

consultation can provide suitable information that there will in fact be a separate account for anaesthesia services. Informing patients of such basic information will help to prevent patient complaints about unexpected fees. There is no reason for this discussion to be intimidating and many patients will be genuinely appreciative of being provided with more information.

Finally, as professional consultants, we must be aware of the needs of our patients and tailor any discussions to the individual circumstances of the consultation. A “fixed-recipe fees discussion” is unlikely to suit all of our patients and may well be perceived by some as at least inappropriate if not threatening, intimidating or offensive. In some circumstances (e.g. emergency after-hours caesarean section) information about fees can be provided in the postoperative period which will still be beneficial to the patient.

The ASA position statement on IFC is not prescriptive but does delineate the principles and goals of IFC in anaesthesia. While it is clear that this lofty goal will not be achieved with all of our patients, we must make appropriate efforts to work towards improvements in this area in order to

maintain our financial independence and to provide a better service to our patients.

ANDREW MULCAHY
Chair,
Economics Advisory Committee

**Excerpt from NSW Legislative
Assembly Hansard—March 23, 2005**

*Innovative Small Business—Matter of
Public Importance*

“I am delighted to inform the House that last night I (Mr David Campbell, Minister for Regional Development) launched a revolutionary piece of equipment set to make medical history.

“The Yeescope, as it is known, is designed to reduce the risk of diseases being spread between patients. It is the result of more than three years development work by Sydney anaesthetist Dr Kevin Yee and precision toolmaker Mark Bennett. The Yeescope, which is used once before being thrown out, minimises the risk of cross-infection that occurs with multiple-use medical equipment, and thus enhances patient safety.

“Traditional laryngoscopes cost about \$250 each, but have to be cleaned thoroughly and sterilised after each use at a cost of between \$15 and \$25 each time. The Yeescope, which will market for about \$30, will mean health care professionals will no longer have to worry about sterilisation processes, laryngoscope maintenance costs or the threat of cross-contamination. Dr Yee and Mr Bennett’s company, Anaesthesia Airways, has signed a joint venture agreement with Sydney company TUTA Healthcare Pty Ltd to manufacture and market the Yeescope worldwide from a production facility at Lane Cove. The Yeescope will be available to the Australian medical community within a month, with export markets in Europe and the United States to be targeted later.

“The international market potential for the Yeescope is thought to be hundreds of millions of dollars. This is a great new export for New South Wales, and I am sure honourable members will join me in congratulating Dr Yee, Mr Bennett and TUTA Healthcare Pty Ltd on this exciting new venture.”