something else. We undervalue our worth and we feel compassion for those who appear to need it.

That compassion leads us to work relentlessly. For years, we have sacrificed ourselves. We are our own worst enemies.

A $7 co-payment may be the last straw — I don’t know, no one does.

POOR WILL BE HIT HARDEST

DR ANTHONY HODGE – HOBART, TAS

Whilst the co-payment idea is laudable to stop the bulk-billing of working patients with no concession cards, it is going to hit the mentally ill, the poor and the unemployed the hardest.

My patients are already worrying about the $7 and I am asked daily about the need to pay it. Most of my patients think it has started already.

In Tasmania — the state with one of the highest unemployment levels and most disadvantaged populations — if I don’t charge the co-payment I will lose $14 a consult for 85% of my patients.

Who can afford this and a 20% drop in consultations? I currently visit a large number of nursing home residents and a few patients who are dying and house-bound. I cannot see how to collect the co-payment from them very easily.
Does the government want to stop us visiting the elderly and infirm? Please modify the co-payment plan and restore the cut in Medicare rebates.

LIFE-SAVING CONSULTS WILL BE IMPOSSIBLE

**DR RICHARD WALUKL – ST KILDA EAST, VIC**

This 66-year-old pensioner came and asked: “Are you already charging $7 for the visit?” My receptionist answered: “Not yet — it will start in July next year.”

He said: “Oh good, because I just wanted to quickly check with the doc if I should worry about this little headache I had since the morning.”

He came into consultation room and said: “Doc, I wouldn’t trouble you by my headache because it is really mild but my missus insisted and you know, specially as it costs nothing, it is better to be reassured.”

I checked him and his BP was 200/150 with slow pulse 68/min. The pain was radiating down his occiput and he had papilloedema.

I gave him medication to lower blood pressure and called the ambulance, which took him to hospital.

On his discharge was written that he suddenly collapsed in Emergency Department, was resuscitated and then underwent successful emergency neurosurgery for subarachnoid haemorrhage. His life was saved.

I am 100% sure that if co-payment was already applicable, he would have gone home and died.

FEWER PATIENTS TURNING UP ALREADY

**KUMAR – BIGGERA WATERS, QLD**

It's a bulk-billed surgery where I work and since the co-payment in the news, I've noticed less patients in my practice as compared with the previous week.

A FURTHER BLOW TO AGED CARE

**DR NATASHA AYLEN – HASTINGS, VIC**

As a GP working solely in aged care, my practice will be markedly affected. Bulk-billing nursing home residents is not only convenient, but caring for the residents and families dealing with the increasing costs of care.

As I do not have private clinic patients to offset this decision, my practice will make 24% less if these changes occur. What a way to penalise a vital service for an ever increasing part of our healthcare system.

GPs will be even less interested in attending aged care facilities with such a change to such a vulnerable part of our community.

I'M LOOK AT A 20% PAY CUT

**“ANARCHIST GP” – BUNDABERG, QLD**

Employees working in surgery will have salary slashed. One patient said that they will not come to see the doctor until they think it is very urgent or serious.

My colleagues told me that there will be a 20% reduction in earnings. It means either I have to change my speciality or work on a fixed salary in a hospital or surgery.

**MY PATIENT FRANK**

**PROFESSOR SIMON WILLCOCK – SYDNEY**

My journey with Frank is now on its final leg. He is well into his 86th year, and the cancer that declared itself last year will inevitably end his life. My role as Frank’s GP? He had an illness. I diagnosed and managed it. But of course, this account, while true, misses out so much.

It misses out what makes general practice special, the element that the politicians, the policy advisors and the opinion leaders often struggle to see and, therefore, truly value.

We first met more than 30 years ago. He was one of my first patients as a new rural GP — a pharmacist whose fitness and young family belied his 50 years. It turned out he was also a neighbour and between us, we had four young sons. His robust health made him an easy patient, although one of his sons had a series of illnesses that resulted in an ongoing professional relationship with the entire family.

Our roles as health providers also meant regular contact, as did our affiliations with various community organisations that provided balance between our personal and professional lives.

When my daughter arrived some years later, Frank and his wife were a natural choice as godparents.

It wasn’t until my family returned to Sydney after a decade in the country that Frank’s health problems started to accumulate. Like many men, he was reluctant to find a new doctor, so we phone-conferenced, and organised investigations and consultations for various orthopaedic problems, the legacy of sporting injuries from a younger life.

One morning, Frank’s wife called to tell me that he had “woken up with blood blisters in his mouth” but had nevertheless gone to work.

I phoned him at the pharmacy and told him to get an urgent platelet count, which was drastically low and earned him several weeks in the regional hospital while his idiopathic thrombocytopenic purpura was investigated and managed.

I chastised us both for not getting him linked to a more accessible GP — my ‘astuteness’ was equal parts clinical suspicion and blind luck, and a timely reminder of the difficulty of long-distance medical relationships. A new, local GP was incorporated into Frank’s life, with excellent results.

Eventually, Frank and his wife retired to Sydney. Frank was once again my patient, but now the predictable manifestations of age were appearing.

We navigated further surgery, a pacemaker and a mysterious vasculitis that caused painful leg ulcers. Serial specialists provided confident diagnoses and management plans, but subsequently declared that this was an “unusual case” as the ulcers persevered. Eventually, we patched...
What GPs had to say

I DR JUSTin coLEMAn  – nT AnD QLD

SAVIN’ LivES —AnD MonEY

Source: Australian Institute of Health and Welfare (2011/12)

PoTEnTiALy PRERvEnTAbLE HoSPiTALiSATionS

could be avoided each year if the patient had more than 672,000 hospital admissions in Australia

END UP in HoSPiTAL?

WHY Do PATiEnTS lost on politicians.

on that journey. This is one of the many specialties of general practice patients, and walk beside them through the uncertainties of life, partners physician treats the patient who has the disease”.

ler reminded us that “the good physician treats the disease; the great physician treats the patient who has the disease”.

He could have added that the best physicians learn from their patients, and walk beside them through the uncertainties of life, partners on that journey. This is one of the many specialties of general practice lost on politicians.

WHY DO PATIENTS END UP IN HOSPITAL?

More than 672,000 hospital admissions in Australia could be avoided each year if the patient had access to high quality non-hospital care.

PoTEnTiALy PREvEnTAbLE HoSPiTALiSATionS

(2011/12)

342,300

314,000

Acute

Chronic

ASTHMA

38,500

CONGESTIVE HEART FAILURE

51,100

COPD

68,100

DIABETES

87,000

Selected chronic conditions

Source: Australian Institute of Health and Welfare

SAVIN’ LiVEs —And MonEY

DR JUSTin COLEMAN  – NT AND QLD

Imagine yourself in charge of Australia’s health budget — heaven forbid.

On your desk are two cash-filled buckets, marked ‘primary care’ and ‘specialist/hospital care’. Your job is to remove some money from one or the other bucket, to be spent elsewhere.

You turn to the best available evidence — a novel approach, not mirroring the number of lives saved. Millions of brief inter-

In Australia, 17% of patients in poor health said they had a medical problem but did not see a doctor because of cost without political risk.

Dr Barbara Starfield, paediatrician and president of the International Society for Equity in Health, researched this very question extensively over decades. It produced the same answer regardless of the country’s economy: Don’t touch the money in the primary care bucket.

Depleting primary care results in worse health outcomes for all important measures. These outcomes include mortality (all-cause, cancer, heart disease, stroke, infant), life expectancy, self-rated health, mental health, low infant birth-weight and suicide.

Not much left, really, unless you think waiting times for MRIs are equally important.

Notably, these poorer outcomes do not occur to anything like the same extent with reduced specialist care and hospital services.

We may like to think they do, but evidence suggests otherwise. In the US, for example, one fewer GP per 10,000 population is associated with a 5% reduction in measured health outcomes — in rich states and poor, in city and rural areas.

In other words, if you took one doctor’s wage from the primary care bucket and tipped it into the specialist bucket, the population’s health would worsen. If you ‘Robin Hood’ the money the other way, outcomes improve.

But what about bulging hospital waiting lists, you protest? And cardiac surgeons who save two lives before breakfast? No one would deny that specialist and tertiary care is crucial, but the fact is that a robust primary care system is even more crucial. More lives depend on it and, dollar for dollar, considerably better health outcomes are gained by it.

Ideally, you wouldn’t remove any money at all, but if forced to make a choice, less harm results from leaving primary care alone.

This may be counterintuitive if your knowledge of the system is gleaned from newspaper headlines and complaint letters. Adding up coronary stent insertions is easy and immediate, and any bean counter can master it.

But improving the average health of entire populations is much harder to measure, which is why we invented epidemiologists.

These wonderful creatures can smooth out the inherent uncertainties of interactions with GPs and other primary care providers, and miraculously count the number of lives saved.
ventions save thousands of lives, and prevent or relieve untold suffering, disability and mental anguish. So powerful is the measured effect, these statistics hold true even when diluted by the ‘easy stuff’ — the common colds and medical certificates.

Amid the daily confusion of intense, 15-minute doses of human discourse, epidemiologists reveal all the catastrophic events that never took place. The souls who cheated death in primary care cannot be named with wrist tags, but can most certainly be counted.

So what about getting the most disadvantaged to hand over the $7 co-payment? I work in Aboriginal health, where prevention is everything. Some days, it seems half my work is nabbing unsuspecting fathers who have brought their kid in to see me, and suggesting that dad needs a health check, too.

Let’s fit you in and talk about smoking, exercise, belly size. For $7. And measure $7 worth of cholesterol to get your CVD risk. And your child’s scabies rash honestly won’t go away unless we treat you and all the other little $7s in your family. Sorry? What do you mean, “You might think about it and come back later?” Oh, you just need a certificate.

Maybe I’ll be lucky. Maybe politicians will recognise that every Aboriginal health service losing $1.3 every consultation is the antithesis of “closing the gap”, and they will exempt us. Maybe not.

Even if we become a unique exemption, the irony is that the gap will close even faster, because the average health of the other 97.5% of Australia will reduce. I doubt the original concept involved closing the gap at both ends.

A healthy society needs a robust primary care health system. Don’t mess ours up. That’s my advice — for free.

In addition, she is suffering from depression and PTSD, and cannot afford to continue seeing her clinical psychologist as she has used up her allotted appointments on her mental health plan.

The public system cannot take her on as she is not acutely suicidal and they are overstretched as it is.

The only reason patients like these can afford to come to me is because they can be bulk-billed. To say that this population is overserviced and that they need a financial disincentive to accessing medical care is preposterous.

There are thousands of similar untold stories of the value ordinary Australians place in their GP.

DR JULIE MCCLELLAN – MELBOURNE, VIC

I have always worked in clinics in low-socioeconomic areas since I became a GP in 2001. I have lost count of the times I have supported a family in crisis as they faced a significant medical issue, reviewed a seriously mentally ill patient twice weekly, or phoned a patient in my own time out of hours, all in an effort to provide quality care and to keep them out of the hospital system.

I think the politicians seriously underestimate how tough some Australian families are doing it.

Tony Abbott, Peter Dutton and Joe Hockey need to spend a week sitting in an average GP’s clinic to appreciate how ill-conceived this proposal is.

They also need to come on a nursing home visit and see if they feel comfortable to ask the palliative patient or the confused, elderly lady rocking in the corner for her $7. She would be justified to hit them with her handbag.

I DIDN’T DO THIS JOB TO GET RICH

DR NADINE GOODMAN-NADALL – MUNGINDI, NSW

I look after a wide range of patients in a small border town — from cotton growers with large properties to pensioners from socially, economically, financially and psychologically disadvantaged backgrounds. I love looking after all of these people. The variety makes my days interesting and each group brings their own challenges.

There is one thing they all have in common, however — in this rural area, not one of them has come to see me unnecessarily. Some drive more than 100km to come and see me, others fall in a private billing category and struggle to afford it, which means I often take the hit and bulk-bill them.

Others have lives that are so chaotic that they struggle to make it to their appointment, regardless of their billing category. None of them need a disincentive to come.

I am not in this job to become rich. I am here because I love the work. I genuinely want Australians to become healthier.

It is very frustrating to work hard towards that, and to feel the government is attempting to sabotage those attempts.

This co-payment is a bad plan in every way.

WHO WILL HELP MY PATIENT?

DR MICHAEL LIGHT – PERTH, WA

The majority of my work revolves around patients who are either pensioners, or are chronically unemployed. In other words, they are on fixed incomes. They are already forced to compromise on their health care — they are missing out on specialist appointments, diagnostic tests and medications because they cannot afford to pay for them. Here is just one example: I have a middle-aged female patient who is chomping at the bit to return to the work force, but cannot do so because she cannot afford to buy the medication she needs for chronic neuropathic pain.

In addition, she is suffering from depression and PTSD, and cannot afford to continue seeing her clinical psychologist as she has used up her allotted appointments on her mental health plan.

The public system cannot take her on as she is not acutely suicidal and they are overstretched as it is.

The only reason patients like these can afford to come to me is because they can be bulk-billed. To say that this population is overserviced and that they need a financial disincentive to accessing medical care is preposterous.

There are thousands of similar untold stories of the value ordinary Australians place in their GP.

CO-PAYMENT WILL DETER MENTALLY ILL

DR MAHIMA ADHIKARY – CARRUM, VIC

I see a lady in her late 30s with borderline personality disorder with intellectual disability. I have been her GP for the past 11 months.

Prior to seeing me she had presented to hospital via ambulance 26-27 times in the preceding year with two episodes of overdose.

When she couldn’t control her anxiety and frustration, she used to go to nearby train station and sit there for hours, planning to jump in front of the train. She would be seen by PSOs and eventually taken to hospital via ambulance, assessed by a CAT team, counselled and discharged with GP follow-up.

My initial interactions with her were limited as I had no knowledge of her complex medical and social history. Now I am in touch with her case manager, case worker, psychiatry team at hospital, her father (who suffers from mental health illness) and the pharmacist.

She sees a psychologist in-house regularly and sees me every fortnight. We, at the clinic, have made sure that she gets seen if she presents with anxiety. In the last 11 months, she has presented to hospital twice.

Except for introduction of a mood stabiliser, there hasn’t been many medication changes. She needs counselling and encouragement, and I must admit that is what I provide in most of my consults.

From things like her father’s mental health issue to her dog’s surgery,

THE SUPPLY OF GPs HAS BEEN LINKED WITH SIGNIFICANTLY BETTER POPULATION HEALTH. THE OPPOSITE APPLIES TO THE SUPPLY OF SPECIALISTS

Source: Journal of the American Board of Family Medicine 2003

One more GP per 100,000 people results in a 9% decrease in mortality or 70 fewer deaths

One more specialty physician per 100,000 people was linked to a 2% increase in mortality or 15 more deaths

Source: Journal of the American Board of Family Medicine 2003

$4230

the average cost of an admission to a public hospital

Source: Australian Government
to her hair colour, to her weight issues, she discusses everything and walks out of the surgery not feeling suicidal. The first time she visited me after hearing about the co-payment, her question was, “Do I have to pay $7 today for seeing you? I can afford that”.

If the co-payment comes in, she will not be coming to see me if she feels suicidal. She will either call 000 or will be taken to hospital via ambulance if someone sees her by the train station. But what if no one notices her at the station? What if she feels so anxious that she implements?

**JUST NUMBERS?**

There are around 10,000 hospital admissions for diabetic-related foot ulcers each year with amputation being a common outcome.

However, Medicare does not cover the costs of providing wound care. A 2011 study of general practices found they lost money almost every time they provided wound care, with some wound dressings costing upwards of $100. This is just one example of the consequences of failing to fund the GP care patients need.

GP consultations in Australia are the third-cheapest in the OECD relative to national average incomes.

**THIS IS NOT WHY I CHOSE TO BE A GP**

**DR TARUN CHAUHAN – RIVERWOOD, NSW**

I make a difference every day to my patients by supporting their health, diagnosing their acute illness, not infrequently potentially life-threatening, and preventing future complications of their acute and chronic illness.

I do so in a highly disadvantaged area, socio-economically. I have seen patients with cellulitis on their legs advise me they will have to wait till their next pay before they can afford the antibiotics that will prevent septicemia and land them in an expensive hospital bed.

I deal with the suicidal ideation and intent, the effects of drug and alcohol, and everything else that comes through the door. The co-payment, without a doubt, will see patients not access the care they need. I had one patient who is now dead because he couldn’t afford to see a urologist privately.

The only thing that will happen now is that more patients will suffer from making a decision that they cannot afford to see a GP — to a similar end. My day is not filled with coughs and colds, and I am sure this is the case with many of my colleagues. It is about coal-face compassionate care for a multitude of complex problems.

If I get it right, the patient’s diabetes, ischemic heart disease, hypertension and even cancer, for example, are picked up and managed in a timely manner, and I save the government in the long run. Economic rationalism has ignored this fundamental point that we are the most efficient part of the system.

I spend time with my patients and offer quality care to the most disadvantaged. To add more red tape and money-counting to my day, and take away from the health of the nation by this GP tax, is an inexcusable foray into a heartless political wasteland. This is what my patients are saying and it heralds, no doubt, a change of government if the policy is not changed.

Our finger is on the pulse and in the last few elections I could pick a winner based on their sentiment. Does the government want to reward that we put our heart into our care or demoralise us by cutting the rebate for the sacrifices I have made, and push us to close shop and move to the affluent Eastern Suburbs and charge top dollar?

This is not why I chose to practise as a GP. Fair go, fair support and let us get on with doing what we do best — health care with compassion and heart. Co-pay — at your peril.

**OUR INDIGENOUS CLINIC WILL HAVE TO CLOSE**

**ELAINE GREEN – AUSTRALIND, WA**

We see many Indigenous people because we have worked in the area for many years and built up trust. New people to the area are encouraged by their relatives to see us, and many of these have not accessed health services in their own areas for many years.

We have a policy that we see the Indigenous as walk-ins and also always bulk-bill. We do what we can to ensure their access to free or subsidised medicines and treatments. If this co-payment comes in, then their access to healthcare is reduced to nothing as they have to travel for care to the nearby city.

I am sure that this will impact heavily on the health of our local people. We will probably continue to bulk-bill the Indigenous, the mentally ill, the disabled and the elderly. This will put us over the line financially more than we can sustain any more, and we are planning our exit.

**HOSPITAL DISCHARGES PER 1000 POPULATION (2007)**

Australia’s hospitalisation rate is among the highest in the developed world. It is higher than the US and the UK, and double the rate of Canada.

**THE STRESS AND THE HEARTACHE WILL BE TOO MUCH**

**DANIELLE – CLARKSON, WA**

I am a GP in an outer metropolitan area of socioeconomic disadvantage. My patients include Aboriginal people, refugees, the unemployed, single parents, and the ordinary Aussies who struggle to make ends meet even when they are working (Perth is now an incredibly expensive place to live). We have a large seniors cohort as well, due to the retirement village nearby.

Although our practice is nominally mixed-billing, we bulk-bill pensioners, healthcare card holders, and children, and this makes up the bulk of our patient base. I can’t remember the last time I privately billed someone. It wasn’t today, it wasn’t even in the last week.

Frequently my patients go days without picking up their $5.90 prescriptions until their next pay cheque or Centrelink payment comes in as they are so stretched. Many of these patients have serious chronic diseases and their inability to comply with their medication affects their health.

Having to charge a co-payment means that these patients simply will not be able to afford to attend and their health will suffer. The practice cannot sustain the costs involved in waiving it, so we don’t have a real choice in the matter (despite the government insisting we do — it is simply not an option if we want to remain a viable business). I already make less than my specialist colleagues and my GP colleagues in private practices, but I don’t mind because I love my job.

The idea that I will have to face my patients and charge them $7 when I know they can’t afford shoes and have no place to sleep, is already making me question whether general practice is a sustainable
career choice. The stress and the heartache will be too much for me to bear as a compassionate human being.

I know what — we need more GPs, why don’t we make it an even more unattractive and stressful job and push people more and more towards 6-minute medicine? That sounds like a good idea. Of all the cuts they could make to Medicare (and there are areas that could be trimmed, I agree), primary care is not the place!

Our practice has a special interest in elder care. We (me and one of colleagues) look after over 150 residents in SRS and nursing home accommodation. Demand for GPs to care for these people is increasing, yet all the facilities struggle to attract GPs.

It’s not glamorous work. There are a lot of telephone calls from relatives, and nurses and carers, out-of-hours call-outs, and fewer and fewer resources being made available.

Could the vast hospital budget be better spent elsewhere?

Yes — it has been estimated that 30% of a developed country’s healthcare budget is spent on care in the last year of life, funds mainly consumed by hospital costs

I am very concerned about the reduction in Medicare rebate for nursing home consultations. Our practice has many nursing home patients and we visit residential aged care facilities at least twice a week.

Currently we bulk-bill these people, but with the reduced Medicare rebate and the loss of the bulk-billing incentive, if we do not charge the $7.00 co-payment per visit, I am not sure how we can continue to deliver the service.

If we do not charge the $7.00 co-payment, there will be a reduction to our income of $13.00 per visit. Cost recovery will be difficult, but I am sure residents’ families — if they have a family — will query the frequency of visits.

Currently we attempt to see everyone at least once a quarter — but if unwell they are seen more frequently, and that will be the difficulty.

I am close to burning out.

I have a solo practice and my nearest regional referral hospital is 45 minutes away. I work in my practice and also am the VMO to the local hospital running an emergency department.

I am on-call 12 days out of 14 days, which means I spend significant time working after hours. I serve a large percent of indigenous population, pensioners and unemployed.

I have opted to bulk-bill in order to provide care to the financially disadvantaged population so there is less presentation after hours.

I definitely have to close the practice and relocate as I will be burnt out. I am already exhausted from being on-call 12 days out of...
What GPs had to say

I have made a significant difference in reducing the number of acute presentations at the local hospital, effectively reducing the burden on the public health system.

Shepparton. many extremely disadvantaged patients, especially Koori patients in

not with numerous other trainees

wound for $30 dollars? Seems like the trend will be to clog emergency
tances returning to the hospital network in favour of specialist train-
ingen I have been reduced as a result of the new budget. Patients are

regular patients are failing to attend — stating fear of a co-payment.

Dr Alan N, Melbourne, Vic

It saddens me deeply to imagine the repercussions to our community

This budget will cause, which will be mirrored throughout the

nation.

I have made a significant difference in reducing the number of acute

5,000 patients receiving medical care in two clinics.

I have worked with these patients for many years, and

I have seen that this work should receive extra funding.

I have a very good relationship with the clients that I would feel terrible leaving them in

a disgrace.

WHAT ABOUT PATIENTS WITH INTELLECTUAL DISABILITIES?

Dr Lyndsey Kabat – Melbourne, Vic

I look after about 30 clients with severe intellectual disabilities who are in DHS care. This is very difficult medicine as most are non-

verbal.

It is very time-consuming and it is a field few doctors want to enter.

The clients are generally very anxious with doctors and medical care, which exacerbates their behavioural issues.

As I have looked after them for so many years, most will now happily let me examine them — which they will not do for strangers. I

would now have to charge them each $7 or take a cut, when in reality this work should receive extra funding.

The other option is to stop doing this work but I have such a good relationship with the clients that I would feel terrible leaving them in

the lurch. Either myself or these marginalised people would have to suffer with this new funding model.

PREDICTIONS FOR THE HOMELESS

Dr Karen Spielman – Sydney, NSW

I run a bulk-billing clinic once per week in an NGO Youth Centre in Sydney’s “affluent” Eastern Suburbs, as well as my normal practice.

I see young people who are homeless, not in mainstream education, from refuges, youth housing, other youth services, schools, mental health services, and some see me by word of mouth.

Sometimes it takes weeks of saying hi in the waiting room whilst they are doing another program, often they’re brought in by
tireless youth workers or dragged in by friends.

These are kids who can’t or won’t access mainstream services. Almost without exception they struggle financially and a co-payment would be out of the question.

Take A for example — her youth worker asked me to see her due to abdominal pain and being underweight. She’s homeless, recently expelled from school, had been using drugs until recently. She was so anxious and nauseous, she couldn’t eat properly.

Her (also homeless) boyfriend with a probable undiagnosed mental illness had been controlling and physically abusive, and finally came in to see me too.

With trust and persistence, treating him has improved things for her too and now they are both attending courses. Hopefully with encouragement and support they can access youth housing.

There’s so much to do for these two — STI checks, contraception, medication, follow-ups ... I’m more than happy to forego my $11 each time, but the extra costs under the new system would still add up for them, and create an unfortunate barrier to ongoing care.

It makes me so sad to think these changes may be made to our universal health care system. We will all be paying the price for a long
time if it happens.

WHERE WILL THIS PATIENT GO?

Dr S Michael – Narellan, NSW

One evening I had a patient with advanced lower respiratory tract infection. After the consultation I wrote a script for antibiotics to be dispensed the same day as I suspected pneumonia and it was too late for an X-ray.

The patient questioned if she could wait for her Centrelink payment, which she would receive in two days. Knowing how sick she was and the danger for waiting two days, I handed her $10 to buy the medication.
I am asking politicians, where this patient will go with the co-payment?

THIS WILL DEEPEN THE MORAL DEFICIT

DR FARAH AZAR – SYDNEY, NSW

As a GP, I try my best to keep patients out of hospital. I see a lot of marginalised patients with serious chronic mental illnesses and they barely get by on the DSP.

It is cruel to further burden them with a co-payment. As a civilised society, we should care for those who are vulnerable. The co-payment will see them staying away from their GPs — it is hard enough already to get there when you are isolated with little support and have to battle demons on a daily basis.

Ultimately there will be increased presentations to stretched emergency departments — from people that are in worse crises. This will deepen the budget deficit and — worse still — the moral deficit.

The same is true for our aged populations in hostels and nursing homes. How can we, as caring professionals, be expected to charge our pensioner patients?

A STEP TOWARDS A THIRD-WORLD HEALTH SYSTEM

GANGA – MENDRA, VIC

Since all this talk about the co-payment started, we have already seen a decline in patient numbers.

Those needing our care who do not have the finances will definitely suffer as a consequence and hence burden the healthcare system in other ways, like more frequent hospital admissions!

GPs are the frontline in most cases and also at the end-of-life stages. We see patients from birth all the way through to death.

There are constant battles with the government for funding, so much so that we are unable to optimise availability to our patients and it’s always the patients that suffer!

What makes this country different from any third-world country if we can not offer adequate healthcare to Australians? Those who are hit the worst are those who have no other choices!

$7 COULD HAVE COST A LIFE

DR HEATHER PARKER – PEGEAN SPRINGS, QLD

A 15-year-old girl with abdominal pain. She had been given analgesics by the pharmacist.

She presented as a walk-in to a bulk-billing clinic. With a full history and examination, it was clear she could have had a life-threatening ectopic pregnancy.

Confirmed by ultrasound, admitted as a public patient to hospital. A $7 co-payment might have stopped her coming to the GP until too late. Might have cost her her life.

THE POLITICS IS CLEVER, BUT DISGRACEFUL

DR TONY HAMMOND – MELBOURNE, VIC

I am one of those GPs who still does 25-30 home visits weekly, mostly to residential aged care facilities. The thought of lifting $7 off frail, elderly people to recoup the $5 rebate reduction is repulsive.

To bear a $13 reduction in the visit fee if I chose not to knock off $7 from the frail elderly is an abuse of my willingness to do home visits.

The politics is clever, but a disgraceful way to treat GPs.

To reduce the rebate by $5 across the board and then to have to get this back off patients is mean-spirited, particularly when those we are told to get this money off are the elderly in aged care facilities, the alcohol and drug addicted, the mentally ill and the unemployed.

What are they thinking? We need to tell all pollies that this unacceptable.

THE MOTHER AND THE SIX-MONTH-OLD

DR SUSANNE DAVIS – NORWOOD, SA

I saw a six-month-old baby recently. The parents had made the appointment for immunisations. I routinely weigh and measure babies when they present for vaccination, as well as asking parents questions about development and general health.

After weighing the baby, I realised his weight was going down the percentiles. After questioning his mother about his dietary intake, I explained to her that he required more solids and more frequent meals.

I explained a six-month-old baby’s dietary requirements.

I doubt that this baby would have presented to me had the co-payment been in effect. Mum would probably have taken the baby for council vaccinations. This is just one example of how much difference a GP can make to a person’s health and wellbeing.

THE HEARTSINK PATIENT

DR JANE RAMSEY – MT BARKER, SA

I have a patient, who has multiple health problems — poorly controlled diabetes, severe hyperlipidaemia, bipolar disorder, hypertension to name some.

She complies poorly with medications because she struggles to afford to pay for them as well as caring for her three children, who have health problems of their own.

Last Christmas she came to me in crisis, distressed because she could not afford to buy her kids any presents.

Of course, we bulk-bill her always, and when available, I give her sample packs of her medications. But what do you think will happen to her when co-payments come in? Not just the GP payment of course, but for pathology and radiology? Will they be willing to forgo billings? She is only 46.

THIS ONLY HIGHLIGHTS HOW MUCH WE ARE UNDERVALUED

"DISSATISFIED GP" – MELBOURNE, VIC

The direction the profession is heading does not look good with issues such as the eHealth record and $7 co-payment causing nothing but extra stress and burden for GPs.

Not to mention increasingly complex care in an increasingly entitled and demanding population, with litigation risk soaring. The expectations on GPs from the public and government are seriously getting ridiculous.

And now we are being told to foot the bill that was created by the mismanagement of a completely incompetent Labor Party?! How is it our responsibility to solve their budget problems?

GP practices are already at the brink and this only highlights, again, how much we are undervalued. Politicians are so out of touch and have no idea what we deal with on a daily basis.

I challenge them to sit in with us for a day of consulting to get a feel for what is actually involved. Better still, spend just 24 hours with a rural GP in a single-doctor town!

To dismiss general practice as comprising of unimportant, minor coughs and colds is simply ignorant and uninformed thinking by pure administrators. See what happens to the health system if general practice is not supported — it will be a disaster.

I’m not sure if I will stay in this field if things don’t improve and will keep my options open accordingly. I’m only a few years into my GP career, so it’s very disappointing to find that this career is not what I had imagined, with bureaucratic issues and red tape infiltrating far too much into daily practice.

I am observing with great caution before deciding what direction to go in, feeling I have already sacrificed enough for this career. I certainly won’t be investing in furthering my education in this field, nor considering practice ownership unless I am confident that this is a sustainable, long-term career option.

There are plenty of intelligent doctors with options who may leave the profession in droves if it becomes too much of an uphill battle just to practice.

We also have a responsibility to ourselves and our families to have a healthy and happy life, and I will certainly not spend my life as a char-
ity service for the Australian Government.

Stop blowing money on fancy dinners and first-class travel, and give us a break. Otherwise, we may just be gone before you can blink.

**BLOW FOR CRADLE-TO-GRAVE MEDICINE**

**DR TED VIDOR — HOBART, TAS**

I see aged care as an important part of caring for families ‘from cradle to grave’. It is rewarding in many ways, but never financially.

I am disadvantaged financially by attending my nursing home patients, compared with sitting and consulting in the comfort of the surgery. I choose to bulk-bill my nursing home patients because it is convenient to do so and because many are financially disadvantaged.

I will not be able to choose to forgo the gap payment and associated incentive payment, and nursing home visits will become even more unviable.

What message is this government giving to our aged and destitute? What message are they giving to the thousands of GPs doing lowly paid aged care visits and the thousands more who are not prepared to visit nursing homes?

The message is — we don’t value you or the services you provide.

**EVENTUALLY GPS WILL GIVE UP**

**DR JOHN HENDERSON — BANNOCKBURN, VIC**

At my general practice, we generally state that we are not a bulk-billing clinic, but in fact we bulk-bill more than 50 % of consultations because we know it is difficult for people to pay us.

I rarely see patients who do not need to see a GP and seem to be ‘just in for a chat’.

There are many patients that must be bulk-billed to allow them to attend, because they would not afford it otherwise.

These patients have too many other things going on in their lives to attend the GP without good reason, and they all have multiple concurrent issues affecting their health.

The following is a typical example of a patient’s set of issues: poor health literacy, poor diet and dentition, poor medication compliance (often due to cost issues), smokers, drinkers, those who’ve suffered family violence, mental health issues, other physical health issues, and of course, stress.

These patients need a lot of time with a GP to make progress on these complex issues, and the GP and practice do not get adequately remunerated for spending longer consultations with patients as it is. And of course, these patients won’t attend if they are not bulk-billed.

So of course it will fall back on the GP, who is trying to care for the patients and not put finances first, to bulk-bill the patient; and with this proposed change, the GP will be doing it all for $5 less every time.

I know that there will be a large numbers of purely bulk-billing practices in the poorest suburbs that will just have to close if this change comes in.

When you spend time talking to people who are disadvantaged about their problems, you feel morally obliged to help them. However, you get burnout very easily doing this all the time — financial stress increases the chance of this.

So eventually, most GPs in the poorest communities will either give up or move to an area that is better-off.

**HISTORY OF BROKEN PROMISES**

**DR GLENN ROSENDAHL — ELANORA, QLD**

I have been in general practice since 1973, in Australia, Canada from 1974-1980, and back in Australia since 1980.

I worked before Medicare Mark II was introduced by Bob Hawke, listened personally to Neil Blewett’s promise that the GP Medicare rebate would rise equally with the cost of living and “average weekly earnings”, and have practised while those rebates have fallen to less than 50% of what they would have been had those promises been kept.

I have seen, parallel to this, the reduction in the time spent per patient, and the continuing increase in the use of pathology and imaging to make up for that quality of care — or simply to get the patient out the door, so the next patient could be seen.

General practice has inevitably responded to fee reduction with ‘portion control’. And the cost of technology, which overwhelmingly simply corroborates the clinical impression that the patient is well, has meant no cost-saving at all.

Now we are confronted with further broken promises. A fee reduction of $5 as a proportion of $38 is 13 % and will bring the fee to less than 40 % of the value of what we were paid in 1984. And they expect the same quality of care? It is an insult!

**PATIENTS DECLINING FURTHER APPOINTMENTS**

**DR LINDA MANN — SYDNEY, NSW**

I work in the Inner West in Sydney, and Borroloola in NT.

In the NT we employ drivers to find and bring in the many people who have rheumatic fever for their monthly penicillin; the more than 10 % of the local population with diabetes for their regular checks; the folk on dialysis; and the children whose stunted growth is being monitored to close the gap in Aboriginal healthcare outcomes.

These patients have different values regarding the importance of continued attention to health. Our job as healthcare workers is to maintain the health and strength of the people and their culture by treating the people nonetheless.

I cannot imagine the scenes, where the driver comes to take them to the clinic, ensuring they have their $7. I do not know how we will handle money in a clinic with no resources to protect workers carrying cash or to establish and maintain EFT-PoS.

My mental health patients in the Inner West and those with developmental disability have already asked if they have to pay and indicated how worried they are. Some have declined further appointments, saying they will make them later.

I asked a low-income earner (on a disability pension, being re-trained as he did not finish high school and at the age of 50 has not become comfortable with computers) how he will manage.

He looked anxious and said he would have to think about that. This man sees me monthly because he does not have the capacity to act on symptoms, and it works better if I ask him how he is.

This is how I happened to send him to a cardiologist and prevented his first heart attack (he had a stent put in).

I can tell people when they come that I will forgo some of the payment I am due. I cannot help people if they are so worried about the co-payment that they never turn up.

**POTENTIAL DISASTER LOOMS FOR VACCINATIONS**

**DR CHRIS BOYLE — RAYMOND TERRACE, NSW**

Our practice believes that immunisation is absolutely essential for the health of our communities. We bulk-bill all immunisations.

We think that there should not be a barrier for parents to get kids immunised or for adults to have flu vaccines and pneumococcal vaccines. With this policy in place, we have a 98 % immunisation rate for children.

It is likely that with a $7 fee, some will not get immunised. That would be a potential disaster as vaccine-preventable disease cases rise.

We don’t object to the notion that those who can afford it should pay something, but pensioners, healthcare card holders and children under 16 should be exempt from the $7 fee.

A vulnerable group is patients in the nursing home. To do this work is difficult enough, but to make us carry a cash tin around whilst doing nursing home visits is appalling.

We do care about our patients in the nursing home and may end up losing $16 for caring for them. Then where will we find GPs willing to do uneconomic nursing home visits?

Well-resourced, well-organised primary care saves the Government money by keeping people out of hospital. This has been proven in studies.

To keep degrading general practice by depriving it of funds will end up costing the Government more. It is a stupid policy decision.
PATIENTS ARE SELDOM "TIME-WASTERS"

KYLIE – WOODCROFT, SA

As a former rural GP, a stay-at-home mum, and now a part-time suburban GP, I know my work makes a difference. The co-payment will have a drastic effect on the practice I now work at. Our practice bulk-bills the 80% of our consults who are concession card holders, but I will still opt to bulk-bill who attend for Pip smears, people with chronic diseases, and results recall — even if they are in paid employment.

Can you even imaging charging a $7 co-payment for a first disclosure of childhood sexual abuse, or the child with an acute abdomen, or the woman with acute lymphoblastic leukaemia who needs a blood count when on chemo, or the recent widower to check how he is coping?

This was just a sample of my patients this afternoon and I chose to bulk-bill all of them, regardless of their income. None of these patients are time-wasters and, to be honest I’m not sure how many of my patients are. I am honoured to be entrusted with their care. Politicians need to sit in a GP clinic for a week to see what it is really like.

GP CARE IS VALUE FOR MONEY

DR KATE GEORGE – SYDNEY, NSW

The day after the budget was announced two of my long-term vulnerable patients came to see me, worried and distressed about the co-payment and expressing concerns about how they would pay. The first, a chronic schizophrenic with a chaotic history has been stable for years. He attributes this to the support she receives from her case worker and GP.

She visits fortnightly to touch base and monitor her condition, which allows me to tweak her medication and provide support. The second, a (mostly) sober alcoholic with bipolar disorder finds support and stability in regular GP care. If she falls off the wagon, I’m usually her first port of call to get back on track. Both women strongly support and stability in regular GP care. If she falls off the wagon, I’m usually her first port of call to get back on track. Both women strongly support and stability in regular GP care.

This is relatively cheap secondary prevention, saving bucketloads in hospital care, and should be encouraged by government policy. Bin the co-payment!

MY INCOME THIS WEEK WAS REDUCED BY 30%

DR MEGAN RATHBONE – BURNIE, TAS

I work in an economically depressed rural area in Tasmania where unemployment is high and youth unemployment runs at 25%. The bulk of our patients are concession card holders and often struggle to afford medicines they need.

I have even paid for their medicines myself in extreme cases. They have many social problems and poor health is a consequence of this, with poor lifestyle contributing to their risks.

Every consultation provides an opportunity to counsel them about lifestyle, diet, smoking cessation and safe level of alcohol consumption.

To add to our time pressure by limiting their visits due to cost and financial pressure by having to absorb more low-fee consultations for patients who cannot pay will only lead to worse health outcomes in the long run.

Patients have already stopped visiting this week as they fear the co-payment is already in place! My income this week was reduced by 30%. What a fiasco this will be.

ARE POLLIES TRYING TO RUN A NATION OR A BUSINESS?

DR SHANTHINI SEEELAN – SYDNEY, NSW

In the government trying to run a nation or a business? Actively limiting the accessibility of its people to healthcare is not only dangerous, but appears that the powers that be are totally out of touch with reality, judging from the extremely laughable examples provided by the architects of this budget.

Here in Toongabbie, Western Sydney, we cater to the most vulnerable — elderly pensioners, young families of lower socioeconomic stat-
GOV NEEDS TO PROTECT ALL SEGMENTS OF SOCIETY

DR JESSE BRIGHT – COFFS HARBOUR, NSW

M y case load has many mental health clients. All GPs have some degree of experience with patients with chronic, severe psychotic illness (not responding to antipsychotics) who live day to day, payday to payday, with just enough to pay their $6 for a script.

I wanted to share one case of chronic schizophrenia and complex regional pain syndrome. I cannot imagine this patient coming for routine mental state assessment, let alone blood tests (for concomitant hepatitis C), when scripts, GP visits, pathology are all subject to co-payments.

They will suffer if the Senate agrees with this course of action. What patients will return to be checked and manage chronic asymptomatic illness (hypertension, diabetics, dyslipidemia) should they be forced to choose between their next meal or their co-payment?

The American health system that Mr Abbott and the LNP are proposing cannot help but create poorer health outcomes for the vulnerable segments of society. Not everyone has the luck of stable family upbringing, higher education and good health. What is the point of government if not to protect all segments of society?

WHEN WILL GENERAL PRACTICE BE REGARDED AS THE SPECIALTY IT IS?

DR GEORGINA GIBSON – ASHMORE, QLD

I have been a GP for over 30 years. I’ve worked in remote rural, rural and more recently urban general practice. I have bulk-billed those I consider needy and charged a gap to those who can afford it.

At present, concession card holders pay a gap to see me but I reserve the right to bulk-bill if and when I think it is indicated. You cannot put a price on the continuity of care provided by a good GP.

If the politicians had the guts and insight to ask the smart economists to look at the real value of good GPs, I bet I would be getting paid at the same rate as my so-called ‘specialist’ colleagues.

When will GP be regarded as the specialty it is and not as the optional low end of healthcare that can be farmed out to nurses and pharmacists, etc?

The poorly considered co-payment is a true insult to GPs and their most needy patients. If the government believes bulk-billing has been exploited, then there is a need to find a way to resolve it.

Punishing patients globally, and creating ridiculous tax collecting logistics for GPs is inefficient and unfair. I hope the government will get advice from good GPs, rather than coming up with unworkable policies if it really plans to reform health spending.

EFFECT ON YOUTH MENTAL HEALTH BREAKS MY HEART

DR SUSIE RADFORD – SOUTHPORT, QLD

I have become very involved with youth mental health — both by working at Headspace and doing an outreach clinic at our local high school. Teenagers are very price-sensitive and those with the greatest need often come from unsupportive and highly dysfunctional families.

Teenagers also often lack the insight to understand the importance of engaging in care but will grudgingly come when asked because it is free. And they benefit from the process by developing a relationship of trust with a professional.

Working with teenagers is unpopular and time-consuming, and those of us who will try to continue doing this sort of work, despite the co-payment, will probably have to accept a substantial drop in income and find it very difficult to recruit colleagues into the area.

A lot of time that could be better spent on building a therapeutic relationship with teenagers will need to be spent exploring their ability to pay. GPs offer a long-term approach for young people with mental health or drug and alcohol problems.

Patients can gradually build up a relationship of trust, move through to treatment at their own pace, and have an advocate on their side to help them weave their way through a complex health system.

We have seen such great improvements in adolescent engagement that it breaks my heart to think of the impact the co-payment could have on youth mental health service delivery.

NO OTHER SPECIALTY WOULD ACCEPT REBATE CUT

DR VIVIENNE SHARMA – SYDNEY, NSW

H aving come into medicine later in life, I endeavour to be a GP who practises medicine rather than Medicare billing.

I see my job as preventing my patients from getting sick through quality preventative care. And when they have acute illnesses, I do my utmost to treat them and prevent hospital emergency referrals — thus saving the government money!

I will bulk-bill those patients who need it and charge a small gap to those who can afford it. I feel that if the medicine you practise is high-quality, evidence-based and patient-centred, people are happy to pay a gap. However, for those who genuinely cannot afford it such as healthcare card-holders, the elderly, etc, the gap will be crippling and usually they are the ones who need to be seen the most.

By scrapping the bulk-billing incentive on these patients, I will effectively be taking a pay cut when in reality I strive to work hard for my patients both during consults and after hours. In any other industry I would be rewarded for my efforts.

General practice is a specialty in its own right. I have studied hard, passed exams and been under supervision like any other specialty. Why then am I treated as untrained? No other specialty would accept the closure of its training arm nor a cut in rebates.

DON’T KNOW WHAT YOU’VE GOT TILL IT’S GONE

DR MICHAEL SMEATON – MT PLEASANT, WA

A couple of weeks ago, I was called to see one of my regulars at the local nursing home. She had ‘gone off’ (was non-specifically unwell).

With knowledge of her history, and a quick clinical evaluation, I was 90 % sure she had a urinary tract infection. A urine was sent off and trimethoprim commenced. Within 48 hours she was back to her usual self. Cost to the taxpayer? Item 35.

Today I received a discharge summary from the local tertiary hospital. The same lady had developed similar symptoms over the weekend, and was sent directly to hospital by the relief nursing staff.

She had a CT scan of her head, chest X-ray, blood cultures and as many blood tests as the intern in ED could think of. She was admitted and trimethoprim commenced. Within 48 hours she was back to her usual self. Cost to the taxpayer? Heaps.

If the pollies continue to prioritise health spending on new, state-of-the-art tertiary public hospitals, at the expense of supporting quality general practice (and this includes the introduction of the co-payments), then this old bugger and many of my colleagues will take early retirement, and leave behind the increasingly expensive and inefficient health service that politicians deserve.

It’s a tragedy that something needs to be lost forever, before the fools realise the value of what was lost.

I ANTICIPATE A VERY SAD CHOICE

DR SOPHIE BERNARD – SYDNEY, NSW

I built my practice in Five Dock to a medical centre housing seven GPs, a nurse, pathology centre, psychologists and a dietician. We are a busy, happy practice truly seeing patient across a wide demographic of economic and racial backgrounds. We are a teaching practice, taking in medical students and GP registrars.

I mortgaged my house heavily to build the practice into a centre of excellence, adding value to our local community and providing employment to over 20 people. Over half my own personal patients have mental health problems and the other half have complex diseases.

At the age of 58, after 27 years in practice it is rare for me to see a simple walk-in patient with a sore throat. I love my community and I love what I do. We have not been able to afford to bulk-bill everyone, and early this year we made the hard decision to start charging child-
REN as well as adults a private fee to supplement the frozen rebates to keep the practice viable.

By the nature of my patient load, it is rare for me to have a full-fee paying patient — the mentally ill, students and people with chronic health problems are often bulk-billed. Our current overall bulk-billing rate sits at about 65%.

If the co-payment and/or a drop in rebates occurs, I genuinely believe the practice will become non-viable. We live in an expensive city and real estate costs are huge, let alone rates and other running costs. I anticipate a very sad choice that may result in me closing the practice. This will not just be my loss but the community’s as well.

RURAL HEALTH NEEDS MORE RESOURCES, NOT TAXES ON THOSE FEW LEFT

DR BETSY WILLIAMS – PORT AUGUSTA, SA

I work in rural SA where there is a complete lack of resources in the public sector. There are very few resident specialists of any sort, so patients will often need more acute emergency care from a GP than would happen in the city.

Also, the rural population includes many elderly people and Aboriginal people who frequently have complex chronic problems that require regular GP assessment and follow-up. Many people are really struggling after years of drought and the ever-increasing cost of living.

Many people do not have access to counselling or physiotherapy or even podiatry. They consult us with a wider range of problems than city people would do and often consider us to be a lifeline.

I can see no way to ask these people to pay a form of tax on their healthcare when they are already required to pay much more money for their healthcare than city people, due to the travel involved.

As I do women’s clinics, I often have patients who travel up to 100km to see me, which would never be necessary for people living in the city. Rural areas need more resources, not taxes on the few resources that are left. Thank you for your consideration.

A RETURN TO THE DARK AGES

DR MICHAEL SCHEN – NEW LAMBTON, NSW

The Abbott budget is an assault on the unemployed, the sick, the poor and those who care for them. More broadly, it turns its back on the principles of a fair go for all in accessing health and education.

It has manufactured a non-existent “budget emergency” to justify cuts and reversals in scientific research, environmental protection and renewable energy, while among other things, backing the mining and fossil fuel industries, ramping up military spending, and attempting to secularise public schools.

A return to the Dark Ages. A total sell-out of our country to the politicians’ corporate mates. No stronger case for a standing Independent Commission against corruption at a federal level can be made than the disaster that is this latest budget.

I AM A DYING BREED

DR MARK ROGERS – ADELAIDE, SA

I am a dying breed — an inner-city solo GP who bulk-bills 100% of his patients who often struggle to pay the pharmacy gap for their mental health script meds.

I can ONLY continue under the current system because of:

1. A lack of bad debts
2. A lack of downtime paperwork chasing non-paying patients. There is No ROOM for bookkeeping hours to chase a $7 debt. What were they thinking or is that the problem — they’re just ideologies?
3. The childhood and pensioner bonus incentive to bulk-bill.
4. The day the planned changes are implemented is the day I close the practice, as I foresee a large drop in numbers. But the financial losses would never be necessary for people living in the city.

http://www.austdoctor.net/5376/1/australian-doctor-stop-the-co-pay-cuts-petition

WHAT CAN A POLITICIAN DO FOR $35?

DR GEORGE ARDALICH – ADELAIDE, SA

GPs are saving lives and making people comfortable and happier for $35 at a time. What can a politician do for $35? GPs have many roles and fine qualities — confidante, mentor, counsellor, motivator, trustworthy and everybody needs one of these in their lives —
even politicians. John Howard poured more money into health when his wife got sick. Perhaps we need more politicians’ families to be sick?

THE CO-PAYMENT WILL ABSOLUTELY REMOVE ACCESS

DR SIMONE STUBBS – SINGLETON, WA

The co-payment plan will affect both the practices I work in profoundly. They are entirely bulk-billing practices for 12-25-year-olds, mostly marginalised young people, in two outer-metropolitan suburbs that have some of the poorest social determinants of health in this wealthy state of ours.

This needy cohort, the future of our state and nation, rank access as one of the most important barriers to timely and quality healthcare. The co-payment will absolutely remove access to these young people.

The practices will struggle to waive the co-payment as they operate on a shoestring as it is, and need longer, less-profitable consultations to sort out the multifactorial and complex presentations of marginalised young people. GP hours and administration support will be reduced in both practices that are currently running at capacity.

TOO MUCH FOR TOO LONG AND TOO LITTLE

“WORN OUT” – PERTH, WA

I am a 58-year-old female GP in metropolitan Perth. I have worked in general practice for 27 years … but no longer. In all those years, I put in my personal best effort during every consultation.

Like so many doctors, I think I put the needs and welfare of my patients ahead of my own as a rule. I maintained continuing education and taught medical students in my practice, hoping that I may have been inspiring the younger generation to follow my example and choose general practice over another specialty. But no longer.

Just over a year ago I was diagnosed with breast cancer. At the time my appointments were fully booked for two weeks, so I continued at work until I finished that commitment. I walked out of the practice on the Thursday afternoon and had my initial surgery the next day.

At that time I expected that I would return to my practice following completion of treatment, approximately eight months later. However, every time I have contemplated doing so, I have experienced a great deal of emotional discomfort, which is the best way I can describe the feeling.

My best instincts and intuition are telling me that I simply cannot do so if I value my own life. This has come as a complete surprise to me and probably to my patients and colleagues, too.

I have realised that, despite the incredibly satisfying doctor-patient relationships I have been privileged to experience, my 27 years at the coalface can probably be summed up as being “too much for too long and too little” — which is a sad realisation.

The more experienced and knowledgeable I had become, the more demanding and time-consuming the role of conscientious and caring GP had become, until I had become worn out. Sadly, it has taken a diagnosis like breast cancer to allow this GP to step away from the job.

This is a big loss for me personally, but also for the practice where I worked since 1995 and for all my patients who have needed to establish a relationship with a new GP for many years. My best instincts and intuition are telling me that I simply cannot do so if I value my own life.

This needly cohort, the future of our state and nation, rank access as one of the most important barriers to timely and quality healthcare.
I live and work in an area that has a very low immunisation rate. To add a cost to consultations for immunisations, or to educate and inform parents about the issues related to immunisation, is a terribly misjudged measure that will have very real effects of the health of the community.

The co-payment is like a chainsaw cutting all aspects of primary care in rural areas, where patients are affected by the drought, and struggling to support their family and children. Rural areas are rich in aged patients who are suffering from chronic disease, including depression and other mental health issues. As a rural GP, I am totally against co-payments in primary care and have more than 5000 patients supporting this statement. Most of these are pensioners. Leave the patients alone, otherwise their health will be affected the most.

Dr Marie Healy – Redfern, NSW

I have worked in Redfern for over 15 years. Historically, most of our patients have been pensioners and healthcare card holders living in public housing. I see a lot of elderly people, and those with chronic disease, mental illness, family conflict and few employment prospects. These people are already financially stressed. Many are on multiple medications and are obliged to have regular pathology tests for disease and medication monitoring. An enforced gap to the most vulnerable will increase their medical risks. It is already challenging keeping them out of hospital. Increasingly, as the demographic changes, affluent people are buying in Redfern. We charge these people a gap and there is rarely a complaint about this, as we offer a good service.

Dr Paul Saad – Quirindi, NSW

At our surgery, we have lots of immigrants, elderly pensioners, people with mental disorders and young parents with children who need immunisation. This co-payment will make them reluctant to come because it is another problem they have to cope with.

Do not do it!

Dr Matthew Wood – Byron Bay, NSW

I am a GP who has been caring for a small Aboriginal community, as well as drug and alcohol rehab in Kinchela for the past 10 years. I am not an Aboriginal Medical Service, just a solo practitioner who employs a registered nurse and receptionist.

I will see about 30 patients a day who are from, the lowest socioeconomic class, with little self-care or understanding of their own health and chronic disease.

It has taken 10 years to build trust and improve their healthcare.

Unfortunately, there is no way any of these patients will pay $7 as a co-payment. It is already hard enough to get them to come in, even when it is bulk-billed, as they have such a poor understanding and little education of their health, let alone no money as almost all of them are on the pension.

I am already making plans to close this service as soon as the co-payment comes in as financially, it won’t be viable. I will have to leave it to the local hospital to address the problem when preventable issues just go wrong.

Sad days are coming.

Dr Paul Efimoff – Brisbane, QLD

General practice plays an important role in saving lives. I have graduated from India and seen people struggling to find which specialist to see for which condition. Despite seeing the different specialists for various health conditions and spending lots of money, people still find themselves confused for long-term and holistic care. There is often no communication between specialists and family doctors, and patients are started on individual treatment by different doctors. It leads to delayed/missed diagnosis, patient confusion, and not enough attention to preventive care and screening.

This is despite being able to see specialists and state-of-the-art hospitals sometimes.

Please do not hold back general practice. It saves lives. Please encourage it. Rather than taking hasty decisions and sending a wrong message to patients by adding the burden of a co-payment, we should encourage the role of the GP, and look at various ways to make it more and more productive.

Please do not send the wrong message to the public and the young doctors wanting to be GP.

Dr Sushil Kumar – Rockhampton, QLD

Following many years of hard work, to take advantage of the private education my single-income parents sacrificed to give me and my three siblings, I dedicated six years of hard slogging to get through medical school to make my family proud.

After that there was almost five years of hospital interns/resident training, with 24-40 hour schedules — as well as paying my own way to England to get experience there before commencing general practice in Australia. At times, I dedicated more than 60 hours a week to my patients’ care, until I became a mother and spread my caring between my family and my patients. Yet, I have continued to make sure I remained current in my knowledge and provided the best of medicine to my patients.

Thirty-three years on, since I started this career journey, consecutive governments of both parties, at all levels, continue to devalue me, the quality of my work and the worth that I provide. All so they can “balance their budgets” by freezing Medicare rebates for two-and-a-half half, never increasing the MBS in line with CPI.

Politicians refuse to take the politically unpopular decision of being truthful, to actually tell the population how expensive good healthcare is to provide, and that hardworking GPs are worth financially compensating for their knowledge and experience. We are the scapegoats for their health budgets.

Why did I not follow my father and become an accountant? Then I at least I would be paid for all the work I do! How will the co-payment and other MBS changes affect me? It will just devalue me further.

Dr Wendy (No Last Name) – South Brighton, SA

Dr Adam King – Port Macquarie, NSW

We are the scapegoats for this budget

General practice saves lives

Dr Paul Efimoff – Brisbane, QLD

I have worked in Redfern for over 15 years. Historically, most of our patients have been pensioners and healthcare card holders living in public housing. I see a lot of elderly people, and those with chronic disease, mental illness, family conflict and few employment prospects. These people are already financially stressed. Many are on multiple medications and are obliged to have regular pathology tests for disease and medication monitoring. An enforced gap to the most vulnerable will increase their medical risks. It is already challenging keeping them out of hospital. Increasingly, as the demographic changes, affluent people are buying in Redfern. We charge these people a gap and there is rarely a complaint about this, as we offer a good service.

Dr Marie Healy – Redfern, NSW

At our surgery, we have lots of immigrants, elderly pensioners, people with mental disorders and young parents with children who need immunisation. This co-payment will make them reluctant to come because it is another problem they have to cope with.

Do not do it!

Dr Paul Saad – Quirindi, NSW

I am a GP who has been caring for a small Aboriginal community, as well as drug and alcohol rehab in Kinchela for the past 10 years.

I am not an Aboriginal Medical Service, just a solo practitioner who employs a registered nurse and receptionist.

I will see about 30 patients a day who are from, the lowest socioeconomic class, with little self-care or understanding of their own health and chronic disease.

It has taken 10 years to build trust and improve their healthcare.

Unfortunately, there is no way any of these patients will pay $7 as a co-payment. It is already hard enough to get them to come in, even when it is bulk-billed, as they have such a poor understanding and little education of their health, let alone no money as almost all of them are on the pension.

I am already making plans to close this service as soon as the co-payment comes in as financially, it won’t be viable. I will have to leave it to the local hospital to address the problem when preventable issues just go wrong.

Sad days are coming.

Dr Matthew Wood – Byron Bay, NSW

General practice plays an important role in saving lives. I have graduated from India and seen people struggling to find which specialist to see for which condition. Despite seeing the different specialists for various health conditions and spending lots of money, people still find themselves confused for long-term and holistic care. There is often no communication between specialists and family doctors, and patients are started on individual treatment by different doctors. It leads to delayed/missed diagnosis, patient confusion, and not enough attention to preventive care and screening.

This is despite being able to see specialists and state-of-the-art hospitals sometimes.

Please do not hold back general practice. It saves lives. Please encourage it. Rather than taking hasty decisions and sending a wrong message to patients by adding the burden of a co-payment, we should encourage the role of the GP, and look at various ways to make it more and more productive.

Please do not send the wrong message to the public and the young doctors wanting to be GP.

Dr Sushil Kumar – Rockhampton, QLD

Following many years of hard work, to take advantage of the private education my single-income parents sacrificed to give me and my three siblings, I dedicated six years of hard slogging to get through medical school to make my family proud.

After that there was almost five years of hospital interns/resident training, with 24-40 hour schedules — as well as paying my own way to England to get experience there before commencing general practice in Australia. At times, I dedicated more than 60 hours a week to my patients’ care, until I became a mother and spread my caring between my family and my patients. Yet, I have continued to make sure I remained current in my knowledge and provided the best of medicine to my patients.

Thirty-three years on, since I started this career journey, consecutive governments of both parties, at all levels, continue to devalue me, the quality of my work and the worth that I provide. All so they can “balance their budgets” by freezing Medicare rebates for two-and-a-half half, never increasing the MBS in line with CPI.

Politicians refuse to take the politically unpopular decision of being truthful, to actually tell the population how expensive good healthcare is to provide, and that hardworking GPs are worth financially compensating for their knowledge and experience. We are the scapegoats for their health budgets.

Why did I not follow my father and become an accountant? Then I at least I would be paid for all the work I do! How will the co-payment and other MBS changes affect me? It will just devalue me further.

Dr Wendy (No Last Name) – South Brighton, SA

Dr Paul Efimoff – Brisbane, QLD

It is hard enough keeping vulnerable patients out of hospital

Dr Marie Healy – Redfern, NSW

General practice saves lives

Dr Sushil Kumar – Rockhampton, QLD

General practice plays an important role in saving lives. I have graduated from India and seen people struggling to find which specialist to see for which condition. Despite seeing the different specialists for various health conditions and spending lots of money, people still find themselves confused for long-term and holistic care. There is often no communication between specialists and family doctors, and patients are started on individual treatment by different doctors. It leads to delayed/missed diagnosis, patient confusion, and not enough attention to preventive care and screening.

This is despite being able to see specialists and state-of-the-art hospitals sometimes.

Please do not hold back general practice. It saves lives. Please encourage it. Rather than taking hasty decisions and sending a wrong message to patients by adding the burden of a co-payment, we should encourage the role of the GP, and look at various ways to make it more and more productive.

Please do not send the wrong message to the public and the young doctors wanting to be GP.

Dr Wendy (No Last Name) – South Brighton, SA
THE SIGNATURES

BELINDA COYTE MELROSE PARK
BELINDA MARTIN REDHEAD
BELINDA WOZENCROFT PERTH
BELINDA BEATTIE CHELMER
BEN WEATHERHEAD LAUNCESTON
BEN DAVARI MARYBOROUGH
BEN CLARK ADELAIDE
BEN CHAN DANDENONG
BENEDICT FORESYDE ST LEONARDS
BENJAMIN FRY BATESFORD
BENJAMIN LEE WATERLOO
BENJAMIN NALLY MELBOURNE
BENJAMIN RUTTEN CASTLEMAINE
BERNADETTE NIXON BRISBANE
BERNARD WESTLEY DAWIN
BERNARD RYAN MELBOURNE
BERNARD FENSLING BALLARAT
BERNARDO MICKELAR BRISBANE
BERNIE CRIMMINS MELBOURNE
BETSY WILLIAMS PORT AUGUSTA
BEVERLEY RANFORD ADELAIDE
BEVERLEY POWELL
BHASKAR KONDURU COFFS HARBOUR
BHAWIK DAKODAR JINDALEE
BANCA FORRESTER GEELONG
BANCA DAVIS ADELAIDE
BEN LE MAIDSTONE
BJU BHARGAVAN PERTH
BLIL KARME SYDNEY
BILL MORRISON MIDDLETON
BILL MEYERS LANDSDOROUGH
BILL KEFALS ZETLAND
BING FOO SYDNEY
BISHOY MARCUS
BOB FUTCHER BELLA VISTA NSW
BOBBY GREWAL
BOBBY LI
BOYD-LENG LOY PERTH
BONNIE FRASER ADELAIDE
BONNIE ONG SYDNEY
BOPHAN AHMED
BOSCO LI SYDNEY
BRAD MCKAY MELBOURNE
BRADELEY FORSSMAN SYDNEY
BRENDAN THOMPSON GATTON
BRENDAN FULMER MEMPHIS
BRET DAVIS BRISBANE
BRET BOWDEN PERTH
BRET MONTGOMERY
BRIAN MANSFIELD TORONTO
BRIAN MANSFIELD NEWCASTLE
BRIAN LIM MIN LOONG ALEXANDRIA
BRIAN AMBROSE ADELAIDE
BRIAN CROCKETT CAMPBELLTOWN
BRIAN COLE YARRAGON
BRIAN BOWRING AM FRACGP GEORGE TOWN
BRIAN HOLLER ADELAIDE
BRINDA WEIMAN STRATHFIELD
BRIONY ANDREW UNLEY
BROWNYN JK ADELAIDE
BROWNWYN ANDERSON REDHEAD
BROOKE SACHS SYDNEY
BROWN ANNE
BRUCE MCLAREN MELBOURNE
BRUCE RAFFAN HAMILTON
BRUCE BARKER LAUGHEASTON
BRUCE STEELY SYDNEY
BRUCE ROBERTSON TOWNSVILLE
BRUCE HERROTT AHERTON
BRYAN MEYERFORT PERTH
CAETJN JOPSON BRISBANE
CAITLIN RASCHIE NEWCASTLE
CALEY EASTHAM NEWCASTLE
CALIN PAVA DEVONPORT
CAMERON PROFFIT BANNOCKBURN
CAMERON MARTIN ELTHAM
CAMMIE AWADA SYDNEY
CARMEN D’OLLIN BRISSAILLE
CARMEN NIEVE WYHLA
CARMEN HIRATA GEELONG
CARMEN QUADROS PERTH
CARMELLE PAGE FELSTOW
CAROLINA MUNOZ ACOSTA TENTERFELD
CAROLINE SCHARMAN TURRARRA
CAROLINE ROGERS SYDNEY
CAROLINE LLOYD LANG
CAROLINE CLANCY BRISBANE
CAROLINE CHAN SYDNEY
CAROLINE JOHNSON
CAROLINE SHAWWOOD MELBOURNE
CAROLYN HARRIS
CAROLYN BENNETT SYDNEY
CASEY DE ROY MELBOURNE
CASPER BADENHORST MORRISSET
CASS KALPER
CASSIE RICKARD NEWCASTLE
CATE BARTHOLOMEW BRISBANE
CATE HANSEN
CATH NEWMAN JINDAYNE
CATH DEACON HOBART
CATH YANDELL ADELAIDE
CATH ROLLAND TOOGANGIBIE
CATHRINE SKOEN BRISBANE
CATHRINE GIBBON CAPALABA
CATHRINE HSU SYDNEY
CATHRINE JEANNERET HOBART
CATHRINE SHANNON CANNABAR
CATHRINE DELALANDE MELBOURNE
CATHRINE MUGGERIDGE CANNABER
CATHRINE DUNCAN MOUNT WAVELEY
CATH DUDGEAL ALANA
CATH GREGH NORTH MELBOURNE
CATH REGAN NEWCASTLE
CATH LEE BRUMMAHP HAMPTON
CATRINA HUANG
CATRiona QUINN MILLUMBUIMBY
CEDEL BAXTER VICTORIA
CELA TIDLEASE HOBART
CELA BODEN VICTORIA
CELA JANE SLOVSKY MELBOURNE
CHALAM BABU KOLI POINT COOK
CHAMARTHA DAS SYDNEY
CHAMPA JIENDROMA SinnAMANN PARK
CHANDIMA PANDITHAPRATHA BENDIGO
CHANDRIKA THANGARAJAH
CHANG THAI LEE WOLLONGONG
CHARAN JEHET MIRANDA
CHARIS HERMAN MELBOURNE
CHARITHA RANASINGHE SHEPPARTON
CHARLES WU GO EASTWOOD
CHARLES GRACE MELBOURNE
CHARLES ALPHER MELBOURNE
CHARLES ELLIS NEWTOWN
CHARLES BUSH TOORAK
CHARLES RHEE GORDON
CHARLES MILLER
CHARLES FOSS MANDURAH
CHARMANIE SARGENT ADELAIDE
CHAU NGUYEN
CHAVI FERNANDO
CHEE CHANG PERTH
CHEE LEONG HIEW ERNA
CHEE SHENG WONG ARARAT
CHEN LIM EASTWOOD
CHENG LO BENTLEIGH
CHENNE MONTANA BRISBANE
CHERL LIM BRISBANE
CHERYL PROVAN GOLD COAST
CHESNA HEYDENRYCH GERALDTON
CHI SO CANBERRA
CHI KEUNG PAW SYDNEY
CHIJOKE OKIKEKE
CHIN OSHIAH BURWOOD
CHITRA SHIRAMAMOODTHY
CHITRA HARRINES NEWCASTLE
CHLOE LIM ADELAIDE
CHLOE BENNETT FORESTERS BEACH
CHRIS ROCK ADELAIDE
CHRIS MCKENZE BALLINA
CHRIS MIKAWAVAN BOWRA
CHRIS THOMAS NORTH ROCKS
CHRIS ROCK ADELAIDE
CHRIS ROYALE TARMAC APPEAL
CHRIS ROBERTS SYDNEY
CHRIS SASSIE
CHRIS MITCHELL LENNOX HEAD
CHRIS GORGOSKI MELBOURNE
CHRIS STEMLASCHUK TOWNSVILLE
CHRIS FIELDS MELBOURNE
CHRISTINA PORT MELBOURNE
CHRISTINE SALINAS BLAXLAND
CHRISTINE GESTER BRISBANE
CHRISTINE MARSACK PERTH
CHRISTINE CAFFREE PERTH
CHRISTINE ARMSTRONG BENDIGO
CHRISTINE WADE MANGROVE MOUNTAIN
CHRISTINE LEE-SAW SORRENTO
CHRISTINE EDWARDS MELBOURNE
CHRISTINE HARGET-WHITE GOMBOUNGE
CHRISTINE ARNFIELD KALLANGUR
CHRISTINE LONEGAN NAMBOUR
CHRISTOPHER KEARN DEVONPORT
CHRISTOPHER OH MELBOURNE
CHRISTOPHER BRIGGS PALM BEACH
CHRISTOPHER IRRWIN MELBOURNE
CHRISTOPHER HAN MARBOUR
CINDY HOLLEN MELBOURNE
CINDY WONG SYDNEY
CINDY LEE WONG BOX HILL
CLARE DODSWORTH ETBY BAY
CLARA JIMENEZ BALCELLS NEWCASTLE
CLARE MATTHEWS PERTH
CLARE PENKINS NEWCASTLE
CLARE DONELLY NORTH SYDNEY
CLAUDIA LO PORTMAYNAURIE
CLAUDIO VILLELLA MELBOURNE
CLEA ALEXANDER MELBOURNE
CLMENT LO
CLEMENTEO BRASIL GOLD COAST
CLIFFORD AU ML DRUJT
COLETTE HAYES BRISBANE
COLIN METZ KIRRAWEE
COLIN LEONG BRIGHTON
COLIN LAU PERTH
COLIN TAY PERTH
COLIN BINS JINDALEE
COLIN WATSON
COLIN MASTERS BUDERIM
CONNIE HARRIS MELBOURNE
CONOR MURPHY MALENY
CORA MAYER MELBOURNE
CORAZON FRANCISCO BLACKTOWN
CORIN SAVAGE KIRWAN
COSTAS COSTA SYDNEY
CRAG HILTON BRIGHTON
CRAG BRYANT MELBOURNE
CRAG SWANNON EVERTON PARK
CRISTINA DUMITRESCU BEECHWORTH
CRISTY ELLEM BRISBANE
CYNTHIA ASOKANANTHAN PERTH
CYNTHIA INNES EAST FREMANTLE
CYNTHIA INNES EAST FREMANTLE
DAMAN LANGSOUTH BRISBANE
DAMAN CULIANI TOOWOOMBA
DAMIAN MARINICCO HAMPTON
DANIEL BRYDON MELBOURNE
DANIEL EWALD LENNOX HEAD
DAN WANG
DAN PIAZZA SYDNEY
DANIEL CONRADIE GINGIN
DANENE HOPKINS BRISBANE
DANNY NGUYEN CANLEY HEIGHTS
DANA HARRAJA
DANIEL SYDNE HAPPY VALLEY
DANIEL GROSSMAN THOMASTOWN
DANIEL HALLIDAY
DANIEL FRY CANTAMOURIA
DANIELA PAVULESCU OYSTER BAY
DANIELLE SMITH PERTH
DANIELLE REBBETTES PERTH
DANIELLE KNIFE
DANNY RIMMER
DANNY COXES MAPLETON
DAPHNE CONNOR BLACKBUTT
DARRIEL WEIMAN STRATHFIELD
DARREN OATS AYR
DARREN BARNETT ADELAIDE
DARREN REDDEN SYDNEY
DARSHIKA ELLEPOLA TOOWOOMBA
DAVID RITCHIE BRISBANE
DAVID WOODHOUSE PARADISE POINT
DAVID LOWE MITTAGONG
DAVID AUBURN FRANKSTON 5TH
DAVID PHAN ASHURTON
DAVID RED PITTSWORTH
DAVID CHEE ERINA
DAVID TAYLOR ERIWATH
DAVID PICK CHATSWOOD
DAVID RINGELBLU MANDALAY
DAVID FOX MELBOURNE
DAVID CHRISTENSEN CARLINGA
DAVID PEARSON PERTH
DAVID WANG HURSTVILLE
DAVID URE WARRICK
DAVID LEEDER UNLEY
DAVID LUNN MELBOURNE
DAVID NICOLSON
DAVID ISAAC RICHMOND
DAVID SMITH NEWCASTLE
DAVID MONASH SALE
DAVID PEARSON PERTH
DAVID ROSELL BUNDABERG
DAVID HA SYDNEY
DAVID GUEST GUNNELLABAH
DAVID CARMAN MELBOURNE
DAVID HOLLAND BALLARAT
DAVID MYCOCK PERTH
DAVID MELLOR BRISBANE
DAVID TANG MELBOURNE
DAVID DAO KHANH BRISBANE
DAVID DI MELBOURNE
DEB SMITH BRISBANE
DEBBIE OWES MELBOURNE
DEBBIE VAN YAGOONA
DEBORAH MCALISTER CLAYFIELD
DEBORAH MOORS MELBOURNE
DECLAN GREEN MELBOURNE
DEEAN VAZ PERTH
DEEP KUMAR WYOMING
DEEPAKH KAHEE YOUNG
DEEPAK DHOKIA VIC
DEEPAK GANAPATHY
DEDERE BENTLEY LOCH
DERIDRE KEARY TOWNSVILLE
DENEIS ILRIND BALGOWLAH
DENNIS ROYCE KINGSCLIFF
DEREK ASHLEY HOBART
DEREK TANG
DESMOND MISO BRISBANE
DESPINA PAPPS ADELAIDE
DI MARCHANT SURREY HILLS NORTH
DIANA CARDAMONE MELBOURNE
DIANE BLANCHENESS TWEED HEADS SOUTH
DIANE ENGELANDER SYDNEY
DIANE CAMPBELL DERNARCOURT
DIANNE MOSS PARMAH
DIEM DANG ADELAIDE
DILHANI WATHANAGE DONA BALLARAT
DILKA PERERA SEUMOUR
DILP SHARMA PERTH
DIMITRIO KONARIS NEWTOWN
DIMITRIO ROMAS MELBOURNE
DINA JAMIL GOULBURN
DINESHKUMAR PARMAH
DIP CHAND STRATHPINE
DISHA WAKISTA PURGA
DOLORES BELSKY ST KILDA EAST
DOM INGALL NOOSA
DOMINIC THANAPALAN NORWALK
DOMINIC BARBARO MELBOURNE
DONALD LEITCH ANNA BAY
DONGONG LU DURAL
DOMINETA CHARLES BUSELTON
DOUG LITHGOW NEWCASTLE
DOUGLAS BIRSBY MALONEY
DRENA KELLY BUNBURY
DUAINE CRABBIE NEWCASTLE
DUNCAN MACWALTER HAWTHORNE
DURAID HADDAD
Dzung Do MARRICKVILLE
Dzung Le SPRINGDALE SOUTH
EBRAHIM MANUEL MELBOURNE
EDEL GARCIA TOWNSVILLE
EDWARD HOWE YAGOONA
EDWARDS GRAEME MELBOURNE
EDWIN ARIOKASAYA WO
EDWIN KRUYS CALDUNDA
EMAN AL RAHIB MELBOURNE
ENRIKA NASSEN
ELAINE CAPLAN SYDNEY
ELAINE DESCUETDADO ROCHAMPTON
ELAINE SUNG SOUTH YARRA
ELANA ROSETH SYDNEY
ELEONOR CAREY AIRLIE BEACH
ELISA SALAZAR SERRANO
ELISABETH GLEYNET OCEAN REEF
ELIZABETH KAKO RAYMOND TERRACE
ELIZABETH MACKINNON BUDERIM
ELIZABETH HINDMARSH SYDNEY
ELIZABETH ONLEY ALBANY
ELIZABETH ACTON SYDNEY
ELIZABETH HINGSTON WARNAMBOOL
ELIZABETH CHRISTIE ORIOST
ELIZABETH KERR PERTH
ELIZABETH NUYEN
ELIZABETH HARVEY NORWOOD
ELIZABETH GAZOK VIC
ELIZABETH HINMAESHI SYDNEY
ELIZABETH LEPRIENCE
ELIZABETH STRINGER PORT DOUGLAS
ELIZABETH JAKOULSKY PERTH
ELIZABETH OUGONG SYDNEY
ELIZABETH MIDDLEBROOK MATTLAND VALE
ELIZABETH FRENCH WINDSOR
ELIZABETH CLARK BRISBANE
ELLA CARMEN
ELLEN HORNER MARACOORTE
ELSA GLAIGOUO MELTON
ELVIRA STOW MOUNT Waverley
ELSIA THORNBY-BENKO
EMAD EHCAN GWALNER
EMAD GHANNIUM
EMAD ABOUD
EMIL GURGUS MAROUBRA
EMIL POFORDANSKI
EMILY GORDON PEREGRIN
EMILY SCHULBACH MELBOURNE
EMILY MCLELLAN MELBOURNE
EMILY TEO SYDNEY
EMILY YATES BRISBANE
EMILY KUAN
EMILY DIRENKO SYDNEY
EMMA HARRISON BRISBANE
EMMA SCREEN IPSWICH
EMMA PHILIP IPSWICH
EMMA MUEL EMBURNE
EMMAHAMEE AJAEG COMESnock
EMMY BRETAG SA
ERCELLE CELIS BRISBANE
ERIC D'SOUZA SYDNEY
ERIC ORGIAS WAMBERAL
ERICA GOMES NEWCASTLE
ERIKA MUSTIKA
ERNEST ROZSA PERTH
ESTHER JASKIC ADEN
ESHWAR VEERASAMY LOCKROIDGE
ESTHER FENESSEY SYDNEY
EUGENE LIBARSKY BUNDABERG
EUGENE KHOD
Ewan JONES CALDUNDA
Ewan Grimas MELBOURNE
EVE JENKINS BRISBANE
FADL EL-SAAFI MBURNE
FAH BEE KOK MOOLOOBARK
FAISAL BAJAH KARIMA DANIELA
FAISAL QIWAN SYDNEY
FAISAL KHAN
FAZAL ALIYAR COBURG
FAZAH AZARY SYDNEY
FAZAH AZADAZANAY ASHMORE
FAZAH AZADAZANAY ASHMORE
FARO CHALARY BRISBANE
FARO HASHAM PORTMACQUAIRE
FARZANA MITRA TOWNSVILLE
FATIN GABRIEL SUNSHINE COAST/QLD
FAY SINN SYDNEY
FELICITE ROSS SYDNEY
FELICITY NOLLE CHIRNSIDE PK
FIONA McGOVERN NAMBUCCA HEADS
FIONA DONEWY PERTH
FIONA SMITH TOWNSVILLE
FIONA BISHOP BRISBANE
FIONA SHEPHERD MELBOURNE
FIONA NEWTON DAVLESDORF
FIONA MIDDLETON PERTH
FIONA KANERA
FITZGERALD PAUL KETERING
FOLA BELLO LEEMING
FRAGRANCESFRANCES KINNAR BRISBANE
FRANCES MAXWELL GEELONG
FRANCIS GRAHAM HAMLEY BRIDGE
FRANCIS TERRIS CARBRAMATTA
FRANCIS K F TAN BRISBANE
FRANK NG DIAMOND CREEK
FRANK MEULMANN HOBART
FRANK TREWARTH NORTHERM ARRARRA
FRANK SCHULTHEISS LENNOX HEAD
FRED McCORMIEL KATHERINE
FREDERICK LAU ADELAIDE
FREDERICK VENETIAHAGAM QUEENEBANE
G THAGLIARAN
GAADNAAK HRMAAM SHARMA DALBY
GAADNAAK SAWHNEY
GAIL WELNER SYDNEY
GANES KUNJAPPAHAD GUINSON
GAHAPOOLGANATHAN MERODA
GAHA SAAMRAKSON BERWICK
GARRY VAN DER Veen PERTH
GARY WRIGHT COOLAM BEACH
GARY NOLI LAUNCESTON
GARY NICHOLS SYDNEY
GASTON BOULANGER BOYNE ISLAND
GAURAV TEWAR WOLLONGONG
GAVIN LEING PERTH
GAYLE WILLIAMS MURGON
GETHAA DHELIPAN BRISBANE
GEULI AMARA MELBOURNE
GEMMA JIM SYDNEY
GEMMA EVES TAVALLINA
GEMNEVE KEANE BRISBANE
GEMNEVE HALLIGAN SYDNEY
GEOFF MASTERS PERTH
GEOFREY TRESSIE WESTBURY
GEORGE SAVAGE ST CLAIR
GEORGE BYRDES SOUL GOLD COAST
GEORGE ARDALLICH ADELAIDE
GEORGE CRISP PERTH
GEORGE FOLDES SYDNEY
GEORGE SCPPER CARLINGTON
GEORGE SIDHOM SYDNEY
GEORGE CHANDLER BURNE
GEORGIA PAGE ERINA
GERARD TAN BELGRAVE SOUTH
GERARD (GERRY) MCDONALD CORO
GERARD WADERS PERTH
GERVIN SAMARWAKRMA DRAWN
GETULLIO LUMBES MELBOURNE
GHULAM JALAN ADELAIDE
GIGGOF GITT
GILES LLAU MARGO MOUNTAIN
GIINE DIETRICH MELBOURNE
GINNY SARGENT
GINGO CARACHAMAL PERTH
GISELLE CROMOND BRISBANE
GIUSEPPE NERONI PELKISTOW
GLEN TORBEY LOGAN CITY
GLENN MATHIESON LANGLEY
GLENN MURRAY PERTH
GLENN PARKHAM
GLENN RICHARDSON LAUNCESTON
GLENNO CHALLPEL PERTH
GLYNIS JOHNS SYDNEY
Gnahalath EDISINGH CAPALAPA
GOLNAH MORTAEZI
GopalAPALLI SABAMBU SARI
GORDON WOLLONGORIMA
GORDON STONE KAWANNA WATERS
GORDON PATRICK
GRAEME BURGER COOLANGATTA
GRAEME BENNIE MELBOURNE
GRAEME FEARING BURBURY
GRAEME ALEXANDER HOBART
GRAEME DOWNIE
GRAEME KAY BRISBANE
GRAHAM SNYDER GOLD COAST
GRAHAM LUM NORTH ROCKS
GRAHAM BRIELEY SYDNEY
GRAHAM WRIGHT
GRAHAM PLEVIN TOWNSVILLE
GRAHAM DEANE LAKE CATHE
GREG HIRON SYDNEY
GREG SPARK EAST SYDNEY
GREGORY HOWLAND TOOINOMBA
GREGORY SCHMALTZ ERNA
GREGORY AU CASTLE HILL
GREGORY LEWIN TUMBI UMBI
GRETCHEN HITCHINS
GUANG LI MELBOURNE
GUANGLEI WU
GUARDIAN MULLER-GERAT JARODDO
GU GU TO TITI MIRANDA
GURBAXISHINGED SHERD PEY
GURCHARAN UBHI LILYDALE
GURJEET SINGH
GURSEL ALFAY MELBOURNE
GURWINDER SINGH MELBOURNE
GUY CAMPBELL BORONIA
GUY STREETER SMITH
H.C.P.
HADI GERRODI MELBOURNE
HAI YV HASCOE VALE SOUTH
HAJUE NUR DANDENONG
HALDUN TOKMAN NOLLIKE PORK
HANIB BITTAR GLENnung
HANIF ABDULLAH DUBBO
HANNAEKLHOUR YVIC
HANY MIKHAIL GULDFORD
HARATH NAGELLA
HARDY LIM GULDFORD
HARISH SODED MELBOURNE
HARNEET VERMA
HARRY NESPOLI SYDNEY
HARRY JOHN SYDNEY
HASSAN RAZA
HASSAN ALEVIN RICHMOND
HAYLEY CLIFFORD CANBERRA
HAYLEY ENGEL QUEANBEYAN
HAYLEY CHARTERS ERNA
Hazel ANDERSON BRISBANE
HEATHER CROCKETT CLAYTON
HEATHER PARKER PEGRAIN SPRINGS
HEATHER MUNRO ADELAIDE
HEBA MAKANERGUCCAO HANID
HELEN GIBBONS SYDNEY
HELEN WATSON SYDNEY
HELEN PAECH ADELAIDE
HELEN DIXON LAUNCESTON
HELEN BAJADA BRISBANE
GPs MAKE THE DIFFERENCE | 19
THE SIGNATURES

IRENE LAI SYDNEY
IRENE ROSE MELBOURNE
IRFAN HAKEEM LALOR
IRISH RASHED CAPRI
IRYNA OLESHKO BUNYIP
ISRA KHAIR BERWICK
IVAN LIM IXFORD
IVAN LEE PERTH
IVANA LU-MORRIS
IZAK BAKKER CROWS NEST
JACK LAI BRISBANE
JACKSON LAM LOWER TEMPLESTOE
JACKSON L BALLARAT
JACOB FOO CANBERRA
JACQUELINE KRAMER-MAIER SYDNEY
JACQUELINE ANGLEY CAULFIELD NORTH
JACQUELINE SUTTON HALLS HEAD
JACQUELINE BOYD
JACQUELINE EDAN ASHWOOD
JACQUELINE ENGELANDER SYDNEY
JACQUOI Baulch BRISBANE
JACQUIE GARTON-SMITH PERTH
JAGISH TRIVEDY MELBOURNE
JALAL KHASAGIV ADELAIDE
JALEY HAMDIH MARRAUA
JAMES MILLIS LOUTH HILLS
JAMES WALKER JAMESTOWN
JAMES MCCARTHY MELB
JAMES TSAI PARRAMATTA
JAMES MAGAREY GEELONG
JAMES BARNES SYDNEY
JAMES GUDINPE BULLSBROOK
JAMES BERRYMAN WINDYR
JAMES LEE HASTINGS
JAMES MCCLEWY MARYBOURGH
JAMES GREENHAM PERTH
JAMES ATKEN KENILWYN
JAMES WEST FRANKLIN
JAMES HARRIS BRISBANE
JAMES WATSON
JAMES SHAD MARRICKVILLE
JAMSHID ROZDZIAB
JAMSOODUK NORTH TAMBOURNE
JAN FONSECA BUSSELTON
JAN WEJSELLING
JAN ATKINSON MORNINGSIDE
JAN DEEAN BRISBANE WEST
JAN FALLS PERTH
JAN BATELY ORANGE
JAN BIRKS FRANKLIN
JAN HEATH DWARN
JAN READ SYDNEY
JAN KER SYDNEY
JAN LANGLEY NOOSAVILLE
JAN TRACY MOTTING HILL
(WENDY) JANE SMITH GOLD COAST
JANE SMITH ADELAIDE
JANE LEE SYDNEY
JANE FOLEY
JANE KALJOUW
JANE SHEEDY BALWYN
JANE WONG OATLANDS
JANE RAMSEY MT BARKER
JANELLE HAMILTON CANBERRA
JANELLE TREES NEWMAN
JANEEN MANNERSHEIM SEAFOOD
JANET HAYWARD BINDOON
JANET KITCHENER-SMITH SYDNEY
JANE BELLE PERTH
JANE FAY NEWCASTLE
JANE LYONS ADELAIDE
JANE KIRKWOOD SYDNEY
JAN-PAUL KIVASK MELBOURNE
JAS SAINI
JASMIN MACINTYRE ADELAIDE
JASMINE BAJARAJMOO GOLD COAST
JANNAK DEKAR FRANKSTON
JASON WU
JASON YOSARI ROCKHAMPTON
JAWAD HUSSAIN
JAYANTH BANERJEE BENDIGO
JAYANTH RAD FGTRREE
JAYASREE DULL SYDNEY
JAYNE INGHAM BRISBANE
JEAN FOSTER DANIELLA
JEAN LEE
JEANETTE JAMESON SYDNEY
JEANNE YOO SYDNEY
JEFF JANKELSON VAULCLUSE
JEFFREY YU MT WARRREN PEAR
JEFFREY WANG
JEMMA DALRYMPLE SYDNEY
JEMMA ANDERSON ADELAIDE
JEN CRAMOND BONDI
JENNIFER HART PERTH
JENNIFER BARKER LAUNCESTON
JENNIFER ALFREY WARRNAMBOOL
JENNIFER NEIL SURREY HILLS
JENNIFER SANDERS TATURA
JENNIFER BOURKE FAIRFIELD
JENNIFER JAMES SYDNEY
JENNIFER CONNOR HOBART
JENNIFER EWANS PERTH
JENNIFER KNIGHT
JENNIFER MILTON ADELAIDE
JENNIFER COOK-FoXXWELL ADELAIDE
JENNIFER KENNEDY BRISBANE
JENNIFER BRIGGS
JENNIFER PATER GOLD COAST
JENNIFER ALLEN KUNUNURRA
JENNIFER WOO
JENNIFER TORR MELBOURNE
JENNIFER MYERS
JENNIFER MEE SHEARWATER
JENNY WEEKES
JENNY APPLETON SYDNEY
JENNY DONNELLY BEACONSFIELD
JEREMI RUYYAN PIMLICO TOWNSVILLE
JEREMY HENDREZ TOWNSVILLE
JEREMY OATS MELBOURNE
JEREMY DUKE
JESSIE BRIGHT COFFS HARBOUR
JESSIE HALL PICTON
JESSICA MURRAY OLD
JESSICA HO SPRINGVALE
JESSICA PAU STRETTON
JESSICA CHONG
JESSICA YUEN
JESSIE LOW RHODES
JESSIE TURNER TOWNSVILLE
JENNY MEE SHK-FoXXWELL ADELAIDE
JAYAVANI SWASUBRAMANIAN EPPING
JILL SULLIVAN TWEED HEADS
JILL RAMSEY BALLARAT
JILL PADRORRA
JILLIAN HOBORAM DURBARR
JILLIAN McCALLEY PERTH
JIM KIACOPOULOS MELBOURNE
JIM ZHANG
JIM GLASPOLE VERMONT
JIMMY LEE KOO LEO CHAN CHIRNSIDE PARK
JIN KEE BHUR  NEWBRWUGH
JING NGU MELBOURNE
JING JING YE WANGARATTA
JING JING YEO SYDNEY
JO DI SHU VIC
JOAN OYOT GREA
JO SMITH PICTON
JO CROKES CANBERRA
JO NALLY
JO WATSON ADELAIDE
JO GOODMAN CYNGET
JOACHIM STURMBERG WAMEBERAL
JOANNE MCCOTCHEON MELBORNIA
JOANNE ZHOU BOX HILL
JOANNE MORRIS ROTHBURRY
JOANNE OSBORNE WAGGA WAGGA
JOANNE PRESS
JOANNE BAXTER GOOSING
JOANNE CHAFFETZY TAMWORTH
JO-ANNE MANSKI-MARKSIV REV MELBURN
JO-ANNE ZAPPA TOORAK
JOE ZHANG PERTH
JOEL BUNKSTRA MELBOURNE
JOEL HODGER CANBERRA
JOHANNE HORMAN
JOHN BROWN NARCOMA
JOHN GRIFFITHS WALLAN
JOHN WADDELL HIGNTON
JOHN TRACE JPSWICH
JOHN LEWIS BURNT
JOHN EMILIAN BALLARAT
JOHN TURNBULL BRISBANE
JOHN HICKIE OPALS
JOHN ROBINSON BOYP BROOK
JOHN LEHMANN ADELAIDE
JOHN VAUGHAN NORTH HAVEN
JOHN THAIN WARRONGA
JOHN JO SMITH MELBOURNE
JOHN WHYTE SYDNEY
JOHN BUOPOANE NIDORE
JOHN BYRNE SYDNEY
JOHN EDMONDS TORQUAY
JOHN MURTAG MELBOURNE
JOHN MCCIRK SYDNEY
JOHN TUCKER VICTORIA POINT
JOHN SMITH ADELAIDE
JOHN HOLMES NEW BRIGHTON
JOHN HENDERSON BANNOCKBURN
JOHN JARMAN SALE
JOHN NUYEN SYDNEY
JOHN PARK BRISBANE
JOHN YU SYDNEY
JOHN XE
JOHN LEE
JOHN FURLER MELBOURNE
JOHN MATHIE SYDNEY
JOHN SKALA BRISBANE
JOHN CHUAN BYRON BAY
JOHN DAVID HULROYD SUNSHINE BEACH
JOHN MICHAEL HART MIDLAND
JOHNNY WONG ADELAIDE
JON PHIPPS KAMA
JONATHAN EPISTON ARBOFFITS
JONATHAN NEWCHURCH WUDINNA
JONATHAN O'LOAN MELBOURNE
JONATHAN LEEX MELBOURNE
JONATHAN KHO
JOD-INK CHEW CANBERRA
JOSE ABDON SEATON
JOSE POC TOWNSVILLE
JOSEPH CHARNER ELDGILLING
JOSEPH EMMALAN SYDNEY
JOSEPH CHAWTON HIGHTON
JOSEPH CZEKANSKI BUDERIM
JOSEPH MCARLDE MELBOURNE
JOSEPH SANKI SYDNEY

20 AUSTRALIAN DOCTOR STOP THE CO-PAY CUTS PETITION
<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natasha Richardson Midland</td>
<td></td>
</tr>
<tr>
<td>Natasha Rabbage Melbourne</td>
<td></td>
</tr>
<tr>
<td>Natasha Vaarek Launceston</td>
<td></td>
</tr>
<tr>
<td>Natasha Hamilton Melbourne</td>
<td></td>
</tr>
<tr>
<td>Nathalie Van Der Houwen</td>
<td></td>
</tr>
<tr>
<td>Nathan Field</td>
<td></td>
</tr>
<tr>
<td>Naveed Mughal Mill Park</td>
<td></td>
</tr>
<tr>
<td>Nawan Patel Greytanes</td>
<td></td>
</tr>
<tr>
<td>Nazareena Erwahm Sydney</td>
<td></td>
</tr>
<tr>
<td>Azila Zaririnual</td>
<td></td>
</tr>
<tr>
<td>Nazmul Hoiquie Emerald</td>
<td></td>
</tr>
<tr>
<td>Necensia Aguba Logan</td>
<td></td>
</tr>
<tr>
<td>Neeta Waje Sydney</td>
<td></td>
</tr>
<tr>
<td>Neil McNab Torak</td>
<td></td>
</tr>
<tr>
<td>Nelman Dharmapriya Narangaba</td>
<td></td>
</tr>
<tr>
<td>Neville Fernando Melbourne</td>
<td></td>
</tr>
<tr>
<td>Neville Steer Mornington</td>
<td></td>
</tr>
<tr>
<td>Neville Raynoranavagam Ballarat</td>
<td></td>
</tr>
<tr>
<td>Nevali Bashir Sydney</td>
<td></td>
</tr>
<tr>
<td>Ngoc Le Springuale South</td>
<td></td>
</tr>
<tr>
<td>Ngoc Nguyen Bussy</td>
<td></td>
</tr>
<tr>
<td>Ngoo Wan Brisbane</td>
<td></td>
</tr>
<tr>
<td>Nguyen Phan Sydney</td>
<td></td>
</tr>
<tr>
<td>Nguyen Nguyen Canley Vale</td>
<td></td>
</tr>
<tr>
<td>Niall Barrett Perth</td>
<td></td>
</tr>
<tr>
<td>Nicholas Lee South Australia</td>
<td></td>
</tr>
<tr>
<td>Nicholas Hummel Noggos Heads</td>
<td></td>
</tr>
<tr>
<td>Nicholas Nassios Ladar</td>
<td></td>
</tr>
<tr>
<td>Nicholas Williams Adelaide</td>
<td></td>
</tr>
<tr>
<td>Nicholas Stanley-Cary Perth</td>
<td></td>
</tr>
<tr>
<td>Nicholas Forgione Trigg</td>
<td></td>
</tr>
<tr>
<td>Nicholas Dorai-Raj</td>
<td></td>
</tr>
<tr>
<td>Nicholas Barker Red Cliffs</td>
<td></td>
</tr>
<tr>
<td>Nicholas Curf Cains</td>
<td></td>
</tr>
<tr>
<td>Nicholas Wickham Kurralta Park</td>
<td></td>
</tr>
<tr>
<td>Nick Bennett Sydney</td>
<td></td>
</tr>
<tr>
<td>Nick Breitland Perth</td>
<td></td>
</tr>
<tr>
<td>Nicole Lewindon Bardon</td>
<td></td>
</tr>
<tr>
<td>Nicole Seeto</td>
<td></td>
</tr>
<tr>
<td>Nicole Kerr Port Lincoln</td>
<td></td>
</tr>
<tr>
<td>Nicole Isullvan Inndooropilly</td>
<td></td>
</tr>
<tr>
<td>Nicky Jindal</td>
<td></td>
</tr>
<tr>
<td>Nien La Nsw</td>
<td></td>
</tr>
<tr>
<td>Nigel Lambert Geelong</td>
<td></td>
</tr>
<tr>
<td>Nkit Chavda Melbourne</td>
<td></td>
</tr>
<tr>
<td>Niki Pfeffer</td>
<td></td>
</tr>
<tr>
<td>Niles Donley Brisbane</td>
<td></td>
</tr>
<tr>
<td>Nilofar Torkamani</td>
<td></td>
</tr>
<tr>
<td>Nima Robertson Lismore</td>
<td></td>
</tr>
<tr>
<td>Niro Sevanarangam Melbourne</td>
<td></td>
</tr>
<tr>
<td>Nirmala Chrisanthan Sydney</td>
<td></td>
</tr>
<tr>
<td>Niroshie Amarasaker</td>
<td></td>
</tr>
<tr>
<td>Nisha Kendall</td>
<td></td>
</tr>
<tr>
<td>Nishani Nimalan Toongabbie</td>
<td></td>
</tr>
<tr>
<td>Niniti Trasi Muswellbrook</td>
<td></td>
</tr>
<tr>
<td>Noel Hickson Cherrybrook</td>
<td></td>
</tr>
<tr>
<td>Norman Lip Perth</td>
<td></td>
</tr>
<tr>
<td>Noshy Tadros Keilor East</td>
<td></td>
</tr>
<tr>
<td>Norredione Houman Sydney</td>
<td></td>
</tr>
<tr>
<td>Nima McGowan Melbourne</td>
<td></td>
</tr>
<tr>
<td>Ninan Win Horsham</td>
<td></td>
</tr>
<tr>
<td>Oleg Fachony Donald</td>
<td></td>
</tr>
<tr>
<td>Olga Wingate Melbourne</td>
<td></td>
</tr>
<tr>
<td>Olga Zbarskaya Brisbane</td>
<td></td>
</tr>
<tr>
<td>Olubunmi Mabio Templestowe Lower</td>
<td></td>
</tr>
<tr>
<td>Olufemi Oluwar</td>
<td></td>
</tr>
<tr>
<td>Ophelia Wong Melbourne</td>
<td></td>
</tr>
<tr>
<td>Oswell Vino Rostrevor</td>
<td></td>
</tr>
<tr>
<td>Owen Latimer</td>
<td></td>
</tr>
<tr>
<td>Owens Kevin Adelaide</td>
<td></td>
</tr>
<tr>
<td>Pam Bennett Hurstville</td>
<td></td>
</tr>
<tr>
<td>Pamela Hendry Neddlands</td>
<td></td>
</tr>
<tr>
<td>Pamela Cox Melbourne</td>
<td></td>
</tr>
<tr>
<td>Pamela L</td>
<td></td>
</tr>
<tr>
<td>Panagiota Milonas Clayton South</td>
<td></td>
</tr>
<tr>
<td>Pankaj Singhal Barrack Heights</td>
<td></td>
</tr>
<tr>
<td>Parham Paravaznia Ay</td>
<td></td>
</tr>
<tr>
<td>Paramala Iyengar Sydney</td>
<td></td>
</tr>
<tr>
<td>Parthok Madak Palmeston</td>
<td></td>
</tr>
<tr>
<td>Parvathy Muruganerampark</td>
<td></td>
</tr>
<tr>
<td>Patricia Mohr-Bell Petersham</td>
<td></td>
</tr>
<tr>
<td>Patricia Stuart Twodooma</td>
<td></td>
</tr>
<tr>
<td>Patricia Campbell Mossman</td>
<td></td>
</tr>
<tr>
<td>Patricia Hurley Townsville</td>
<td></td>
</tr>
<tr>
<td>Patricia Jaskolski Dton</td>
<td></td>
</tr>
<tr>
<td>Patricia Gordillo Carins</td>
<td></td>
</tr>
<tr>
<td>Patrick O’Sullivan Hobart</td>
<td></td>
</tr>
<tr>
<td>Patrick Lip Wondai</td>
<td></td>
</tr>
<tr>
<td>Patrick Gliburne Melbourne</td>
<td></td>
</tr>
<tr>
<td>Patrick Wong Sydney</td>
<td></td>
</tr>
<tr>
<td>Patrick Mccullough Meredith</td>
<td></td>
</tr>
<tr>
<td>Pati Slegers Eumundi</td>
<td></td>
</tr>
<tr>
<td>Paul Bartels Brisbane</td>
<td></td>
</tr>
<tr>
<td>Paul Nylander Hobart</td>
<td></td>
</tr>
<tr>
<td>Paul Mcgrity Scottsdale</td>
<td></td>
</tr>
<tr>
<td>Paul Schiavo Townsville</td>
<td></td>
</tr>
<tr>
<td>Paul Colburne</td>
<td></td>
</tr>
<tr>
<td>Paul Molina Chavez Hendra</td>
<td></td>
</tr>
<tr>
<td>Paul James Rosewood</td>
<td></td>
</tr>
<tr>
<td>Paul Yates Ashgrove</td>
<td></td>
</tr>
<tr>
<td>Paul Dawson Adelaide</td>
<td></td>
</tr>
<tr>
<td>Paul Maccartney Fitzroy</td>
<td></td>
</tr>
<tr>
<td>Paul Shire Pakenham</td>
<td></td>
</tr>
<tr>
<td>Paul Saran Quakers Hill</td>
<td></td>
</tr>
<tr>
<td>Paul Plander Townsville</td>
<td></td>
</tr>
<tr>
<td>Paul Baggaley Port Kennedy</td>
<td></td>
</tr>
<tr>
<td>Paul Bryam Brisbane</td>
<td></td>
</tr>
<tr>
<td>Paul O’halloran Fairfield</td>
<td></td>
</tr>
<tr>
<td>Paul McKeggan Belmont</td>
<td></td>
</tr>
<tr>
<td>Paul Mulkearns Essendon</td>
<td></td>
</tr>
<tr>
<td>Paula Leach Pascoe Vale</td>
<td></td>
</tr>
<tr>
<td>Paula Bickley Sydney</td>
<td></td>
</tr>
<tr>
<td>Paula Blockley Bella Vista</td>
<td></td>
</tr>
<tr>
<td>Paula Conroy Brisbane</td>
<td></td>
</tr>
<tr>
<td>Pauline Griffiths Melbourne</td>
<td></td>
</tr>
<tr>
<td>Paulo Moraes Melbourne</td>
<td></td>
</tr>
<tr>
<td>Paw Chopra Brisbane</td>
<td></td>
</tr>
<tr>
<td>Payam Ehteshadi Araghi</td>
<td></td>
</tr>
<tr>
<td>Penny O’Sullivan Perth</td>
<td></td>
</tr>
<tr>
<td>Penny Crocker Keraville</td>
<td></td>
</tr>
<tr>
<td>Penny Suthons</td>
<td></td>
</tr>
<tr>
<td>Penny Scott Geelong</td>
<td></td>
</tr>
<tr>
<td>Penny Mccride Brisbane</td>
<td></td>
</tr>
<tr>
<td>Percy Rogers Brunswick</td>
<td></td>
</tr>
<tr>
<td>Peta Harrison Bllaxland</td>
<td></td>
</tr>
<tr>
<td>Pete Connolly Perth</td>
<td></td>
</tr>
<tr>
<td>Peter Nickolls Queens Park</td>
<td></td>
</tr>
<tr>
<td>Peter Paton Sydney</td>
<td></td>
</tr>
<tr>
<td>Peter Rogers Healesville</td>
<td></td>
</tr>
<tr>
<td>Peter Cameron Adelaide</td>
<td></td>
</tr>
<tr>
<td>Peter Gilbertson Sydney</td>
<td></td>
</tr>
<tr>
<td>Peter Rankin Moonee Ponds</td>
<td></td>
</tr>
<tr>
<td>Peter Wong Sydney</td>
<td></td>
</tr>
<tr>
<td>Peter Quirgis Doncaster</td>
<td></td>
</tr>
<tr>
<td>Peter Alexander Sydney</td>
<td></td>
</tr>
<tr>
<td>Peter Bradley Logan</td>
<td></td>
</tr>
<tr>
<td>Peter Daltell Murumba Downs</td>
<td></td>
</tr>
<tr>
<td>Peter Wang Cardwell</td>
<td></td>
</tr>
<tr>
<td>Peter Kenny Grampville</td>
<td></td>
</tr>
<tr>
<td>Peter Poon Nathalia</td>
<td></td>
</tr>
<tr>
<td>Peter Stephenson Narangba</td>
<td></td>
</tr>
<tr>
<td>Peter Strickland Vasse</td>
<td></td>
</tr>
<tr>
<td>Peter Maguire Narrogin</td>
<td></td>
</tr>
<tr>
<td>Peter Edwards Merrillands</td>
<td></td>
</tr>
<tr>
<td>Peter Bokor Marrickville</td>
<td></td>
</tr>
<tr>
<td>Peter Rich Buderim</td>
<td></td>
</tr>
<tr>
<td>Peter Enright Melbourne</td>
<td></td>
</tr>
<tr>
<td>Peter Keith Wagga Wagga</td>
<td></td>
</tr>
<tr>
<td>Peter Meyer Box Hill</td>
<td></td>
</tr>
<tr>
<td>Peter Silverberg Suffolk Park</td>
<td></td>
</tr>
<tr>
<td>Peter Thompson</td>
<td></td>
</tr>
<tr>
<td>Peter Lorenzo Sydney</td>
<td></td>
</tr>
<tr>
<td>Peter Stribbel</td>
<td></td>
</tr>
<tr>
<td>Peter Wong Katoomba</td>
<td></td>
</tr>
<tr>
<td>Peter Barry Melbourne</td>
<td></td>
</tr>
<tr>
<td>Peter Doie Sydney</td>
<td></td>
</tr>
<tr>
<td>Peter Unger Melbourne</td>
<td></td>
</tr>
<tr>
<td>Peter Donald Melbourne</td>
<td></td>
</tr>
<tr>
<td>Peter Ruscoe Buderim</td>
<td></td>
</tr>
<tr>
<td>Peter Mcmillan Ballina</td>
<td></td>
</tr>
<tr>
<td>Peter Davidson Sydney</td>
<td></td>
</tr>
<tr>
<td>Peter Goss Perth</td>
<td></td>
</tr>
<tr>
<td>Peter Ledwos Tawonga South</td>
<td></td>
</tr>
<tr>
<td>Peter Grinerbys Campbelltown</td>
<td></td>
</tr>
<tr>
<td>Peter Stiboe Beecroft</td>
<td></td>
</tr>
<tr>
<td>Peter Thorn Brisbane</td>
<td></td>
</tr>
<tr>
<td>Peter Tham My Nguyen Wollongong</td>
<td></td>
</tr>
<tr>
<td>Petrie Raszian Ashfield</td>
<td></td>
</tr>
<tr>
<td>Petrinnella Slootmans Geraldton</td>
<td></td>
</tr>
<tr>
<td>Feyman Rapskourouskoe North</td>
<td></td>
</tr>
<tr>
<td>Richmond</td>
<td></td>
</tr>
<tr>
<td>Phi Liemman Black Rock</td>
<td></td>
</tr>
<tr>
<td>Phil Kyam Ballarat</td>
<td></td>
</tr>
<tr>
<td>Philip Sorol Gold Coast</td>
<td></td>
</tr>
<tr>
<td>Philip Raffson Sydney</td>
<td></td>
</tr>
<tr>
<td>Philip Wchonin Minyama</td>
<td></td>
</tr>
<tr>
<td>Philip Patchett Nambucca</td>
<td></td>
</tr>
<tr>
<td>Philip Webster Mildura</td>
<td></td>
</tr>
<tr>
<td>Philip Cheung</td>
<td></td>
</tr>
<tr>
<td>Philip Hoffman St Kilda East</td>
<td></td>
</tr>
<tr>
<td>Philip King Perth</td>
<td></td>
</tr>
<tr>
<td>Philip Feren Melbourne</td>
<td></td>
</tr>
<tr>
<td>Philip Chalmers Woodendong</td>
<td></td>
</tr>
<tr>
<td>Philip Dobell-Brown Forster</td>
<td></td>
</tr>
<tr>
<td>Phong Riwd Swnyd</td>
<td></td>
</tr>
<tr>
<td>Phuc Bgigtete Pham Gl enyo</td>
<td></td>
</tr>
<tr>
<td>Phuong Lui North Turramurra</td>
<td></td>
</tr>
<tr>
<td>Peter Nel Blacks Beach</td>
<td></td>
</tr>
<tr>
<td>Pilate Ntsuke Euroa</td>
<td></td>
</tr>
<tr>
<td>Piyyuh Raj</td>
<td></td>
</tr>
<tr>
<td>Poonacha Kanjithandha Newcastle</td>
<td></td>
</tr>
<tr>
<td>Poornima Threluhelm</td>
<td></td>
</tr>
<tr>
<td>Prabhi Singh Whyllah Nprrir</td>
<td></td>
</tr>
<tr>
<td>Prabha Ramsay Sydney</td>
<td></td>
</tr>
<tr>
<td>Pradeep Padula Act</td>
<td></td>
</tr>
<tr>
<td>Praddeep Dissanayake Melbourne</td>
<td></td>
</tr>
<tr>
<td>Prajwal Tulachad Morwell</td>
<td></td>
</tr>
<tr>
<td>Prashanta Mallik Blacktown</td>
<td></td>
</tr>
<tr>
<td>Prashanta Mitra Townsville</td>
<td></td>
</tr>
<tr>
<td>Prashanthi Kumari Narasimman Kalla</td>
<td></td>
</tr>
<tr>
<td>Pratap Philip Carlton</td>
<td></td>
</tr>
<tr>
<td>Precious Mccuire Melbourne</td>
<td></td>
</tr>
<tr>
<td>Predrag Tomasevic Liverpool</td>
<td></td>
</tr>
<tr>
<td>Preeti Gupta Cowra</td>
<td></td>
</tr>
<tr>
<td>Preston Sanyavir</td>
<td></td>
</tr>
<tr>
<td>Preveen Nair</td>
<td></td>
</tr>
<tr>
<td>Pree Ti Gupr Cowra</td>
<td></td>
</tr>
<tr>
<td>Predrag Tomasevic Liverpool</td>
<td></td>
</tr>
<tr>
<td>Preema Varghese Nagercoil</td>
<td></td>
</tr>
<tr>
<td>Preethi Varshide</td>
<td></td>
</tr>
<tr>
<td>Precious Mccuire Melbourne</td>
<td></td>
</tr>
<tr>
<td>Prema Sanyavir</td>
<td></td>
</tr>
<tr>
<td>Pree Sanyavir</td>
<td></td>
</tr>
<tr>
<td>Priscilla Poonプレ</td>
<td></td>
</tr>
<tr>
<td>Pringle Threluhelm</td>
<td></td>
</tr>
<tr>
<td>Pradeep Padula Act</td>
<td></td>
</tr>
<tr>
<td>Pradrap Dissanayake Melbourne</td>
<td></td>
</tr>
<tr>
<td>Prashanta Mallik Blacktown</td>
<td></td>
</tr>
<tr>
<td>Prashanta Mitra Townsville</td>
<td></td>
</tr>
<tr>
<td>Prashanthi Kumari Narasimman Kalla</td>
<td></td>
</tr>
<tr>
<td>Pratap Philip Carlton</td>
<td></td>
</tr>
<tr>
<td>Precious Mccuire Melbourne</td>
<td></td>
</tr>
<tr>
<td>Predrag Tomasevic Liverpool</td>
<td></td>
</tr>
<tr>
<td>Preeti Gupta Cowra</td>
<td></td>
</tr>
<tr>
<td>Prana Ram Sydney</td>
<td></td>
</tr>
<tr>
<td>Pradeep Padula Act</td>
<td></td>
</tr>
<tr>
<td>Pradrap Dissanayake Melbourne</td>
<td></td>
</tr>
</tbody>
</table>
THE SIGNATURES

24  I  AUSTRALIAN DOCTOR STOP THE CO-PAY CUTS PETITION
<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matthew Ison</td>
<td></td>
</tr>
<tr>
<td>Matthew Fong Sydney</td>
<td></td>
</tr>
<tr>
<td>Maxine Blackburn Sydney</td>
<td></td>
</tr>
<tr>
<td>Me Paudyal Gld</td>
<td></td>
</tr>
<tr>
<td>Mel Habjan Camperdown</td>
<td></td>
</tr>
<tr>
<td>Melissa Scanlan Brisbane</td>
<td></td>
</tr>
<tr>
<td>Melissa McMullen Koogal</td>
<td></td>
</tr>
<tr>
<td>Melissa Hiscox Gold Coast</td>
<td></td>
</tr>
<tr>
<td>Melissa Shea Perth</td>
<td></td>
</tr>
<tr>
<td>Merle Taylor Perth</td>
<td></td>
</tr>
<tr>
<td>Michael Czekanski Gold Coast</td>
<td></td>
</tr>
<tr>
<td>Michael Cousins Adelaide</td>
<td></td>
</tr>
<tr>
<td>Michael Fleming East Gosford</td>
<td></td>
</tr>
<tr>
<td>Michael Wilson Sydney</td>
<td></td>
</tr>
<tr>
<td>Michael Nordstrom Adelaide</td>
<td></td>
</tr>
<tr>
<td>Michael Jameson Newcastle</td>
<td></td>
</tr>
<tr>
<td>Michael Lehmann Mackay</td>
<td></td>
</tr>
<tr>
<td>Michele Moore Thrivoul</td>
<td></td>
</tr>
<tr>
<td>Michele O'Neill Townsville</td>
<td></td>
</tr>
<tr>
<td>Michelle Nixon Old Erowal Bay</td>
<td></td>
</tr>
<tr>
<td>Michelle Moscova</td>
<td></td>
</tr>
<tr>
<td>Mohammad Mahat Barton</td>
<td></td>
</tr>
<tr>
<td>Monina Felay Granville</td>
<td></td>
</tr>
<tr>
<td>Mongue King Bingor Point</td>
<td></td>
</tr>
<tr>
<td>moonray Sarah Sydney</td>
<td></td>
</tr>
<tr>
<td>Nama Carmie Sydney</td>
<td></td>
</tr>
<tr>
<td>Nabilla Saran Sydney</td>
<td></td>
</tr>
<tr>
<td>Nada Carnevale Sydney</td>
<td></td>
</tr>
<tr>
<td>Natalie McBeth Weirs Creek</td>
<td></td>
</tr>
<tr>
<td>Neil Morton Melbourne</td>
<td></td>
</tr>
<tr>
<td>Nicky Kennedy</td>
<td></td>
</tr>
<tr>
<td>Nicolas Galatis</td>
<td></td>
</tr>
<tr>
<td>Nicole Antonini Cammeray</td>
<td></td>
</tr>
<tr>
<td>Nicole Bone Melbourne</td>
<td></td>
</tr>
<tr>
<td>Nineveh Daniel</td>
<td></td>
</tr>
<tr>
<td>Niala Williams</td>
<td></td>
</tr>
<tr>
<td>Olivia Hibbit</td>
<td></td>
</tr>
<tr>
<td>Olivia Retalo Macky</td>
<td></td>
</tr>
<tr>
<td>Pamela Mazafferico Sydney</td>
<td></td>
</tr>
<tr>
<td>Patrick Caffery Brisbane</td>
<td></td>
</tr>
<tr>
<td>Patricia Jessen Melbourne</td>
<td></td>
</tr>
<tr>
<td>Nicole Bone Melbourne</td>
<td></td>
</tr>
<tr>
<td>Patty Chehaude Adelaide</td>
<td></td>
</tr>
<tr>
<td>Paul Shearmann Bendigo</td>
<td></td>
</tr>
<tr>
<td>Pauline Newman SA</td>
<td></td>
</tr>
<tr>
<td>Peter Merrilees Sydney</td>
<td></td>
</tr>
<tr>
<td>Peter Stevenon Bruce</td>
<td></td>
</tr>
<tr>
<td>Peter Thompson Hastings</td>
<td></td>
</tr>
<tr>
<td>Peter Windsor Scarborough</td>
<td></td>
</tr>
<tr>
<td>Prabha Ramsay Sydney</td>
<td></td>
</tr>
<tr>
<td>Prateek Sani Brampton</td>
<td></td>
</tr>
<tr>
<td>Priscilla Accorriston Pethersham</td>
<td></td>
</tr>
<tr>
<td>Prissilla Torres Melbourne</td>
<td></td>
</tr>
<tr>
<td>Rachel Armstrong Ryde</td>
<td></td>
</tr>
<tr>
<td>Rachel Gray Melbourne</td>
<td></td>
</tr>
<tr>
<td>Rachel Lamnero Logan</td>
<td></td>
</tr>
<tr>
<td>Radek Bosak Scarborough</td>
<td></td>
</tr>
<tr>
<td>Rajesh Kumar</td>
<td></td>
</tr>
<tr>
<td>Ramirez Sargour</td>
<td></td>
</tr>
<tr>
<td>Rebecca Kim Wawerton</td>
<td></td>
</tr>
<tr>
<td>Rebecca Lea Craigieburn</td>
<td></td>
</tr>
<tr>
<td>Rebecca Ryan Tergial</td>
<td></td>
</tr>
<tr>
<td>Rehanbokk Bays Townsville</td>
<td></td>
</tr>
<tr>
<td>Rene Ricb Sydney</td>
<td></td>
</tr>
<tr>
<td>Renee White Townsville</td>
<td></td>
</tr>
<tr>
<td>Rhonda Garey Gandening</td>
<td></td>
</tr>
<tr>
<td>Richard Gatter</td>
<td></td>
</tr>
<tr>
<td>Richard Sargour</td>
<td></td>
</tr>
<tr>
<td>Rizwan Nawaz Sydney</td>
<td></td>
</tr>
<tr>
<td>Robert Seymor Adelaide</td>
<td></td>
</tr>
<tr>
<td>Robert Whiting ST Kilda</td>
<td></td>
</tr>
<tr>
<td>Robin Craig Sydney</td>
<td></td>
</tr>
<tr>
<td>Teressa Benetos Sydney</td>
<td></td>
</tr>
<tr>
<td>Teressa Benetos Sydney</td>
<td></td>
</tr>
</tbody>
</table>
STOP THE CO-PAY CUTS
GPs make the difference

www.gpsmaketheifference.com.au

Cirrus Media Pty Ltd
Tower 2, Level 3, 475 Victoria Avenue, Chatswood, NSW 2067
Email us: mail@australiandocotor.com.au

www.australiandocotor.com.au