

SRHMRA Submission 36 — Vibeke Catts

We need a world-class medical research sector because without it we cannot achieve optimum health for all, and without good health, optimum quality of life cannot be achieved. We cannot leave the task of medical research to other nations because local research is necessary, even if it is simply for Australians to become aware of ground-breaking discoveries made elsewhere and to translate those discoveries into better treatments within our health care system. Beyond that, as a wealthy country, it is our duty as global citizens to contribute to the task of medical discoveries. Finally, health research pays for itself in the long run, with a more productive and healthy population saving the community.

The priorities of medical research should not simply be on the most common disorders, but also center on disorders of the young, as these disorders have the potential to cause lifelong disability, an enormous burden on the individual, their families and the community. The most common disorders in adolescence are mental health disorders, which at present we are least able to treat satisfactorily. The focus of medical research should be on creating quality of life, not simply quantity of life, for affected individuals.

The current system of project and program grants administered by the NHMRC falls short of meeting the funding needs of the medical research community. More money needs to be invested by the Government, prioritizing medical research that in due course will lead to a healthier and more productive community, again those disorders affecting people who, if it was not for their disability, could contribute to productivity. The current medical research funding may at times attempt to direct money towards some of these priorities, but it is typically at the expense of other medical research fields, ie cost shifting not new funds coming in.

The current, highly competitive medical research field is not clinician friendly. We need more doctors and other people involved in medical care being supported to do both clinical work and research. That, in my opinion, is the best way to increase dialogue between more basic researchers and clinicians, which will lead to a more rapid translation of basic research into treatment and also a better understanding by more basic researchers of the needs of clinicians. Training in research methodology should be integral in the medical training given to doctors and nurses, either at university level or as part of their continuing training within their professional colleges.