CHAPTER 10

HEALTH

This chapter is primarily concerned with the activities of the Commonwealth relating to health. There is, however, government responsibility for health at the State and local levels. There are constitutional limits on the Commonwealth Government's role in the health care field, and the primary responsibility for planning and provision of health services is with the State and Territory Governments.

At the national level, health services in Australia are controlled by the Commonwealth Government. The Government appoints a Minister for Health, who exercises political control over the Commonwealth Department of Health, headed by the Director-General. The Commonwealth Government is primarily concerned with the formation of broad national policies, and influences policy making in health services through its financial arrangements with the State and Territory Governments, through the provision of benefits and grants to organisations and individuals, and through the regulation of health insurance.

The direct provision of health services, broadly speaking, is the responsibility of the State Governments. Each of the States and the Northern Territory has a Minister of Health who is responsible to the government of his particular State or Territory for the administration of its health authorities. In some States, the responsibility for health services is shared by several authorities whilst in others, one authority is responsible for all these functions.

Health care is also delivered by local government, semi-voluntary agencies, and profit making non-governmental organisations.

ACT Health Authority

In addition to its national responsibilities, the Commonwealth Government, through the ACT Health Authority, has special responsibility for health services in the Australian Capital Territory. The Authority, which is primarily funded through Commonwealth appropriations, has the statutory role of providing and monitoring health services in the A.C.T.

Health services provided by the Authority include:

- Hospital services.

The Authority operates Royal Canberra and Woden Valley Hospitals within the A.C.T. public hospital system. These hospitals offer an extensive range of general and speciality medical services. Calvary Hospital and the Queen Elizabeth II Home for Mothers and Babies are funded through the Authority's grant-in-aid program, and function within the public hospital system.

- Community services.

The Authority is responsible for health care delivery in the community, including health centres (eleven as at 30 June 1985), child health clinics and home nursing services. Other community health services provided by the Authority include ambulance services, health education, school dental and speech therapy services, and health and pharmaceutical inspection services. The Authority also provides a range of programs to service the mental health needs of the community, and the special health needs of other groups in the community such as the elderly, the physically handicapped, the intellectually handicapped and those with alcohol or drug dependence.

At 30 June 1985, the Authority had a staff of 3,784 full-time and 983 part-time employees.

Further information about the operations of the Authority and the services it provides is contained in Authority annual reports.

COMMONWEALTH HEALTH BENEFITS AND ASSISTANCE

Medicare

Details of the health financing arrangements under the Medicare program introduced by the Commonwealth Government in February 1984 are available in Year Book 68—1984.

Since the introduction of the Medicare program the income thresholds on which the levy is payable have been revised. From 1 July 1985 no levy was payable by single people earning

$7,526 per annum or less, or by married couples and sole parents with a combined income of $12,504 per annum or less, with a further $1,530 per annum allowed for each dependent child.

"Shading-in" arrangements apply in respect of persons with taxable incomes marginally above the threshold.

Medicare Benefits

The Health Insurance Act provides for a Medicare Benefits Schedule which lists medical services and the Schedule (standard) fee applicable in each State in respect of each medical service. The Schedule covers services attracting Medicare Benefits rendered by legally qualified medical practitioners, certain prescribed services rendered by approved dentists and optometrical consultations by participating optometrists. Schedule fees are set and updated by an independent fees tribunal which is appointed by the Government. The fees so determined are to apply for Medicare benefits purposes. Medical services in Australia are generally delivered by either private medical practitioners on a fee-for-service basis, or medical practitioners employed in hospitals.

Where a medical service is provided by a private medical practitioner on a fee-for-service basis, Medicare refunds 85 per cent of the Medicare Benefits Schedule fee cost or, the Schedule fee less $10, whichever is the greater. It is not possible to insure with private health insurance organisations to cover the 15 per cent 'gap'. However, should an individual accumulate 'gap' payments in excess of $150 per year, Medicare will pay benefits at 100 per cent of the Schedule fee.

Under Medicare, medical practitioners are able to direct bill for any patient. In such cases, they receive the Medicare benefit as full payment. Previously, direct billing was limited to services rendered to eligible Pensioner Health Benefit and Health Care Cardholders, and their dependants.

Hospital Care

From 1 February 1984, basic public hospital services have been provided free of charge. Under Medicare, out-patient treatment and inpatient accommodation and care in a shared ward by a doctor employed by a hospital are provided free of charge. The scheme does not cover hospital charges for private accommodation in a public hospital, private hospital treatment, nor care in a public hospital by a doctor of the patient's choice. It is possible however for persons to take out insurance with registered health benefits organisations to cover these situations and medical benefits are available for private medical practitioners charges.

Patients who are accommodated in either private or public hospitals for continuous periods in excess of 45 days and who are, in essence, nursing home type patients, are required to make a non-insurable patient contribution in the same way that a patient in a nursing home does. For a private patient in a public hospital, health benefits paid by registered benefits organisations are reduced to the level of the standard nursing home benefit. In a private hospital, the benefits are reduced to $80 a day, less the amount of the patient contribution.

Where a patient's doctor considers that a patient has continuing need for acute hospital care, the doctor may issue a certificate under section 3B of the Health Insurance Act to that effect, and the nursing home type patient arrangements do not apply. The new arrangements provide for a review mechanism in the form of the Acute Care Advisory Committee which, when requested (e.g. by a private health fund) to do so, may review such certificates and recommend that they be varied or revoked.

Private Hospitals

Since 1 February 1984 both the Commonwealth bed day subsidy and the hospital insurance benefit for private hospital accommodation have been paid according to a system of classification consisting of three categories. Current levels of daily benefit and subsidy payments are:

Category 1 hospitals receive a $135 basic private fund benefit and a $40 Commonwealth subsidy;

Category 2 hospitals receive a $115 basic private fund benefit and a $30 Commonwealth subsidy; and

Category 3 hospitals receive a $95 basic private fund benefit and a $20 Commonwealth subsidy.

The three categories of private hospitals are determined according to the services and facilities provided. Those hospitals with more sophisticated services and facilities attract a higher level of insurance benefit and Commonwealth bed day subsidy.

Commonwealth payments under this program increased from $86.5m in 1982–83 to $133m in 1984–85, reflecting the increased commitment in the first full financial year under Medicare.

The States have the primary responsibility for the arrangement and provision of health services within their respective States. In recognition of this, the relevant Commonwealth legislation requires the Commonwealth Minister for Health to consult with his counterparts in the States and have regard to their views in respect of the major issues affecting private hospitals, such as approvals to build or extend, categorisation criteria, determination of the initial category of individual hospitals and proposals to change the categories determined for individual hospitals. However, the existing overlapping of responsibilities between the Commonwealth and the States in the private hospital sector will be eliminated as a result of moves by the Commonwealth to deregulate its controls over approvals and categorisation of private hospitals, which forms the basis for payment of the Commonwealth bed day subsidy. Despite deregulation, the Commonwealth will continue its subsidisation of the private hospital sector.

Commonwealth Nursing Home Benefits

There are two forms of Commonwealth benefit payable in respect of patients accommodated in premises approved as nursing homes under the National Health Act. These benefits are as follows:

(a) **Basic Nursing Home Benefit**

The Commonwealth pays basic nursing home benefits in respect of all qualified nursing home patients other than those who are entitled to damages or compensation. Basic benefit levels are reviewed and adjusted annually in each State to a level whereby the fees charged in respect of 70 per cent of beds in non-Government nursing homes, approved under the National Health Act, (i.e. participating nursing homes) are covered by the sum of the benefit plus statutory minimum patient contribution (explained below). As at 1 November 1984, the maximum amount of basic nursing home benefit payable per day in each State and Territory was: New South Wales and Australian Capital Territory $33.35; Victoria $48.50; Queensland $28.10; South Australia and Northern Territory $39.05; Western Australia $27.55 (increased to $31.55 from December 1984); and Tasmania $27.80.

(b) **Commonwealth Extensive Care Benefit**

The Commonwealth extensive care benefit is payable at the rate of $6 a day, in addition to the Commonwealth basic benefit, in respect of patients who need and receive 'extensive care' as defined in the National Health Act. Application must be made for payment of the extensive care benefit. As in the case of the Commonwealth basic benefit, the extensive care benefit is only payable in respect of qualified patients who are not entitled to damages or compensation.

Minimum Patient Contribution

All participating nursing home patients are normally required to make a statutory minimum contribution towards the cost of their accomodation in the nursing home. Patients are required to make this contribution towards the cost of their accomodation and care in recognition of those costs which would otherwise be incurred outside the nursing home in any alternative long-term residence.

The statutory minimum patient contribution at 13 June 1985 was $13.65 a day, which is equivalent to 87.5 percent of the standard rate pension plus supplementary assistance. Where the fees charged by a participating nursing home are in excess of the combined total of nursing home benefits plus the statutory minimum patient contribution, the difference must be met by the patient. Conversely, where the nursing home fee is less than this combined total, the basic benefit paid by the Commonwealth is reduced by that amount.

Fees charged to patients in Government nursing homes are determined by State Governments. Patients in these homes also attract basic and extensive benefits from the Commonwealth Government, and the patient contribution is usually about the same as the statutory minimum patient contribution described above.

Deficit Financing Arrangements

As an alternative to the provision of Commonwealth nursing home benefits under the National Health Act (as outlined above), the *Nursing Homes Assistance Act 1974* provides for direct funding of nursing homes conducted by local government and charitable and benevolent organisations.

Under the deficit financing arrangements the Commonwealth meets the approved operating deficits and the cost of approved asset replacements of these nursing homes. From December 1984, responsibility for this program was transferred from the Commonwealth Department of Health, to the Department of Community Services.

Nursing homes wishing to participate in the deficit financing arrangements must enter into a formal agreement with the Commonwealth Government for that purpose. Patients in deficit-financed nursing homes are required to pay a prescribed fee equivalent to the statutory minimum patient contribution, although provision exists to reduce this contribution in appropriate cases such as homes caring for children. Higher fees are prescribed for patients entitled to damages or compensation.

APPROVED NURSING HOMES AND BEDS—STATES AND TERRITORIES, 30 JUNE 1985

	N.S.W.	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*N.T.*	*A.C.T.*	*Aust.*
Approved nursing homes—									
Deficit financed*(a)*	139	80	72	61	28	28	1	—	409
Government*(b)*	32	79	22	5	25	5	1	2	171
Other*(c)*	350	239	114	96	71	18	2	2	892
Total	**521**	**398**	**208**	**162**	**124**	**51**	**4**	**4**	**1472**
Beds in—									
Deficit financed nursing homes	6,875	3,069	3,718	2,855	1,230	904	55	—	18,706
Government nursing homes	3,354	4,914	2,429	1,141	1,814	840	24	254	14,770
Other nursing homes	19,474	7,989	6,041	3,546	3,613	629	50	166	41,508
Total	**29,703**	**15,972**	**12,188**	**7,542**	**6,657**	**2,373**	**129**	**420**	**74,984**
Beds per 1000 population	*5.5*	*3.9*	*4.9*	*5.6*	*4.8*	*5.4*	*0.9*	*1.7*	*4.8*

(a) Deficit financed homes approved under the Nursing Homes Assistance Act for the payment of their approved operating deficits. *(b)* Government homes approved under the National Health Act for the payment of nursing home benefits. *(c)* Private profit and voluntary non-profit homes approved under the National Health Act for the payment of nursing home benefits.

Source: Commonwealth Department of Community Services.

Other Commonwealth Benefits Schemes

Domiciliary Nursing Care Benefit

The Commonwealth Government provides a Domiciliary Nursing Care Benefit to assist people who choose to care, in their own homes, for chronically ill or infirm relatives who would require admission to a nursing home if this care in their own home was not available. Patients who qualify for this Benefit are, typically, those people who are incapable of caring for themselves and of being left unsupervised for any significant period.

The basic criteria for the payment of the Benefit are that the patient must be aged 16 years or over and be in need of and in receipt of continuing care, and also be receiving regular visits by a registered nurse. The Benefit is payable at the rate of $42 per fortnight.

Home Nursing Subsidy Scheme

Commonwealth subsidies to home nursing organisations provided under the *Home Nursing Subsidies Act 1956* will be incorporated into a new joint Commonwealth/State Home and Community Care Program, announced during 1984. Information about this program is contained in Chapter 9, Social Security and Welfare.

Assistance to Isolated Patients

The *Isolated Patients Travel and Accommodation Assistance Scheme*, which is wholly funded by the Commonwealth Government, provides partial financial assistance to residents of isolated areas required to travel in excess of 200 kilometres to obtain medical treatment from the nearest suitable specialist medical practitioner. Benefits are also available for journeys associated with certain medical services provided in hospitals by oral surgeons and in respect of orthodontic and associated dental care to cleft lip and palate patients under 22 years of age. In 1984–85 Government expenditure on the Scheme totalled $13.38m assisting some 130,000 people. An amount of $15.5m has been allocated for 1985–6.

Tuberculosis

The Australian Health Ministers' Conference in March 1985 recommended that the National Tuberculosis Advisory Council be abolished. Subsequently, tuberculosis matters have been dealt with through the Communicable Diseases Committee of the National Health and Medical Research Council.

The system of separate allowances payable to tuberculosis sufferers is being phased out. From 1 November 1984 new sufferers from tuberculosis have been treated in the same way as sufferers from any other illness and have been extended sickness benefits, provided they meet the eligibility criteria for those benefits. However, continuing sufferers from the disease who had already been granted tuberculosis allowances have continued to receive the allowance which was frozen at the October 1984 rate.

Pharmaceutical Benefits Scheme

Under the Pharmaceutical Benefits Scheme, assistance is provided towards the cost of a comprehensive range of drugs and medicines to persons receiving treatment from a medical practitioner. From 1 April 1979, the Scheme was expanded to allow dentists, who are approved as participating dental practitioners, to prescribe a limited range of drugs for dental treatment of their patients. The drugs and medicines are supplied by an approved chemist upon presentation of a prescription from the patient's medical or dental practitioner, or by an approved hospital to patients receiving treatment at the hospital.

From 1 January 1983 patient contribution arrangements were as follows:

- *free of charge*—pensioners with Pensioner Health Benefits cards and their dependants receive benefit items free of charge;
- *$2 per benefit item*—people in special need who hold Health Care cards and their dependants, and those Social Security pensioners and Veterans' Affairs service pensioners who do not hold a PHB card and their dependants, pay a contribution of $2 per benefit item;
- *$4 per benefit item*—all other people pay a contribution of $4 per benefit item. This has been increased to $5 with effect from 1 July 1985.

Under the Pharmaceutical Benefit Scheme the total cost, including patient contribution of prescriptions processed for payment was $649.6 million in 1983–84 and $763.3 million in 1984–85. These figures do not include benefits supplied by certain hospitals and miscellaneous services or retrospective adjustments of chemists' remunerations.

BENEFIT PRESCRIPTIONS AND COST OF MORE FREQUENTLY PRESCRIBED DRUG GROUPS, AUSTRALIA, 1984–85

	Benefit prescriptions		*Total cost of benefit prescriptions(a)*	
Drug group	*Number*	*Percentage of total*	*Amount*	*Percentage of total*
	'000	%	'000	%
Analgesics	15,383.1	12.7	92,913.9	12.2
Heart—Drugs acting on	9,393.7	7.8	83,979.9	11.0
Diuretics	9,364.1	7.8	46,727.0	6.1
Penicillins	8,554.1	7.0	52,094.7	6.8
Bronchial spasms—Preparations for	7,917.4	6.6	52,571.3	6.9
Anovulants	5,755.8	4.8	28,894.3	3.8
Blood vessels—Drugs acting on	4,846.7	4.0	45,801.7	6.0
Tranquillisers	4,788.7	4.0	21,932.2	2.9
Tetracyclines	4,276.3	3.5	26,898.2	3.5
Sulphonamides	4,171.1	3.5	22,565.5	3.0
Antidepressants	3,826.3	3.2	18,940.0	2.5
Eye drops	3,351.9	2.8	18,670.3	2.5
Hypnotics and sedatives	2,851.6	2.4	11,007.0	1.4
Skin sedative applications	2,583.1	2.1	11,572.4	1.5
Erythromycin	2,526.8	2.1	14,781.8	1.9
Antacids	2,524.5	2.1	11,713.7	1.5
Water and electrolyte replacement	2,475.2	2.1	14,282.1	1.9
Other drug groups	26,238.4	21.7	187,924.7	24.6
Total	**120,828.9**	**100.0**	**763,270.7**	**100.0**

(*a*) Includes patients' contributions. Excludes Government expenditure on pharmaceutical benefits provided through miscellaneous services.

Source: Commonwealth Department of Health.

Program of Aids for Disabled People

The principal aim of the Program of Aids for Disabled People (PADP) is to enable people with disabilities of a permanent or indefinite duration to live more independently in a domestic situation, with a consequent reduction in demand for more costly institutional care. Under the program, certain aids to daily living including wheelchairs, surgical shoes, braces, splints, calipers, surgical wigs, aids for incontinence, walking aids, and basic home modifications (ramps, hand rails, door widenings, etc.) may be provided to eligible people. PADP, which is wholly funded by the Commonwealth, is operated through health services networks administered by the State and Territory health authorities which are responsible for the day to day operation of the Program, including the purchase and issue of aids.

Summary of personal benefit payments

For an analysis by purpose and economic type of expenditure by all Commonwealth Government authorities *see* Chapter 22, Public Finance.

Most Commonwealth Government health benefits are financed through the National Welfare Fund and the Health Insurance Commission. The following table shows personal benefit payments by Commonwealth Authorities for 1983–84.

COMMONWEALTH AUTHORITIES: PERSONAL BENEFIT PAYMENTS—HEALTH 1983–84 ($'000)

	N.S.W. (a)	*Vic.*	*Qld*	*S.A. (a)*	*W.A.*	*Tas.*	*Total*
Hospital and other institutional services and benefits—							
General hospitals	112,531	79,718	61,930	56,678	27,503	13,299	351,659
Nursing homes	225,871	188,456	72,191	53,819	44,864	12,169	597,370
Hospital benefits, hospital and other institutional services n.e.c.	12,179	9,900	4,800	−2,300	−2,700	−1,700	20,179
Total	*350,581*	*278,074*	*138,921*	*108,197*	*69,667*	*23,768*	*969,208*
Clinic and other non-institutional services and benefits	569,881	379,058	162,244	131,495	111,754	38,249	1,392,681
Public health	2,358	419	3,505	2,656	2,398	458	11,794
Pharmaceutical, medical aids and appliances	193,669	124,238	81,117	42,263	35,673	12,623	489,583
Total health	**1,116,489**	**781,789**	**385,787**	**284,611**	**219,492**	**75,098**	**2,863,266**

(*a*) State totals for New South Wales and South Australia include expenditure on personal benefit payments to residents in the Australian Capital Territory and the Northern Territory respectively.

Commonwealth Government subsidies and grants to States

General Revenue Grants

The Commonwealth provides untied identifiable health grants within general financial assistance grants to the States and the Northern Territory as a contribution towards the cost of health programs. These arrangements, which are authorised by the States (Tax Sharing and Health Grants) Act 1981, are designed to replace previous specific purpose health payments for public hospital operating costs (under expired Hospital Cost Sharing Agreements), community health and school dental service programs and apply fully to all States.

Medicare Grants to the States

Under the Medicare program, all States (including South Australia and Tasmania), the Northern Territory and the Australian Capital Territory, have been compensated by Medicare grants outside the identified health grants and financial assistance arrangements for:

- revenue losses and additional medical costs directly attributable to the provision of free public hospital accommodation and treatment; and
- a reduction to $80 per day in the fee charged for those persons who seek 'doctor of choice' or private ward accommodation in public hospitals.

As part of the Medicare arrangements the hospital cost sharing arrangements between the Commonwealth and South Australia and Tasmania terminated on 1 February 1984 and have been funded thereafter on the same basis as other States.

The Medicare grants to the States and Northern Territory also include an additional community health component to restore the level of Community Health Grants to 1975-76 levels in real terms.

Under the Medicare arrangements, Queensland also received an additional special public hospital payment of $15m in 1983-84 and $35m in 1984-85.

Paramedical services

Commonwealth funding to participating States under the *States Grants (Paramedical Services) Act* 1969 is to be incorporated in the Home and Community Care Program: see Chapter 9, Social Security and Welfare.

Commonwealth Government subsidies and grants to organisations

Health Program Grants

Health Program Grants are authorised under Part IV of the Health Insurance Act. The scheme involves payments to approved organisations in respect of the costs incurred by those organisations in providing approved health services. The grants were first introduced in 1975 with the intention of establishing a scheme for funding a wide range of health services on other than a fee-for-service basis. The scheme underwent several modifications in later years to allow for the provision of charges to be imposed, where appropriate, for services rendered to privately insured patients.

Since 1 February 1984, there has been a return to the original concept of health program grants in that they now cover the entire costs incurred by the organisations in respect of the approved health services, and no charges are raised for those services.

Funds appropriated for these grants amounted to $6.094m in 1983-84; $7.162m in 1984-85; and $8.086m in 1985-86.

National Community Health Program

Under the National Community Health Program, the Commonwealth provides funding to organisations in respect of specific activity which has been approved for the purpose of the Program.

The largest of these projects is the Family Medicine Program (FMP) of the Royal Australian College of General Practitioners, which provides vocational training for young doctors who intend to enter general practice. The trainees receive their training through attachments to participating private general practitioner practices and by attendance at educational events organised by the FMP.

The other national projects are either national co-ordinating secretariats of voluntary non-profit organisations operating in more than one State or specific health-related projects which have national application.

Funds appropriated for this program amounted to $9.155m in 1983-84; $11.00m in 1984-85; and $11.835m in 1985-86.

Medicare Grants for Community Health

The Commonwealth Government has a renewed interest in community health services. The Medicare agreements, which commenced on 1 February 1984, were used as vehicles for delivering additional Commonwealth funds to the States and Territories in block grants for new or expanded services within their borders. These grants amounted to $7.3m in 1983-84; $17.968m in 1984-85; and $19.263m in 1985-86.

Other Grants and Subsidies

The Commonwealth Government gives financial assistance to certain organisations concerned with public health. Examples of organisations included in this category are:

The *Royal Flying Doctor Service* is a non-profit organisation providing medical services in remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Service which, while formerly operated by the Commonwealth Department of Health, has been operated by the Northern Territory Government since 1 January 1979. The Royal Flying Doctor Service is financed mostly from donations and government contributions. For the year ended 30 June 1985 the Commonwealth Government paid grants totalling $5,650,000 towards operational costs and assistance of $3,497,000 towards an approved program of capital expenditure.

The *Red Cross Blood Transfusion Service* is conducted by the Australian Red Cross Society throughout Australia. The operating costs of the Service in the States and the Northern Territory are met by the State Governments and the Northern Territory Government paying 60 per cent, the Society 5 per cent of net operating cost or 10 per cent of donations, whichever is the lesser, and the Commonwealth Government meeting the balance. Approved capital expenditure by the Service is shared on a $1 per $1 basis with the States

and the Northern Territory Government. Commonwealth Government expenditure for each State and the Northern Territory during 1984–85 was $13,593,500, made up as follows: New South Wales, $3,563,800; Victoria, $3,607,800; Queensland, $2,970,300; South Australia, $1,429,600; Western Australia, $1,356,900; Tasmania, $231,700; and Northern Territory, $433,400.

The *National Heart Foundation of Australia* is a voluntary organisation, supported almost entirely by public donations, established with the objective of reducing the toll of heart disease in Australia. It approaches this objective by programs sponsoring research in cardiovascular disease, community and professional education directed to prevention, treatment and rehabilitation of heart disease and community service programs including rehabilitation of heart patients, risk assessment clinics and surveys and documentation of various aspects of heart disease and treatment of heart disease in Australia. The Foundation's income in 1984 was $8,536,109 of which $7,238,729 was from public donations and bequests. Federal, State and Semi-Government authorities made grants of $94,718 for specific projects conducted by the Foundation. Since the inception of the Foundation research has been a major function and a total of $20,555,000 has been expended in grants to university departments, hospitals and research institutes and for fellowships tenable in Australia and overseas. It is notable however that with increasing opportunities for prevention and control of heart disease, the Foundation's education and community service activities are increasing significantly. In 1984 the expenditure on research was $2,222,768 while expenditure on education and community service was $2,144,458.

The *World Health Organization* (WHO) is a specialised agency of the United Nations having as the objective the attainment by all peoples of the highest level of health. Australia is assigned to the Western Pacific Region, the headquarters of which is at Manila, and is represented annually at both the World Health Assembly in Geneva and the Regional Committee Meeting in Manila. Australia's contribution to WHO for 1984–85 was $4,704,758.

The *International Agency for Research on Cancer* (IARC) was established in 1965 within the framework of the World Health Organization. The headquarters of the Agency are located in Lyon, France. The objectives and functions of the Agency are to provide for planning, promoting and developing research in all phases of the causation, treatment and prevention of cancer. Australia's contribution to the IARC for 1984–85 was $563,257.

National Health Services and Advisory Organisations

The Australian Health Services Council

A national council, the Australian Health Services Council, together with bilateral Commonwealth/State Health Committees, was established under the Medicare Agreements between the Commonwealth and the States.

The Council and the Committees report to the respective Health Ministers and provide advice on policy and administrative and financial arrangements. The Council and the Committees endeavour to apply principles aimed at achieving operating economies in recognised hospitals and central services consistent with maintaining or achieving an acceptably high standard of health care.

The Health Committees also consider adjustments to Commonwealth and State health programs that may be in the mutual interests of the Commonwealth and the States.

Health Services Organisations

The *Commonwealth Department of Health Pathology Laboratory Service* provides clinical diagnostic and investigational facilities at laboratories situated in Albury, Bendigo, Cairns, Hobart, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba and Townsville. Their primary role is to assist medical practitioners in the diagnosis of illness and disease and to provide facilities for investigations into public health and aspects of preventive medicine. During 1984–85, these laboratories carried out approximately 7.0 million examinations, tests and investigations in respect of 0.8 million patient requests.

The *Commonwealth Serum Laboratories Commission* (CSL) produces pharmaceutical products for human and veterinary use and is one of Australia's foremost scientific institutes. The Commission's main function is to produce and sell prescribed pharmaceutical products used for therapeutic purposes and to ensure the supply of essential pharmaceutical products in accordance with national health needs. The Commission's functions also include research and development relating to many kinds of human and veterinary diseases covering the fields of bacteriology, biochemistry, immunology and virology. The Commission's laboratories and

central administration are located at Parkville, Victoria, with storage and distribution facilities in all States.

For over sixty years, CSL has been Australia's chief supplier of biological medicines, insulins, vaccines, human blood fractions, Bacillus Calmette-Guerin (BCG) and an increasing range of veterinary pharmaceutical products needed by Australia's sheep, cattle, pig and poultry industries. The CSL Act now allows CSL to produce, buy, import, supply, sell or export prescribed pharmaceutical products (either of a biological or non-biological nature).

The *Australian Radiation Laboratory* is concerned with the development of national policy relating to radiation health. The Laboratory

- undertakes research and development in the fields of ionising and non-ionising radiations which have implications for public and occupational health;
- formulates policy by developing codes of practice and by undertaking other regulatory, compliance, surveillance and advisory responsibilities at the national level with respect to public and occupational health aspects of radiation; and
- maintains national standards of radiation exposure and radioactivity.

The *National Acoustic Laboratories* undertake scientific investigations into hearing and problems associated with noise as it affects individuals, and advise Commonwealth Government Departments and instrumentalities on hearing conservation and the reduction of noise. A free audiological service is provided for pensioners with medical benefit entitlements and their dependants, persons under 21, war widows, Social Security rehabilitees and Veterans' Affairs patients. During 1984–85 the number of appointments provided was 171,260 and the number of hearing aids fitted was 62,477.

The *Ultrasonic Institute* conducts research and provides advisory services on the use of ultrasonic radiation in the diagnosis and treatment of disease. The Institute is recognised as a world leader in its field.

Commonwealth Government health advisory organisations

The *National Health and Medical Research Council* advises the Commonwealth Government and State Governments on matters of public health administration and the development of standards for food, pesticides, agricultural chemicals, water and air for consideration by the states for inclusion in their legislation. It also advises the Commonwealth Government and State Governments on matters concerning the health of the public and on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition. The Council advises the Commonwealth Minister for Health on medical research and on the application of funds from the Medical Research Endowment Fund which provides assistance to Commonwealth Government Departments, State Departments, universities, institutions and persons for the purposes of medical research and for the training of persons in medical research. The Commonwealth Government makes annual appropriations to the fund. Expenditure for 1984–85 was $44.182 million. The secretariat for the Council and its Committees is provided by the Commonwealth Department of Health and is located in Canberra.

The *Australian Institute of Health* is a semi-autonomous body established by Federal Cabinet in 1984. It reports to the Minister for Health through the Secretary of the Commonwealth Department of Health. The Institute comprises two Canberra based research units and the School of Public Health and Tropical Medicine (formerly the Commonwealth Institute of Health), located at Sydney University. The Institute aims to contribute to improvements in the nation's health by focusing on the health of individuals and communities and its determinants including the provision and use of health services.

The Australian Institute of Health has as one of its primary responsibilities the improvement of the national health data base. This will include developing a national death index, national cancer statistics clearing house, a National Nosology Reference Centre and national Aboriginal health statistics. Research will be undertaken into the provision and use of health services; a number of data bases relating to the cost and use of hospitals, nursing homes, pharmaceuticals and medical services will be developed. The Institute also has assumed responsibility for the administration of the Health Services Research and Development Grants Program, now to be known as the Australian Institute of Health Grants Program and of the Research Into Drug Abuse Program.

In 1984–85, the School of Public Health and Tropical Medicine continued to offer courses leading to the Master of Public Health degree and the Diploma in Tropical Public Health through the University of Sydney.

Research has continued into the socio-cultural aspects of the health and health care of Aboriginals and other projects include studies into the health status of the urban poor, homeless men and the young unemployed. One of the major research activities in the past year has been the development of analyses of chronic illness based on Diagnosis Related Groupings (DRGs) which have implications for the future planning and evaluation of health services. As well the School continues to conduct clinically based research into malaria, nosocomial infections, AIDS and leprosy, and has been closely involved in monitoring mosquito vectors of arboviruses and of dengue in New South Wales.

The School is also closely involved in the fields of health education and health promotion (NSW Quit-for-Life Campaign and AIDS counselling among others); developing guidelines and standards for community health services and on ethical and legislative regulation of new biomedical technologies; studies into the effectiveness of multiphasic health screening and into infectious disease prevention and control with particular reference to Hepatitis B and sexually transmitted diseases; scientific studies to develop recombitant DNA and advanced immunological techniques for screening groups at risk to communicable diseasess and for vaccine production; studies related to chemical mutagens detected by the genetic toxicology group; the use of taxonomic, behavioural, cytogenetic and ecological techniques in the study of disease vectors, parasites and biological control agents; and developing a scientific basis for human nutrition.

Therapeutic goods standards. The Pharmaceuticals and Biological Laboratories Branches and the Medical Devices and Dental Products Branch of the Commonwealth Department of Health are responsible for the development of standards for therapeutic goods and for testing such products for compliance with standards to ensure that they are safe, pure, potent and efficacious. Other responsibilities include the inspection of manufacturing premises, the evaluation of new and modified products and the investigation of complaints.

The British Pharmacopoeia is the primary source of standards under the Therapeutic Goods Act. In addition, the Minister has powers to make orders specifying standards for general classes of goods and specific goods which are imported, the subject of interstate trade or supplied to the Commonwealth Government. Policy on standards for therapeutic goods is developed by the Therapeutic Goods Standards Committee, which is a statutory committee, and is implemented by the Laboratories Branch. The Therapeutic Goods Advisory Committee, which is also a statutory committee, advises the Minister on standards and their implementation.

The Therapeutic Goods Compliance Branch, jointly with State officials and the pharmaceutical industry, prepares and revises an Australian Code of Good Manufacturing Practice which is the criterion employed by inspectors for the licensing of pharmaceutical manufacturers.

The Laboratories Branch has Sections which deal with viral products, bacterial products, pharmaceutical products, antibiotics and pharmacology.

The *Australian Drug Evaluation Committee* makes medical and scientific evaluations both of such goods for therapeutic use as the Minister for Health refers to it for evaluation and of other goods for therapeutic use which, in the opinion of the Committee, should be so evaluated. It advises the Minister for Health as it considers necessary on matters relating to the importation into, and the distribution within, Australia of goods for therapeutic use that have been the subject of evaluation by the Committee. It has the powers to co-opt and seek advice from specialist medical colleges and associations and from the medical and allied professions, drug manufacturers and other sources. During 1984–85 fifty-four applications for approval to market new drugs and thirty-nine applications to extend the indications or amend dosage regimes for currently marketed drugs were considered by the Committee. Seventy-two applications were approved, sixteen rejected and five deferred pending production of further information on safety and efficacy. Under the Committee's control are the Australian Registry of Adverse Reactions to Drugs, which provides an early warning system based on reports of reactions to drugs forwarded voluntarily by medical practitioners, pharmacists, hospitals, etc.; the Adverse Drug Reaction Advisory Committee, which gives initial consideration to the adverse drug reaction reports received by the Registry and arranges feedback to the medical profession; the Vaccines Sub-committee; the Endocrinology Sub-committee; the Congenital Abnormalities Sub-committee; the Anti-cancer Drugs Sub-committee; the Radiopharmaceuticals Sub-committee; and the National Drug Information Advisory Sub-committee, formed to oversight administrative aspects of the technical input to the National Drug Information Service.

The *Therapeutic Goods Advisory Committee* considers, and advises the Minister for Health on, any matters relating to standards applicable to goods for therapeutic use and the administration of the Therapeutic Goods Act. The *Therapeutic Goods Standards Committee*, under the same Act, advises the Minister for Health on standards applicable to goods for therapeutic use and requirements relating to the labelling and packaging of any such goods.

The *National Therapeutic Goods Committee* comprises Federal and State representatives. Its function is to make recommendations to the Commonwealth and State Governments on action necessary to bring about co-ordination of legislation and administrative controls on therapeutic goods. Sub-committees have been formed to consider specific matters, notably advertising, establishment of a National Product Register, a Code of Good Manufacturing Practice, and standards for disinfectants.

The *Standing Committee of the Health Ministers' Conference* was established by the 1980 Australian Health Ministers' Conference to carry out any tasks or directions referred to it by the Conference. The Committee's membership consists of representatives from the Commonwealth Departments of Health and Veterans' Affairs, each State health authority, the Northern Territory Department of Health and the Australian Capital Territory Health Authority.

COMMUNICABLE DISEASES

Quarantine

The *Quarantine Act 1908* is administered jointly by the Commonwealth Departments of Health and Primary Industry and provides for the taking of measures to prevent the introduction or spread of diseases affecting humans, animals and plants.

Human quarantine

The masters of all ships and aircraft arriving in Australia from overseas are required to notify medical officers acting on behalf of the Commonwealth Department of Health of all cases of illness on board their vessel at the time of arrival. Passengers or crew members who are believed to be suffering from a quarantine illness may be examined by Quarantine Medical Officers located at all ports of entry.

The main concern of examining officers is the detection of quarantinable diseases including cholera, yellow fever, plague, typhus fever and viral haemorrhagic fevers. These diseases are not endemic to Australia and it is of great importance to prevent their entry. Sufferers or suspected sufferers may be isolated to prevent the possible spread of the disease.

A valid International Certificate of Vaccination is required of travellers to Australia over one year of age who have been in *yellow fever* infected areas within the past 6 days.

All passengers, whether they arrive by sea or air, are required to give their intended place of residence in Australia so that they may be traced if a case of disease occurs among the passengers on the ship or aircraft by which they travelled to Australia.

Isolation. Under the Quarantine Act, airline and shipping operators are responsible for the expenses of isolation of all travellers who disembark from their aircraft or ship and who fail to meet Australia's vaccination requirements.

Animal quarantine

The Department of Primary Industry, in consultation with the States and Australia's agricultural and livestock groups, seeks to satisfy the need for animal derived goods and to provide improved genetic material for Australia's livestock industries, while ensuring the maximum practical protection against the entry of exotic livestock diseases.

Importation of animals is restricted to certain species from designated overseas countries whose diseases status and pre-entry quarantine facilities meet Australia's stringent requirement. With few exceptions all imported animals are required to serve a period in quarantine on arrival.

Animal quarantine stations are located at most capital cities. A high security animal quarantine station on the Cocos (Keeling) Islands provides the means whereby the safe importation of a wide range of commercial livestock is facilitated.

Measures to prevent the entry of exotic diseases are also applied through the Northern Surveillance program and the rigorous screening of applications to import biological materials and animal products and through inspection and treatment procedures on arrival.

Plant quarantine

Arising from both its dependence upon exotic plant species for agriculture, horticulture and forestry and its island continental isolation, Australia is free of numerous plant pests and diseases that occur elsewhere in the world. The importation into Australia of plant materials is subject to strict quarantine controls. Some materials are admitted only under certain conditions while others are prohibited altogether. The quarantines are designed to exclude from the country unwanted pests and plant diseases. It is not possible to predict how a new plant pest or disease will perform when introduced to a new environment free of its natural enemies. Hence the general objective is to keep out of the country any pest or disease which could cause serious economic losses to Australia's agriculture, horticulture or forests.

Notifiable diseases

Although State and Territory health authorities are responsible for the prevention and control of infectious diseases within their areas of jurisdiction, certain powers and responsibility may be delegated to local authorities within each State. These usually involve such activities as personal health services, environmental sanitation and local communicable disease control.

The Commonwealth Department of Health receives notification figures from the States and Territories on a monthly basis which are published in *Communicable Diseases Intelligence*. The national totals for the year are published in the annual report of the Director-General of Health.

The following table shows, by State and Territory, the number of cases notified in 1984, for those diseases which are notifiable in all States and Territories. The table does not include diseases which are notifiable only in certain States or Territories. Factors such as the availability of medical and diagnostic services, varying degrees of attention to disease notification, and the enforcement and follow-up of notifications by health authorities, affect both the completeness and the comparability of the figures between States and from year to year.

NOTIFIABLE DISEASES(*a*), NUMBER OF CASES NOTIFIED 1984

Disease	*N.S.W.*	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*N.T.*	*A.C.T.*	*Aust.*
Amoebiasis	13	—	4	20	7	—	1	1	46
Ankylostomiasis	2	—	5	66	2	—	—	—	75
Arbovirus infection	805	161	472	136	2	—	—	1	1,577
Brucellosis	5	1	7	—	1	—	1	—	15
Gonorrhoea	2,685	1,533	1,518	726	1,434	42	827	129	8,894
Hepatitis A (infectious)	131	140	252	68	38	10	22	13	674
Hepatitis B (serum)	522	188	442	199	155	10	20	23	1,559
Hydatid disease	5	—	1	—	1	—	—	2	9
Leprosy	7	5	5	3	2	—	4	2	28
Leptospirosis	46	36	118	14	8	5	—	—	227
Malaria	113	66	330	54	34	9	15	19	640
Ornithosis	—	7	2	22	10	—	—	1	42
Salmonella infections	659	170	337	346	113	79	355	33	2,092
Shigella infections	115	20	64	38	55	2	125	1	420
Syphilis	1,489	174	358	127	204	2	952	17	3,323
Tetanus	4	—	1	2	—	—	—	—	7
Tuberculosis (all forms)	510	298	177	82	134	11	65	22	1,299
Typhoid fever	28	7	12	—	2	—	—	1	50
Typhus (all forms)	1	—	6	1	—	—	—	—	8

(*a*) There were no cases of anthrax, cholera, diphtheria, plague, poliomyelitis, smallpox or yellow fever.

NOTIFIABLE DISEASES, NUMBER OF CASES NOTIFIED: AUSTRALIA, 1980 TO 1984

	1980	*1981*	*1982*	*1983*	*1984*
Amoebiasis	53	62	33	57	46
Ankylostomiasis	219	136	110	88	75
Anthrax	2	—	—	—	—
Arbovirus infection	18	17	221	33	1,577
Brucellosis	49	36	28	16	15
Cholera	3	2	1	4	—
Diphtheria	1	18	2	1	—
Gonorrhoea	11,487	11,197	12,805	10,646	8,894
Hepatitis A (infectious)	1,385	1,453	1,046	991	674
Hepatitis B (serum)	646	500	725	943	1,559
Hydatid disease	41	24	12	10	9
Leprosy	35	38	46	62	28
Leptospirosis	64	95	135	242	227
Malaria	541	408	548	570	640
Ornithosis	17	13	14	19	42
Poliomyelitis	1	—	—	—	—
Salmonella infections	2,292	2,269	1,866	2,989	2,092
Shigella infections	545	424	437	567	420
Syphilis	2,902	2,916	3,211	3,556	3,323
Tetanus	9	12	12	10	7
Tuberculosis (all forms)	1,554	1,460	1,363	1,218	1,299
Typhoid fever	19	26	15	22	50
Typhus (all forms)	—	—	11	21	8

Source: Commonwealth Department of Health.

Immunisation campaigns

Continuing immunisation programs against poliomyelitis, measles, mumps, rubella, diphtheria, tetanus, and whooping cough are maintained in all States and Territories. Mumps immunisation programs commenced late in 1982.

Mass campaigns for rubella immunisation are routinely undertaken only on girls aged between 10 and 14 years. Rubella immunisation is also available when appropriate to females during their reproductive years. Whooping cough immunisation is currently given only to infants less than 1 year of age.

HOSPITALS

Repatriation hospitals

The Department of Veterans' Affairs administers the only national hospital system in Australia, consisting of six acute-care Repatriation Hospitals (one in each State), three auxiliary hospitals, and the Anzac Hostel in Brighton, Victoria.

A full range of in-patient and out-patient services is available for the care and treatment of eligible Veterans and their dependants. Patients from the general community may also receive treatment at Repatriation hospitals provided bed capacity is available after the needs of entitled Veterans have been met and the hospital facilities are appropriate to the treatment required.

The Department of Veterans' Affairs has fostered the development of reciprocal treatment arrangements with State health authorities to avoid the unnecessary duplication of hospital facilities and services. All Repatriation General Hospitals (RGHs) are fully accredited by the Australian Council on Hospital Standards, each is affiliated with a university and learned college for the education of medical and allied health professional staff. Schools for nursing education are provided at the major RGHs.

Veterans may also receive treatment in non-departmental public and private hospitals and nursing homes at the Department's expense in certain circumstances. Entitled patients with psychiatric conditions requiring custodial care are, by agreement with the State Governments, accommodated at the expense of the Department in mental hospitals administered by State authorities.

Details of patients, staff and expenditure on Repatriation institutions and other medical services are given in Chapter 9, Social Security and Welfare.

Hansenide hospitals

The two isolation hospitals in Australia for the care and treatment of persons suffering from Hansen's Disease (leprosy) are at Little Bay in New South Wales and Derby in Western Australia. In North Queensland, a leprosy annexe is attached to the Palm Island Hospital near Ingham and in the Northern Territory leprosy sufferers are treated and cared for at the East Arm Hospital in Darwin. Treatment is also provided at a number of other hospitals in Australia which do not have facilities set aside specifically for leprosy patients.

Mental health institutions

The presentation of meaningful statistics of mental health services has become increasingly difficult because of changes in recent years in the institutions and services for the care of mental patients. The emphasis has shifted from institutions for care of patients certified insane to a range of mental health services provided for in-patients and out-patients at psychiatric hospitals, admission and reception centres, day hospitals, out-patient clinics, training centres, homes for the mentally retarded and geriatric patients, psychiatric units in general hospitals, and the like. Statistics relating to mental health institutions are available from relevant agencies in most States.

Hospital statistics

A major factor in the cost of health care in Australia is hospital treatment of patients. Attempts to measure the number of in-patients treated and bed-days involved for each disease or injury have been going on for some years, but as coverage is incomplete it is not possible to present national statistics. Figures for New South Wales, Victoria, Queensland and South Australia however, are published in the ABS publications *Hospital and Nursing Home Inpatients* (4306.1), *Public Hospital Morbidity* (4301.2), *Hospital Morbidity* (4303.3) and *Hospital Morbidity* (4302.4) respectively.

The number of hospitals and beds in each State and Territory, as approved under the Health Insurance Act, is provided in the table below.

APPROVED HOSPITALS (*a*) AND BEDS, STATES AND TERRITORIES, 30 JUNE 1985

	N.S.W.	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*N.T.*	*A.C.T.*	*Aust.*
Approved hospitals—									
Public/Recognised	230	166	143	83	92	22	5	4	745
Private—									
Category 1	7	11	13	7	3	1	—	—	42
Category 2	65	54	20	15	16	4	—	1	175
Category 3	32	52	15	15	3	1	—	—	118
Total private	104	117	48	37	22	6	—	1	335
Total hospitals	**334**	**283**	**191**	**120**	**114**	**28**	**5**	**5**	**1,080**
Beds in—									
Public/Recognised	25,436	15,360	13,139	6,529	6,453	2,116	740	1,044	70,817
Private—									
Category 1	1,215	2,213	2,080	1,033	704	142	–	—	7,387
Category 2	4,027	2,534	1,130	705	1,069	362	—	81	9,908
Category 3	1,020	1,204	703	428	62	12	—	—	3,429
Total private	6,262	5,951	3,913	2,166	1,835	516	—	81	20,724
Total hospitals	**31,698**	**21,311**	**17,052**	**8,695**	**8,288**	**2,632**	**740**	**1,125**	**91,541**
Beds per 1,000 population	*5.8*	*5.2*	*6.8*	*6.4*	*6.0*	*6.0*	*5.2*	*4.5*	*5.9*

(*a*) Includes Veterans' Affairs hospitals.
Source: Commonwealth Department of Health.

DEATHS

Information relating to crude death rates and life expectancy is contained in Chapter 6, Demography (Vital Statistics).

Causes of Death and Perinatal Deaths

Causes of death in Australia are classified according to the Ninth Revision of the International Classification of Diseases (ICD) produced by the World Health Organization (WHO). The statistics in the table below show the number of deaths registered during 1984, classified to broad groupings of causes of death. More detailed statistics are contained in *Causes of Death, Australia* (3303.0).

The major causes of death in the community in 1984 were diseases of the circulatory system (accounting for 49.4 per cent), neoplasms (23.8 per cent), diseases of the respiratory system (7.1 per cent) and accidents, poisonings and violence (6.6 per cent). Infectious diseases have caused few deaths in Australia in recent years, largely as a result of quarantine activities, immunisation campaigns and similar measures. In 1984, only 0.5 per cent of all deaths were due to such diseases.

The relative importance of groups of causes of death varies with age. Diseases of the circulatory system and neoplasms are predominant in middle and old age. Accidents, particularly those involving motor vehicles, are the primary cause of death in childhood and early adulthood. The majority of infant deaths (56 per cent in 1984) occur within 28 days after birth (see table on perinatal deaths). Nearly all of these neonatal deaths are due to congenital anomalies, birth injury or other conditions present from birth.

CAUSES OF DEATH IN EACH AGE GROUP, AUSTRALIA, 1984

Causes of death	Age group (years) Under one	1–14	15–24	25–34	35–44	45–54	55–64	65–74	75 and over	Total (a)
Infectious and parasitic diseases	28	18	14	13	15	39	75	112	203	517
Neoplasms	14	183	155	342	944	2,329	5,869	7,975	8,292	26,105
Endocrine, nutritional and metabolic diseases and immunity disorders	17	32	32	30	46	105	334	661	1,101	2,358
Diseases of the nervous system and sense organs	34	88	53	55	79	95	185	335	593	1,517
Diseases of the circulatory system	16	26	89	225	755	2,142	6,827	13,816	30,382	54,289
Diseases of the respiratory system	53	56	58	62	115	256	865	2,177	4,157	7,802
Diseases of the digestive system	7	10	13	61	154	354	711	765	1,587	3,662
Congenital anomalies	622	94	30	25	25	16	28	19	23	882
All other diseases(b)	819	18	101	143	78	151	364	754	2,326	4,754
Signs, symptoms and ill-defined conditions	510	26	18	18	16	13	20	16	138	777
Accidents, poisonings and violence	43	483	1,635	1,214	840	692	666	624	1,052	7,251
All causes	**2,163**	**1,034**	**2,198**	**2,188**	**3,067**	**6,192**	**15,944**	**27,254**	**49,854**	**109,914**
RATE (c)										
Infectious and parasitic diseases	12	1	1	1	1	3	5	11	35	3
Neoplasms	6	5	6	13	45	152	407	807	1,431	168
Endocrine, nutritional and metabolic diseases and immunity disorders	7	1	1	1	2	7	23	67	190	15
Diseases of the nervous system and sense organs	15	3	2	2	4	6	13	34	102	10
Diseases of the circulatory system	7	1	3	9	36	140	474	1,399	5,243	349
Diseases of the respiratory system	23	2	2	2	5	17	60	220	717	50
Diseases of the digestive system	3	—	—	2	7	23	49	77	274	24
Congenital anomalies	266	3	1	1	1	1	2	2	4	6
All other diseases (b)	350	1	4	6	4	10	25	76	401	31
Signs, symptoms and ill-defined conditions	218	1	1	1	1	1	1	2	24	5
Accidents, poisonings and violence	18	14	62	48	40	45	46	63	182	47
All causes	**924**	**30**	**83**	**86**	**146**	**405**	**1,107**	**2,759**	**8,603**	**707**

CAUSES OF DEATH IN EACH AGE GROUP, AUSTRALIA, 1984—*continued*

Causes of death	Age group (years) Under one	1-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total (a)
	PERCENTAGE (d)									
Infectious and parasitic diseases	1.3	1.7	0.6	0.6	0.5	0.6	0.5	0.4	0.4	0.5
Neoplasms	0.6	17.7	7.1	15.6	30.8	37.6	36.8	29.3	16.6	23.8
Endocrine, nutritional and metabolic diseases and immunity disorders	0.8	3.1	1.5	1.4	1.5	1.7	2.1	2.4	2.2	2.1
Diseases of the nervous system and sense organs	1.6	8.5	2.4	2.5	2.6	1.5	1.2	1.2	1.2	1.4
Diseases of the circulatory system	0.7	2.5	4.0	10.3	24.6	34.6	42.8	50.7	60.9	49.4
Diseases of the respiratory system	2.5	5.4	2.6	2.8	3.7	4.1	5.4	8.0	8.3	7.1
Diseases of the digestive system	0.3	1.0	0.6	2.8	5.0	5.7	4.5	2.8	3.2	3.3
Congenital anomalies	28.8	9.1	1.4	1.1	0.8	0.3	0.2	0.1	—	0.8
All other diseases (b)	37.9	1.7	4.6	6.5	2.5	2.4	2.3	2.8	4.7	4.3
Signs, symptoms and ill-defined conditions	23.6	2.5	0.8	0.8	0.5	0.2	0.1	0.1	0.3	0.7
Accidents, poisonings and violence	2.0	46.7	74.4	55.5	27.4	11.2	4.2	2.3	2.1	6.6
All causes	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Total includes 20 deaths where age is not known. (b) Includes 823 deaths from conditions originating in the perinatal period and 1,715 deaths from diseases of the genito-urinary system. (c) Rates are per 100,000 of population at risk, except for children under one year of age which are per 100,000 live births registered. (d) Percentage of all deaths within each age group.

Note. Due to abnormal delays in the registration process in the NSW Registry of Births, Deaths and Marriages, the number of births and deaths recorded for 1984 is lower than could be otherwise expected. For further information see ABS publications Births, Australia, 1984 (3301.0) and Deaths, Australia 1984 (3302.0).

As well as differing by age, the relative significance of certain causes of death also varies by sex, as illustrated below.

ALL DEATHS: PERCENTAGE DISTRIBUTION BY CAUSE, AUSTRALIA, 1984

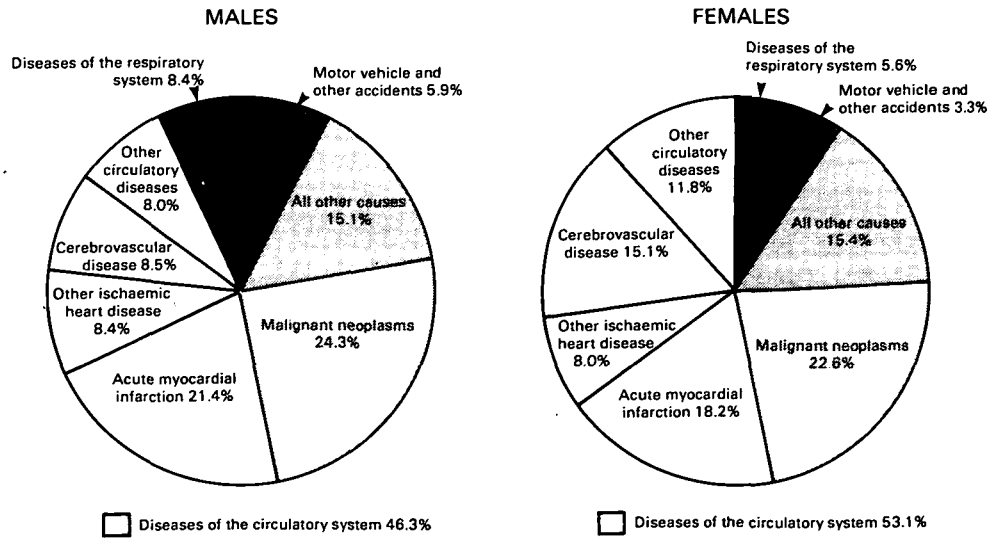

PLATE 31

Suicides

A range of statistics relating to deaths by suicide (as determined by coroner's inquests) in Australia was published by the ABS in *Suicides, Australia 1961–1981 (Including historical series 1881–1981)* (3309.0). Statistics for later years are available on request.

Perinatal deaths

Since deaths within the first four weeks of life (neonatal deaths) are mainly due to conditions originating before or during birth, and the same conditions can cause fetal death (stillbirth), special tabulations are prepared combining the two. These are termed 'perinatal deaths'. The statistical definition of perinatal deaths in Australia was amended in 1979 from that previously used, in accordance with a recommendation of the Ninth Revision Conference (1975) of the World Health Organization "that national perinatal statistics should include all fetuses and infants delivered weighing at least 500 grams (or, when birthweight is unavailable, the corresponding gestational age (22 weeks) or body length (25 cm crown-heel)), whether alive or dead". The table below incorporates a further recommendation of the Conference in that it shows the number of fetal, neonatal and total perinatal deaths in Australia classified by both the main condition in the fetus/infant and the main condition in the mother.

The perinatal death rate for Australia fell slightly in 1984, to 11.88 per 1,000 total births compared with 12.16 in 1983.

Of the conditions in the child, the two main groups responsible for perinatal deaths were *Hypoxia, birth asphyxia and other respiratory conditions* (37.5 per cent of the total) and *Congenital anomalies* (24.0 per cent). Thirty-six per cent of all perinatal deaths did not mention any condition in the mother as contributing to the death. Of those deaths where maternal conditions were reported, 46.3 per cent were reported as being due to *Complications of placenta, cord and membranes.*

PERINATAL DEATHS BY CAUSE, AUSTRALIA, 1984

	Number of deaths			*Rate*		
Cause of death	*Fetal*	*Neonatal*	*Perinatal*	*Fetal(a)*	*Neonatal (b)*	*Perinatal (a)*
Conditions in fetus/infants—						
Slow fetal growth, fetal malnutrition and immaturity	93	137	230	0.39	0.59	0.98
Birth trauma	4	27	31	0.02	0.12	0.13
Hypoxia, birth asphyxia and other respiratory conditions	725	324	1,049	3.08	1.38	4.45
Fetal and neonatal haemorrhage	28	75	103	0.12	0.32	0.44
Haemolytic disease of fetus and newborn	20	3	23	0.08	0.01	0.10
Other conditions originating in the perinatal period	513	99	612	2.18	0.42	2.60
Congenital anomalies	197	474	671	0.84	2.03	2.85
Infectious and parasitic diseases	9	5	14	0.04	0.02	0.06
All other causes	4	60	64	0.02	0.26	0.27
Conditions in mother—						
Maternal conditions which may be unrelated to present pregnancy	213	83	296	0.90	0.35	1.26
Maternal complications of pregnancy	187	350	537	0.79	1.50	2.28
Complications of placenta, cord and membranes	656	168	824	2.78	0.72	3.50
Other complications of labour and delivery	45	78	123	0.19	0.33	0.52
No maternal condition reported	492	525	1,017	2.09	2.24	4.32
All causes—1984	**1,593**	**1,204**	**2,797**	**6.76**	**5.15**	**11.87**
1983	1,619	1,350	2,969	6.63	5.57	12.16
1982	1,705	1,529	3,234	7.06	6.38	13.39
1981	1,706	1,440	3,146	7.18	6.11	13.25
1980	1,708	1,503	3,211	7.52	6.67	14.14
1979	1,757	1,605	3,362	7.82	7.20	14.96

(*a*) Per, 1,000 births registered (live births and stillbirths) weighing 500 grams or more at birth. (*b*) Per, 1,000 live births registered weighing 500 grams or more at birth.

Cremations

State/Territory	1982 Number of cremations (b)	1982 Number of deaths	1983 Number of cremations (b)	1983 Numbers of deaths	1984 Number of crematoria (a)	1984 Number of cremations (b)	1984 Number of deaths
N.S.W.	21,821	42,352	21,443	40,323	18	23,322	39,114
Vic.	12,234	30,611	11,865	29,320	4	11,954	29,493
Qld	8,547	18,149	8,073	17,200	9	8,523	17,522
S.A.	4,723	10,457	4,514	9,882	2	4,565	10,128
W.A.	4,415	8,187	4,496	8,359	3	4,831	8,514
Tas.	1,476	3,432	1,489	3,311	2	1,548	3,549
N.T.	—	573	—	738	—	—	550
A.C.T.	595	1,010	661	951	1	716	1,044
Australia—							
number	**53,811**	**114,771**	**52,541**	**110,084**	**39**	**55,459**	**109,914**
per cent (c)	46.9	..	47.7	..	..	50.5	..

(a) At 31 December. (b) Cremations are not necessarily carried out in the State or Territory where the death was registered. (c) Cremations as a percentage of all deaths.
Source: Services and Investment Ltd.

HEALTH RELATED SURVEYS CONDUCTED BY THE ABS

Australian Health Surveys

The last Australian Health Survey was conducted throughout the twelve month period February 1983 to January 1984. The main objective of the survey was to obtain information about the health of Australians and their use of and need for various health-related services and facilities. It is the second national survey of its kind to be conducted by the ABS. The first was conducted during 1977–78.

The approach adopted to collect health information was to ascertain whether any of a range of health-related actions was taken in the reference period and to record the various reasons for which the action was taken. The actions covered included episodes in hospital; consultations with a doctor, dentist or other health professional; consumption or use of medications; and, days away from school or work.

The survey aimed to identify wherever possible the specific illness or injury for which the action was taken. However, some persons may have taken a health-related action for which no specific illness or injury could be identified or for reasons other than illness or injury, such as pregnancy supervision, immunisation, contraception etc. Therefore reasons identified as leading to a health-related action were classified into two broad groups: illness conditions and 'other reasons for action'.

In addition to the reasons for taking a health-related action, further information was obtained about the actions themselves eg whether surgery undergone in hospital, type of treatment received during consultation with doctor or dentist, number of times a particular action was taken during the reference period, whether actions such as use of medicines or reduced activity were advised by a doctor etc. Information was also collected on illnesses and injuries experienced for which no action was taken. Summary results of the survey are published in *Australian Health Survey 1983* (4311.0) and are also shown in the tables below; more detailed results are to be published in a series of publications (4325.0 and 4356.0 to 4358.0).

PERSONS: WHETHER HEALTH RELATED ACTION TAKEN OR ILLNESS CONDITIONS EXPERIENCED DURING THE TWO WEEKS PRIOR TO INTERVIEW STATES AND TERRITORIES, 1983
('000)

State of interview	Action Taken	No Action Taken	Illness Experienced	No Illness	Total
N.S.W.	3,712.7	1,560.6	3,236.5	2,036.8	5,273.3
Vic	2,771.4	1,220.1	2,445.7	1,545.8	3,991.5
Qld	1,803.6	637.2	1,548.6	892.2	2,440.8
S.A.	989.8	336.7	903.8	422.7	1,326.5
W.A.	965.2	377.3	867.4	475.1	1,342.5
Tas.	268.3	160.0	222.6	205.8	428.4
N.T.	90.2	43.3	74.1	59.3	133.5
A.C.T.	165.8	64.7	147.6	82.8	230.4
TOTAL	**10,767.0**	**4,399.9**	**9,446.2**	**5,720.6**	**15,166.9**

PERSONS WHO TOOK A HEALTH RELATED ACTION DURING THE TWO WEEKS PRIOR TO INTERVIEW: SELECTED ACTIONS BY SEX, AUSTRALIA, 1983.
('000)

Type of Action	*Males*	*Females*	*Total*
Consulted a doctor	1,145.9	1,525.7	2,671.6
Consulted a dentist	347.4	407.2	754.7
Consulted an other health professional	429.5	549.9	979.4
Took medicine	4,497.3	5,612.8	10,110.2
Took day(s) off work	287.8	201.6	489.4
Took day(s) off school	180.2	200.8	380.9
Total persons taking action	**4,863.0**	**5,904.0**	**10,767.0**

Note: Each person may have taken more than one type of action.

Health Insurance Surveys

These surveys have been conducted in March for the years 1979–83. In 1984 the survey was conducted in May and covered wage and salary earners in capital cities only.

The 1984 survey sought information on hospital and ancillary insurance taken out over and above that which is available under Medicare. Results are published in *Health Insurance of Employed Wage and Salary Earners in Capital Cities, May 1984* (4335.0).

It is planned to conduct another Health Insurance Survey in March 1986.

Hearing Survey

In September 1978 the ABS conducted a survey to obtain information about hearing problems of persons aged 15 years or more. Results of the survey have been published in the publication *Hearing and the Use of Hearing Aids (Persons aged 15 years or more) September 1978* (4336.0).

Sight Survey

During February to May 1979 the ABS conducted a survey to obtain information on sight problems and the use of glasses/contact lenses for the Australian population aged 2 years or more. Results of the survey have been published in the publication *Sight, Hearing and Dental Health (persons aged 2 to 14 years) February–May 1979* (4337.0).

Dental Surveys

During February to May 1979 the ABS conducted a survey to obtain information on the dental health of the Australian population aged 2 years or more. Information collected included time since last visit to a dentist; number of visits in last 12 months; treatment received at last visit and usual number of check-ups per year. Data were also collected for persons aged 15 years or more as to whether false teeth were worn.

Results of the survey for persons aged 2 to 14 years have been published in the publication *Sight, Hearing and Dental Health (persons aged 2 to 14 years) February–May 1979* (4337.0). For persons aged 15 years or more the relevant publication is *Dental Health (persons aged 15 years or more) February–May 1979* (4339.0).

A survey was conducted during November 1983 to obtain information on the usage of dental services at schools and at private practices by children aged 2 to 14 years. Results are published in *Childrens Dental Health Survey, Australia, November 1983* (4350.0).

Immunisation Surveys

Data was collected during the Australian Health Survey 1977–78 on the immunisation status of persons aged 2 to 5 years in relation to Poliomyelitis, Diphtheria, Whooping Cough and Tetanus and results were published in *Australian Health Survey, Sabin and Triple Antigen Vaccination, 1977–78* (4316.0).

In November 1983, a survey was held to obtain information on the immunisation status of persons aged 0–6 years against Poliomyelitis, Diphtheria, Whooping Cough and Tetanus.

Information about the immunisation status of females aged 15 to 34 years in relation to Rubella was obtained during a survey conducted throughout Australia in March 1983.

Results of the survey are published in *Rubella Immunisation Survey (females aged 15 to 34 years) March 1983* (4353.0).

Survey of handicapped persons

During February to May 1981 a survey was conducted throughout Australia to obtain information about the nature and extent of various disabilities and handicaps in the Australian community.

The survey examined the needs of and the kinds of problems experienced by persons with different types of handicaps. The areas examined in respect of handicapped persons included causes, disabling conditions, services, aids, accommodation, employment, education, income, transport, recreation and institutionalised care.

The sample for the survey consisted of two distinct parts. In the first part, a sample of 33,000 households was selected from all households in Australia and in the second part, a sample of 5,300 patients or residents was selected from 723 randomly selected health establishments throughout Australia.

Results of the survey are published in *Handicapped Persons, Australia* (4343.0).

BIBLIOGRAPHY

ABS Publications

Apparent Consumption of Selected Foodstuffs, Australia, 1978–1979 (4315.0)
Australian Health Survey, Outline of Concepts, Methodology and Procedures Used, 1983 (4323.0)
Australian Health Survey, 1983 (4311.0)
Australian Health Survey, 1983, Use of Health Services (4325.0)
Australian Health Survey, 1983, Medical and Other Conditions Reported (4356.0)
Australian Health Survey, 1983, Consequences of Illness (4357.0)
Australian Health Survey, 1983, Actions Taken (4358.0)
Information Paper, Australian Health Survey, Sample File on Magnetic Tape, 1983 (4324.0)
Health Insurance Survey, of Employed Wage and Salary Earners in Capital Cities, 1984 (4355.0)
Survey of Handicapped Persons, 1981 (4343.0)
Characteristics of Persons Employed in Health Occupations and Industries, Australia, Census of Population and Housing, 1981 (4346.0)
Characteristics of In-Patients of Health Institutions, Australia, Census of Population and Housing, 1981 (4347.0)
Childrens Dental Health Survey, Australia, 1983 (4350.0)
Childrens Immunisation Survey, Australia, 1983 (4352.0)
Rubella Immunisation Survey, Australia, 1983 (4353.0)
Information Paper, Health Insurances Surveys, Sample Files on Magnetic Tape, Australia, 1981, 1982, 1983 (4354.0)

Other Publications

Australia. Department of Health, Research and Planning, Branch No. 1 *Australian health expenditure: an analysis*, Australian Government Publishing Service, Canberra, 1983.
Angley, J. and Reynolds, S., *Australian health insurance arrangements 1969 to 5 March 1983*. Legislative Research Service, Department of the Parliamentary Library, Canberra, 1983.
Penington, D. G., *Committee of inquiry into rights of private practice in public hospitals— final report— September 1984*, Australian Government Publishing Service, Canberra, 1984.
Richardson, J. and Wallace, R., *Health Economics*, Health Economics Research Unit, Australian National University, Canberra, 1983.
Rotem, A. and Cox, K. R., *Health services and manpower development in Australia*, Centre for Medical Education, Research and Development, University of N.S.W., 1982.
Australia. Department of Health, Research and Planning, Branch No. 1, *Revised estimates of medical manpower supply*, Research and Planning Branch No. 1 Department of Health, 1984.
Sax, S., *Strife of interests: politics and policies in Australian health services*, Allen and Unwin, Sydney, 1984.
Grant, C. and, Lapsley H., *The Australian health care system 1983*, School of Health Administration, University of N.S.W., 1984
Gross, P. F., *The future of private medicine, public hospitals and long stay care: beyond Medicare*, Institute of Health Economics and Technology Assessment, Sydney, 1983.
Deeble, J. S., *Unscrambling the omelet: public and private health care financing in Australia*, Health Economics Research Unit, Australian National University, Canberra, 1983.
Jamison, J. H., *What next for health care in Australia?* Jamison Report: proceedings of a national Conference on the Jamison Report, Adelaide, May 15/16, 1981, Workers' Educational Association of South Australia, 1981.