Paradigm Shift: Why the Need?

Dennis M Richards

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INTRODUCTION

A previous paper described how in 1997 Australian chiropractors used facilitated consensus processes to develop Core Values for chiropractic, Core Purposes and a Vision Statement (VS) of the Chiropractors’ Association of Australia (National) Ltd (CAAN). That Vision Statement is to achieve a fundamental paradigm shift in healthcare direction where chiropractic is recognized as the most effective and cost efficient health regime of first choice that is readily accessible to all people. ¹

Another previous paper described the development of the current CAAN Strategic Plan (SP) and documented that Plan. The SP is aimed at doing what needs to be done in the next few years towards the realisation of the VS. Strategy One of that SP addresses health policy and aims to shift the focus of the health system from the hospital to primary care, to highlight the different models of primary care and to advocate the chiropractic wellness model. Strategy Four is titled Paradigm Shift, and involves aligning the standard and content of chiropractic education, public perception and the performance of CAA members with its Vision. ²

This paper details the reasons why projected changes in Australian society, particularly demographic changes, are creating a need for a paradigm shift in the way matters of health and disease are addressed in Australia.

WHAT IS A PARADIGM SHIFT?

The word paradigm stems from an ancient Greek word meaning pattern. ³ In the context of this paper, it means an example that serves as a pattern or model for something, especially one that forms the basis of a methodology or theory or … a generally accepted model of how ideas relate to one another, forming a conceptual framework … ⁴

Shift has been defined as a change in position, direction, makeup, or circumstances ⁵

Paradigm shift in the context of this paper therefore means a change in a generally accepted model or conceptual framework, specifically the model or framework with which our society thinks about, approaches and deals with health and disease.

WHY SHIFT THE PARADIGM?

The Australian Commonwealth Charter of Budget Act 1998 requires the production of an Intergenerational Report (IGR) every five years … to assess the long term sustainability of current Government policies over the 40 years following the release of the report, including by taking account of the financial implications of demographic change. ⁶

The first IGR was made public on the presentation of the Commonwealth Budget in 2002. The IGR’s Overview reported that Australian Government finances were strong and that Government debt was relatively low. However, a steadily ageing population, mainly the result of lowered fertility and mortality rates, and increased life expectancy, will place significant pressures on Government finances and be a burden to the next generation of taxpayers. While the country was well placed to meet these challenges, via superannuation system generation of private savings for retirement, aged pension and social welfare systems that are better targeted and more affordable than many other countries, and a relatively efficient health system, several
factors were identified as likely to place pressure on Government finances. In particular, the following were noted:

- The costs of technological advances in healthcare.
- The community’s expectation that access to the latest in medical and surgical treatments would be available.
- Rapid growth in the taxpayer-funded Pharmaceutical Benefits Scheme (PBS), which subsidises the cost of prescribed drugs.

It was projected that spending on health and aged care as a percentage of gross domestic product would approximately double in both categories over the following 40 years. The percentage of spending on PBS-subsidised drugs would increase by about seven times.

According to the IGR, the ageing of the population was not expected to have a major effect on the Commonwealth’s budget for at least 15 years. However, it recommended that the Government act now to increase the economy’s capacity to generate revenue and to reduce growth in its own spending. Such efforts would sustain its finances and so avoid this generation placing an undue financial burden on the next. Major policy priorities in these areas should include:

- Achieving balanced budgets.
- Keeping Government debt low.
- **Maintaining an efficient and effective medical health system** (emphasis added) and widespread participation in private health insurance.
- Promoting participation in the work force, including by mature age persons.
- Reducing future demand for the age pension by encouraging private saving for retirement.
- Developing the residential aged care system and **containing growth in the Pharmaceutical Benefits Scheme** because [r]apid PBS growth over the past decade means it could be one of the most significant areas of future spending pressure on the Commonwealth. (Emphasis added). 7

In April 2007 the second Intergenerational Report was circulated. 8 Its Executive Summary included the following:

- The Australian Government’s fiscal stability had improved since the first IGR, released in 2002.
- The ageing of the population would slow economic growth.
- Spending on health, aged pensions and aged care would continue to rise.
- About 25% of the population will be over 65 years of age by 2047.
- Currently there were five people of working age to support every person aged 65 and over, but by 2047 there will only be 2.4.
- We need to continue to prepare for the health care we want in the future, promote healthier lifestyles and ensure that health spending is as efficient and effective as possible. The largest projected increase in spending pressure would be the PBS.

On June 25, 2004, in response to the findings of the first IGR, the Council of Australian Governments agreed to commission:

*a research study to examine issues impacting on the health workforce including the supply of, and demand for, health workforce professionals, and propose solutions to ensure the continued delivery of quality health care over the next 10 years. The study is to be undertaken in the context of the need for efficient and effective delivery of health*
services in an environment of demographic change, technological advances and rising health costs.  

This study, the report of which was made public on December 22, 2005, was carried out by the Productivity Commission, an independent agency which is the Government’s principal review and advisory body on microeconomic policy and regulation, which operates under the Productivity Commission Act 1998. Key points note in the study included the following:

- Australia is experiencing workforce shortages across a number of professions.
- With developing technology, growing community expectations and population ageing, the demand for health workforce services will increase while the labour market will tighten. New models of care will also be required.

CONCLUSION

If the Australian Government and society take this last sentence seriously, this need for new models invites a paradigm shift in health care. That shift is required because the challenges documented above cannot successfully be addressed by more of the same. Simply providing more tax money for more doctors, more nurses, more drugs, more technology and more hospitals is not a rational answer. The following is attributed to the physicist Albert Einstein:

The significant problems we have cannot be solved at the same level of thinking with which we created them.

The pressures which will be placed on the taxpayer to fund more and more expensive drugs and other medical treatments, and the subsequent requirement for new models of care, as noted in this paper, open a door of opportunity for drug-free models of health care, such as chiropractic, to play a larger and valuable role in addressing the health needs of Australians.

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