ROYAL AUSTRALASIAN COLLEGE OF SURGEONS RACS POSITION PAPER

EQUITY OF ACCESS TO SURGICAL CARE

INTRODUCTION

The World Health Organisation defines equity as the absence of avoidable or remediable differences among groups of people, whether those groups are defined by ethnic, social, economic or demographic parameters. Health inequities therefore involve more than differences in health determinants or unequal access to the resources needed to improve and maintain health or health outcomes; they also entail a failure to avoid or overcome those inequalities.

KEY ISSUES

World-wide, inequitable access to safe and effective surgical care is estimated to account for 11% of the global burden of disease.[i] The poorest third of the world's population suffer from a disproportionate burden of disability-adjusted life-years resulting from surgical conditions, yet are estimated to undergo only 3.5% of the world's surgical procedures; conversely, the wealthiest third of the global population receives up to 75% of all surgical procedures.[ii] This imbalance is a direct result of differential access to surgical services, with high-income countries having up to ten-times as many operating theatres[iii] and 100 times as many surgeons per capita as low-income countries.[iv]

Despite possessing much more robust health systems, inequitable access to surgery is still a considerable issue within advanced economies. It is estimated that across Australia and New Zealand up to one million people still do not have access to adequate and timely surgical care.[v] Aboriginal, Torres Strait Islander and Māori populations, ethnic minorities, individuals in low socio-economic situations, and those living in remote areas are over-represented in this group.[vi]

As part of its commitment to standards and professionalism, the Royal Australasian College of Surgeons (RACS) strives to take informed and principled positions on the provision of quality healthcare services for the people of Australia and New Zealand. A Fellowship of RACS stands for quality in surgical care; but quality cannot be truly present unless equity is accepted as an integral component.

RACS cannot uphold its principles without acknowledging and actively seeking to remedy inequities of access, treatment and health outcomes suffered by the disadvantaged and disempowered populations of Australia and New Zealand. Failure to do so risks these patients receiving delayed or inferior care, unnecessary suffering and worse outcomes. Consequently, RACS has a responsibility to advocate for the provision of equitable access to surgical services, both for the populations of Australia and New Zealand, and for those people who they are charged to protect including those in involuntary detention.

To this end, RACS has taken the following positions relevant to provision of equitable access to surgery.

ACCESS TO ELECTIVE SURGERY

In Australia and New Zealand, surgical care is available in the public and private systems. As private care requires individuals to either make out-of-pocket payments or have private medical insurance, these services are not realistically available to all members of society. It is therefore essential that high quality and equitable public healthcare is available to all individuals, so that they can receive services when they are needed and in a timely manner.

One of the greatest barriers to the equitable provision of elective surgery are the finite resources allocated for public health, as the demand for such services will almost always exceed a country's capacity or ability to supply it. In response to this, both Australia and New Zealand use methods of prioritisation to provide the greatest benefit within the constraints of the resources available.

The management of elective surgery is a key concern for RACS as delays in accessing surgical services can be associated with increased risk of morbidity and mortality, and can prejudice the outcome of

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treatment. While the philosophy underpinning publicly funded health is the equitable provision of timely healthcare to all, disempowered and disadvantaged groups are still less likely to have timely access to elective services for a range of reasons.

To address these inequities, the prioritisation of elective services in Australia and New Zealand needs to be regularly reviewed to identify unmet need and areas where service delivery can be improved.

- RACS Position Paper - Access to Elective Surgery

ABORIGINAL, TORRES STRAIT ISLANDER AND MĀORI HEALTH

The Aboriginal, Torres Strait Islander and Māori populations of Australia and New Zealand are over-represented in the poor determinants of health. They have higher rates of cardiovascular, respiratory and diabetic diseases, as well as higher rates of trauma related injuries. As a consequence, they have a diminished life expectancy compared with other demographic groups. One of the causes of these inequities is differential access to healthcare services.

RACS is committed to addressing health inequities suffered by Aboriginal, Torres Strait Islander and Māori populations of Australia and New Zealand through its Aboriginal and Torres Strait Islander Action Plan, Māori Health Action Plan, and Reconciliation Action Plan.

- Aboriginal and Torres Strait Islander Action Plan
- Māori Health Action Plan
- Reconciliation Action Plan

RURAL HEALTH

Despite geographical limitations, rural and regional patients have the right to expect appropriate access to high quality surgical services according to their needs, of a quality comparable to that available in metropolitan areas. While rural patients may have to travel further for more specialised surgical care, the majority of elective procedures should be provided as close to home as possible so long as this can be done safely. Rural patients can also expect that, in critical or emergency situations, a system of surgical care will support them throughout their illness.

RACS has developed the following positions and is committed to ensuring that rural and regional patients have on-going access to high quality, safe surgical services provided by an appropriately skilled workforce.

- RACS Position Paper - Rural and Regional Surgical Services
- RACS Position Paper - Outreach Surgery in Regional, Rural and Remote Areas of Australia and New Zealand
- RACS Position Paper – Generalists, Generalism and Extended Scope of Practice

HEALTH OF PEOPLE UNDER INVOLUNTARY DETENTION

In support of its commitment to the promotion of universal access to safe, affordable surgery and anaesthesia, when needed, RACS supports the view of other experts that:[vii]

- Timely access to healthcare including safe surgery, anaesthesia and pain management is a basic human right and should not be compromised for those seeking asylum or those within detention centres.
- The conditions in detention facilities, in onshore, offshore and regional processing centres should not compromise the mental and physical health of those in these facilities.
- Long-term, severe negative health outcomes can result from prolonged detention and uncertainty.

- Detaining children can have profound detrimental effects on their long term health and development. This is an already highly vulnerable group, and when they require surgical care it should be provided in a manner appropriate to their developmental stage.

GLOBAL HEALTH

The provision of safe and effective surgical care is dependent on a complex network of interdisciplinary expertise, infrastructure and reliable supply chains. As such, many countries are unable provide the same level of surgical care that is available in Australia and New Zealand. Up to five billion people worldwide lack access to safe and effective surgery.

In response to this inequity, RACS, through its Global Health Committee, is committed to promoting universal access to safe, affordable surgery and anaesthesia, when needed.

- Surgical Colleges Support the Lancet Commission on Global Surgery

KEY WORDS

Equity, Access, Indigenous Health, Aboriginal, Torres Strait Islander, Māori, Elective Surgery, Rural Health, Global Health, Detention

ASSOCIATED DOCUMENTS

RACS Position Paper - Indigenous Health

RACS Position Paper - Access to Elective Surgery

RACS Position Paper - Outreach Surgery in Regional, Rural and Remote Areas of Australia and New Zealand

RACS Position Paper - Rural and Regional Surgical Services

RACS Position Paper – Generalists, Generalism and Extended Scope of Practice

RACS Aboriginal and Torres Strait Islander Action Plan

RACS Māori Health Action Plan

RACS Reconciliation Action Plan

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