

Citizens' juries: a citizens' revolution in rural health

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The previous two speakers really have emphasised very much the question of values, and I'm going to continue with that theme, but I want to focus a bit more on the situation that a lot of you face with respect to rural health and health care and pose the question, initially, as to why it is that things are not better on two fronts, in both rural health and rural health care. There are number of reasons for this, but it is very much related to the very individualistic nature of the Australian society that we live in: the fact that we are driven by, very much, market values. Amanda spoke about the way that Coles and Woolworth's are using market values to destroy local farmers. We are—and I have nothing against consumers—reduced to being nothing but consumers. We're no long individuals, or citizens, or members of the community. We become simply consumers. And there seems to be, in many quarters in Australia, a lack of concern for others, and that means that there tends to be a lack of concern for fairness and equity, and indeed, I ask where has the "fair go" in Australia gone? There's a lack of compassion, I think, in this society, or more accurately from our government. As people, we're more compassionate than our governments. There's a loss of sense of community, not so much in rural areas, but certainly living here in Perth and we end up hiding behind our—or hiding in front of—our television sets and our computer screens, and we don't get out to meet our neighbours. There's a push to make us nothing but consumers. I want to resurrect citizenship.

There are some fairly major societal issues that I want to touch on here. And health care, I think in this context of the nature of society, is just one institution in this society. We've got many other institutions that suffer in the same way that health care does, where it's being driven by individual values, and driven by peripheral forces that, as individual citizens, we've got very little control over. We need to, in a sense, move to a situation where social values, people's values—the values of citizens—influence the nature of society much more. And on the specific issue of equity, which I think is crucial in terms of health and health care in this society, how can we attempt to build a more compassionate society? You may wonder where I am going with this talk but what I'm trying to emphasise, and really echoing the previous two speakers, is that we need to talk much more about values when we're discussing health planning. It is simply not possible to pursue health planning without adopting a value or a moral stance. I am wanting to put forward the view that that moral value stance ought to be much more based on social values, societal values, the values of the community.

So the question of whose values I think is answered simply by asking: "Whose health service is it anyway?" Now I don't want to get accused of bashing doctors. I come from a medical family and some of my best friends are doctors, but I do get concerned when I hear doctors talking about "my hospital" or "my ward." It's not their hospital, it's not their ward—it's ours, and I think, as citizens, they and we need to remember that. So, in essence, who better than the people to determine the values that underlie health services. And in this context—again I'm not being critical of consumers, it is the case that we do need to put on our citizens' hats more often than we currently do. One of the things that strikes me is that, if you think about it, how often are we actually called upon to be citizens? It doesn't happen very often. If we look at what's happening with Medicare Locals—these new, and if we're not careful, simply bigger Divisions of General Practice, what the government is saying here is that "Medicare Locals will be designed to include broad community and health professional representation, as well as business and management expertise" Now that's a fine statement, but the extent to which citizens are involved in the design of Medicare Locals, at the moment, is zilch, and if we're not careful, that will remain the case. There's a question then as to how it is that we can best involve the community—how we can get citizens involved. We've heard a lot from Desley and Amanda about ways of

doing this, and I want to put forward, this morning, one particular way, and that is what's known as citizens' juries. I'll say a little bit about this.

But, before I come to that, I think we need to step back and say, "Well, why on earth would we trust citizens in anything? They're thick, they don't care, they're ill-informed, they're biased, they just want the best, and they just want machines that go ping." Well, that's all wrong. Every single one of these statements is wrong. I've worked with citizens; I've come down from my academic ivory tower and met ordinary citizens.

Citizens' juries are a form of citizen engagement—community engagement. They are an attempt to give citizens voice. These citizens are drawn from the broad population. They're randomly selected. We take the electoral role, we randomly select people from there and we invite them to come along and join a jury of 15 people. We don't advertise in the local papers or put up signs in Coles or Woolworths—those of you who still go there—but we do get people randomly selected, and that is crucial, so that they then represent the community they're coming from. They need to be informed, they need to be given time to cogitate and reflect as a group. They need to accept that the choices that they're faced with are resource constrained. This is not wish-list stuff for five-year olds at Christmas. This is saying to them, "If you want more of this, you've got to give something else up."

I think these juries are better at broad principles and priorities than getting into nitty-gritty stuff. I would emphasise that this is about values; it's not about decision-making. Tony Abbott, when he was Health Minister, sought to dismiss the usefulness of citizens' juries. He worried that power would be taken away from the likes of Tony Abbott and he argued that "politicians and policy makers can't subcontract out the decision-making process" That is not being suggested. This is about values and principles, rather than decision-making as such. Now, on this slide which you don't need to read, there is a very sophisticated definition of equity. In my career, I've studied equity a lot, and social justice. This sophisticated definition is from a bunch of Perth citizens. Now, it's not the fact that they're from Perth that I feel particularly proud; it's the fact they're citizens. It's a really sophisticated definition. And to those who say, "Oh, citizens aren't capable of actually dealing with these sorts of things," if they're given good information—if they're critically informed, this is the sort of really good stuff they can come up with. But we do come up against those in the professions, who will not accept this. I did a citizens' jury not so long ago, reported it in the local newspaper here—the West Australian—and the then president of the WA AMA said, "There are some decisions that are too important to be left to the public!"

One of the interesting things going back in time is that we had a Perth citizens' jury about 10 years ago now. All of the people in that were from Perth. Yet, on equity, what they wanted was not more resources for Perth, but more resources for the rural and remote parts of this state. People care. In one jury that I did in the southwest of the state, down in Busselton, the jury argued for more disadvantaged groups—again, a real concern with equity, especially Aboriginal health. They wanted more for prevention. They wanted more for the mentally ill. Now part of this process involves sorting out how they're going to pay for these extras and they said they would close or re-designate small hospitals and emergency departments. And the local administrators were absolutely delighted at the results; the fact that local people were saying, "We want more of this so we accept that to pay for that we need to find the money so close hospitals." In a recent jury for ACT Health—again, big on equity. When we go out to ask people—critically informed citizens, randomly selected citizens—what they want from our health service, again and again, they say greater equity. And for people like yourselves, concerned about rural health, concerned about rural health care, this is good news. The people of Australia—critically informed, wherever they live—want greater equity, and they want greater equity for people living in rural parts of the country. They want more equity for Aboriginal people. They want more prevention and health promotion and they want more money for people with mental illness. And again, to pay for these, they say close hospital beds. I've done nine of these juries now. Not one of them has given priority to hospitals. Every single one of them wants more equity. Stunning. And if you just think about it for a moment, if we had more equity in the Australian health service in comparison to what we have today, it would be a vastly different health service, not only in terms of rural and remote, but in terms of Aboriginal health and of poor people. We don't get that, because the voice of these critically informed citizens is not being sought out by our supposedly democratic governments.

So the most striking things from the citizens' juries? People care—not surprising, but they care. They care about being citizens. They love the opportunity to have their voices heard. And they care about their social institutions, such as their health system, and they care about their fellow citizens.

I think there are broader issues here; what sort of society do we want to build? Do we want to have it governed by the big corporates? Do we want our food policy, as Amanda spoke about, to be governed by the big corporates, or do we, as citizens, want to have such issues being brought to us, as citizens—democratic issues—something that Desley spoke about—the fact that we need to further our democracy? I believe this is crucial. We can settle for a technocratic society and sit back and be more and more passive, but don't think that is the way to go. Or do we—as I think does occur in a lot of rural parts of Australia—do we want a sense of community? Can we re-build that sense of community, particularly in the metropolitan areas, but borrow from the rural areas so that we can get back that sense of community, that I think existed in Australia not so long ago, and maybe even build a caring community?

I think there is a neglected noun in health policy and discussions about health policy: yes, it could be compassion; yes, it could be equity or fairness; and yes, it could be a sense of community. But the noun that I think is really missing is that of power. The extent to which, in the literature on health policy, there is discussion of power, is very limited. Why is it, as I began, that rural health and rural health care are not better? It's because you mob don't have much power. The power rests in the metropolitan areas, it rests with the professions, and it doesn't rest with the communities. We need a redistribution of power—power to the people, if you like. This can be done in all sorts of different ways of engaging with citizens, as you've heard from Desley and Amanda, but I'm arguing essentially for citizens' juries this morning: empowering people as citizens, as representatives of their communities, giving them good information so that they're critically informed. This is not the puff of public fancy but the voices of critically informed members of the community. And I think, through that, we can transform health services into, what I see them as, social institutions—answerable to the community that they're supposed to serve.

Now wouldn't that be a revolution!