

1 July 2026

[REDACTED]
Senior Health Reporter
The Age

Via email: [REDACTED]

Dear Ms Cook,

I refer to your email, dated 30 June 2026, as regards a new model of private hospital ownership and governance emerging in Australia, in particular the recently opened Adeney Private Hospital in Victoria.

Please see below our response to the four questions you put the Australian Society of Anaesthetists (ASA) in your email.

Please attribute any quotes in your article to ASA President, Dr Vida Viliunas OAM.

1. What are the ASA's key objections to this co-ownership model of private healthcare? What benefits do you see from this model?

ASA response: The statement addresses a broader and emerging model of private hospital ownership, funding and governance, including arrangements where a private health insurer has an ownership interest in a hospital and where enhanced rebates are available only to selected patient groups.

Any concerns we have with this co-ownership model of private healthcare are clearly articulated in that document. Our statement recognises however that this model can deliver benefits for eligible patients, including reduced or eliminated out-of-pocket costs, and can also provide participating doctors with remuneration closer to recognised professional fee benchmarks.

The statement specifically acknowledges that eligible patients may receive no-gap care and that participating doctors may be able to charge their usual fee with little or no patient out-of-pocket cost. The ASA continues to advocate for patient access, clinical independence and the sustainability of the public and private healthcare system in Australia.

2. What internal and external consultation process was undertaken prior to the publication of this position statement? Were any of the anaesthetists working at Adeney Private Hospital consulted?

ASA response: The position statement was developed as a policy document for the ASA, drawing on available information about emerging private hospital ownership models, member and expert input, and the ASA's longstanding policy positions on patient choice, informed financial consent, clinical independence, community rating, fee-for-service medicine and the

need for appropriate indexation of patient rebates. It was not developed as a statement about the clinical standards or individual clinicians working at Adeney Private Hospital.

3. The position statement references a significant "uplift rebate schedule" for medical services at Adeney. Can you clarify the exact difference in remuneration for an anaesthetist working under this model compared to a traditional private hospital?

ASA response: On remuneration, the statement refers to reported uplift rebate arrangements. It states that the uplift rebate schedule at Adeney is reportedly at parity for surgeons and anaesthetists at 92 per cent of the AMA rate for most procedures and 65 per cent for endoscopy. The arrangements are a matter for Adeney to make public comment on, but our understanding is that the rebates are far more favourable to anaesthetists than the usual rebates as shown in our independently conducted [survey on Specialist Fees and Informed Financial Consent](#).

The practical difference will vary depending on the procedure, patient eligibility, insurer, item numbers and the anaesthetist's own billing arrangements.

4. An anonymous group of clinicians, calling themselves the "Concerned Anaesthetists," recently wrote to the ASA, accusing the professional body of being "hijacked" by corporate interests to protect incumbent hospital groups like Epworth HealthCare. How have you managed conflicts of interest when formulating this position statement? What is the ASA's response to these specific allegations?

ASA response: The ASA's position was developed on behalf of its 4,500 plus members, who practise across public, private and mixed healthcare settings throughout Australia. The process was consistent with the ASA's standard approach to developing position statements that draw informed opinion from across the broad and diverse membership of the ASA. It reflects longstanding policy principles relating to patient access, clinical independence and the sustainability of the private healthcare system, rather than the interests of any hospital group or commercial organisation.

The ASA rejects any suggestion that this position statement was influenced by or developed to protect the interests of any particular hospital group.

The ASA's position is clear - where non-standard rebate arrangements, ownership interests or uplift schemes exist, they should be transparent. Doctors with financial interests in facilities where they practise should disclose those interests, and policy settings should ensure that the benefits of improved rebates and reduced out-of-pocket costs are not limited to particular facilities.

If you require any further information from the ASA, please feel free to contact me on [REDACTED]

Regards,

[REDACTED]
Australian Society of Anaesthetists