THE COMMON GOOD – AND HEALTH

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I am pleased to acknowledge offer respect to the Cadigal people of the Eora Nation and their elders, past and present, once custodians of this land.

Thank you for the invitation to join you this afternoon in this important topic. It is a privilege to be with you. Jim Tulip has kept me informed about the development of Wellspring, a wonderful movement, and it is good to experience it working first-hand.

You are the salt of the earth! If the common good is to prosper, it will be because of you and people like you.

Salt remains the world's major preservative. It is ironic that salt also contributes to our current global epidemic of high blood pressure! Yet in the right dose, especially when supplemented with a little iodine, salt has led to major health gains in leached mountainous regions of China and the Himalayan nations, preventing hundreds of thousands of cases of mental sub-normality due to iodine deficiency among children. Australian physicians including Professor Cres Eastman and several others from Westmead Hospital have led the charge. In 120 countries iodised salt now accounts for 80% of all salt used and rates of mental retardation have fallen dramatically – so as you *are* the salt of the earth, to promote the common good make sure you are the right kind of salt – iodised salt – and don't overdo it!

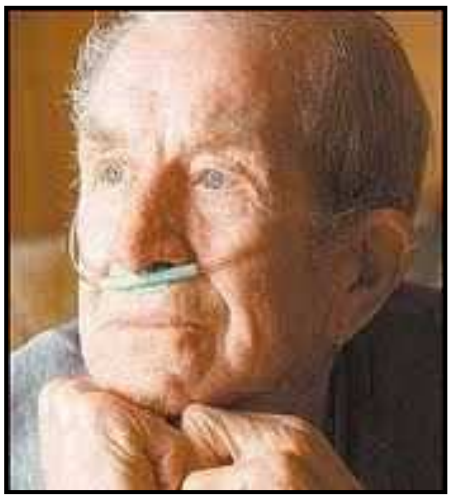
This afternoon I would like to think with you about the common good in relation to two rather different aspects of health. The first of these is the *treatment of illness*. The second is *sustaining health*. The first concerns the small number of people who at any time are sick. The second concerns the vast majority who are well.

Now, in relation to these two aspects of health I want you further to consider what the common good means for them *locally* and then *globally*.

First, how does a concern for the common good play out when it comes to **treating illness and caring for patients in Australia?** We are fortunate that we have a universal insurance scheme that enables everyone access to basic care without financial barriers at the point of care. Medicare does not overcome the barriers of distance or race, but it is a great equaliser and of course compares favourably with the US, which is still struggling to provide cover for about 50 million Americans who lack insurance. So as social justice and equity feature in most definitions of common good, we can be pleased about that.

Let's look at one patient, let's call him Stanley, who was 74, small, frail and had severe emphysema. I visited him at home with two nurses several years ago. He welcomed us with a happy if breathless smile. He walked slowly and haltingly from room to room in his small home in Blacktown. He was dressed in pyjamas at 11 in the morning. He had a thin plastic hose that connected him to his oxygen bottle. He

is dead now. His wife, from whom he was separated, had come back to look after him and was his principal carer rather grudgingly and said she was there because 'the children had threatened never to speak to me again if I didn't!' (It is easy for us to overlook just how much caring for people such as Stanley is given by family, friends and volunteers.)



Stanley's life still had quality. Despite his struggle with breathing he built model boats from balsa and a few friends and his children visited. His medications, of which he had ten, were paid for from the public purse as were aspects of home care and home nursing but incidental costs like transport and his wife giving up half her paid work to care for him meant that he had to find money from his savings and live frugally.

Out-of-pocket expenses are high if you have chronic illness in our community despite Medicare and forms of social security. Our group has studied the fate and fortune of people with chronic illness and many end their days in poverty. There are gaps that need to be filled if our vision of universal illness care for all who are sick is to be fulfilled. To be consistent, these gaps should be filled from taxation – the same common good that pays for Medicare and public hospitals.

These costs are not trivial. Treating illness accounts for 9% of GDP in treating illness and at present one-third of that comes out of people's pockets rather than through taxation. For surgery for arthritic hips you have an advantage if you have private insurance (PHI). PHI also covers dental work which is not covered by Medicare. Taxpayers contribute $3b a year to subsidise premiums. The richer you are the more likely you are to have private insurance. This arrangement is something we may wish to discuss later.

So the picture in relation to the common good and treating illness in Australia is like the proverbial school report: Doing well but could do a lot better.

The second of our four categories, **sustaining health in Australia,** is complex. Sustaining good health has to do with the environment in which we live. The social context defines our range of choices – our lifestyle choices – including what we eat and how much physical activity we have, as well as our mental well-being.

Just how important these environmental forces are was made clear by Australian Sir Michael Marmot and his colleagues on the WHO Commission on Social Determinants of Health. They wrote in 2008:

> *Lack of health care is not the cause of the huge global burden of illness; water-borne diseases are not caused by lack of antibiotics but by dirty water, and by the political, social and economic forces that fail to make clean water available to all; heart disease is not caused by a lack of coronary care units but by the lives people lead, which are shaped by the environments in which they live; obesity is not caused by moral failure on the part of individuals but by the excess availability of high-fat and high-sugar foods. The main action on social determinants of health must therefore come from outside the health sector.* [The World Health Organization Commission on Social Determinants of Health, *Closing the Gap in a Generation – Health Equity through Action on the Social Determinants of Health,* 2008, p. 35.]

We have learned from the environmental movement how hard it is to bring about changes that sustain the planet. It is equally challenging in relation to sustaining health. The changes necessary to sustain our planet and our health are rather similar and will require concerted action from large groups of people.

If our interest is in assuring that a new urban development has sufficient fresh food outlets, is walkable, is well served by public transport and is safe, how do we win a contest with interests that are strongly committed to the highest profit possible?

As with the environmental movement and the human rights movement, sustaining health requires group action. To assure the common good we need collective action built on individual contributions form people such as you.

Those who believe in the common good and health can legitimately attend to city planning, the food supply, the walkability of our cities, public transport, education and more. There is room for all those concerned about the common good to act in sustaining health.

The third category of health and the social good takes us out of our locality and indeed out of Australia and challenges us to think **about the common good as something pertinent to the whole world.** It is the most heart-ending and has to do with treating illness in less affluent and less democratic nations than ours – ones less concerned or less able to be concerned about the common good.

To what extent is the continuing illness and disability of a patient who had polio years ago met in India, for example? Is this individual *our* concern? If so, what follows by way of practical action? If not, what moral compass are we following?

The fourth category is also challenging. Poverty is the pervasive force that undermines the chances of billions of people for good health and we have made much progress in its relief in recent years. But it remains pervasive, the numbers of people experiencing it stubbornly fixed at around the one billion mark although now it is more common as a feature of developing cities than as a purely rural problem.

As we witness the biggest migration in history, from rural to urban areas, poverty is making its presence felt in precisely the same cities that are lifting general prosperity in Africa and Asia.

Books by economists such as Jeffrey Sachs from New York and Australian ethicist Peter Singer provide insights into what might be done by us as individuals who wish to pursue the common good in relation to poverty.

Peter Singer offers us a challenge as individuals living in affluent society. He suggests that, while we may enjoy a meal out, we might consider making a similar contribution to the price of the meal to UNICEF or Save the Children or Freedom from Hunger. You may already be a generous supporter of groups such as these.

Allowing for graft and corruption and inefficient administration, the cost of saving the life of one child is around the $250 mark. That is regularly within the reach of many of us.

But as with sustaining health in Australia, **sustaining global health** is an immense challenge, embodying elements of the environmental movement and the human rights crusade. In health, we need all the friends we can get and we need to learn from their successes in planning our own actions to promote the common good.

I hope that these remarks paint a picture for you of the location and type of challenge illness care and sustaining health pose to those of us concerned with the common good. I hope also they give you a sense of opportunity and I look forward to our discussion about these matters.

"It is from numberless diverse acts of courage and belief that human history is shaped.

"Each time a person stands up for an ideal, or acts to improve the lot of others, or strikes out against an injustice, he [or she] sends forward a tiny ripple of hope, and crossing each other from a million different centres of energy and daring, those ripples build a current which can sweep down the mightiest walls of oppression and resistance."