

A U S T R A L I A N

Medicine

The national news publication of the Australian Medical Association

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AMA LEADERSHIP TEAM



President
Dr Tony Bartone



Vice President
Dr Chris Zappala

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All eyes on aged care Royal Commission's terms of reference



Public consultation on the terms of reference for the Royal Commission into the Aged care Sector has closed, but the Government continues to seek the views of the medical community.

Public submissions will be accepted by the Commission itself once it has begun, but as yet the nation does not know the parameters the Government will set for what is expected to be a far reaching and extensive inquiry.

The AMA has welcomed the Federal Government's commitment to launch a Royal Commission into aged care quality and safety, and has stressed that it must consider staff ratios.

In its formal submission to the consultation, the AMA has urged the Commission to consider introducing a registered-nurse-to-resident ratio at all aged care centres.

AMA President Dr Tony Bartone has written personally to Prime

Minister Scott Morrison, calling for the ratio to be included.

"The aged care system is in crisis and there have been too many cases of abuse and neglect to ignore," Dr Bartone wrote.

"Many of these cases involve inadequate clinical care. There is a lack of registered nurses with aged care experience who would provide the clinical governance, oversight, and leadership required in these facilities.

"AMA members report that one of the major reasons they either will not visit, or anticipate ceasing visiting residential aged care facilities, is the lack of access to nurses in the aged care workforce, and the problems that devolve from this."

The ABC's *Four Corners* program's two-part investigation into the treatment of older Australians in aged care homes has exposed numerous flaws in the system – with far too many tragic and unacceptable results.



All eyes on aged care Royal Commission's terms of reference

... from p3

Dr Bartone has pointed out though that the AMA has for many years voiced serious concerns about the care being given to older Australians, and the lack of resourcing to a sector that provides care to people who deserve special support at a vulnerable time in their lives.

"The AMA has long called for reform of the aged care sector," Dr Bartone, a GP in Melbourne who regularly visits residential aged care facilities, said.

"The Royal Commission is expected to investigate the quality of care in private and Government-run aged care homes following the exposure of cases of neglect, elder abuse, and a lack of staff."

"There is a serious lack of resources. There is a serious lack of staff. And there is a serious lack of coordination between all the sectors involved in caring for older Australians."

The AMA President said it was a certainty the Royal Commission will uncover uncomfortable and distressing stories, and systemic failures.

"There must be proper planning to ensure that medical, nursing, and other specialised care are built into the design and operation of aged care facilities," he said.

"The AMA hopes that the Royal Commission will give victims a voice, and lead to real reform of a sector that has been woefully neglected for decades.

"We need to see the 'care' put back into aged care."

The Royal Commission is expected to investigate the quality of care in private and Government-run aged care homes following the exposure of cases of neglect, elder abuse, and a lack of staff.

Aged Care Minister Ken Wyatt said he acknowledged the

reporting and concerns raised by the public.

"The Government's commitment to safe, quality, compassionate, flexible and affordable aged care services for our senior Australians is absolute," Mr Wyatt said.

"Incidences of older people being hurt by failures of care simply cannot be explained or excused. We must be assured about how widespread these cases are.

"As a community we expect high standards for the quality and safety of aged care services and we share these expectations.

"This Royal Commission will be about proactively determining what we need to do in the future to ensure these expectations can be met.

"Evidence to date shows that the problems are not restricted to any one part of the aged care sector, whether it is for profit or not for profit, large or small facilities, regional or major metropolitan. The Royal Commission will look at the sector as a whole, without bias or prejudice. It will make findings on the evidence."

The final terms of references will be determined in consultation with the community, including residents, their families, and care providers. They will include looking at young Australians with disabilities living in residential aged care settings.

Shadow Aged Care Minister Julie Collins said the Royal Commission's terms of reference must be broad.

"We don't want to look just at the abuse and neglect, which has been horrific, but the consequences and the cause of that abuse and neglect," she said.

"We need to look at workforce. We need to look at training and education of the workers. We need to look at the staffing mix in the facilities. And we need to look, in our view, long-term how it's funded sustainably.

"I think we have to have an honest conversation with the Australian public about the aged care system and how it's funded and what people's expectations are."

CHRIS JOHNSON

AMA demands urgent fix to humanitarian emergency on Nauru



The AMA has called on the Government to urgently transfer refugee families from Nauru, describing the situation there as a humanitarian emergency.

In a letter to Prime Minister Scott Morrison, AMA President Dr Tony Bartone urged a policy rethink and demanded that asylum seeker children and their families be removed from Nauru as a matter of priority.

Dr Bartone said deteriorating physical and mental health among refugee children and their families meant they should be relocated to more appropriate places, preferably in mainland Australia.

“Put bluntly, we want some urgent action to help these vulnerable people who find themselves in a hopeless, despairing situation,” Dr Bartone wrote in his letter to the PM.

“The AMA has been calling for a more humanitarian approach, including independent assessment of health care arrangements, for many years now.

“The medical situation for the children on Nauru has been described by health experts, including medical staff who have worked on Nauru, as critical and getting worse. It is a humanitarian emergency requiring urgent intervention.

“We have been given some hope at the bureaucratic level, but a slammed door at the political level.

“The AMA and the medical profession are demanding a change of policy – a change of policy that reflects community concern for the health of asylum seekers.”

Dr Bartone said the AMA wants to see a more compassionate Government approach to the health care of refugees and asylum seekers in the care of the Australian Government.

He said there had been a recent groundswell of concern and agitation across the AMA membership and the medical profession about conditions on Nauru and the escalation in reports of catastrophic mental and physical health conditions being experienced by the asylum seekers, especially children.

“As a suburban Melbourne GP for more than 30 years, and a grassroots Australian with strong community connections and Christian values, I passionately believe we can and must do more to look after the health of these people, many of whom have fled war, conflict, or persecution,” he wrote.

“There are now too many credible reports concerning the effects of long-term detention and uncertainty on the physical and mental health of asylum seekers.



AMA: fix to humanitarian emergency on Nauru

... from p5

“It is within the power of the Government to move on this issue and play its part in allowing traumatised people to begin rebuilding their lives.

“Australia is a caring nation with a long history of compassion and respect for human rights. We need to show the Australian people and the world that we are still a caring nation.

“The AMA believes that asylum seeker children and their families on Nauru must be removed and given access to physical and mental health care of an appropriate standard.”

Dr Bartone repeated the AMA’s call for the Government to facilitate access to Nauru for a delegation of Australian medical professionals to assess the health and welfare of child refugees and asylum seekers.

“This includes access to the children and their families and/or carers, the International Health and Medical Services (IHMS) medical professionals administering to the children, and any Nauruan Government officials administering to the children,” he said.

“Membership of the delegation would be determined in consultation with the AMA and the delegation would make public the findings of its inspections and interviews to assure the Australian public that the Australian Government has done all that is possible to protect the health and wellbeing of asylum seekers and refugees.”

In a separate letter to all MPs and Senators urging support and advocacy for the AMA position, Dr Bartone reminded politicians that, in April 2017, the Senate Legal and Constitutional Affairs Committee released the report of its inquiry into asylum seekers on Nauru.

The inquiry made two recommendations about the availability of medical services and medical transfers:

• Recommendation 1

The committee recommends that the Department of Immigration and Border Protection, as a matter of urgency, commission an external review of its medical transfer procedures in offshore processing centres.

• Recommendation 2

The committee recommends that the Australian Government undertake to seek advice in relation to whether improvements are required to the medical treatment options available to asylum seekers and refugees in the Republic of Nauru and Papua New Guinea, particularly mental health services.

The Government has not yet responded to the inquiry.

Dr Bartone praised the hard work and dedication of doctors and health workers who have been providing care with IHMS on Nauru.

“These health professionals and their employer have been doing their best in very trying conditions in isolation – and under a veil of secrecy not of their doing,” Dr Bartone said.

“The Government must get fair dinkum and give these long-suffering asylum seeker children, many of whom are extremely ill, and their families a fair go – bring them to Australia for proper care in the best possible environment for their severe mental and physical health conditions.”

There are about 100 children on Nauru. Many have been in detention long-term. Media reports suggest about 20 of the children are refusing food and fluids.

Despite widespread community support for the AMA stance, the Prime Minister remains unmoved.

“We are getting families off Nauru. That’s exactly what we’re doing. That’s why we have the arrangement with the United States and that’s why we are pursuing that...” Mr Morrison told reporters in response to the AMA letter.

“But I think you all know my views about this. I’m not going to put at risk any element of Australia’s protection policy.”

Under the arrangement with the US, a small number of refugees that were held in Australia’s offshore processing centres are being resettled in America.

CHRIS JOHNSON

Talking My Health Record to the Senate

The AMA has given evidence to the Senate Inquiry into the My Health Record system.

Chair of the AMA's Ethics and Medico-Legal Committee Dr Chris Moy and Deputy Chair of the AMA Council of General Practice Dr Kean-Seng Lim, appeared in September before a public hearing of the inquiry conducted by the Senate Community Affairs References Committee.

Dr Moy presented a case study of a new patient to an Adelaide doctor, who had moved to South Australia from NSW. The patient had a My Health Record and the Adelaide GP was able to immediately see the NSW tests and results of the patient's neurological condition.

Within minutes, the GP was able to determine the required treatment plan and begin its implementation from day one.

"The savings in time, stress and money were enormous – for the patient, his family and the wider health system," Dr Moy said, passing on the remarks of his Adelaide colleague.

The Committee is looking at the My Health Record system with reference to:

- a. the expected benefits of the My Health Record system;
- b. the decision to shift from opt-in to opt-out;
- c. privacy and security, including concerns regarding:
 - i. the vulnerability of the system to unauthorised access,
 - ii. the arrangements for third party access by law enforcement, government agencies, researchers and commercial interests, and
 - iii. arrangements to exclude third party access arrangements to include any other party, including health or life insurers;
- d. the Government's administration of the My Health Record system roll-out, including:
 - i. the public information campaign, and
 - ii. the prevalence of 'informed consent' amongst users;
- e. measures that are necessary to address community privacy concerns in the My Health Record system;
- f. how My Health Record compares to alternative systems of digitising health records internationally; and
- g. any other matters.

Concurrently, the Community Affairs Legislative Committee is also reviewing the proposed *My Health Records Amendment (Strengthening Privacy) Bill 2018*.

The Bill is the Government's response in addressing the

concerns raised by AMA President Dr Tony Bartone at his National Press Club address in July.

Relevant evidence from the two inquiries will be shared between the Community Affairs Committees which are both due to report on October 8 this year.

Meanwhile, Government officials told the Senate hearing that 900,000 Australians have already opted out of the My Health Record system.

The major concerns appear to be over privacy.

But Health Minister Greg Hunt says the opt-out rate was far lower than the Government had expected.

The Minister said the system would save lives and it has the potential to be the "best system in the world".

But Shadow Health Minister Catherine King repeated Labor's call to suspend the opt-out until all privacy concerns were addressed.

Dr Bartone said the AMA's appearance at the Senate hearing provided an opportunity to stress that the right processes must be in place in order to build public confidence in the My Health Record system.

"Trust forms the cornerstone of our relationship with our patients. If that trust isn't there, it does circumvent the exchange of information and the confidence," he told ABC radio.

"One of those things we did seek is an extension of the opt-out period, but also a significant ramping up of the communications and the information and education in this.

"Because it is called My Health Record, because it gives the patient the ability to review, reflect, and be in control of their own summary of medical data.

"It's not their every piece of medical data that they have in the system, because that's in many different places, be it hospitals, be it GPs, be it pathology or diagnostic imaging results, all over the system.

"But it does give them access to their summary of the repository of their information; gives them control; and gives them additional engagement in their health journey; and improves health literacy.

"All of these things will improve their health journey and their health outcomes."

CHRIS JOHNSON

Gun Safety Alliance will save lives



The AMA has welcomed the formation of the Australian Gun Safety Alliance, a coalition of concerned organisations committed to ensuring gun laws are upheld around the nation.

AMA President Dr Tony Bartone said the group will help save lives. The AMA is an observer of the new Alliance.

Launched by the Parliamentary Friends of Gun Control in late September, the Alliance will work together to ensure that State and Territory Governments continue to comply with the National Firearms Agreement (NFA), the landmark gun law agreement that was forged in the wake of the 1996 Port Arthur massacre.

“Gun deaths have halved in Australia over the past two decades, thanks to the National Firearms Agreement,” Dr Bartone said.

“Countless lives have been saved. But there is still work to do, and illegal gun possession remains a major health concern.

“It is estimated that there are anywhere between 260,000 and six million guns held illegally in Australia, and most gun-related deaths in Australia are within the families of gun owners.

“Guns have a legitimate role in areas such as agriculture, regulated sport, and for the military and police, but gun possession in the broader community is a serious risk to public health.

“Doctors see first-hand the damage, and physical and emotional trauma, caused by guns, whether through accidental or intentional misuse, and the AMA strongly opposes any campaigns or policies that seek to dilute or relax the restrictions on firearm purchase and ownership.

“The Alliance provides an important forum through which the AMA will continue to advocate for gun safety in Australia.”

The AMA *Position Statement on Firearms 2017* makes a number of recommendations to minimise gun-related violence, including:

- Continued, consistent laws across all States and Territories;
- A real-time, readily accessible National Firearms Licensing Register;
- Stronger laws banning high-powered semi-automatic weapons and pump or lever action rifles; and
- Tighter restrictions on applications to own a firearm, to avoid misuse of the current ‘genuine reason’ eligibility rule.

The Position Statement is at <https://ama.com.au/position-statement/firearms-2017>.

JOHN FLANNERY

Comment on AMA's submission re AHPRA changes

The AMA is preparing a comprehensive response to the Australian Health Ministers Advisory Council (AHMAC) consultation paper on the national legislation governing the registration and accreditation of health practitioners across Australia.

This consultation will inform the next stage of reforms to the National Law (Tranche 2).

The AHMAC paper, *Regulation of Australia's health professions: keeping the National Law up to date and fit for purpose*, contains 60 questions to guide input, posing a number of controversial changes including:

- Should a non-practitioner be able to serve in the role of board chairperson?
- Should the National Law require reporting of professional negligence settlements and judgements to the National Boards?
- Should the National Law (during preliminary assessment) empower practitioners and employers to provide patient and practitioner records when requested to do so by a National Board?

- Should the provisions of the National Law about producing documents or answering questions be amended to require a person to produce self-incriminating material or give them the option to do so?
- Should the National Law be amended to empower a National Board/Australian Health Practitioner Regulation Agency (AHPRA) to issue a public statement or warning with respect to risks to the public identified in the course of exercising its regulatory powers under the National Law?
- Should the National Law be amended to provide a right for a complainant to seek a merits review of certain disciplinary decisions of a National Board?

The Federal AMA encourages members to consider whether they, or any College or Society they are a member of, would also like to put in a submission.

If you have any comments or issues you would like to see raised in the Federal AMA submission these can be emailed to Tracey Cross at tcross@ama.com.au by Friday October 5.

BY MARIA HAWTHORNE

AMA would like to see pill testing at festivals



Dr Bartone called for pill testing trials after two young people died and three more were hospitalised following suspected drug overdoses at a recent Sydney music festival.

Dr Bartone said innovative approaches, under controlled circumstances, are needed to prevent future tragedies.

"We can't continue to just use a law enforcement solution," he told Sky News.

"We have a serious problem, it is out of control, and we need to have a look at a raft of solutions. There'll be other opportunities, other venues, other occasions where pills of dubious origin will be taken by young and unsuspecting drug users.

"The actual episode of testing the pill is not just saying: 'Oh, that's an okay drug, you can take that.' It's an opportunity to try and inform [them] about the dangerous consequences and try to get an opportunity to give them education and access to rehabilitation in terms of trying to reduce their drug dependency."

However, NSW Premier Gladys Berejiklian, her Police Minister Troy Grant, and Federal Home Affairs Minister Peter Dutton, have ruled out pill testing.

BY MARIA HAWTHORNE

Reducing unnecessary colonoscopies



A new *Colonoscopy Clinical Care Standard* has been launched by the Australian Commission on Safety and Quality in Health Care, and aims to benefit millions of Australians seeking treatment.

It is the first nationally agreed standard of care for patients undergoing a colonoscopy.

The number of Australians who have a colonoscopy each year is approaching one million. Despite it being frequently performed, it is a complex medical procedure and should only be offered if the benefits outweigh the risks.

Undergoing the procedure unnecessarily doesn't make sense and may extend the wait time for those who do need it, according to the new standard.

In launching the new standard in Brisbane during Australian Gastroenterology Week in September, the Commission said patients with a positive bowel cancer screening result should consult their general practitioner to discuss further investigation. In many cases this will be a colonoscopy.

The procedure examines the large bowel (colon) to diagnose and treat a range of bowel diseases including bowel cancer, the second most common cancer diagnosed in both men and women in Australia. Bowel cancer is expected to claim more than 4,000 lives in Australia in 2018.

The Commission's Clinical Director, Professor Anne Duggan, said the new standard offers guidance to patients, clinicians and health services at each stage of a colonoscopy, with the goal of ensuring high-quality and timely colonoscopies for patients who

need them. The standard will also help to reduce the number of unnecessary colonoscopies being carried out.

"The Commission's *Australian Atlas of Healthcare Variation 2015* found stark differences across the country in rates of colonoscopies being performed, with some areas having colonoscopy rates 30 times higher than others," Professor Duggan said.

"Colonoscopy rates were significantly higher in capital cities and lower in remote areas. In major cities, rates were lower in areas of low socioeconomic status. The clinical care standard supports clinician certification and recertification as requirements for colonoscopy services, and will bring increased rigour to the procedure and shine a light on when and how these procedures are done.

"We asked experts in colonoscopy about how to look after people in the best possible way and used this information to develop guidelines for everyone involved."

Gastroenterological Society of Australia (GESA) spokesman Dr Iain Skinner is a colorectal surgeon and advanced colonoscopist who co-chaired the Commission's working group that developed the new standard. He said the guidelines were much needed.

"The clinical care standard further enhances care, focusing on bowel preparation, sedation, the colonoscopy and recovery. The standard also clarifies appropriate use of the procedure based on evidence," Dr Skinner said.

"This is an advanced procedure and we don't want it being performed unnecessarily. Fewer unnecessary colonoscopies will free up access to more timely colonoscopies for those who are at moderate or high risk, such as those with a history of polyps or a significant family history of bowel cancer, or those who return a positive bowel screening test."

The *Colonoscopy Clinical Care Standard* and separate fact sheets for consumers and clinicians can be found on the Commission's website at: <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/colonoscopy-clinical-care-standard/>

CHRIS JOHNSON



Snippets

Kicking goals with politicians



Dr Bartone with National Aboriginal Community Controlled Health Organisation CEO Pat Turner and Indigenous Health Minister Ken Wyatt



With Shadow Health Minister Catherine King



With Greens Leader Senator Richard Di Natale

AMA President Dr Tony Bartone has been busy on Capital Hill, meeting with political leaders across the parties and senior departmental officials.

At Parliament House, Canberra, Dr Bartone had separate face-to-face health policy discussions recently with Health Minister Greg Hunt, Shadow Health Minister Catherine King, Greens Leader Richard Di Natale and Indigenous Health Minister Ken Wyatt.

While the aged care and asylum seekers topped the list of issues being discussed, the AFL Grand Final was also a hot topic – with all the politicians and the AMA President hailing from strong AFL playing States.

Climate change, medicinal cannabis, My Health Record, drug testing at music festivals, obesity, sugar tax, and universal health care were all also seriously discussed at the meetings.

Getting confederate in Malaysia



Dr Bartone represented Australia and the AMA at the recent Confederation of Medical Associations in Asia and Oceania (CMAAO) General Assembly, hosted this year in Penang by the Malaysian Medical Association.



It was the CMAAO's 33rd such gathering, with the symposium theme this year being 'Path to Universal Health Coverage'.

(Pics of CMAAO courtesy of Malaysian Medical Association)



Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

BY CHRIS JOHNSON

New appointments to Cancer Australia Advisory Council



Associate Professor Kelvin Kong

Health Minister Greg Hunt has appointed six new members to the Cancer Australia Advisory Council, including high-profile AMA member Associate Professor Kelvin Kong.

The new Advisory Council members appointed for three years are:

- Distinguished research scientist Professor Joanne Aitken
- Gynaecological oncologist Associate Professor Penny Blomfield
- Leading Indigenous otolaryngologist Associate Professor Kelvin Kong
- Consumer advocate Lillian Leigh
- Radiation oncologist Dr Serena Sia
- Former NSW Minister for Health the Honourable Jillian Skinner

"I warmly welcome to the new members and look forward to working with them in the unrelenting fight against cancer," Mr Hunt said.

"I'm confident that all members will bring their expertise in helping our country combat cancer."

The Minister also said he was proud of the majority female representation on the Advisory Council with eight of 13 members being women.

The Cancer Australia Advisory Council provides strategic advice to support Cancer Australia in the performance of its functions.

This includes providing national leadership to reduce the impact of cancer, addressing disparities and improving outcomes for people affected by cancer.

"I am also delighted to announce that Professor Bob Thomas OAM has been reappointed as chair of the Cancer Australia Advisory Council, along with other Council members Dr William Glasson AO, Professor Dorothy Keefe PSM, and Perry Sperling PSM," Mr Hunt said.

"I want to thank the outgoing members of the Advisory Council Michelle Ace, Keri Huxley OAM, Dianne Rule, Dr Judith Soper and Professor George Yeoh for their highly valued contribution."

New laws to help protect against critical medicine shortages

Medicine companies will have to report shortages of important medicines as soon as they occur, following the successful passage of new laws through Parliament.

The Government is hailing it as 'landmark legislation' aimed at protecting supply of critical and life-saving medicine to Australian patients.

The new law also insists that if a critical drug is being removed from the market, the Health Department must be notified by the manufacturer at least 12 months in advance, or as soon as possible.

Health Minister Greg Hunt said the new law protects patients who rely on vital medicines, and also gives the community, medicine companies and patients the opportunity to take action to mitigate against a medicine shortage.

Mandatory reporting will apply to all prescription medicines as well as other medicines that are vital for public health, such as EpiPens and inhalers.

Tough penalties will apply to companies that do not comply with these new laws, including fines of up to \$210,000 for each infringement and the possibility of further court action.





Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

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"I make no apologies for taking a hard-line approach to ensuring patients aren't kept in the dark about a potential medicine shortage," Mr Hunt said.

"A shortage that will severely impact on patients must be notified to the Therapeutic Goods Administration (TGA) as soon as possible, and no later than two working days after the medicine company knows or should know of the shortage.

"Medicine shortages have become an increasing problem in recent years, as medicine companies (manufacturers or importers) have failed to comply with the current voluntary reporting scheme.

"Earlier this year, Australia was one of several countries hit by a shortage of EpiPens, which provide lifesaving adrenalin for people who have had an acute allergic response.

"In this and a number of other cases, the shortages were not reported in advance to the TGA within the Department of Health. As a result, patients and doctors were not alerted in time for them to make alternative arrangements."

Under the new law, a critical medicine is deemed to be in shortage if there is not enough, or likely will not be enough, for all patients in Australia who take it or may need to take it, at any time in the next six months.

Responses to a shortage could include re-directing the available supplies to patients who need them most, nominating alternative treatments and providing Pharmaceutical Benefits Scheme coverage for the alternatives.

Medicine companies must also notify the department of shortages that will not have a severe impact on patients. They will have up to 10 working days to do so.

"Shortages cannot always be avoided but, when they do occur, this mandatory reporting scheme will help Australian patients and health professionals to be more prepared," the Minister said.

"I want to thank the medical sector who have worked closely with my Department and the TGA on improving the process for reporting medicines shortages and their willingness to improve the system through legislative change.

"In particular I want to thank Medicines Australia, the Australian Medical Association, the Society of Hospital Pharmacists of Australia, the Pharmacy Guild of Australia, the Australian Self Medication Industry, the National Pharmaceutical Services

Association, the Pharmaceutical Society of Australia and the Generic and Biosimilar Medicines Association.

"These groups have worked collaboratively together and with Government to design a new approach that will support and protect Australian patients."

The new mandatory reporting scheme for medicines shortages is included in the Therapeutic Goods Amendment (2018 Measures No. 1) Bill 2018, passed by the Senate in September.

The new law will come into effect on 1 January 2019.

Inquiry into sleep health awareness

The House of Representatives Standing Committee on Health, Aged Care and Sport has commenced an *Inquiry into Sleep Health Awareness in Australia*.

It has been estimated that about 7.4 million Australians do not get enough sleep.

Inadequate sleep can impact on a person's health and wellbeing, and may also lead to a loss of workforce productivity. Deloitte Access Economics assessed the health system costs associated with inadequate sleep to be about \$1.8 billion in 2016-17.

Committee chair Trent Zimmerman MP said: "The Committee will examine the causes, economic and social costs, and treatment of inadequate sleep and sleep disorders – in addition to education and training available to medical professionals regarding sleep health issues, and current research into sleep health.

"The Committee will also consider workplace awareness of inadequate sleep and sleep disorders, particularly for shift workers."

Submissions from interested individuals and organisations are invited by Thursday October 18, 2018. The preferred method of receiving submissions is by electronic format lodged online at: https://www.apf.gov.au/Parliamentary_Business/Committees/OnlineSubmissionusing_a_My_Parliament_account.

Further information about the Committee's inquiry, including the full terms of reference and details on how to lodge a submission are available on the Committee's website <https://www.apf.gov.au/SleepHealth>.



Research

BY CHRIS JOHNSON

Too many people in the world not active enough to stay healthy



A quarter of the world's population is not active enough to stay healthy, according to new research by the World Health Organisation.

In wealthier nations, the figure is even higher.

Australia ranks 97th in the world (out of 168) for the number of people getting enough physical activity.

The study found that 30.4 per cent of Australian adults do not engage in the recommended amount of activity to stay healthy.

The minimum amount recommended by the WHO is 150 minutes of moderate physical activity a week, or 75 minutes of vigorous physical activity per week.

The research, first published in the *Lancet Global Health* journal, found that about 1.4 billion adults across the globe were not

physically active enough to keep in good health, with one in three women and one in four men not exercising sufficiently or even moving about enough.

In affluent countries, about half as many people are physically active as those in poorer countries.

In the developing world, many people are involved in physical labour every day, while greater wealth often equates to a more sedentary lifestyle.

These astonishing results indicate that more people are at risk of serious health problems like heart disease, type 2 diabetes, cancer and dementia.

Kuwait has the highest rate of inactivity, however, at 67 percent, followed by American Samoa and Saudi Arabia both, at 53 per cent, and Iraq at 52 per cent.





Research

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In the UK, 40 per cent of women and 32 per cent of men do not move enough. In the US, it is 48 per cent of women and 32 per cent of men.

The study involved 1.9 million people in 168 countries, with participants self-tracking their activity in 2016. Once analysed and aggregated, the results meant about a quarter of the earth's population are at risk of poor health due to insufficient physical activity.

Aiming to unlock a kidney mystery

The remaining kidney of a donor often grows in order to compensate for the loss, allowing the donor to live on without complication.

It is somewhat unknown how this occurs, but a new research project aims to unravel the mystery and help people who suffer from reduced kidney function.

Professor Jonathan Gleadle from Flinders University intends to uncover exactly how a remaining kidney grows and increases its output to function at around 80 percent of the capacity of the previous two.

"The remaining kidney in a donor has a natural ability to compensate for the loss of the other, however the key initiators of this response are unknown," Professor Gleadle said.

"Recent evidence indicates that this growth is in response to an initial sensing mechanism, and there is strong reason to consider microRNAs play a significant role."

MicroRNAs are specific molecules released from cells under stress that serve as messengers, telling cells how to behave. They are known to play a role in basic cell processes, with the loss or unusual expression of MicroRNAs already associated with several diseases, including diabetes and kidney disease.

"Our team aims to identify the expression of circulating microRNAs using a novel technique which will enable us to investigate hundreds of miRNAs simultaneously after the removal of a kidney." Prof Gleadle said.

"The ultimate aim of our research is to see new treatments that can trigger healthy kidney growth in diseased patients and remove or delay the need for dialysis and transplants."

Up to ten percent of the global population suffers from chronic kidney disease, and in Australia, 53 people die from kidney-related disease each day.

It is estimated that the economic cost of treating kidney disease in the decade to 2020 will reach about \$12 billion, indicating an urgent need to invest in research to develop new strategies and treatments.

Prof Gleadle was awarded a \$50,000 grant from Kidney Health Australia to progress his research.

Hair reading for mental health

Children's hair could help identify their mental health.

At least that is what a groundbreaking Townsville-based research project is investigating.

A James Cook University medical researcher hopes to pave the way for earlier and more accurate identification of mental health disorders in children by reading their hair.

Dr Hani Mikhail's is examining the potential for the measurement of cortisol, a stress-related hormone stored in hair, to help screen children for a range of mental conditions, as well as flag those at risk of developing one.

"The current model of mental health relies on analysing symptoms and their impact on a patient's life, then trying to figure out what is going on at a psychological level," he said.

"There is no way of looking beneath the surface, and treatment can involve a long process of trial and error.

"Cortisol is the primary chronic stress hormone of the endocrine system, and assists in the fight, flight or freeze response. As a bio marker, it may assist in reducing treatment delays, by helping to flag mental illnesses before symptoms even arise.

"This is particularly important in the context of child psychiatry, as symptoms are a lot more non-specific and early interventions often have life-long ramifications."

The Rockhampton Base Hospital intern began his research as an honours student last year.





Research

... from p15

Dr Mikhail's study is the first Australian research project to trial the collection and analysis of hair cortisol from children visiting a mental health facility.

His primary goal is to see hair cortisol employed as a diagnostic tool to screen and identify children at risk, before they tip over the edge.

"Ultimately, my colleagues and I want to see hair cortisol enable clinicians to detect if a child is brewing a mental health disorder, before they show any symptoms – so they can intervene to prevent something bad happening later on," he said.

Since December last year, Dr Mikhail has collected hair samples and background questionnaire data from more than 150 children, aged five to 18, who have attended the Child and Youth Mental Health Service in Townsville.

Each child has contributed strands of hair at least three centimetres in length for analysis.

"Just like a tree, when you cut it down and can see the rings which record each year of growth, each centimeter of hair collected is roughly equivalent to one month of growth," Dr Mikhail said.

"So we can analyse the cortisol level in a particular segment of hair and say, three months ago, this is what your average stress level was like. What was happening then?"

Previous studies have indicated that cortisol levels can change significantly in response to stress imposed by an existing mental health disorder, or due to external stress factors that could herald the onset of a mental health problem.

Conditions such as depression and psychosis raise cortisol levels, while anxiety disorders actually do the opposite.

"Bizarrely enough, Post Traumatic Stress Disorder, anxiety and eating disorders all tend to decrease the hair cortisol," Dr Mikhail said.

"The theory is that these people have been chronically stressed for so long that the endocrine system begins to tire and starts to suppress itself."

About half of the study participants initially assessed by the Townsville clinic were accepted for treatment.

The current phase of the study will examine hair cortisol samples to see if they predict which children were deemed in need of clinical assistance.

Dr Mikhail's work is being supervised by JCU neuroscientist, Professor Zoltan Sarnyai, and JCU's Head of Psychiatry, Professor Brett McDermott.

INFORMATION FOR MEMBERS

Learn about the 1 July 2018 MBS changes

The AMA has added the July 1 Medicare Benefits Schedule (MBS) changes to its health professional education resources.

We have updated our Indigenous and MBS eLearning and education guides with the July 1 MBS changes. These education resources help you work out claiming and billing MBS item numbers.

We also have education resources about:

- the Australian Immunisation Register
- the Child Dental Benefits Schedule
- the Department of Veterans' Affairs
- incentives programs
- digital claiming
- PRODA (Provider Digital Access)
- HPOS (Health Professional Online Services)
- Pharmaceutical Benefits Scheme (PBS)

Our eLearning programs are comprehensive, using case studies to show you how to apply the information. Check out the changes and updated education resources (humanservices.gov.au/organisations/health-professionals/subjects/education-services-health-professionals) today.

Next steps

- Explore the education services for health professionals (humanservices.gov.au/organisations/health-professionals/subjects/education-services-health-professionals)
- Read more News for health professionals (humanservices.gov.au/organisations/health-professionals/news/all)
- Subscribe to News for health professionals (humanservices.gov.au/organisations/health-professionals/news/all) and get regular updates directly to your inbox.

BY CHRIS JOHNSON

Australia helps more PNG mums and babies

Thousands more newborn babies and their mothers will be helped in Papua New Guinea, with the expansion of a successfully piloted project across the country.

Australia's aid program has injected more funds into the project.

The innovative program, known as the maternal and newborn care project, focuses on preventing neonatal hypothermia in newborns and managing bleeding after delivery, which is a common cause of death in mothers.

The United Nations Children's Fund (UNICEF), in partnership with the Papua New Guinea National Department of Health, will expand the program now the funds have been committed.

"Once implemented, this initiative will save the lives of thousands of newborns and their mothers, as well as provide training to parents, carers and health workers about caring for babies over the first month of life," said UNICEF Australia's Felicity Wever.

"A key element of this initiative is an anti-hyperthermia bracelet, known locally as Bebi Kol Kilok, which will help prevent annual deaths from hyperthermia among approximately five thousand premature and newborn children."

Papua New Guinea has the highest rate of newborn deaths in the region, with about 6000 babies dying every year before they reach four weeks of age.

Aside from addressing critical child survival issues, the project involves care of mothers through active management of the third

stage of labour, prevention and management of post-partum haemorrhage and maternal anaemia, as well as early detection and referral of sick mothers by community health workers.

PNG Health Minister Sir Puka Temu said: "Our Government is focused on reducing the high maternal and neonatal mortality rates. This is a highly cost-effective intervention. I'm also very excited that fathers are recognizing the important role they can play in baby care by holding the baby close to their body for warmth."

The Australian Government's funding support will enable UNICEF to work with the PNG Government to strengthen capacity in the hospitals and health facilities that will deliver the care of newborns and mothers, to assess and remove bottlenecks in the delivery of these care services and to empower communities with skills to continue care at home.

In collaboration with the PNG Health Department, UNICEF will work directly with provincial health offices, district authorities, church health services and local non-government organisations.

Together, they will roll out the first round of the program in all provincial hospitals and district facilities. Seven additional districts will roll out community based maternal and newborn care in facilities that deliver more than 50 babies per year.

CHRIS JOHNSON

It's the heart age that is important

Excess alcohol consumption, poor diet, and lazy lifestyles cause about 20,000 heart attack deaths in England every year, sparking authorities to urge people to check their 'heart age'.

Public Health England has issued a call for people to undergo tests that can forecast when someone might suffer a stroke or heart attack.

Called the Heart Age Test, it is designed for people aged 30+ who must answer a series of questions about their physical health, diet and lifestyle.

If results show that their heart age is higher than their actual

age, participants are told of their increased risk of heart attack and stroke, and they are advised on how to change their habits so as to minimise the risk.

Close to two million tests have been done, revealing that four out of five people have heart ages higher than their actual ages.

PHE said while about 24,000 heart attack deaths a year are suffered by people aged under 75, four in five of those cases could be prevented with lifestyle changes.

CHRIS JOHNSON

World doctors condemn torture in Uganda

The World Medical Association has rebuked the Government of Uganda, followed reports detainees in the East African nation are being tortured and denied access to specialised medical care.

Dr Yoshitake Yokokura, WMA President, has written to Uganda's Prime Minister Ruhakana Rugunda to express the WMA's revulsion at what he described as "the pervasive practice of torture" in Ugandan detention places.

The letter sets out details of the violence and rape that the Uganda Human Rights Commission discovered when it visited detention centres.

It also reinforces the call from the Uganda Medical Association to respect the rights of patients and to protect doctors documenting and denouncing torture in Uganda.

The letter states: "Torture and other cruel or degrading treatments are one of the gravest violations of international human rights law. It destroys the dignity, the essence of the human being. As physicians, we are revolted by the devastating consequences of this practice for victims, their families and society as a whole, with severe physical and mental injuries."

The letter calls on Uganda's Prime Minister to take immediate and effective measures to prevent and stop such intolerable shaming practices and to be an inspiring model for other countries.

"We have received appalling reports about a number of detainees

in Uganda being tortured while under arrest and then denied access to medical attention, even when the Uganda Medical Association has offered to help them," Dr Yokokura said.

"Such activities are especially disappointing, since Uganda is one of only 10 African countries with anti-torture legislation and is a signatory to the United Nations Torture Convention.

"Torture is unconditionally prohibited by the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment that Uganda ratified in 1987, hereby establishing its consent to be bound by the provisions of the Convention.

"No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political

instability or any other public emergency, may be invoked as a justification of torture."

The letter concludes: "We call on you to act as a matter of priority to ensure effective access to comprehensive health care to those in need and to allow and ensure that physicians can follow their ethical duties to provide medical care in an undisturbed and professional manner without intimidation and repression."

CHRIS JOHNSON

More money to fight STDs, please Mr President

The United States of America has the highest sexually transmitted disease rate in the industrialised world, and health experts say it is only a lack of resources that prevents them getting on top of the problem.

Public health experts in America recently called on US President Donald Trump to declare a public health emergency over the rapid spike in STDs across the nation.

The rate of STDs has increased in the US four years in a row, with cases of gonorrhoea, syphilis, and chlamydia rising by 200,000 between 2016 and 2017, to a total of 2.3 million.

The National Coalition of STD Directors has said the results mean the US has the highest STD rates in the industrialised world.

It also said a fall in public health funding and resources is to blame.

The organisation has called on President Trump and Health and Human Services Secretary Alex Azar to intervene and to declare

STDs in America a public health crisis.

"What goes along with that is emergency access to public health funding to make a dent in STD rates and to bring these rates down and make sure all American get access to the health care they need," said the Coalition's executive director David Harvey.

He added that \$70 million in government funding was needed immediately, and \$270 million needed for the 2019 financial year.

Michael Fraser, executive director of the Association of State and Territorial Health Officials, put it even more bluntly when calling for more government funding.

"We know what works for STD prevention," he said. "We just don't necessarily want to pay for it."

CHRIS JOHNSON

AMA Member Benefits

AMA members can access a range of free and discounted products and services through their AMA membership. To access these benefits, log in at www.ama.com.au/member-benefits

AMA members requiring assistance can call AMA member services on **1300 133 655** or memberservices@ama.com.au



Jobs Board: Whether you're seeking a new position, looking to expand your professional career, or looking to recruit staff to your practice, doctorportal Jobs can help you. Discounts apply for AMA members. jobs.doctorportal.com.au



MJA Events: AMA members are entitled to discounts on the registration cost for MJA CPD Events!



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doctorportal Learning: AMA members can access a state of the art CPD tracker that allows CPD documentation uploads, provides guidance CPD requirements for medical colleges, can track points against almost any specialty and provides access to 24/7 mobile-friendly, medical learning. Learning.doctorportal.com.au



MJA Journal: The Medical Journal of Australia is Australia's leading peer-reviewed general medical journal and is a FREE benefit for AMA members.



Fees & Services List: A free online resource for AMA members. The AMA list of Medical Services and Fees provides an important reference for those in medical practice to assist in determining their fees.



Career Advice Service and Resource Hub: This should be your "go-to" for expert advice, support and guidance to help you navigate through your medical career. Get professional tips on interview skills, CV building, reviews and more - all designed to give you the competitive edge to reach your career goals.

www.ama.com.au/careers



Amex: As an AMA member, receive no-fee and heavily discounted fee cards with a range of Amex cards.*



Mentone Educational: AMA members receive a 10% discount on all Mentone Educational products, including high quality anatomical charts, models and training equipment.



Volkswagen: AMA members are entitled to a discount off the retail price of new Volkswagen vehicles. Take advantage of this offer that could save you thousands of dollars.



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Hertz: AMA members have access to discounted rates both in Australia and throughout international locations.



Hertz 24/7: NEW! Exclusive to the AMA. AMA members can take advantage of a \$50 credit when renting with Hertz 24/7.



Qantas Club: AMA members are entitled to significantly reduced joining and annual fees for the Qantas Club.



Virgin Lounge: AMA members are entitled to significantly reduced joining and annual fees for the Virgin Lounge.



MJA Bookshop: AMA members receive a 10% discount on all medical texts at the MJA Bookshop.