

Inquiry into support for health and medical research funding and priorities

*Submission to Western Australian
Legislative Assembly Education and
Health Standing Committee*

July 2024



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About Doctors for the Environment Australia

Doctors for the Environment Australia (DEA) is an independent, self-funded, non-government organisation of medical doctors and students in all Australian states and territories.

DEA's work is based on the premise that humans need a future with clean air and water, healthy soils capable of producing nutritious food, a stable climate, and a complex, diverse and interconnected humanity whose needs are met in a sustainable way. We are therefore interested in environmental protection and restoration to promote human health and social stability, and research that provides an evidence base.

Acknowledgement of Country

Doctors for the Environment Australia's members live and work around Australia. We would like to acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners of these lands, in the spirit of reconciliation.

We recognise that First Nations peoples have cared for Country and lived sustainably for millennia, and that sovereignty of this land was never ceded. We pay our respects to First Nations Elders past and present, and to emerging leaders.

In response to the terms of reference:

1. Western Australia's small share of national competitive funding

DEA notes the diverse sources of health and medical research funding in Australia, many of which support research across jurisdictions. Therefore DEA would encourage WA to consider health research priorities based on opportunity to improve health outcomes rather than jurisdiction of the lead agency. We also note that while WA's NHRMC funding is lower than expected other states per head of population, WA may receive more philanthropic and corporate research funding and an analysis based on research income and outcomes may be more productive than based on share of national competitive funding alone.

2. How the state's health and medical research priorities are determined

DEA is concerned at the current health and medical research priority processes that are based on individuals' research interests and their ability to promote themselves and their peers to research bodies. This leads to emphasis of research funding on technology and interventions to treat disease, which appear to have funding priority over health research into protection and promotion of health and preventing disease. It also leads to inertia as research funding is granted to research bodies who have received previous research funding, and new researchers will follow the research funding. This may leave important research unfunded. For example the RACGP researches and maintains a reference to non-drug interventions to assist GPs in treating patients without using medication.¹ This research is unfunded and done by volunteers as there is no research or pharmaceutical company support for non-drug interventions, yet the resources provides low cost, low waste, safe treatments for a many important conditions that GPs manage. Better direction of

research funding based on critical evaluation of cost and benefit is likely to achieve better health outcomes for WA than impact or reputation based grants.

DEA maintains that the need for a healthy environment to sustain human health must be the highest priority for health research. Human livelihoods are totally dependent on the environment that sustains us. Australian researchers participated in an international workshop to explore human health and wellbeing research priorities held in 2019 in Taiwan. Four main research themes were elucidated:²

(1) risk identification and management (including related to water, hygiene, sanitation, and waste management); food production and consumption; oceans; and extreme weather events and climate change.

(2) Strengthening climate-resilient health systems;

(3) Monitoring, surveillance, and evaluation;

(4) risk communication.

The workshop highlighted that research approaches need to be transdisciplinary, multi-scalar, inclusive, equitable, and broadly communicated,² and this emphasises the need to move beyond a focus on WA research to one that highlights the common health needs of humanity, and importance of collaboration.

DEA proposes that WA health leaders engage in a follow up collaborative global health research priority-setting process, including considering a workshop similar to the 2019 workshop. In the five years since 2019 we have experienced the COVID-19 pandemic which demonstrated our interconnections and need for international collaboration.³

3. The impact on specific types of research and areas of need.

As doctors, DEA members are acutely aware that only approximately 60% of healthcare is beneficial,⁴ and the remainder is at best wasteful of resources, contributing to the significant environmental impact of the healthcare sector, and at worst harmful. Likewise, much research is at best non-beneficial, but at worst wasteful and harmful, through poor design, implementation or analysis, or through inadequate attention to ethical considerations.⁵ In particular we note the significant environmental impact of animal research, including the waste of energy and resources: 90-99% of drugs tested in animals go on to fail in clinical trials, with research areas failing 99% of the time including Alzheimer's and Parkinsons) and need for funding alternatives.⁶ DEA would like to see health and medical research funding processes based on attention to research impact on population health and wellbeing, based on determinants of health including environmental, social and commercial determinants.

Conclusion

DEA advocates for a comprehensive revision of health and medical research priorities for WA that recognise the importance of collaboration, the need to address protection and promotion of health rather than treatment of disease, and the growing importance of environmental determinants of health in the face of climate change.

References

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