



# Self-Pay in Australian Public Hospitals

## INTRODUCTION

The Royal Australasian College of Surgeons (RACS) is concerned that some patients who do not hold private health insurance may have been encouraged to admit themselves to public hospitals as self-pay patients. This practice may include patients being told that they will receive preferential access to treatment, or that the procedure may be done by a consultant rather than a registrar, and that the quality of the service may be therefore improved.

Access to public hospital waiting lists has been traditionally via a public hospital outpatient clinic. There is now an increasing tendency for patients to be referred to public hospital waiting lists directly from surgeons' rooms. In some jurisdictions, most notably in New South Wales, public outpatients have virtually disappeared. This may have increased the number of these 'self-pay' patients. In the past it was usual for only insured patients to be admitted as private patients but there may be an increasing number of 'self-insured' or 'self-pay' patients who take this option.

## KEY WORDS

Self-Pay, Elective Surgery, Private Hospital

## RACS POSITION

1. Access to care, in this case elective surgery, should be dependent upon need rather than ability to pay.
2. All patients should be treated within clinically appropriate time intervals.
3. Hospitals should be adequately resourced to ensure that these treatment target times can be met.
4. Patients should not be coerced into admitting themselves as self-pay patients and should have equal access to public care regardless of their insurance or payment status.
5. Consultants should not claim superiority of outcome of consultant performed surgery over registrar surgery as a reason for patients to self-pay.
6. Registrars should be well supervised by consultants at all times.

RACS does not suggest that patients could not choose to be treated privately if they wish. However, it is unlikely that a large number of patients will make this choice if the public hospital system is adequately resourced and appropriate quality assurance is in place. If an individual surgeon or hospital notes that a large number of patients are making this choice, a review of that individual's or hospital's practices may well be indicated.

## KEY ISSUES

Most public hospitals do not differentiate between private and public patients when it comes to operating lists; however some hospitals do have specific private lists. It is often to the financial benefit of the hospital and the surgeon for patients to be treated privately. In these circumstances surgeons claim private fees which are likely to be greater than the fees paid to them for treating a

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public patient and Hospitals can claim a bed fee. The associated costs of their admission including diagnostic services, prostheses and doctor's fees are no longer the responsibility of the hospital.

## ASSOCIATED DOCUMENTS

RACS Informed Financial Consent Position Paper

RACS Informed Consent Position Paper

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