



Irish Republican Brotherhood

Policy for Health

We acknowledge that health is a state of physical, mental, emotional and social well-being and that one's health is fundamentally the responsibility of each one of us to pursue and maintain through correct thought and action. It must also be affirmed that the Sovereign Government has a fundamental role in optimizing the opportunity for all Irish people to live healthy fulfilling lives.

The foundations of good health are in strong families and communities.

It also involves living in circumstances that permit active social lives with access to healthy food, clean unflouridated water, safe work environments and civic amenities that foster good health.

Principle 1: Health is principally promoted outside the medical system. We wish to counter the over medicalisation of Irish society. Those who work in the Irish medical system should understand this fact and work in harmony with it. Those with knowledge and oversight will work towards promoting public health by tackling unhealthy and obesogenic environments. The current paradigm is too focused on the effects of unhealthy environments and too little on prevention.

Principle 2: The educational system has a fundamental role to play in a healthy Ireland. Increased emphasis on home economics and cooking from simple ingredients is required.

More time to be spent on understanding how food is produced and brought to market. The National Media will present high quality material exploring the role of farming, marine and food sectors of Irish society.

Principle 3: A healthier Éire will mean a smaller role for Irish medicine. It is not sustainable that the health budget should increase year on year over the rate of inflation. This is an indicator of a sick society and not a healthy one.

Éire will learn from international best practice in the provision of healthcare and to avoid the waste of consumerist and for profit models. [France, Taiwan, Sweden]

There will be a stronger focus on primary healthcare and providing local high quality services to the greatest extent possible.

Principle 4: Privatisation and corporatisation of healthcare will be countered by improving Sovereign Government contracts and incentives for doctors and other healthcare providers. Hospices and hospice homecare will be further supported.

Principle 5: At the intersection between primary and secondary care, the enhancement of urgent care and urgent out of hours care will be developed to enhance the scope of general practice and reduce the burden on A & Es.

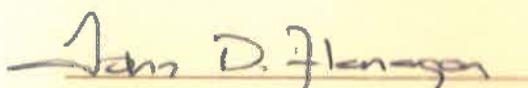
Principle 6: Within secondary care a varied skill mix will be maintained with accommodation of generalist physicians and surgeons to the greatest extent possible. We recognize and respect the importance of subspeciality expertise but seek to provide a balanced system and reduce complexity and maintain continuity of care as much as possible.

Principle 7: The “Silo mentality” and turf wars within medical disciplines must be rooted out so as to provide care most efficiently to patients. If this involves changes in the training of health care professionals, this will be done to root out the bottlenecks to care in the Irish system.

Principle 8: We will ensure that Ireland compares well with other countries in the provision of specialist services. Trends and patterns in accessing healthcare abroad will be studied. Éire will seek to provide as much as is practical for the healthcare needs of her people. We will work collaboratively with neighbouring countries in the provision of specialist's services.

Principle 9: When discussing international health partnerships, we maintain that Éire will not cede health sovereignty to any transnational entity. Éire reserves the right to withdraw from any international body that seeks to interfere with our sovereignty in such a fundamental matter as health. This warning also extends to any proposed cooperation with a so-called “health passport” system.

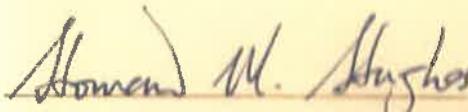
Principle 10: In further measures to defend our sovereignty Éire recognises the pernicious and unhealthy development of the “medical industrial complex”. We will defend the integrity of the doctor/healthcare provider to patient relationships. By resisting the MIC we avoid the perverse incentives of industry to medicalise everyone and everything. We see how the cult of managerialism and target culture destroys compassion and continuity of care leading to worse care of the sickest and most vulnerable.



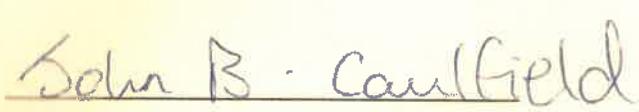
Chairman



Secretary for Health



Ministry Member



Ministry Member





BRÁITHNEACHAS PHOBLACHT NA hÉIREANN



Beartas Sláinte

Aithnímid gur staid fhisiciúil, mheabhrach, mhothúchánach agus shóisialta i an tsláinte agus go bhfuil freaghracht bhunúsach ar gach duine againn tabhairt faoi agus coinneáil leis trí mhachnamh agus gníomh ceart. Ní mór a dhearbhú freisin go bhfuil ról bunúsach ag an Rialtas Ceannasach maidir leis an deis a thapú do mhuintir na hÉireann go léir saol sláintiúil sásúil a chaitheamh.

Tá bunchlocha na dea-shláinte i dteaghlaigh agus i bpobail láidre.

Baineann sé freisin le maireachtál i gcúinsí a cheadaíonn saol sóisialta gníomhach le rochtain ar bhia sláintiúil, uisce glan neamhphlúrálte, timpeallachtaí oibre sábháilte agus taitneamhachtaí cathartha a chothaíonn dea-shláinte.

Prionsabal 1: Cuirtear an tsláinte chun cinn go príomha taobh amuigh den chóras leighis. Is mian linn cur i gcoinne ró-mhíochaine shochaí na hÉireann. Ba chóir dóibh siúd atá ag obair i gcóras leighis na hÉireann an méid sin a thuiscent agus oibriú ar aon dul leis. Oibreoidh siad siúd a bhfuil eolas agus maoirseacht acu chun sláinte phoiblí a chur chun cinn trí dhul i ngleic le timpeallachtaí míshláintiúla agus obesogenic. Tá an paraidim reatha ródhírithe ar éifeachtaí timpeallachtaí míshláintiúla agus róbheag ar chosc.

Prionsabal 2: Tá ról bunúsach le himirt ag an gcóras oideachais in Éirinn shláintiúil. Tá gá le béim níos mó ar eacnamaíocht bhaile agus cócaireacht ó chomhábhair shimplí.

Níos mó ama le caitheamh ar thuiscent a fháil ar an gcaoi a dtáirgtear agus a thugtar bia chun an mhargaidh. Cuirfidh na Meáin Náisiúnta ábhar ardchaighdeáin i láthair ina ndéanfar iniúchadh ar ról na n-eamálacha feirmeoireachta, mara agus bia i socháin na hÉireann.

Prionsabal 3: Ciallóidh Éire níos sláintiúla ról níos lú do leigheas na hÉireann. Nil sé inbhuanaithe go dtiocfadh méadú bliain i ndiaidh bliana ar an mbuiséad sláinte thar an ráta boilscithe. Is táscaire é seo ar shochaí tinn agus ní ceann sláintiúil.

Foghlaimeoidh Éire ón dea-chleachtas idirnáisiúnta maidir le cúram sláinte a sholáthar agus chun cur amú tomhaltóirí agus samhlacha brabús a sheachaint. [An Fhraing, An Téaváin, An tSualainn]

Díreofar níos láidre ar chúram sláinte príomhúil agus cuirfear seirbhísí áitiúla ar ardchaighdeán ar fáil a mhéid is féidir.

Prionsabal 4: Cuirfear i gcoinne priobháidiú agus corprú cúram sláinte trí chonartháí agus dreasachtaí Rialtais Fhlaitheasacha a fheabhsú do dhochtúirí agus do sholáthraithe cúraim sláinte eile. Tabharfar tuilleadh tacaíochta d'ospísí agus do chúram baile ospís.

Prionsabal 5: Ag an gcrosbhealach idir cúram príomhúil agus cúram tánaisteach, forrófar cúram práinneach agus cúram práinneach lasmuigh d'uaireanta oibre chun raon feidhme an chleachtais ghinearálta a fheabhsú agus chun an t-ualach ar A & Es a laghdú.

Prionsabal 6: Le cúram tanaisteach coinneofar meascán scileanna éagsúil le coiríocht lianna agus máinlianna ginearálaithe a mhéid is féidir. Aithnímid agus léirímid an tábhacht a bhaineann le saineolas subspeciality ach déanaimid iarracht córas cothrom a chur ar fáil agus castacht a laghdú agus leanúnachas cúram a choinneáil a oiread agus is féidir.

Prionsabal 7: Ní mór an "meabhair Silo" agus cogáí móna laistigh de dhisciplíni leighis a fhréamhú amach chun cúram is éifeachtaí a chur ar fáil d'othair. Má bhaineann sé seo le hathruithe ar oiliúint gairmithe cúram sláinte, déanfar é seo chun na scrogaill a fhréamhú don chúram i gcóras na hÉireann.

Prionsabal 8: Cinnteoimid go ndéanfaidh Éire comparáid mhaith idir tíortha eile maidir le sainseirbhísí a sholáthar. Déanfar staidéar ar threochtaí agus ar phatrúin maidir le rochtain a fháil ar chúram sláinte thar lear. Féachfaidh Éire leis an oiread agus is praiticiúil a chur ar fáil do riachtanais chúram sláinte a muintire. Oibreoidim i gcomhar le tíortha comharsanacha chun seirbhísí speisialtóirí a sholáthar.

Prionsabal 9: Agus comhpháirtíochtaí sláinte idirnáisiúnta á bplé againn, áitímid nach ngéillfidh Éire ceannasacht sláinte d'aon eintiteas trasnáisiúnta. Forchoimeádann Éire an ceart tarraingt siar ó aon chomhlacht idirnáisiúnta a fhéachann le cur isteach ar ár gceannasacht in ábhar chomh bunúsach leis an tsláinte. Baineann an rabhadh seo freisin le haon chomhoibriú atá beartaithe le córas "pas sláinte" mar a thugtar air.

Prionsabal 10: In bearta breise chun ár gceannasacht a chosaint Aithníonn Éire forbairt dhochreidte mhíshláintíúil an "choimpléasc tionsclaíoch leighis". Cosnóimid sláine an dochtúra / an tsoláthraí cúram sláinte do chaidrimh othar. Trí sheasamh in aghaidh an MIC seachnaímid dreasachtaí contrártha an tionscail chun gach duine agus gach rud a leigheas. Feicimid conas a scriosann cultas na bainistíochta agus an spriocchultúir comhbhá agus leanúnachas cúram as a dtagann cúram níos measa ar na daoine is breoite agus is leocheallí.

Seán Ó Catháin

Cathaoirleach

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John O'hAodha

Comhalta den Aireacht

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