# Years 9-10 Category Highly Commended

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### We Can't Afford to Leave Healthcare on the Waiting List

Australia's Universal Healthcare System is rumoured to be one of the world's best, even Donald Trump and Bernie Sanders unanimously agree[1].  Medicare was created with the philosophy that Australians may access quality healthcare regardless of their wealth. Australians currently have one of the world's highest life expectancies, and we enjoy one of the world's best quality-of-life[4].  If the mantra is true that "if it ain't broke, don't fix it", why is the contrary happening?

It is no rumour that Australians are finding it more difficult to access free treatment under Medicare[2].  In a recent RACGP survey, universally free medical treatment (bulkbilling) has fallen to as low as 42.7% across the country[3].  This has been attributed to cuts in government funding and understaffing of medical personnel[2].

Sceptics of Medicare might suggest this the perfect opportunity to re-introduce the controversial co-payment policy that failed throughout its inceptions in 1991 and 2014[5][6]. The Hawke, then Abbott, co-payment plans exemplified the Tragedy of the Commons, where what is consumed for free will inevitably be overused[7][8].  If people do not take ownership of their own health, would it not be outrageous to expect our government to do so?

A University of Sydney study highlighted that young families and the elderly will be worst off should Medicare lose its true intended purpose[9]. The demise of the Australian universal healthcare system will not only deter the most vulnerable from seeking basic medical treatment but would also compound future health issues. Deferring treatments for minor ailments can easily result in the need for more exorbitant remedies which will still require Medicare funding, only more costly.  If introducing co-payments was not viable in 1991 & 2014, why are we doing it now?

Australia's overburdened public medical facilities, exacerbated by the COVID-19 pandemic, may be ascribed to our aging population and inflation. But the solution may lie in an anomaly highlighted by David Graeber's best-selling title, Bullshit Jobs: A Theory[10].  Graeber suggested that the more a profession benefits others, such as nursing, the poorer it pays.  Unsurprisingly, thousands of nurses across Australian states have already gone on strikes over and again, protesting wage stagnation and staffing shortages.  Is this not the same degree of anger displayed throughout the Occupy Wall Street Movement?

How then can we ensure egalitarian access to quality healthcare for all Australians?

Lockwood, Nathanson & Weyls' research paper in 2017[11] proposed that Society-benefitting careers ought to be taxed less than other jobs that do the opposite.  This may not only permit fair distribution of income but is likely to encourage more young people to enter career choices such as nursing, teaching, and medical research, to eventually benefit society.

Prudent allocation of financial resources is perhaps the other elephant-in-the-room that may lend Medicare a new lifeline. Imagine our leaders taking Keating's scathing critique[12] on AUKUS's controversial expenditure seriously, in favour of Medicare.

In the 1980s, Singapore's then-Prime-Minister Lee Kuan Yew infamously remarked that, should Australia not resolve challenges resulting from its complacency, it risks becoming the 'poor white trash of Asia'[13]. I implore government to prioritize the care of society's most vulnerable over complacent disregard against sound advice.

As Jim Collins rightfully states, "Bad decisions made with good intentions, are still bad decisions."[14] If we are to maintain our position as having one of best healthcare systems in world, it is imperative we judiciously prioritize funding of medical personnel and facilities so that Aussies continue to have a fair-go in life.  Successful banking institutions and strategic military alliances are good for Australia but regardless of age or wealth, we need healthy Australians to make our country great.

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