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# John's \$12 tonic: Press coverage of the government's selling of a private health insurance rebate

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## Abstract

**Objective:** To document representations of the 1998 introduction of a 30% rebate on private health insurance in the three most-read daily Sydney newspapers. **Methods:** Thematic frame analysis of 131 newspaper articles. **Results:** The rebate was opposed through two frames: that it was ineffective and unfair, and that it was politically motivated. Four supportive frames were more complex: the rebate was justified by claims that public health care was collapsing, that responsible citizens should pay for their own health care, and that individuals would benefit financially. There was also a focus on the political battle in the Senate. The newspaper with the readership least likely to benefit from the rebate supported it most strongly. **Conclusions:** Framing was strongly episodic (two dimensional, decontextualised and case-study based), limiting political accountability, and the anti-rebate case was presented less memorably. Community action around the issue was not encouraged, individual responsibility was emphasised and universal health care was not promoted as fair or necessary. Different readerships received different messages about the rebate. **Implications:** There is an urgent need to promote the value of the public health care system and make the future of Medicare compelling for news editors and the public.

## Keywords

private, selling, government's, coverage, press, tonic:, rebate, \$12, insurance, john's, health

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# John's \$12 tonic: Press coverage of the government's selling of a private health insurance rebate

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On 10 December 1998, Australian federal politicians emerged late after a 'knife edge vote'.<sup>1</sup> "It's been a long night, it's been a hard fight but we've delivered on the promise," said the Health Minister. "We are immensely pleased. It's a great result for Australia."<sup>2</sup> The Government had 'delivered' a 30% tax rebate on premiums for all Australians with private health insurance.<sup>3</sup> The bill was opposed strongly by Labor, the Greens and, after initial attempts at a compromise deal, the Australian Democrats.<sup>3</sup> Independent Senator Brian Harradine promised to block the bill,<sup>6,7</sup> but, after a last-minute meeting with the Prime Minister, relented.<sup>2</sup> Since its implementation the cost of the initiative has been estimated to be between \$A2.5 and \$A3 billion a year (for comparison, the reported health and aged care budget bottom-line for 2000/01 is \$A135.4 billion).<sup>4,5</sup>

This paper analyses coverage of the rebate in the three most popular daily newspapers sold in Sydney, from the first explicit mention of the rebate (14 August 1998) to the passing of the rebate in the Senate (last report 26 December 1998). Our analysis rests on a belief that the market fails for health, with subsequent need for government intervention to make health care accessible to all regardless of income. This position is consistent with support for Medicare, which finances private and public hospitals and general practice in Australia through progressive taxation.<sup>8</sup>

We will focus on media 'framings' of the 30% rebate. 'Frames' are the taken-for-granted assumptions through which the

'news' is selected and presented by media professionals. Although frames influence the version of the 'news' which is promoted, they can seem 'natural' to an uncritical audience, and even to news professionals themselves.<sup>9,10</sup> 'Framing' subtly alters the presentation of problems and their solutions, with resultant 'framing effects': changes in consumers' perceptions of what an issue is 'really about', who is responsible for it and whether change is possible.<sup>9</sup> Iyengar distinguishes episodic framing, which is concrete and focuses on case studies or events, from thematic framing, which is more conceptual, facilitating a deeper understanding through contextualisation.<sup>9</sup> He proposes that the dominance of episodic framing diminishes government and societal accountability by communicating that individuals are responsible for their own circumstances. Charlotte Ryan suggests the need for 'mobilising' frames, which present problems as collective and encourage community action, avoiding the 'victim blaming' and individualism that the new public health also warns against and argues that, rather than explicate a core argument, news is more likely to use symbol, metaphor, catch-phrases and anecdote to make a frame 'real' for audiences.<sup>10,11</sup>

## Method

We searched for instances of the keywords 'health insurance' and 'rebate' between 1 August 1998 and 31 January 1999 in three newspapers. *The Daily Telegraph* and *The Australian* were accessed via Reuters' Business Briefing,<sup>12</sup> a web-based database. *The*

## Abstract

**Objective:** To document representations of the 1998 introduction of a 30% rebate on private health insurance in the three most-read daily Sydney newspapers.

**Methods:** Thematic frame analysis of 131 newspaper articles.

**Results:** The rebate was opposed through two frames: that it was ineffective and unfair, and that it was politically motivated. Four supportive frames were more complex: the rebate was justified by claims that public health care was collapsing, that responsible citizens should pay for their own health care, and that individuals would benefit financially. There was also a focus on the political battle in the Senate. The newspaper with the readership least likely to benefit from the rebate supported it most strongly.

**Conclusions:** Framing was strongly episodic (two dimensional, decontextualised and case-study based), limiting political accountability, and the anti-rebate case was presented less memorably. Community action around the issue was not encouraged, individual responsibility was emphasised and universal health care was not promoted as fair or necessary. Different readerships received different messages about the rebate.

**Implications:** There is an urgent need to promote the value of the public health care system and make the future of Medicare compelling for news editors and the public.

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**Table 1: Demographics of weekday readership for the three newspapers analysed.**

Quintile <sup>a</sup>	The Daily Telegraph		The Sydney Morning Herald		The Australian	
	n ('000s)	%	n ('000s)	%	n ('000s)	%
AB	211	18	391	46	65	56
C	250	21	212	25	28	24
D	255	22	132	16	14	12
E	242	21	75	9	4	3
FG	210	18	40	5	5	4
TOTAL	1,168	100	850	100	116	100

Note:

(a) Newspaper advertising or circulation departments commission market research to map their readerships for the information of potential advertisers. The five categories (quintiles) displayed above are the groupings used to measure socio-economic status (SES). AB is the highest SES, FG the lowest. Allocation to a group is determined by a combination of income, education and occupation. Data acquired via personal communication with the publishers based on Roy Morgan polling from December 2000. Percentages rounded.

*Sydney Morning Herald (SMH)* was accessed via a CD ROM archive.<sup>13</sup> These papers are read by different demographic groups (see Table 1). *The Australian's* profile is the most affluent, followed by the *SMH*. *The Daily Telegraph's* readership is spread evenly across socio-economic groups.

The period of coverage can be divided into seven episodes (see Table 2). The 'main event' in each of these episodes often provided the peg or journalistic pretext for media coverage.

The search produced 131 articles, 51 (39%) each from *The Australian* and the *SMH*, and 29 (22%) from *The Daily Telegraph*, which were divided into chronological groupings according to the episodes in Table 2. Using Ryan's framework, 18 mutually exclusive frames were identified, in six major groupings.<sup>10</sup> Because a single article often presented a balance between several frames, articles were not coded for a primary or dominant frame, but for all frames present (mean=1.96 frames per article).

## Results

A total of 257 instances of the six frames were identified. The frames are detailed in Tables 3 and 4 and their frequencies in Table 5.

**Table 2: Episodes in the period of coverage.**

Dates	Main events
Prior to 13 August 1998	A limited means tested rebate is made available from July 1997. This rebate is intended to maintain or increase the number of people with private health insurance but is deemed to be a failure. Membership of private health funds is reported to be shrinking.
13 August 1998	The Federal Government announces its 'family friendly' tax package, which includes the introduction of a Goods and Services Tax (GST) and the 30% rebate.
1 September 1998	Election campaign 1998 begins. Taxation and health become dominant election issues.
3 October 1998	Federal election. The conservative Liberal-National Party coalition is returned to power.
Week of 9 November 1998	Legislation including the 30% rebate introduced.
Week of 23 November 1998	Senate begins debating the legislation.
7 December 1998	Senate committee reports on the issue.
Night of 10 December 1998	Legislation passed in the Senate.
1 January 1999	Rebate introduced.

## Frames used by opponents of the rebate

The case against the rebate in the media studied incorporated just two primary frames.

### Opposing frame one: It won't work and it's not fair

This frame presented the rebate as a payout to rich consumers who would have remained insured regardless. It was the most common frame, occurring in 53% of articles, equally prominent in *The Australian* and the *SMH* but rare in *The Daily Telegraph*, despite the potential appeal to its lower-income readership. The frame peaked in the week of the Senate debate, as Opposition argument generated news stories.<sup>14-18</sup> Labor warned that 'Australia's richest 20% would get almost half the rebate,<sup>19</sup> that 'millionaires would qualify,<sup>14</sup> and that Medicare '[would] not survive another Coalition Government.<sup>20</sup> Journalists, particularly in the *SMH*, also argued this frame in opinion pieces:

*'If you've heard of politicians throwing money at a problem, this is the classic case. Rather than tackle the real issues, [The Prime Minister John] Howard just wrote another cheque on the taxpayers' account and looked the other way. It would be misleading to say that Mr Howard's new rebate papers over the cracks. It actually makes the cracks wider.'*<sup>21</sup>

*'The Government is spending \$1300 million of the taxpayers' money to save the taxpayer \$350 million ... it's a total nonsense ... taxpayers would spend at least \$2500 to buy each new member.'*<sup>22</sup>

Although frequent, this theme rarely dominated, instead functioning as a final counterweight inserted to 'balance' the Government's view.

*Opposing frame two: Bribery and corruption*

Accusations of unfair dealing by the Coalition occurred in 35% of articles, and increased after the rebate was passed. Under the headline, 'Fistful-of-dollars PM pumped up as never before', senior journalist Paul Kelly wrote: "Howard knew how hard it was to sell a GST so he's gone for overkill ... [the rebate is a] targeted bribe [by a] fistful-of-dollars PM pumped up for battle. Frankly, if this doesn't sell the GST then it's beyond salvation. A very hefty price is being paid."<sup>23</sup>

Other journalists agreed.<sup>24</sup> The Government's real priorities were ... "to buy votes rather than improve healthcare."<sup>25</sup> The rebate had

... "bought off the ire of the mere 30 per cent of the population who remain in private health insurance, bought off the doctors, private hospitals and health funds with a vested interest in the insurance system and bought [Howard] another term in office without a commitment to deal with root causes."<sup>21</sup> The Coalition was siphoning public money off to the private sector:<sup>26-29</sup> the "vast medical industry fed to obesity on the public teat."<sup>30</sup> One journalist wrote:

*'As for the 70 per cent of the population not covered by private health insurance and with no intention of taking it out, they have a right to feel hard done by, particularly by the Coalition. What other industry, particularly in an era of shrinking Government, could expect to receive a 30% subsidy from taxpayers for its operations? Who, moreover, in the face of the failure of previous generous efforts to prop them up, could expect the Government to shovel ever-increasing amounts in their direction?'*<sup>31</sup>

The Bill seemed doomed until eleventh-hour negotiations between Howard and Brian Harradine, an independent senator who

**Table 3: The two frames used by opponents of the rebate. Framework by Charlotte Ryan.<sup>10</sup>**

Package	Frames		Symbols	Supporting arguments
	Core frame (the issue is...)	Core position		
It won't work and it's not fair	The impact of the rebate on the health care system	The rebate is unjustifiable because it will not improve the health care system, wastes precious health dollars and only benefits the rich.	Subsidising gym membership and tennis racquets. Millionaires would qualify.	It is not fair to implement a rebate that will go mostly to the well off. Governments should operate effectively and spend wisely.
Bribery and corruption	Political transparency and fair dealing	The rebate is being used to buy votes and prop up private health: it's a giant swindle.	'Fistful of dollars prime minister'. The Big Steal.	The rebate is driven by Liberal party support for the private sector. Governments should act in the best interests of the whole population, not just the faction that supports them.

**Table 4: The four frames used by proponents of the rebate. Framework by Charlotte Ryan<sup>10</sup>**

Package	Frames		Symbols	Supporting arguments
	Core frame (the issue is...)	Core position		
The end is nigh	The future of the private health industry	The collapse of the private health industry is a disaster that must be averted.	Apocalypse/ extinction. Health system as dying patient.	If people have paid for private health insurance it should cover all their expenses. The public system relies on the private system for survival and will collapse without it.
Make my day	Political supremacy and the right to govern	The rebate is the basis of a symbolic war between ideologies: the victor will have the upper hand in other policy areas.	Health minister as action hero.	Strong personalities and the drama of the contest drive politics. Whoever wins the battle over the rebate will win on GST. If a Government is voted in on a policy they have a right to implement it.
You get what you deserve	Who should be responsible for financing healthcare	The Government wants to reward responsible citizens who finance their own private health cover and thus have access to the choice and quality that private health provides.	Public health stretched to breaking point. Rich greedy freeloaders. The 'battlers' are being robbed. Only those who try to help themselves deserve help.	Battling Aussies deserve a fair go and the Government should provide it for them. The very rich are fair game. Paying your own way is more responsible than relying on the public purse.
What's in it for me?	The financial effect of the rebate on individuals	The rebate will provide individuals with extra money.	Christmas present for families.	The rebate is a handout – what is important is whether you, the reader, will get more money.

Table 5: Frequency of frame occurrence.

	Number of references	Per cent of 131 articles containing this frame <sup>a</sup>	Percentage of total references to this frame occurring in the...		
			Australian	Daily Telegraph	Sydney Morning Herald
It won't work and it's not fair	70	53	43	14	43
The end is nigh	50	38	50	20	30
Bribery and corruption	46	35	48	9	43
Make my day	44	34	36	16	48
You get what you deserve	39	28	26	41	13
What's in it for me?	8	6	0	75	25

Note:  
(a) Articles were coded for all frames present, thus percentages add to >100

held the deciding vote. These negotiations were called immediately into question. 'Howard and the health funds have pulled off The Big Steal'<sup>6</sup> wrote one journalist and another, under the headline 'Psst, wanna buy a deal on rebates?'<sup>32</sup> wrote: "Brian Harradine has been duped. Suckered. Sold a pup. He has given away a principle for the nearest thing to nothing you can get." Harradine fell for a "billion-dollar bribe" and was "conned by experts."<sup>7</sup> The account of the deal had overtones of a seduction – Harradine "teased the Government all night"<sup>33</sup> and then refused to kiss and tell the next morning, giving no explanation for his turnaround.<sup>7</sup>

### Frames used by proponents of the rebate

Proponents of the rebate received more media coverage for a greater number of frames, which were more memorable and dramatic. There were four rebate-supporting frames in our sample.

#### Supporting frame 1: The end is nigh

This frame promised a non-specific but inexorable future apocalypse if Australians reneged on private insurance. This alarmism featured in 38% of articles in the study period. It was the dominant theme in 1998 before the rebate was announced, invoked in all three papers but sustained particularly by a single journalist in *The Australian* over some months.<sup>34-37</sup>

Images included "desertion",<sup>38</sup> "plummeting membership",<sup>35</sup> "exodus",<sup>34</sup> a "China Syndrome Meltdown"<sup>39</sup> and "alarming and catastrophic decline."<sup>37</sup> The rebate was the "last chance saloon" for the private sector.<sup>40</sup> "Failure to support the rebate [would] drive a nail in the coffin of the private sector and a knife in the back of public hospitals",<sup>40</sup> with "private health insurance becoming extinct and only public hospitals and waiting lists surviving."<sup>41</sup> The metaphor of health-system-as-ailing-patient served this frame well, with headlines such as 'Cash injection ruled out as funds bleed'<sup>42</sup> and 'Pre poll bid to resuscitate health funds.'<sup>36</sup>

'The gap' (the difference between the fees charged by doctors and the amount paid by insurers) was part of this impending doom: a cost "saddled by the consumer".<sup>32,43,44</sup> Poignant case studies illustrated the impact of 'the gap' on individuals. It was an injustice, a disincentive for consumers and a priority for policy attention. Only Mark Ragg in *The Australian* pointed out that "Medicare is the ultimate 'no gap' policy,"<sup>32</sup> providing comprehensive cover according to ability to pay.

With the notable exception of two *SMH* articles during the Senate debate,<sup>21,45</sup> no journalist addressed the key question: *what, exactly, was the problem with a decline in private health insurance coverage?* Decreased membership primarily diminishes private health insurance shareholder coffers (monies which are not necessarily spent on health care). Health insurance was held predominantly by the relatively well-off. Because of taxation arrangements, decreased membership would have required more non-privately insured high-income earners to pay a 1% tax levy, potentially increasing funds available for Medicare (if they were hypothecated). Because of legislative arrangements it would have obliged the Federal Government to give the States more money for health care. Thus it could have effectively increased the tax-funded pool for public hospitals and community health. But this possibility was overridden by a doomsday dramatisation of a bleak, frightening, uninsured future.

#### Supporting frame 2: Make my day

In 34% of articles, journalists focused on the fight for political supremacy that the rebate debate represented, first at the election and then in the Senate. This frame dominated in the week running up to the Senate vote (46% of all frames coded in this period). It was especially prominent in the *SMH* (48% of occurrences of this frame) and much less prominent in the *Telegraph* (16%).

The sides lined up: in the blue corner, the Liberal/National Coalition, the Australian Medical Association and the private health industry; in the red corner the Labor Party, the Australian Democrats, the Doctors' Reform Society, consumers, some not-for-profit private hospitals and the public health system. In the middle, two independents with the balance of power. Howard went to the October 1998 election on a number of promises, including the rebate and, more controversially, a national goods and services tax (GST). If the Liberals could not pass a paltry 30% insurance rebate through the Senate, what chance did they have in succeeding with a comprehensive GST later in the year?

The episodic framing of this political jousting often took precedence over the detail and implications of the bill itself, which was merely a vehicle illustrating the Government's skills in power brokerage. The Democrats disappeared from the headlines once their compromise was rejected,<sup>46,47</sup> leaving a standoff between Labor and the Coalition with the independents as wild cards,

holding the fate of the nation in their hands.<sup>48</sup> Health Minister Wooldridge played a Dirty Harry-style action hero, promising to play hardball and issuing direct threats. "Make our day: NSW Labor will pay the price", he promised.<sup>49</sup> "I tell you, if Labor votes against it we will go after them in their marginal seats."<sup>50</sup>

### Supporting frame 3: You get what you deserve

This frame communicated a key subtext of the proponent's arguments: that those who could not afford private cover were not trying hard enough. The rebate was a reward for those responsible citizens who financed their own cover, often at great personal cost to themselves. The Government was champion of the hard-working low-income earners who were prepared to make sacrifices to access quality care.

The Health Minister was clear about these underlying principles. "We are making a philosophical statement that we wish to help those people who are trying to help themselves,"<sup>18</sup> he said: those with insurance were "making sacrifices" to be "self-reliant" and thus deserved the "control and choice that private health offers".<sup>51</sup> Even more remarkable was the Prime Minister's statement that level of income (and thus, we assume by inference, equity) was "not the point."<sup>52</sup>

*Mr Howard ... said he would accept the 30 per cent saving, although he didn't need the money. "I am earning, by community standards, a very high income," Mr Howard said ... "but that's not the point. The name of the game is to get volume, to get large numbers of people taking out health insurance to take the load off the public hospital system".<sup>52</sup>*

This frame occurred in 28% of articles. *The Daily Telegraph* promoted it particularly strongly: 29% of the Telegraph's coded frames were in this category, in contrast to 9% of the total frames in *The Australian* and 13% in the *SMH*. Forty-one per cent of occurrences of this frame were in the *Telegraph*, despite the small number of articles it ran on the rebate overall.

The arguments were multifaceted. The private system was framed as superior and aspirational, aided by dramatic characterisations of the public system as chaotic, consisting of "stretched budgets, overcrowded emergency departments and an ever ready supply of patients waiting to fill dwindling beds."<sup>45</sup> The need to "ease the burden on the public system" was a given.<sup>53</sup> The rich were accused of exploiting this public system, which would be freed up if they behaved decently and took out private insurance.<sup>45,54</sup> According to the Prime Minister, Labor was "spawning a new species of elite Australian: Macklin's Millionaires" (named after the shadow health minister) "who opted out of private cover and put pressure on the public system."<sup>50</sup> Despite the potential for the progressive Medicare levy to subsidise care for the less well off from the contributions of the wealthy, a caricature of the greedy rich and the intuitive logic that "those who can pay should pay" often won out, particularly in *The Daily Telegraph*.<sup>40,55,56</sup>

Even more remarkable was "the rhetorical battle for the batlers."<sup>50</sup> The Coalition emphasised that it was "going into bat for the low-income earners of Australia,"<sup>25,57,58</sup> a masterful counter to any argument that the rebate was inequitable:

*"[Howard said the rebate was] a boon for low income earners.*

*who scrimp and save to give themselves the security of private health insurance."<sup>50</sup>*

*"John Howard warned yesterday 700,000 low-income earners would be penalised if enabling legislation failed in the Senate... "this proposition that everybody who's got private health insurance is a millionaire is absolute nonsense", Mr Howard told Parliament. "I say to the low-income earners of Australia, I want to say to the pensioners...we will help you keep your private health insurance."<sup>59</sup>*

This stance was enriched by claims that the wealthy subsidised the poor in health funds<sup>46,56</sup> (how this applied to flat fee private insurance and not a progressive Medicare levy was never explained) and by the mandate of Howard's electoral success. This mandate was something of a mantra in late 1998, and was used to sell the Liberal-National coalition as being closer to the people than Labor.<sup>60</sup> "We put policy out and we defended it and we won the damned election,"<sup>60</sup> Howard declared, and the people's "beloved Labor Party"<sup>61</sup> "will have a lot of explaining to do if they rob Australians of a \$650-\$700 rebate."<sup>47</sup> (our emphasis)

### Supporting frame 4: What's in it for me?

This final frame focused on the financial benefits of the rebate for individuals. There were few occurrences – only eight articles in 131, and *The Daily Telegraph* led the way with six of the eight occurrences. After the rebate was passed the *Telegraph's* copy was suddenly peppered with families and their savings, couched in terms of extra money for Christmas. The rebate was a "rescue package", a "pre-Christmas boon", a "gift for families", and the impact was "stunning", with the industry reporting "floods" and "blitzes" of calls and "skyrocketing" membership, despite negative reports elsewhere.<sup>3,44,62</sup> Most extraordinary was the headline 'John's \$12 tonic' the morning after the vote,<sup>52</sup> based on the calculation that the average family would save \$12 a week on top cover.

## Discussion

Sydney print media reportage provides little evidence of strategic advocacy against the rebate. None of the frames fit within Ryan's 'mobilising' schema: framing suggested that the Government, rather than the community, had the power to decide, and no focal point for resistance was apparent. Opposition arguments came largely from the Senate during debate. Public opposition was rarely reported, and occasional comments from the Doctor's Reform Society were drowned out by the AMA and the private health industry. Policy-by-cash-incentive was reinforced by the framing of health financing as an individual responsibility and the promotion of \$12 in consumers' pockets over societal equity. The emphasis on political battles and bribes distracted from the consequences for the health care system and was highly demobilising. This illustrates the undermining of accountability that occurs when the ability to pass bills becomes the measure of political performance, and could have been subverted by framing Harradine as a David fighting the Goliath of the Government's unjust policies instead of as an innocent too easily seduced.

In Iyengar's terms, episodic framing won the day, with the most

dramatic example being the unexplained but frightening threat of health system collapse. Of the frames represented, only “you get what you deserve” and “it won’t work and it’s not fair” could be seen as thematic, constituting 109 out of 259 coded frame occurrences. The latter was not enriched by imagery, case studies or metaphors. Reports using this frame relied on fact-based argument, and did not highlight societies and individuals who had suffered under the privatisation of health care. In contrast, “you get what you deserve” was complex and rhetorical, and was the most ‘de-mobilising’ frame. It was reinforced by the predicted collapse of the public health system. It resonated with Australian traditions of disdain for the excessively wealthy and a fair go for the underdog, using images more common in Labor campaigning of hard-working battlers desperate for a helping hand to cover the expense of good quality care. It benefited from case studies of people disadvantaged by the gap, providing the Coalition with the opportunity to ‘solve’ a problem through their action on insurance. It was also sympathetic to Howard’s love of individual responsibility and decreased Government provision of public services. It relied on an insidious subtext, implying that only those who “take responsibility for their own health” (read: are able to pay for private insurance) deserve assistance, facilitating victim blaming and permitting Government to abdicate responsibility.

Something that rarely emerged in the debate was the idea of universal health care as a basic entitlement in a fair society. Those with private insurance could have been framed as being cheated by an inefficient, profit-driven system, particularly by reframing ‘gap’ stories as doctors and insurers cooperatively fleecing the consumer. Contributions to Medicare could have been framed as responsible social participation and contributions to private insurance as building a five-star walled society, starving Medicare of funds through exemptions and state-federal cost shifting. Framing of the public healthcare system generally may need attention: constant doomsday scenarios of a failing public system may devalue it and make it easier to discard. Overall, this study suggests a need to identify and promote the achievements of the public system and to frame healthcare as a fundamental public expenditure.

There was some evidence in this sample that it is possible for a particular ideology to dominate in one publication but not in another, potentially resulting in framing effects that differ between readerships. In this case the differences were highly ironic given that the paper that most aggressively promoted the rebate was most read by the demographic least likely to benefit from it. Segmented approaches by advocates are needed to ensure that the messages provided to different media meet both the conventions of that media and the needs of its particular audience.

This study is limited by three major caveats, which also suggest directions for further research. First, if resources had been infinite, the sample would have included other media products, such as *The Australian Financial Review*, whose readership stood to gain from the rebate, major dailies from other states, and television and radio. Second, it should be stressed that the best attempts at advocacy do not necessarily make it to final copy: the

lack of representation of the anti-rebate case does not mean that advocates were not trying hard enough, it may be the result of impediments beyond the advocates’ control. Finally, it should be noted that media advocacy is not everything: direct lobbying of politicians, for example, can be at least equally influential, and is not considered here.

Health financing is not much of a story. Chronic, complex and dry, the issues are hard to pin down to events and individuals. In this case an event (the Senate vote) made it newsworthy and became the focus. There were in-depth opinion pieces, both supportive and critical, that framed the issues thematically and encouraged a deeper understanding. But the majority of pieces emphasised the political process rather than its implications. From our perspective, a profound shift in favour of an unworkable, profit-driven system was often framed as a political triumph for responsible Australian families and their quest for self-determination. Episodic framing defeated political accountability, as Howard appeared to solve, rather than create, a problem.

Since 1999, the Howard Government has further pursued its objective of providing “choice through private health insurance”, supported by a \$16 million mass media campaign.<sup>4</sup> In March 2001, the health funds reportedly had an “embarrassment of riches” as a result of these policies, making a profit in the last financial year of \$344 million, in contrast to the \$11 million loss made in 1998.<sup>63</sup> Sadly, these changes have been opposed by few in the public domain. There is an urgent need in this climate to fight for the future of Medicare by providing an alternative view and making it compelling for both news editors and the public.

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