



NT Health Minister John Elferink is one of those politicians who would have you believe that he is the smartest person in any room he's in.

Sometimes his calls are crazy-brave, sometime they just seem more than a little crazy, or as *NT News* columnist Maria Billias said of his latest spray in [The Daily Telegraph](#) yesterday:

I am absolutely appalled that anyone—particularly the Health Minister of the Northern Territory—would think this is an acceptable thing to even think, let alone say. Unless of course they had a sociopathic personality disorder.

Billias was railing—in the very real-world context of her beloved 85-year-old grandfather's battle

with dementia—against Elferink’s comments made yesterday that because the elderly and chronically ill consume a disproportionate part of the NT health budget, particularly in the last years of their life, that that money would be better spent on the young.

Elferink used kidney disease as an example of where such savings might be made.

I suspect if you spoke to somebody who ... for argument’s sake, had end-stage renal failure and said, ‘we can continue treatment but by discontinuing treatment your grandchildren would have a better opportunity’, many of those old people would say ‘yeah, I accept that.’

Elferink was [speaking to the ABC](#) after the annual Australasian Aeromedical Conference in Darwin and told the *ABC* that he had talked to other Government ministers about the idea but was yet to form a “concrete policy.” Elferink—ever ready to give the personal responsibility drum a solid flogging—has apparently been thinking about the strains that treating the chronically ill and aged place on the NT health budget for a while.

In June this year Elferink told an [NT Estimates](#) hearing that, in relation to how Federal funding cuts had effected—among other things—the delivery of renal dialysis services across the NT:

We continue to provide as many renal dialysis services as we can ... The capacity will eventually reach a threshold where there is only so much we can deliver. Then what? This is why I am trying to change the conversation about where the responsibility lies. I understand there are those issues, but the fact is this expectation that the government will wave a magic wand and look after your kidney failure is something we will attend to, but we cannot do it indefinitely to a point where we spend the whole Territory budget on it – or more.

This is a challenge for us, and I seek to see improvements in people’s behaviour. So much of what comes through the health system in the Northern Territory and in other places around the world is often the response to bad decisions by the people who get themselves into those chronic phases.

That last comment about the causes of kidney failure, as with Elferink's comments yesterday that an elderly person with a terminal illness costs the NT health system about \$1 million per year, appears unsupported by any evidence.

You could be forgiven for thinking that Elferink has a fixation with death and dying. Just last week, in response to [a coronial report](#) into a death in custody and wearing his Attorney-General's hat Elferink said that Kumunjayi Langdon "would have died a free man in the gutter."

*The Northern Myth* thought it might be useful to ask someone who knows about the delivery of dialysis services in remote parts of the NT. Sarah Brown works at [The Purple House](#), (aka Western Desert Dialysis) an NGO that provides dialysis services to remote NT communities and has a mission statement of blinding clarity and simplicity:

... to improve the lives of people with renal failure, reunite families and reduce the incidence of kidney disease in our communities.

*The Northern Myth* asked Sarah Brown if she could elaborate on the causes of kidney disease. She said of Elferink's comments that they were typical of the sort of "blaming the victim crap" that was unfortunately all too often spouted by politicians and the ill-informed and that:

The causes of renal failure are complex. But what we do know is that the highest rates of kidney disease are found in fourth-world communities. This is the situation we face in central and remote Australia. Renal failure is a post-colonial disease, short and simple.

To be fair to Elferink there is a small grain of common sense in his call for a re-allocation of stretched funds from those that take the most for the least return to those who need, or would benefit from, more resources. But Elferink delivers his message in such a clumsy faux-neoliberal manner that any reason in his message is lost in the outrage it sparks.

As Sarah Brown notes, Elferink's comments, particularly that many of the elderly might willingly surrender a benefit to themselves for the greater good of the young, poses what would be for many remote Aboriginal people a very difficult question.

You'd be asking people to choose between taking care of their old people and taking care of their kids.

For mine the real problem with Elferink's comments is that they contain an implicit assumption that renal failure and dialysis treatment delay the inevitable stagger towards an expensive and miserable death and that treatment contributes little toward community well-being and individual quality of life.

Earlier this month the Purple House took their [Purple Bus](#) (which has two portable dialysis chairs) to the Yuendumu Sports weekend, 300 kilometres north-west of Alice Springs.

Sarah Brown again:

At Yuendumu there are four dialysis chairs in a stand-alone centre next to the health clinic. We took the Purple Bus up for the weekend and more than twenty patients came up who were dialysing on six machines all day and half of the night. This is what really matters about our work, taking people who would normally be stuck in Alice Springs—miserable and homesick—back to their country so they can see all the young babies and kids and the kids can see their grannies and family again. It was such a great thing. This is what our politicians miss—it doesn't have to be about the elderly and sick and the young and well and taking from one to give to the other. If you do it right the whole community can benefit.

A few weeks ago The Purple House received some very good news of increased funding from the Federal Government that will see their services rolled out to even more remote NT townships. But they need more dialysis nurses to work with them, so they've taken [an innovative approach](#) to recruitment.

... as an added incentive, we will pay a SPOTTERS FEE of \$500 to the person who introduces them to us. We'd rather pay our friends than an agency, so mates...get to it! Email us at [enquiries@wdnwpt.com.au](mailto:enquiries@wdnwpt.com.au) for more details or give Deb or Morgan a call on (08) 89536444.

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