

## Australia eyes Canada's rural MDs

In an unusual move, the state government in New South Wales (NSW), Australia, is set to launch a Can\$1.6 million advertising campaign designed to entice foreign doctors to settle in the state's rural areas. Recruitment has traditionally been the responsibility of financially strapped local hospitals and communities, and the state-sponsored campaign represents a significant change in direction. The Ministry of Health in NSW is banking on a relaxed lifestyle, warm climate and invitation to adventure to lure physicians to their rural and remote

communities. And even though the ads have yet to be placed in international journals, there has already been a surge of media interest, says Kathy Connell, a spokeswoman for NSW Health.

Both Australians working overseas and foreign-trained doctors are to be targeted in the advertisements, which are scheduled to appear soon in newspapers and journals in Australia, Canada, New Zealand, Great Britain and the US. But NSW will face some stiff competition, since shortages of rural physicians, many of them critical, are an international problem. Many communities in these countries are already offering similar incentives to entice rural doctors.

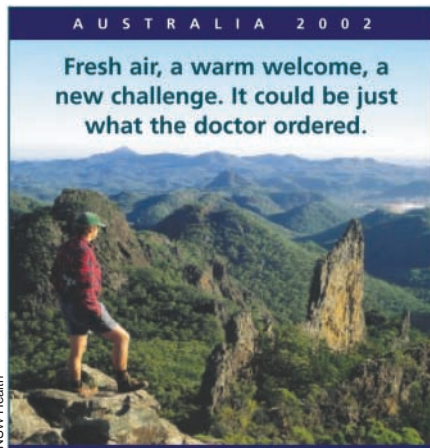
A doctor working in rural NSW can expect to earn about Aus\$150 000 (Can\$123 000), says Connell. Incentives offered by the NSW Rural Doctors' Network include relocation and continuing education grants, and rural communities have upped the ante with offers of rent-free medical premises, subsidized accommodations, cars and even office furniture and computers.

Canadian-trained doctors have a significant advantage over some other potential medical immigrants because their training exempts them from writing a qualifying exam administered by the

Australia Medical Council and generally eases their admission into the country.

The NSW campaign may be extended to other, non-English speaking countries if it proves successful, but that is a big if because the campaign has already generated intense criticism from the powerful Australian Medical Association (AMA). No one argues over the existence of a rural physician crisis in NSW — nationwide, the shortages are estimated to stand at between 1100 and 1600 doctors in rural areas alone. According to Connell, foreign-trained doctors already represent a significant and growing percentage of the current medical workforce in Australia.

But there is considerable argument about whether the ad campaign is the way to solve the crisis. The AMA's NSW division has called it absurd. The NSW rural doctors' representative, Dr. Aniello Iannuzzi, comments: "The Aus\$2 million for this scheme would be better spent on elective surgery waiting lists or on rural health." And in a message that will sound familiar to Canadian doctors, he says the government would be further ahead to make medicine more attractive to graduates of Australian medical schools. — *Jennifer Crump*, Smooth Rock Falls, Ont.



Recruiting for the outback

## US health spending roars past \$1.3 trillion

Fueled by surging prescription drug and hospital costs, health care spending in the US in 2000 soared by 6.9%, to more than US\$1.3 trillion. It is the biggest 1-year increase in almost a decade.

The sudden surge in health spending, which outpaced the 6.5% increase in overall national productivity, signalled what some economists fear will be a time of renewed health cost inflation, with increased health care premiums, greater out-of-pocket health spending by consumers, increased reluctance of employers to offer health insurance and a swelling in the ranks of the more than 40 million uninsured Americans.

According to a report prepared by the US Center for Medicare and Medicaid Services (CMMS), the resurgent costs (increases had been relatively small since

1993) were mainly attributable to a 17.3% increase in prescription drug spending, which has already driven many Americans to Canada in search of cheaper prescription drugs (*CMAJ* 2001;164[2]:244-5), and a 5.1% increase in hospital costs.

The bottom line is that health care spending averaged US\$4637 per capita in 2000, with health care now accounting for 13.2% of the nation's gross domestic product (GDP). According to the Canadian Institute for Health Information, Canada's health spending increased by 7.1% in 2000 and accounted for 9.1% of the GDP; per capita spending totalled Can\$3116. This includes all public and private spending. (In 2001, Canada's health care spending increased by 7.1%, to \$102.5 billion.)

Katherine Levitt, chief author of the

CMMS report, expects these spending trends to continue, with the current resurgence marking "the end of an era of reasonable health care cost growth through the 1990s."

The report attributes the increased spending, particularly on prescription drugs, to several factors: an aging population, broader coverage of drugs in health insurance plans, the introduction of newer, higher-priced drugs and the significantly increased consumer demand for drugs because of aggressive direct-to-consumer advertising.

Cynthia Smith, a coauthor, says that when the dust settles "those who are uninsured are going to have a difficult time paying for care, and those who are insured are looking at higher premiums." — *Milan Korcok*, Florida