

# HEALTH CHARTER

## ACTU Congress 1987

### 1. PREAMBLE

Congress notes the constitution of the World Health Organisation, and supports the principles enunciated therein which are basic to the happiness, harmonious relations and security of all peoples. These principles are:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger. Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health. Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures."

(From the Constitution of the World Health Organisation, adopted by the International Health Conference held in July, 1946, and amended subsequently by the 20th and 26th World Health Assemblies.)

### 2. OBJECTIVES

The objective for the delivery of health care in Australia should be:

- 2.1 A uniform national health system, developed in co-operation with the States, which is mindful of area needs and has Health Services which are integrated, comprehensive and co-ordinated. (Health Services are defined as being services providing means for the whole community and/or groups of individuals to promote and protect their health whether such services be given by members of the medical and allied professions or otherwise);
- 2.2 The maintenance and extension of a national health insurance scheme, financed by a tax levy based on ability to pay, and controlled by the Australian Government;
- 2.3 There should not be an economic barrier to good quality

health care;

- 2.4 The Health Services main purpose is to protect, maintain and improve the health and well-being of all people in Australia;
- 2.5 All people should have equal accessibility to sufficient and adequate levels of health services as is necessary;
- 2.6 The provision of health services should be sufficiently regulated to prevent abuses such as risk skimming, under-servicing and over-servicing. Charges made for services not covered by the universal health insurance scheme should be regulated in the same way. The delivery of Health Services should be conducted in an economic efficient and effective manner whilst ensuring the optimum standard of care;
- 2.7 Necessary and proper standards and controls should be introduced to allow continual monitoring, to determine if the standards are achieved, to identify deficiencies, and allow for remedial action, and the monitoring of the quality of the services;
- 2.8 Health Services should be planned and provided with emphasis on prevention, cause and effects of ill-health on the well being of the community;
- 2.9 The rights of the consumers of Health Services should be protected and enhanced; and
- 2.10 The allocation of the nation's resources to Health Services should continue to receive a high priority.

### **3. REQUIREMENTS**

In order to achieve these objectives and provide a well developed health and welfare service, it is imperative that it comprise:

- 3.1 Community health programs;
- 3.2 A comprehensive public hospital system available to all;
- 3.3 Specialised services to provide more complex care such as psychiatric, dental, pharmaceutical, gerontological, pediatrics;
- 3.4 Health education and health promotion programs for all health workers and the community;
- 3.5 Provisions for the rights and access of health care to consumers;
- 3.6 Legislation to mandate the standards and quality of care and to prevent fraud, over-servicing and victimisation and the monitoring of the quality of services;
- 3.7 Health Research and Data Base;
- 3.8 Recognition of the special nature of the health care

industry, including the working conditions of health workers;

3.9 Adoption of International Conventions and Recommendations.

**4. SPECIFIC SERVICES**

4.1 Primary health care addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services, and as such includes: Education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the major infectious diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

It involves, in addition to the health sector, all related sectors and aspects of national and community development, and requires the promotion of the maximum community and individual self-reliance and participation in the health system and needs to be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need. It also requires the integration and co-operation of health workers, health institutions and health services.

Primary health care should be provided in accordance with the WHO Division of Health Manpower Development "Nursing in support of the Goal of Health for All by the Year 2000", Geneva 1982.

4.2 Community Health Programs

There should be increased priority given to community health programs which:

- (a) Are developed to take into account the needs of groups and regions within the community;
- (b) Develop community programs providing comprehensive care and services, health promotion programs, including facilities and services to assist people to remain in their own environment and integrated where appropriate with other health facilities and ensuring priority to areas of greatest need (including the needs of special groups);
- (c) Provide, where practicable, for the services to be staffed by multi-disciplinary teams of salaried and specialist health personnel; and
- (d) Consistent with ACTU policy on Industrial Democracy, provide for appropriate participation in the management of community health services by all parties directly concerned (including employees).

**4.3 Public Hospitals System**

4.3.1 The public system of hospitals should be recognised as being able to provide all the facilities required for hospitalisation of any individual and that an integral part of the public hospital system is the provision of free

accommodation to hospital patients.

4.3.2 To this end, Governments concerned should ensure that access to free hospital care is available to all people. Single room accommodation should be provided in public hospitals for those whose medical or nursing condition so requires.

4.3.3 The funding of hospitals in recent years has been the responsibility of Federal Government. Delivery of service has been the responsibility of the States. To ensure accountability and equity, and to enable the identification of this element of the social wage, funding for public hospitals should be separately identified as tied grants to the States on the Federal Budget.

4.3.4 Ensure that the services of acute hospitals are efficiently used and that a wide range of smaller, more diverse and geographically spread hospitals be developed, fully co-ordinated with community health centres, to allow the large acute hospitals to fulfill their proper functions.

4.3.5 Outpatient clinics are an integral part of treatment and should continue to operate at public hospitals, and be integrated with the community health program.

4.3.6 The licensing of new private hospitals to be considered in context of the needs and requirements of the region.

4.3.7 Expenditure on hospitals constitute a major share of health budgets. There should be agreed upon guidelines to determine the function of facilities within each region; financial and efficiency audits should be conducted.

4.3.8 Consistent with ACTU policy on Industrial Democracy, the boards of all public hospitals should provide for appropriate participation by health workers and community representatives.

#### **4.4 Private Hospitals**

4.4.1 The provision of private hospital services should be complementary to the public hospital system.

4.4.2 The provision of new private hospital services, including additional services in existing private hospitals, should be subject to Government regulation in the context of the total needs and requirements of the region in which the service is proposed.

4.4.3 Awards and other entitlements of employees in private hospitals should be no less than those applicable to their counterparts in public hospitals.

4.4.4 The provision of separate private hospital facilities by public hospitals should proceed only if:

- (i) such development is not at the expense of public hospital services;

- (ii) award and other entitlements of employees in such facilities are identical to their public hospital counterparts;
- (iii) the majority ownership of the facility vests in the public hospital.

#### **4.5 Specialised Services**

4.5.1 To improve dental care it is necessary to:

- (a) Expand the school dental scheme to all primary school children and subsequently to all pre-school and secondary school children;

and

- (b) Support and encourage State provision of dental services for pensioners, pregnant women, the unemployed and other needy groups and eventually as an alternative for all who choose to use such services.

4.5.2 Drugs, Pharmaceuticals and Pharmaceutical Benefits

Further requirements are to:

- (a) **Drugs**  
The State Health Departments should be requested to require prescribed drugs to be accompanied by simply written instructions about the drug. These should explain, amongst other things:
  - how it should be taken
  - for what duration
  - its possible side-effects
  - warnings to avoid alcohol or certain foods and other medications where appropriate
  - warnings against certain activities which could possibly be harmful to a person taking a prescribed drug.

This requirement should also be applicable to non-prescriptive medicines such as aspirins and sedatives.

- (b) Control the advertising of pharmaceuticals to provide balanced factual information;
- (c) Improve the monitoring of the prescription and use of pharmaceuticals;
- (d) Provide information on consumers and health workers on drug incompatibilities, side-effects, indications and contra-indications and interactions;
- (e) Promote the manufacture, bulk purchase and wholesale distribution of pharmaceutical products in competition with private manufacturers;
- (f) Enable crucial pharmaceuticals to be free of direct

charge to the patient;

- (g) Comprehensive information to be included with all drugs supplied;
- (h) Recognition in hospital funding arrangements of the role of hospitals in the introduction of new drugs and new forms of treatment.

#### 4.5.3 Ethnic Services

Basic information should be printed in the languages of migrants from non-english speaking countries. It should cover such things as the health services available and how to use them; details about Medicare and private health insurance; safety practices in the home and at work; and workers' compensation. Increased funding is required to provide adequate numbers of Ethnic Health Workers and bi-lingual health professionals in the health services.

#### 4.5.4 Rehabilitative and Long Term Care Services

Recognising that there are special problems in the rehabilitation and long term health care of the chronically ill or disabled, and those in need of geriatric care, an integrated and community based program should be developed.

The following measures are required:

- (a) Regard health care as an important aspect of rehabilitation and rehabilitation as an important aspect of health care;
- (b) Ensure that a health team approach is used to determine the type and length of rehabilitation and the assessment of recovery, or acceptable adaptation to the disability;
- (c) Seek the co-operation of industry and training institutions in training or retraining and employment;
- (d) Support the provision of medical and surgical aids, home modifications and transport assistance for disabled persons;
- (e) Rehabilitation should include realistic income support;
- (f) Full integration of all Commonwealth rehabilitation services.

#### 4.5.5 Long Term Care

The following measures are required:

- (a) Integrate all aspects of health and social welfare delivery, including domiciliary care, day care, nursing home care, hospital and hospice care with the aim of maintaining people in their own homes;
- (b) Provide co-ordinated community support services, based on a team approach;
- (c) Provide an appropriate distribution of hostel, nursing home and hospice accommodation; and

- (d) Provide assessment by multi-disciplinary teams to match care and accommodation with medical, social and emotional needs.

#### **4.6 Education and Promotion**

##### 4.6.1 Education

Federal, State and Territory Governments should promote and support comprehensive education programs to all age groups on lifestyle factors affecting physical and mental health including:

- (a) diet;
- (b) contraception and planned parenthood, human sexuality and inter-personal relationships;
- (c) drug and alcohol abuse;
- (d) leisure;
- (e) social, cultural and employment influences and other programs based on the needs of the community.

##### 4.6.2 Promotion

In co-operation with State, Territory and Local Governments, the following measures should be adopted:

1. Promote the adoption by all States and the Commonwealth of a uniform environmental code to apply to the conditions of any industries being established to ensure no State or Territory can become a "pollution haven";
2. Promote the fluoridation of Australian drinking water supplies;
3. Take further action to inhibit the promotion of cigarettes;
4. Passive smoking. In this regard Congress notes:
  - (i) the evidence of the dangers of passive smoking as outlined by the National Medical Health and Research Council ("Working Party on the Effects of Passive Smoking on Health", June 1986, 101st Session); and
  - (ii) ACTU Occupational Health and Safety Policy;

and therefore calls for further research and an effective, nationally co-ordinated community education program to ensure that people occupying workplaces and public facilities are protected from risk.

5. Promote community awareness of all methods of transmission of the AIDS virus and adoption by the community of sustained and appropriate behavioural changes to prevent the spread of the virus.
6. Review the practices, codes and regulations relating to the promotion of alcohol so as to promote in the

community an awareness of safe patterns of alcohol consumption;

7. Use of tax policy and excise duty to favour low tar cigarettes and low alcohol beverages;
8. Provide preventive programs designed to reduce the road toll;
9. Adopt measures to protect the community from the hazards of radioactive substances; and
10. Promote family planning to assist people to make more rational and informed decisions regarding human fertility.

#### **4.7 Patient Access and Rights**

4.7.1 Congress calls for the further implementation of the Australian Labor Government Policy which states:

- (A) Access
  - (a) make available health and welfare services to all based on the criterion of need;
  - (b) develop programs to ensure that those in need of assistance are made aware of available services, and of their rights and access to services;
  - (c) develop interpreter and translator services;
  - (d) provide special health services for those who face problems of access such as aboriginals, youth, women, migrants, those in isolated areas, the elderly and the disabled who face problems of access to services; and
  - (e) ensure that general existing services are sensitive to the needs of special groups.

- (B) Rights

The rights of patients should be protected through measures which provide that:

- (a) informed consent (as defined by the Helsinki Declaration) to be prerequisite of medical treatment;
- (b) make accessible to patients their health records;
- (c) such records should not be disclosed to any other person outside the health care teams except with the consent of the patient or guardian, or at the direction of a court or with the authority of the responsible minister;
- (d) insofar as health records are required for medical auditing, peer review or research purposes, the privacy of patients should be respected to the greatest degree possible; and
- (e) continuously review the rights of persons in relation to psychiatric committal and treatment to protect their civil liberties."



4.7.2 Recommend the adoption of a Patients Bill of Rights.

#### **4.8 Legislation**

Amendment of legislation should occur to ensure:

Sufficient powers in authorised staff to allow adequate investigations of suspected patterns of overservicing, overcharging or fraud by providers;

Protection of patients against victimisation;

Assessment of overservicing on the basis of patterns of service, taking into account comparative health provider standards, rather than an individual case basis.

Development and implementation of standards acceptable to health providers and consumers and monitoring the policies of all institutions receiving any public funding. Participation in regular Quality Assurance Reviews should be mandatory in all areas of health care.

#### **4.9 Health Research and Data Base**

##### **4.9.1 Health Research**

Research should be a priority, controlled and funded by Government, and where necessary, involve the private sector if it is in the interests of the nation. There should also be co-ordination of universities, private and State agencies involved in health research so as to avoid duplication.

In particular the areas to be studied should include:

- (a) Cause and effects of ill-health on the well-being of the community;
- (b) Aboriginal Health Issues;
- (c) Occupational health and safety;
- (d) Nutrition;
- (e) Environmental Health and Public Health;
- (f) Extension of community health and occupational health services;
- (g) Ageing;
- (h) Life-style issues, including drug and alcohol use and abuse;
- (i) Mental Health and in particular Schizophrenia;
- (j) The effects of the ownership by foreign-owned companies of sections of the health industry;
- (k) All aspects of health and health care delivery systems and recognition of the special nature of the health care industry, including the working conditions;
- (l) All aspects of the AIDS virus, and in particular the special health and social needs of people who are infected;
- (m) Women's health and in particular causes of

infertility.

#### 4.9.2 Data Base

The Federal Government should provide for:

- (a) Development of an information bank about overseas practices (with translation facilities);
- (b) A data bank of information including information on employment and employment categories which is readily accessible to interested persons;
- (c) Development, analysis and regular review of statistical information systems with the purpose of providing, amongst other things, co-ordinated and uniform accident statistics;
- (d) Health and safety at work statistics; and
- (e) Any listing of dangerous chemicals in the workplace.

#### **4.10 Recognition of Special Nature of Health Care Industry**

##### 1. Conditions of Employment

The conditions of employment of health care workers should be no less than those applying in the rest of the community; the special factors and responsibilities and the need to conform to international conventions should be recognised.

##### 2. Work Environment

Services and facilities should recognise the special nature of the industry -e.g. occupational health and safety, recreation, meal facilities, etc.

##### 3. Removal of Discrimination

Employment policy in the health care industry should be in accordance with ACTU policy.

#### **4. Managerial Practices**

Managerial concepts of efficiency, staffing establishments etc., should be set in relation to standards of care and not simply on the basis of cost minimisation without real regard for the quality of service provided.

#### 4.11 Adoption of International Conventions, Declarations and Recommendations

ILO Convention 149 - Concerning employment and conditions of work and life of nursing personnel.

ILO Recommendation 157 - same subject.

ILO Convention 151 - Concerning protection of the Right to Organise and Procedures for Determining Conditions of Employment in the Public Sector.

ILO Convention 167 - Concerning the Establishment of an International System for the Maintenance of Rights in Social Security.

ILO Convention 140 - Concerning Paid Education Leave.

ILO Recommendation 146 - Same subject.

ILO Convention 160 - Concerning Medical Care and Sickness Benefits.

WHO International Conference on Primary Health Care, Alma Ata, USSR, 1978.

WHO Global Strategy for Health for All by the Year 200 (resolution WHA 34.36, 1976).

WHO Plan of Action for Implementing the Global Strategy for Health for All (resolution WHA 36.23, 1982).

## **5. PRIVATISATION OF HEALTH SERVICES**

The provision of health services is a community responsibility as private entrepreneurs are bound to have a primary interest in making a profit from their investments. Private profiteering prevents the planning and control of public services to meet actual needs.

Congress believes that privatisation should be discouraged by the implementation of an effective public health system, and condemns the proliferation of privatisation to the detriment of an effective public health system.

Privatisation includes such practices as transfer of public enterprises to private entrepreneurs, and the contracting out of services provided by public employees.

Opposition to privatisation may well not arise in relation to "commercialisation" of activity within the public sector where the "surplus" is devoted to supporting public health services, provided there are sufficient controls to ensure that the activity remains publically accountable.

## **6. DEVELOPMENT OF EFFECTIVE NATIONAL HEALTH PLANNING**

Congress calls upon Governments, in conjunction with unions, to develop and implement effective national health planning.

The Health Industry Council, established in 1986, provides an opportunity for consultation towards:

- (a) Evaluation of the needs of consumers and the factors which affect current and future needs;
- (b) Recognition of the interaction of the poverty-illness-poverty cycle;
- (c) An assessment of priorities;
- (d) Co-ordination of local, State and Federal Government responsibilities;
- (e) Realistic funding requirements to be determined on the basis of triennium allocations;
- (f) The adequate funding, co-ordination and integration of research projects;
- (g) Monitoring and control over the introduction of new technologies, including the results of biomedical research;
- (h) Co-ordination and integration of the education and health systems.

## **7. HEALTH MAINTENANCE ORGANISATIONS**

Congress notes proposals for the development of a system of Health Maintenance Organisations. An H.M.O. would undertake a contracted responsibility to provide or arrange the provision of comprehensive health care services to a defined enrolled population. Funding is by the enrolment fee of the consumer and is independent of the consumer's use of services.

The ACTU opposes those elements of H.M.O. proposals which will lead to any further privatisation of public hospital services.

The ACTU should obtain assurances from the Federal Government that H.M.O.'s will only be operated by non-profit organisations with sufficient controls to ensure that such non-profit organisations are responsible to the membership. For-profit organisations should be excluded from operating H.M.O.'s. Without such assurances, the ACTU opposes the establishment of H.M.O.'s.

The ACTU should seek assurances from the Federal Government that H.M.O.'s will be sufficiently regulated to prevent under-servicing or risk skimming. Regulation should also control the changes made for Non-Medicare Benefits Schedule services provided as supplementary benefits. Without such regulations the ACTU opposes the establishment of H.M.O.'s.

## **8. ACTIONS AND IMPLEMENTATIONS**

- 8.1 The Charter should be promoted within the health service industry and the community as a whole.
- 8.2 The Charter should be pursued with the Federal and State Governments.
- 8.3 The ACTU should specifically ask the Federal and State Governments to ratify the relevant conventions.
- 8.4 Promotion of the Health Charter internationally, through the ICFTU, and the urging of the health industry unions to promote it within their international bodies.
- 8.5 There should be regular meetings of the health industry unions within the ACTU to develop effective implementation of the Charter.
- 8.6 Through the ACTU, the convening of wider meetings, to include non-affiliates, including those involved in the delivery of health services.