AUSTRALIAN
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Kids off Nauru

AMA leads the way, p3

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In this issue

AMA keeps up pressure over Nauru

Aggressive lobbying from the AMA has sparked a groundswell of support for the urgent removal of refugee families from Nauru.

Media reports of plans to remove all asylum seeker children by the end of the year have been welcomed, but the AMA is demanding confirmation.

"If the media reports are true, this is a very significant change in policy, but it cannot be a one-off," AMA President Dr Tony Bartone said.

"We need to see more details. We need to know if the families will be accompanying the children.

"And we need to see a legislated long-term policy to ensure that the health and wellbeing crises that occurred on Nauru never happen again – on Nauru or at any other centres run by the Australian Government."

While the Government grapples with an onslaught of criticism over its handling of the worsening asylum seeker issue, Dr Bartone continues to pressure the highest levels of power.

Following his recent letter to Prime Minister Scott Morrison, demanding a policy rethink and the urgent transfer of children and their families from Nauru, Dr Bartone has maintained the call through numerous media appearances as well as closed-door meetings.

The Prime Minister initially dismissed the AMA's call, but since being swamped with expressions of outrage from both inside and outside of his own party – all in the face of a potential by-election loss in Wentworth – he put on the table the prospect of refugees being resettled in New Zealand.

The New Zealand Government has repeatedly offered to take 150 asylum seekers from Nauru, but the offer has been continually met with rejection by the Australian Government.

Opposition Leader Bill Shorten has also received internal and community pressure over Labor's position on asylum seekers, and so flagged a private member's bill aimed at making medical transfers from Nauru much simpler.

This all happened in a week when Médecins Sans Frontières confirmed its people had been kicked off of Nauru, and also when the senior Australian doctor contracted by IHMS to provide medical care to the asylum seekers, Dr Nicole Montana, was removed.

Dr Bartone described the developments as "extremely concerning" and pointed to "crisis upon crisis" developing on the island.

"It highlights the confusion and chaos around the medical treatment being provided to a group of very vulnerable people and various stages of medical care required on their behalf," he told ABC Radio.

"What we're very clear about is that doctors working on Nauru, or any other processing centre, should be able to deliver the best care, the best appropriate care required by their patients.

"These people are under the care entrusted to the Australian Government, they are responsible for their health and wellbeing

AMA keeps up pressure over Nauru

... from p3

while in those centres, and they need to ensure that the provision of medical care is foremost unimpeded in that process."

Dr Bartone said the AMA was continuing its advocacy on the issue and in addition to wanting all children and their families removed from Nauru, it is calling on the Government to allow an independent delegation of Australian medical professionals to visit the island.

"We need a solution in this area. We need a solution which brings to a head this ongoing crisis. We're talking about the lives of children, in particular, many in very, very serious states of urgent medical care requirement, and we really do need to know that every day that goes by is another day of suffering for these children in particular," he said.

"What we're saying is the Government and the appropriate department there is remaining steadfast with the lack of transparency in the approaches, in the information sharing. The information flow is very, very slow, very, very guarded, and very, very piecemeal when it does come our way. This is unacceptable obviously."

The AMA President has met with Shadow Immigration Minister Shayne Neumann and has said Labor's proposal is pragmatic – in the absence of anything meaningful coming from the Government – and the AMA was backing it.

"This approach, this legislation, will seek to both reduce the bureaucratic process in this transfer, increase the transparency, increase the medical decision-making powers, and increase the independent medical oversight of the whole medical treatment process on the facilities... and ensure that vulnerable children, in particular, but anyone who requires urgent medical attention is afforded that care, appropriate care, before they get too far down the track," Dr Bartone said.

"What we know is that if the Minister has the final decision, that needs to be independently verified by a second medical doctor within 24 hours of that decision. That both speeds up the process of the decision-making capacity and it would be a very, very brave Minister who would refuse the advice of two treating doctors, independent, and then have to report back to Parliament in a transparent way to the Australian public that that decision was not proceeded with."

A number of the Government's own MPs publicly broke ranks this week to demand action and the urgent removal of children from Nauru.

A host of other medical and health groups, as well as the Law Council of Australia, have backed the AMA's call for the immediate removal of asylum seeker children and their families off Nauru.

CHRIS JOHNSON

Related story:

https://ama.com.au/ausmed/ama-demands-urgent-fix-humanitarian-emergency-nauru

AMA welcomes transfer of sick children from Nauru

AMA President Dr Tony Bartone has welcomed the transfer of 11 refugee children from Nauru to Australia but says all asylum seeker children on the Pacific island should be relocated.

The 11 children were moved for medical reasons on Monday, October 22, with some suffering what is termed withdrawal syndrome, refusing to engage with others and even rejecting food and fluids

Nine adults were transferred along with the children. Another 52 children remain on Nauru, comprising part of the total 652 asylum seekers on the island.

"We're clear on our position. We want the children and their families off the island with appropriate medical attention," Dr Bartone told ABC News.

"We've called for an independent panel to assure in the oversight of both the facilities and the transfer, and as long as all of those needs are met, we're very, very clear in our support for getting those children off the island."

Dr Bartone said news of the 11 children being relocated was a welcome development, but that it goes to the heart of the problem.

"We've been calling for a long period of time for the removal of these children to the Australian mainland or to other appropriate health facilities to ensure their adequate wellbeing," he said.

"We've heard the stories. We're aware of the enormous mental health issues, the stress, the vulnerability behind that. Other urgent physical medical conditions... this is now obviously making an enormous impact on their health and wellbeing."

Unconscionable to leave children on Nauru

Dr Paul Bauert addresses a protest rally in Canberra


Dr Sara Townend and Dr Paul Bauert with a petition from doctors

The AMA's paediatric representative Dr Paul Bauert has delivered a blunt message to the Federal Government – get the kids off Nauru.

While addressing protest rallies, speaking to the media and handing over a petition to parliamentarians that has been signed by thousands of doctors, Dr Bauert repeated his insistence that it is unconscionable to leave children suffering on the Pacific island.

Dr Bauert has treated asylum seeker patients on Nauru.

"This is the only situation I've come across where it is deliberate government policy which is causing the pain and suffering of these children," he told reporters in Canberra in October.

"Many are damaged already, but we don't want this damage to be permanent. They need to be assessed and treated as a matter of urgency.

"It's a miracle we haven't had a death already.

"I have reviewed many cases of these children myself. It is simply unconscionable that we are keeping these children and their families in a situation which we know is a critical threat to their health and wellbeing.

"The situation for children on Nauru is a humanitarian emergency requiring urgent intervention and removal of all these children and their families to medical treatment in Australia."

On October 15, Dr Bauert and Sydney-based GP Dr Sara Townend delivered to Prime Minister Scott Morrison an open letter signed by almost 6,000 Australian doctors, urging children in detention on Nauru be transferred to Australia for medical and psychological treatment.

The number of signatories amounts to about five per cent of all registered doctors in Australia.

CHRIS JOHNSON

AMA welcomes transfer of sick children from Nauru

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Dr Bartone said the children were enduring "everything from attempts at their own life, significant fluid and food refusal for long periods of time, with electrolyte disturbances, which obviously can impact on heart rhythm, complete withdrawal, lack of communication."

And he described the signs of withdrawal syndrome as being what the name suggests.

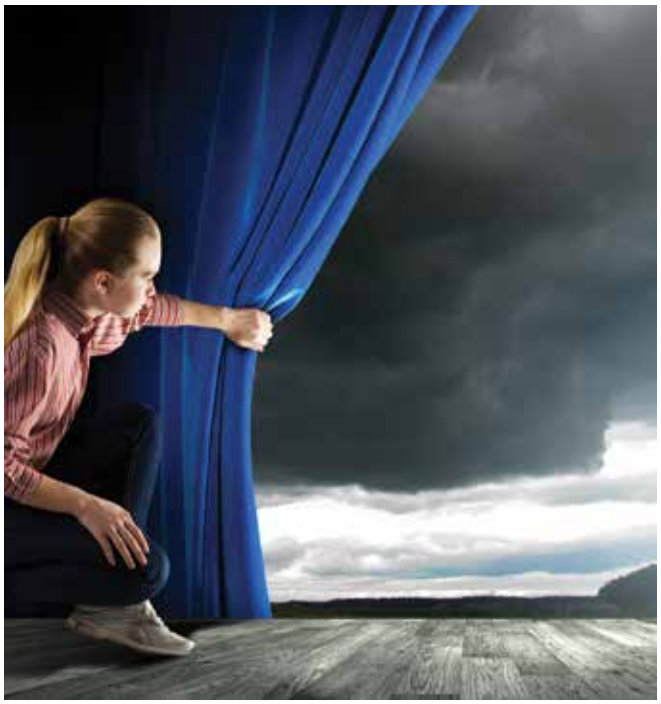
"Basically, completely withdrawing from their immediate environment, from their emotional environment. Lack of communication, lack of engagement, lack of actually responding," Dr Bartone said.

"It is actually quite uncommon in this part of the world. There have been reports in other parts of the world, in the Northern Hemisphere. But clearly, regardless of the specifics of it, it is unacceptable, and it's putting them at risk.

"The doctors on the island have been doing a sterling job, often volunteers in this space. But obviously, when you have an overlying principle of five years without a prospect of resettlement, with all of the other mental anguish and vulnerability and trauma that goes into an already damaged and traumatically exposed population, you can't expect that the health and wellbeing will be allowed to come to the fore."

CHRIS JOHNSON

Act now on climate change and health



The AMA has warned the Government not to ignore the future health implications of climate change.

Describing some details in the latest report from the Intergovernmental Panel on Climate Change (IPCC) as "worrying predictions for human health," AMA President Dr Tony Bartone said they simply must not be dismissed.

The recently released report – *Global Warming of 1.5 °C, an IPCC special report on the impacts of global warming of 1.5 °C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty* – highlights the scientifically-based threats to human health that could occur if governments do not act to tackle climate change.

It states that limiting global warming to 1.5 °C would require rapid, far-reaching changes in all aspects of society.

But limiting global warming to 1.5 °C compared to 2 °C could go hand in hand with ensuring a more sustainable and equitable society.

Dr Bartone said the report was consistent with AMA policy.

He added that it reiterated the scientific reality that climate change affects health and wellbeing by increasing the environment and situations in which infectious diseases can be transmitted, and through more extreme weather events, particularly heatwaves.

The IPCC has previously concluded that there is *high to very high confidence that climate change will lead to greater risks of injuries, disease, and death due to more intense heatwaves and fires; increased risks of undernutrition; and consequences of reduced labour productivity in vulnerable populations.*

"The 2018 report shows that the magnitude of projected heat-related morbidity and mortality would be even greater with global warming at 2 °C than by limiting global warming at 1.5 °C," Dr Bartone said.

"The impact on human life is significant. The AMA urges the Government to seriously consider these predictions, and act accordingly."

According to the Appendix of the 2018 IPCC Report:

- Years of life lost due to heat-related illness in Brisbane are projected to increase from 616 in 2000, to 1178 at 1.5 °C, and then to 2845 at 2 °C.
- In Australia's five largest cities, with estimated population change, heat-related deaths are projected to increase from a baseline of 214 per year, to 475 per year at 1.5 °C, and to 970 per year at 2 °C.

Other impacts at 1.5 °C compared to 2 °C include:

- A higher increase in ozone-related mortality.
- A higher risk of malaria due to an expanded geographic range and season of the anopheles mosquito.
- A higher risk of dengue, yellow fever, and Zika virus due to an increased number and range of the aedes mosquito.
- A more significant increase in vector-borne disease transmission in North America and Europe, including West Nile Virus and tick-borne diseases.

The IPCC report cites 6,000 scientific references, includes the contribution of thousands of expert and government reviewers worldwide, and was prepared by 91 authors and review editors from 40 countries.

JOHN FLANNERY

The *AMA Position Statement on Climate Change and Human Health* is at https://ama.com.au/position-statement/ama-position-statement-climate-change-and-human-health-2004-revised-2015

AMA critical of Qld pharmacy inquiry recommendation

The Queensland pharmacy inquiry has recommended that options be developed for what it is describing as "low-risk" prescribing by pharmacists.

The AMA has condemned the recommendation, saying patients will lose out if it is adopted.

Recommendations are listed in the Queensland Parliament's Health, Communities, Disability Services, and Domestic and Family Violence Prevention Committee Report into the *Establishment of a Pharmacy Council and Transfer of Pharmacy Ownership.*

Chairman of the Inquiry, Aaron Harper said: "We see potential for pharmacists to do more than they currently do – with some prescribing of medications in low-risk situations and subject to a range of safeguards."

But AMA President Dr Tony Bartone said that and some other recommendations add up to bad news for patients.

"The Report contains recommendations to expand the role of pharmacists, including in relation to the prescribing of medications," Dr Bartone said.

"It is well known that the more other non-medical health professionals are involved in prescribing, the higher the risks of medication error and adverse reactions."

Other recommendations include lowering the minimum age for pharmacist-administered vaccinations to 16, retaining current pharmacy ownership laws, and establishing a new pharmacy advisory council for the State.

Dr Bartone said GPs were the only trained primary health professionals who have the skills needed to properly and comprehensively diagnose patients, prescribe the right medications, and refer patients to other health care providers as appropriate.

"These are skills that come from years of observing and examining patients, and understanding how text books and the real live patient overlap," he said.

"Clinical training is an art that has its foundations over the centuries, and cannot be learnt by simply and solely reading texts.

"GPs currently work closely with their pharmacist colleagues on a daily basis, and respect the unique skills they bring to the care of patients, particularly with respect to the quality use of medicines."

Dr Bartone said the AMA was in the middle of a real effort to introduce the medical home concept in Australia, where GPs are able to coordinate patient care, with full access to a patient's medical history.

"But let me be very clear about this Report, which completely overlooks the reality of quality primary health care," he said.

"It totally ignores the well-understood need in our health system to strengthen the coordination of care, and the need to encourage patients to have a long-term relationship with a usual GP or general practice.

"The Report also opens up a serious conflict of interest for pharmacists who will gain commercially through prescribing of medications, and then being able to dispense them.

"We already know that pharmacies sell many complementary medicines that are not backed by clinical evidence. This highlights the retail pressure they are under to sell products to consumers regardless of patient need.

"The recommendations in this Report, if adopted, would set Australia on a dangerous course."

Dr Bartone said Australia had a GP-led model of care that is the envy of the world, with GPs highly accessible in most parts of the country.

Australia has primary care outcomes that are second to none.

He said the Australian community deserved better than what was recommended in the Report. The focus of policymakers, he said, needed to be on building on the proven model of GP-led care, rather than undermining it by giving in to the retail interests of the pharmacy sector.

"Any access concerns cannot be solved by providing a second-best alternative," Dr Bartone said.

CHRIS JOHNSON

Terms of reference deliberately broad for aged care inquiry

Prime Minister Scott Morrison has unveiled the terms of reference for the Royal Commission into Aged Care Quality and Safety, saying he expected it to uncover some horror stories in the sector.

"I think the country is going to have to brace itself for some difficult stories, some difficult circumstances, some difficult experiences," Mr Morrison said.

Flanked by Health Minister Greg Hunt and Aged Care Minister Ken Wyatt, the Prime Minister said the Royal Commission wasn't just about the terrible incidents of abuse and neglect, but also about how to deal with "this problem and this challenge" into the future.

"We need to establish a national culture of respect for senior Australians and Australians as they age," he said.

The PM has appointed Supreme Court Justice Joseph McGrath and former Australian Public Service Commissioner Lynelle Briggs to head up the Royal Commission.

The inquiry will travel the nation but will be headquartered in Adelaide, the epicentre of neglect in the aged care sector following the uncovering of shocking abuse in the Oakden nursing home there.

The terms of reference are "deliberately broad" and go to the investigation of mistreatment and all forms of abuse; how best to deliver services to people with dementia; and how to care for young disabled people living in aged care facilities.

The Royal Commission has until April 2020 to complete its investigation and report to the Government, but must deliver an interim report in October next year.

CHRIS JOHNSON

Inquiry agrees with AMA's aged care recommendations

A Parliamentary Committee report has accepted many of the AMA's recommendations on how to improve the care of vulnerable Australians in residential aged care facilities, including the need for more registered nurses.

AMA President Dr Tony Bartone, who appeared before the Inquiry in May, said that the recommendations of the Report on the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia largely align with AMA policy.

"It is critical that residents in aged care facilities, and the doctors visiting them, have access to appropriately trained staff at all times," Dr Bartone said.

"The AMA has been advocating for a registered nurse-to-resident ratio that aligns with the level of care need, and ensures 24-hour registered nurse availability.

"The Committee has recommended that it be enshrined in law that all residential aged care facilities provide for a minimum of one registered nurse to be on-site at all times.

"This is a good first step. However, we recognise that one registered nurse will not be enough in many residential aged care facilities, which may have hundreds of frail residents.

"We are pleased that the Committee has further recommended that the Government specifically monitor and report on the correlation between standards of care, including complaints and findings of elder abuse, and staffing mixes to guide further decisions in relation to staffing requirements.

"In the most recent survey of AMA members who visit patients in residential aged care, more than one in three doctors said that they plan to cut back on or completely end their visits over the next two years, citing a lack of suitably trained and experienced nurses, and inadequate Medicare patient rebates.

"Our members are also concerned about the trend to replace registered and enrolled nurses with personal care attendants, who are not appropriately trained to deal with the health issues older people face.

"The Committee has acted on these concerns, recommending that the Government review the Medicare rebate for doctor visits to residential aged care facilities, and a review of the Aged Care Funding Instrument (ACFI) to ensure that it is providing adequate levels of care for the individual needs of aged care recipients.

"The AMA also notes the recommendation to improve the Community Visitors Program to ensure volunteers visiting aged care facilities are better able to respond to suspected abuse. The AMA *Position Statement on Health and Care of Older People 2018* called for education and training programs on the recognition, intervention, and management of elder abuse.

"While we have a Royal Commission, the AMA still urges the Government to act as a matter of urgency in responding to the many reviews that have now been completed. We have seen too many cases of abuse and neglect to delay action any further. The need for access to appropriate quality care cannot continue to be left unaddressed."

MARIA HAWTHORNE

The AMA Submission to the ***Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia*** is at *https://ama.com.au/submission/ama-submission-house-representatives-standing-committee-health-aged-care-and-sport-%E2%80%93*

The AMA ***Position Statement on Resourcing Aged Care 2018*** is at *https://ama.com.au/position-statement/aged-care-resourcing-2018*

The AMA ***Position Statement on Health and Care of Older People 2018*** is at *https://ama.com.au/position-statement/health-and-care-older-people-%E2%80%93-2018*

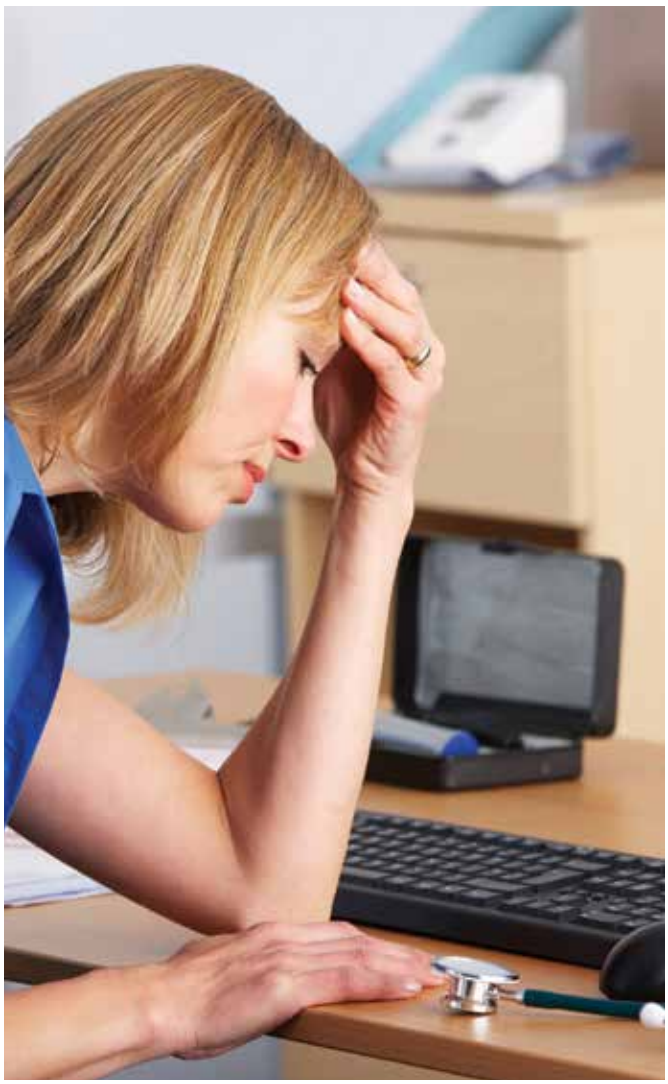
The AMA Submission to the Department of Health's ***Draft Charter of Aged Care Rights*** is at *https://ama.com.au/submission/ama-submission-department-health-%E2%80%93-draft-charter-aged-care-rights*

The AMA ***Aged Care Survey*** is at *https://ama.com.au/article/2017-ama-aged-care-survey*

The AMA ***Position Statement on Health and Care of Older People 2018*** is at *https://ama.com.au/position-statement/health-and-care-older-people-%E2%80%93-2018*

The AMA Submission to the consultation on the ***Terms of Reference for the Royal Commission into Aged Care Quality and Safety*** is at *https://ama.com.au/submission/ama-submission-department-health-terms-reference-royal-commission-aged-care-quality-and*

Solution to mandatory reporting must not be second best



The AMA has called on Health Ministers to make sure the health of the nation's doctors is not compromised by second-rate mandatory reporting laws.

The call came as the Queensland Government prepared to introduce a Bill to the State Parliament in an attempt to address the issue.

The AMA had not been provided with the contents of the Bill, and feared that amendments sought by the AMA and many others were ignored by the COAG Health Council.

The *Health Practitioner Regulation National Law Amendment (Tranche 1A) Bill,* agreed by Health Ministers at the COAG Health Council on 12 October, must not be a second-best solution that may not protect the health of doctors, the AMA has warned.

AMA President Dr Tony Bartone said the Health Ministers may believe they have made sufficient changes to the existing laws, but the AMA is adamant that its proposed amendments were vital to make the new national laws safe enough to give doctors confidence to seek help for their own health needs.

"Our fear is that the Bill going before the Queensland Parliament will stop doctors seeking health care when they need it," Dr Bartone said.

"We fear that this Bill will not stop doctor suicides.

"Mandatory reporting affects every doctor, their families, their loved ones, their colleagues, and their patients.

"Our doctors desperately need legislation that does not actively discourage them from seeking medical treatment when they need it. Doctors are patients too. They should have the same rights to access confidential high-quality medical treatment as their own patients and all other Australians do.

"We urgently need a nationally consistent approach to mandatory reporting provisions. It will provide confidence to doctors. It will enable and empower them to seek treatment for their own health conditions anywhere in Australia."

Dr Bartone said he could not understand why the COAG Health Council did not adopt the AMA recommendations and evidence in framing the new laws.

The AMA amendments were a minimum requirement since the Ministers refused to adopt the current successful and workable Western Australia laws, which will remain in place regardless of the COAG action.

The AMA has lobbied hard for changes to the mandatory reporting laws, including directly to successive COAG Health Council meetings and through lobbying of Ministers by State and Territory AMAs.

The changes need to be such that they will protect the health of doctors, which in turn will benefit patients.

CHRIS JOHNSON

Father of Medicare dies

Professor John Deeble AO, the man universally known as the "Father of Medicare" has died at the age of 87.

Most recently, Emeritus Fellow of the Australian National University, Sax Medallist, and Patron of the Deeble Institute for Health Policy Research – the research arm of the Australian Healthcare and Hospitals Association, of which Professor Deeble was a life member – it was his much earlier work that gave him the nickname.

In 1968, together with Dr Dick Scotton, Professor Deeble co-authored the original proposals for universal health insurance in Australia.

He subsequently became the architect of the reintroduction of universal healthcare in Australia – Medicare – in 1984.

His other appointments included First Assistant Secretary in the Commonwealth Department of Health, Founding Director of the Australian Institute of Health and Welfare, and from 1989 to 2005, Senior Fellow in Epidemiology and Adjunct Professor in Economics at the National Centre for Epidemiology and Population Health at the ANU.

He was Special Adviser to the ministers for health in the Whitlam and Hawke governments, chairman of the planning committees for both Medibank and Medicare, and a commissioner of the Health Insurance Commission for 16 years.

In addition, Professor Deeble was a World Bank Consultant on healthcare financing in Hungary, Turkey and Indonesia, and for more than10 years to 2005, an adviser to the government of South Africa.

AMA

Indigenous Medical Scholarship 2019

Applications are now being sought for the 2019 Australian Medical Association (AMA) Indigenous Medical Scholarship. Applicants must be of Aboriginal and/or Torres Strait Islander background.

Applicants must be currently enrolled full-time at an Australian medical school and at least in their first year of medicine. Preference will be given to applicants who do not already hold any other scholarship or bursary.

The Scholarship will be awarded on the recommendation of a selection panel appointed by the AMA. The value of the Scholarship for 2019 will be $10,000 per annum. This amount will be paid in a lump sum for each year of study.

The duration of the Scholarship will be for the full course of a medical degree, however this is subject to review.

Applications close 31 January 2019.

To receive further information on how to apply, please contact Sandra Riley, Administration Officer, AMA on (02) 6270 5400 or email indigenousscholarship@ama.com.au. An application package can be also downloaded from the AMA website www.ama.com.au/indigenous-medical-scholarship-2019.

The Indigenous Peoples' Medical Scholarship Trust Fund was established in 1994 with a contribution from the Australian Government. In 2016, the Trust Fund became The AMA Indigenous Medical Scholarship Foundation. The Foundation is administered by AMA Pty Ltd.

If you are interested in making a donation towards the Scholarship, please go to www.ama.com.au/donate-indigenous-medical-scholarship.

The AMA would like to acknowledge the contributions of the following donors: Reuben Pelerman Benevolent Foundation; the late Beryl Jamieson's wishes for donations towards the Indigenous Medical Scholarship; Deakin University; The Anna Wearne Fund and B B & A Miller Fund, sub-funds of the Australian Communities Foundation.

OBITUARY

Stalwart of AMA and community passes away

Dr David John Doidge ANDREW

RFD MBBS FRACGP Dip.Obst RCOG

1944 – 2018

Dr David John Doidge Andrew passed away unexpectedly on October 3, 2018.

A Fellow of the Australian Medical Association, his outstanding commitment to the organisation and the community in general stands as an inspiration to all.

Born, January 27, 1944, Dr Andrew graduated from The University of Melbourne in 1968 and joined the Australian Medical Association the following year.

On graduation, Dr Andrew worked in Auckland, New Zealand before working as a visiting medical officer at The Royal Children's Hospital and The Royal Women's Hospital. Dr Andrew also worked as an obstetrics and gynaecology Registrar in Wellington and Auckland in 1972 and 1973.

In 1971 Dr Andrew joined the Royal Australian Navy Reserve. He retired with the esteemed rank of Surgeon Commander in 2009.

Dr Andrew practised as a general practitioner for the Whittlesea and Epping Medical group from 1974 to 1975 before starting a solo practice in Epping in 1976. He retained this solo practice until 2009.

Since joining the AMA Victoria in 1969 and becoming an active member in the late 1970s, Dr Andrew has served as:

- Secretary and Chair of Northern Subdivision
- AMA Victoria Council representative for the Northern Division of General Practice
- AMA Victoria representative for the Department of Veteran Affairs on the Local Medical Officer Advisory Committee
- Member of the AMA Victoria Section of General Practice
- Treasurer of the Section of General Practice
- Member of the AMA-RACGP liaison Committee.

Throughout his career Dr Andrew had worked as a locum doctor intermittently in rural Victoria. He had been a strong advocate for doctors working in rural areas and for rural health.

One of Dr Andrew's major concerns for the medical profession was the loss of obstetric skills in the new generation of doctors.

Outside of his active role with the AMA, Dr Andrew had also served as the Director of the Northern Division of General Practice.

Dr Andrew was a long-time supporter and active member of the Australian Medical Association. Through his various roles, he has made an outstanding contribution to the organisation. He was a most worthy candidate for admittance to the Roll of Fellows.

Beloved husband to Vaoese, proud father of Jason, Bronwyn, Peter, Stephanie and David, and proud grandfather of Maximus, Austin, Celeste, Matilda, Alice and Wolfgang. He is sorely missed.

Following are a few tributes to Dr Andrew from AMA members who were close to him.

I have known David since 1993 with our work on the Northern Division of General Practice and then with our work with AMA. I have found David to be a passionate, caring, genuine man who had incredible energy for his passions of Veterans' health, Rural medicine and General Practice. I never heard him utter an angry word despite banging his head against the impenetrable wall of bureaucracy.

OBITUARY

... from p12

He was a mentor of mine and probably one of my best, if not the best supports of mine over the years.

The world will be a much better place if we could learn the David Andrew method of achievement, which was to calmly, logically and persistently state and push your case without unnecessarily upsetting people along the way. I think the people of Cohuna would agree with me.

I did say thank you to David in the past but regret never saying the above to him directly.

My memory of David will always be him dressed in his resplendent white Navy suit at the AMA National Conference Dinner with that great smile on his face.

David, you will be missed

Dr Michael Levick

Farewell David

I remember the first time you came to relieve me in Cohuna; it was in the summer of 2009.

It was such a relief to meet you: qualified in obstetrics, experienced, competent and interested.

I had a great week away knowing Cohuna was safe and you told me lots of stories where you were pushed to use all your skills. I think for you this reinforced your beliefs in rural medicine being a worthwhile challenge.

Every year from then we had the enjoyment of your skills and your frequent emails and phone calls on matters political, clinical and personal.

The great delight you had in all your children and in your daughters following your footsteps, became apparent during those quiet chats we had.

So many patients were delighted to meet you and were safely guided to good outcomes.

It was funny to hear them talk about the old bloke with the beard, but it wasn't me they were talking about.

You have always had the interests of the bush at heart and I can only thank your long-suffering wife for releasing you to us now and again.

I rang you last year when we were under threat of loss of services at our little hospital and you mobilised the AMA to support Cohuna with letters and questions to people in high places.

How grateful we are that you could do that for us. It was significant that we succeeded in standing firm. We could feel the support of the AMA and you in particular.

I feel very privileged to have met you and to feel your blend of compassion and skill over the years.

Your life has ended too soon but it was full and has left many like me all the better for your contact.

Enjoy your wine and rest well after the inaugural AMA committee meeting in St Peter's Hall, Heaven.

Dr Peter Barker

Vale David

I was deeply saddened by the sudden loss of my friend and colleague David.

I first met David about a decade ago and over the past few years worked with him on AMA Victoria's Section of General Practice.

His commitment to his patients and community – especially veterans and rural communities, was unfailing and an inspiration to us all.

Recently David advocated and worked hard to ensure that both Rural and Regional Health and Mental Health were central aspects of AMA's Priority Goals for Victoria's Health Care System.

His gentle words of wisdom, care and respect for others and warm curiosity were ever present.

With him around, we had better discussions, made better decisions and had more fun.

At a personal level, he made me feel special and valued. I felt I always had his ear and he always had my back.

I always delighted in seeing him and will miss him so very much.

With my deepest condolences to his beloved family and loved ones.

Requiescat in pace David.

Dr Ines Rio

Asthma deaths higher in women

Baby boomer women are at an increasing risk of dying from asthma, according to analysed new data from the Australian Bureau of Statistics.

Recently released figures show women with asthma aged between 55 and 64 are dying from the condition at a higher rate than the overall asthma-related death toll in Australia.

In 2017, a total of 441 deaths linked to asthma were recorded in Australia, comprising 300 females and 141 males.

The overall toll decreased by 14 from the previous year, but the deaths of women aged 55 to 64 doubled from 16 to 32.

According to the National Asthma Council Australia, the numbers suggest baby boomer women with asthma need to be extremely vigilant about managing their condition.

"Women in this age group are often juggling a host of responsibilities, from work to caring for children and ageing parents, and often put their own health last," the Council's chair Dr Jonathan Burdon AM said.

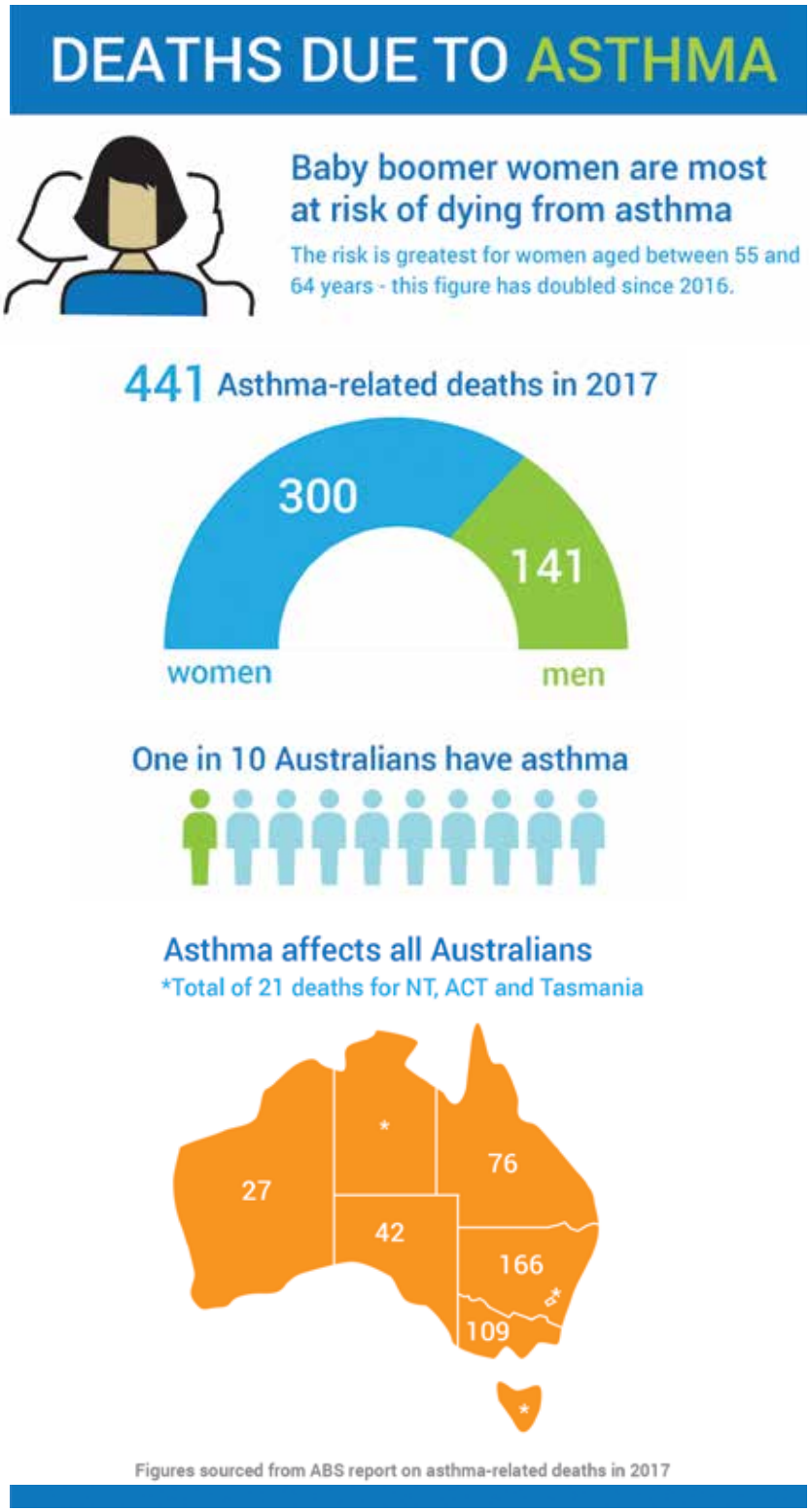
"It's important that women prioritise time to effectively manage and actively monitor asthma symptoms, so their conditions do not get worse.

"Women have slightly higher prevalence rates for asthma, but we don't have conclusive evidence as to why women are dying from asthma at more than twice the rate of men. This is happening globally, and studies suggest this is due to diagnostic, biological, lifestyle, societal or environmental circumstances."

Dr Burdon said anyone living with asthma must never ignore or dismiss breathing problems and should have regular asthma check-ups with their GPs.

They should have an asthma action plan, follow proper instruction on how to use an inhaler, get a flu shot in winter, don't smoke, avoid other people's tobacco smoke, and make sure family and friends know what the asthma first aid steps are.

CHRIS JOHNSON



Graphic: National Asthma Council Australia

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

BY CHRIS JOHNSON

Commissioner appointed for aged care

Janet Anderson

Australia's first Aged Care Quality and Safety Commissioner is a former acting head of Northern Territory Health Department.

Aged Care Minister Ken Wyatt has named Janet Anderson as the Commissioner. She will start her role as the sector's regulator next year.

Mr Wyatt said the appointment marked a significant milestone in the journey towards a better, safer aged care system.

"Highly respected and experienced health sector leader Janet Anderson will oversee establishment of the Commission, as it prepares to start intensified compliance monitoring from 1 January 2019," he said.

"The new Commission will have a budget of almost $300 million over four years, employing dozens of additional senior compliance officers."

Ms Anderson was First Assistant Secretary, Health Services, in the Commonwealth Department of Health 2012-2015, and Director, Inter-Government and Funding Strategies in the New South Wales Department of Health 2006-2011.

For the past two years, Ms Anderson has held the positions of Deputy Chief Executive and acting Chief Executive of the Northern Territory Department of Health.

In 2009, she was awarded the Public Service Medal for outstanding work in health policy development and reform.

Ms Anderson was only recently appointed as the new head of ACT Health, but stepped down from the role almost immediately.

She is currently working with the NT Government to implement recommendations from the royal commission into the protection and detention of children in the territory.

Ms Anderson will be assisted by aged care medical expert Associate Professor Michael Murray, who is working as the new interim Chief Clinical Advisor to support key establishment activities.

Associate Professor Murray has a broad range of management, clinical and clinical teaching experience in aged care as the medical director of Continuing Care and head of Geriatric Medicine at Austin Health, Melbourne.

He is also the President of the Board of Directors at the National Ageing Research Institute, Associate Professor at Melbourne University and Adjunct Associate Professor Australian Centre for Evidence Based Aged Care and La Trobe University.

The permanent appointment of a clinical advisor to the Commission will be a matter for the new Commissioner.

The establishment of this agency is in addition to the recently announced royal commission into the aged-care sector.

Funds injection to Indigenous health services

Facility upgrades and repairs are taking place to a number of Aboriginal and Torres Strait Islander health services across the nation, following a $2.7 million funding boost from the Federal Government's Service Maintenance Program.

In total, 25 services across Australia will benefit in this round of upgrades.

Indigenous Health Minister Ken Wyatt said the funds had been allocated to improve the safety and accessibility of services in the Northern Territory, Western Australia, New South Wales, Queensland, Victoria and Tasmania.

"This includes vital support for clinics, accommodation

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and associated facilities, so staff can continue delivering comprehensive primary health care to First Nations people that is culturally appropriate and best practice," he said.

"Our Government has given priority to services seeking urgent repairs and maintenance, especially facilities based in remote and very remote areas."

The Service Maintenance Program – part of the Indigenous Australians' Health Program (IAHP) – supports the improvement of health outcomes for Aboriginal and Torres Strait Islander people through better access to health services.

"Under the IAHP, we are committed to providing First Nations people with access to quality, comprehensive and culturally appropriate primary health care," Mr Wyatt said.

The recent Federal Budget allocated $3.9 billion over four years to support Aboriginal and Torres Strait Islander health, an increase of about four per cent per year.

Significant projects in the current upgrade projects include:

- Urgent security and safety upgrades to the Anyinginyi Health Aboriginal Corporation's Men's Health Clinic in Tennant Creek to include duress alarms and swipe cards;
- Improving cultural appropriateness, safety and access at the Dhauwurd-Wurrung Portland and District Aboriginal Elderly Citizens Inc. clinic; and
- Extending phlebotomy clean rooms at the Sunrise Health Service Aboriginal Corporation and the Maari Ma Health Aboriginal Corporation to allow immediate testing of children's lead and iron levels.

NSANZ asks Government to clear up PHI concerns over pain management

Neuromodulation Society of Australia and New Zealand (NSANZ) has expressed its concern to the Federal Government that changes to private health insurance could deny access to life-changing pain management for many Australians.

About one-in-three patients prescribed strong opioids for chronic pain misuse them, and up to 12 per cent of these patients develop a strong opioid use disorder.

NSANZ said these numbers could skyrocket if Australian patients are forced to upgrade their insurance policies, or miss-out on pain management treatments with devices.

The organisation pointed to Health Minister Greg Hunt's promise in July that: *"We take the existing policies, no change in price, no change in coverage, but we make it simpler so as everybody can see in one page exactly what is in place."*

Dr Richard Sullivan, pain medicine specialist physician and NSANZ President, Melbourne, called on the Government to make good on that promise.

He said all existing procedures for pain management, including devices, should be made available in Bronze, Silver and Gold policies – not just in the top-tier Gold policies.

"Australian strong opioid-related deaths now exceed heroin deaths by two-and-a-half-times, and estimates suggest more than a quarter of chronic pain patients are misusing prescription strong opioids," Dr Sullivan said

"These numbers will increase should patients be denied access to chronic pain procedures they currently have under their existing policies."

Minister announces two new listings on the PBS

Two major new listings on the Pharmaceutical Benefits Scheme (PBS) have the potential to extend the lives of Australians with advanced lung cancer and those at risk of a heart attack, saving patients almost $190,000 a year.

November is Lung Cancer Awareness Month and from November 1 patients with advanced lung cancer will have the treatment Keytruda® subsidised for first-line treatment of metastatic non-small cell lung cancer (NSCLC).

Without PBS subsidy it would cost over $11,300 per script or $188,000 a year. Patients will now pay a maximum of $39.50 per script or just $6.40 per script for concessional patients, including pensioners.

This listing means that for the first time eligible patients with advanced lung cancer can avoid chemotherapy and be treated with this novel immunotherapy treatment Keytruda®. It will benefit about 850 patients a year.

Keytruda® is an immunotherapy medicine working with a patient's own immune system to recognise cancer cells and destroy them. Clinical trials of Keytruda® for lung cancer has shown that some patients became virtually cancer free after treatment.

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This medicine is already listed on the PBS for classical Hodgkin's lymphoma and unresectable Stage III or Stage IV malignant melanoma.

The Federal Government is also listing Repatha® from November 1 for the treatment of familial hypercholesterolaemia, which is a genetic high cholesterol condition.

More than 6,000 people with the condition, who are at risk of having a heart attack or stroke at an early age, will benefit from the treatment.

Patients would normally pay around $630 a script, or more than $8000 a year. With its listing on the PBS, eligible patients will pay a maximum of $39.50 per script for Repatha or just $6.40 with a concession card.

These listings with help the thousands of Australians and their families fighting lung cancer and the devastating impact of heart disease.

In announcing the new listings, Health Minister Greg Hunt said the Government was providing Australian patients with access to life-saving and life-changing medicines quicker than ever before.

"We are now making on average one new or amended PBS listing every single day," Mr Hunt said.

"In the Budget we announced our commitment to invest $2.4 billion in new medicines to build on our commitment to guarantee those essential services that all Australians rely on.

"Our commitment to the PBS is rock solid. Together with Medicare, it is a foundation of our world-class health care system."

The independent Pharmaceutical Benefits Advisory Committee (PBAC) recommended the listings that have been announced.

The Committee is independent of Government by law and in practice. By law, the Federal Government cannot list a new medicine without a positive recommendation from PBAC.

Surgical assistants should not have to bill primary surgeons

The AMA cannot accept a proposal to strip surgical assistants of direct Medicare funding.

The Medicare Benefits Schedule Review Taskforce has presented a draft proposal that would force surgical assistants to bill the primary surgeon for their work.

The AMA rejects this proposal, condemning it outright.

AMA President Dr Tony Bartone has written to the chair of the MBS Principles and Rules Committee, Professor Michael Grigg, asking that the proposal be dropped.

"These recommendations set a dangerous precedent for a bundled payment for all doctors involved," Dr Bartone wrote.

"Although medical surgical assistants work under the leadership of the primary surgeon as part of a multi-disciplinary surgical team, they are independent practitioners, not unlike anaesthetists, and should remain so.

"For the surgeon to bill on behalf of, and then reimburse, the assistant surgeon will add a level of additional administrative and contractual complexity.

"The system must respect doctors' right to practise independently and make their own decisions regarding fees on a patient-by-patient basis.

"In the absence of any data being provided, it appears that the problems that the MBS Review Taskforce has identified with surgical assistants are isolated to a very small number of practitioners, and these sweeping proposed changes to the remuneration arrangements are wildly inappropriate and unacceptable, not to mention via the wrong mechanism."

Research

BY CHRIS JOHNSON

Life expectancy predictions changing around the world

Australia ranks tenth on a list of global life expectancy by 2040, according to recently published new research.

With the average life expectancy of Australians projected to be 84.1 years, the nation sits high on the table, but it is Spain that is predicted to rise to the top by 2040, overtaking Japan's long-held first ranking.

The study, first published in *Lancet*, also shows the United States is set to take a dive in the life expectancy stakes to 64th place, down from 43rd in a 2016 study – the biggest drop of all high-income earning countries.

The US will be passed by China, which will jump 29 places to be 39th on the table.

The average global rise of life expectancy is 4.4 years, while Americans will only live an average 1.1 years longer at 79.8 years of age.

According to the study, People in Spain will live for 85.8 years on average by 2040, while the Japanese will live an average of 85.7 year, followed by Singapore (85.4) and Switzerland (85.2).

The United States will take the biggest drop in ranking of all high-income countries, falling from 43rd in 2016 to 64th by 2040, with an average life expectancy of 79.8.

China will rise 29 places to 39th in the table, to reach a life expectancy level of 81.9 years.

Americans will live only 1.1 years longer on average in 2040 compared to 2016, well below the average global rise of 4.4 years over that same period.

A sharp increase in obesity rates and drug related deaths in the US are the main determining factors in its decline in life expectancy.

Diet, disease, and the standard of healthcare are reported to be the major contributors to each nation's life expectancy ranking, with the Mediterranean diet helping to propel Spain to the top of the list.

It is also considered a factor in neighbouring Portugal's rise to number five on the list. Portugal has the biggest jump in the top 20, going from 23rd place to number five and adding an average 3.6 years to 84.5.

Researchers found that high blood pressure, high body mass index, high blood sugar, tobacco and alcohol use to be major causes of premature mortalities.

African nation Lesotho has dropped to last place of the 195 countries rated, with a life expectancy of 57.3 years by 2040.

The low ranking of poorer nations points to the inequality in healthcare and sanitation services around the globe.

Lead author of the study, Dr Kyle Foreman of the Institute for Health Metrics and Evaluation noted, however, that the future of the world's health was not pre-ordained, and there remains a wide range of plausible trajectories.

"Whether we see significant progress or stagnation depends on how well or poorly health systems address key health drivers," Dr Foreman said.

Top Ten

1. Spain (85.8 years)
2. Japan (85.7 years)
3. Singapore (85.4 years)
4. Switzerland (85.2 years)
5. Portugal (84.5 years)
6. Italy (84.5 years)
7. Israel (84.4 years)
8. France (84.3 years)
9. Luxembourg (84.1 years)
10. Australia (84.1 years)

Research

Health tourists taking risks with Asian herbal remedies

A University of Adelaide forensic pathologist is warning that potentially harmful substances found in herbal medicines may be playing a bigger role in deaths of health tourists than previously thought.

Professor Roger Byard is calling for closer checks during post-mortems for the presence of drugs and adulterants that originate from herbal remedies.

“There is a possibility that harmful materials found in herbal medicines are either contributing to, or causing, deaths of overseas travellers,” Professor Byard said.

“These factors should be considered in all medical and legal cases involving recent overseas travel, particularly to Asian destinations.”

As part of health and wellness tourism, Western travellers to many Asian countries now often visit herbal centres.

Free health checks may be performed at these centres and herbal products are offered for sale. They offer hope to a growing number of people looking for a cure for their health problems.

“This type of health tourism is based upon learning about and consuming traditional medicinal herbs and is an important part of the worldwide medical tourism industry,” Professor Byard said.

“Patients wrongly believe that they are being treated without using harmful chemicals or drugs.

“The composition of many of these products is uncertain, there may be contaminants and pharmaceutical additives, and their interaction with prescription medications is unpredictable.”

Studies have found some herbal remedies have been adulterated with approved or banned drugs and even toxic heavy metals. Adulterants have been linked to a range of side effects of varying severity including hyper tension, heart problems, psychiatric disorders and in some instances even deaths.

MoU heralds new research collaboration

An agreement signed between Australia and the Texas Medical Center (TMC) in the United States has opened the way for a new level of collaboration between world-class medical researchers from both countries.

The research agreement focuses on clinical trials and reaching high-level medical breakthroughs.

A Memorandum of Understanding (MoU) between the Federal Government and the renowned TMC was signed in Canberra late in October.

It will enable Australian medical researchers to better develop clinical practice and commercial opportunities in the areas of genomics, rare cancers, brain cancer research and current and emerging clinical trials.

Negotiations began in June this year, and Australia is now the first country to form such an agreement with TMC, home to the world’s largest children’s hospital and the world’s largest cancer hospital.

Health Minister Greg Hunt said the MoU demonstrates the Government’s commitment to supporting Australia’s world-class health system.

“It will provide economic opportunities and Australian patients could potentially be given earlier access to breakthrough medical technologies and treatment,” he said.

“Medical Research is currently a $1 billion industry in Australia and it is expected to triple in size, if not quadruple, in the next five years delivering huge economic outcomes, but more importantly lifesaving results.”

New unified systems for Peter Mac

Peter MacCallum Cancer Centre’s five Victorian sites have deployed a unified radiotherapy treatment planning and oncology informatic system.

In a partnership with research and developers Varian, the Peter Mac hospital locations will have new cloud-hosted treatment planning systems, as well as new oncology imaging informatics systems.

Nilgun Touma, Director of Radiation Therapy Services at Peter Mac, Melbourne, said the new systems will support the radiation oncology team to develop tailored treatment regimens – a task that requires absolute confidence in the accuracy of patient data and efficiency of planning workflows.

Until recently, Peter Mac ran multiple treatment planning systems across its five radiation therapy sites.

BY CHRIS JOHNSON

WMA updates advice on medically indicated termination of pregnancy

Revised advice to physicians on medically indicated termination of pregnancy has been issued by the World Medical Association.

At its recent annual General Assembly in Reykjavik, the WMA reiterated that where the law allows medically indicated termination of pregnancy to be performed, the procedure should be carried out by a competent physician.

However, it agreed that in extreme cases it could be performed by another qualified health care worker. An extreme case would be a situation where only an abortion would save the life of the mother and no physician was available, as might occur in many parts of the world. This amends previous WMA advice from 2006 that only physicians should undertake such procedures.

The meeting agreed that patients must be supported appropriately and provided with necessary medical and psychological treatment along with appropriate counselling if desired by the patient.

The revised policy emphasises that the convictions of both the physician and the patient should be respected. It adds that patients must be provided with necessary medical and psychological treatment along with appropriate counselling if desired.

In another change to WMA policy, the Assembly reaffirmed its view that physicians should continue to have a right to conscientious objection to performing an abortion, while ensuring the continuity of medical care by a qualified colleague. But it added that in all cases physicians must perform those procedures necessary to save the woman's life and to prevent serious injury to her health.

Physicians must work with relevant institutions and authorities to ensure that no woman is harmed because medically-indicated termination of pregnancy services are unavailable.

The preamble to the revised policy states: "Medically indicated termination of pregnancy refers only to interruption of pregnancy due to health reasons, in accordance with principles of evidence-based medicine and good clinical practice. This Declaration does not include or imply any views on termination of pregnancy carried out for any reason other than medical indication."

WMA President Dr. Leonid Eidelman said that the revised policy was part of the WMA's procedure to review all policy that was 10 years old and follows two years of discussion and debate.

"As the document says, termination of pregnancy is a medical matter between the patient and the physician. But attitudes toward termination are a matter of individual conviction and conscience that should be respected," Dr Eidelman said.

"A situation where a patient may be harmed by carrying the pregnancy to term presents a conflict between the life of the foetus and the health of the pregnant woman.

"Different responses to resolve this dilemma reflect the diverse cultural, legal, traditional, and regional standards of medical care throughout the world and the revised policy recognises this fact."

Lymphatic filariasis eliminated in more nations

Three more countries have wiped out lymphatic filariasis as a public health problem.

Palau, Vietnam, and Wallis and Futuna have eliminated lymphatic filariasis as a public health problem, bringing to 11 the number of countries and areas validated since 2000 in the World Health Organisation (WHO) Western Pacific Region.

WHO Director-General Dr Tedros Adhanom Ghebreyesus and Regional Director Dr Shin Young-soo marked the accomplishment by presenting certificates to representatives from Palau, Vietnam, and Wallis and Futuna during the WHO Regional Committee for the Western Pacific held recently in Manila.

"We sincerely congratulate Palau, Vietnam, and Wallis and Futuna for eliminating lymphatic filariasis as a public health problem," Dr Shin said.

"Decades of their effort with support from partners – including the governments of France, Japan, the Republic of Korea and the United States of America—as well as donations of medicines have enabled them to achieve this milestone and ensure future generations are safe from this dreadful disease."

A mosquito-borne disease, lymphatic filariasis is one of 15 neglected tropical diseases that are endemic in the WHO Western Pacific Region. Also known as elephantiasis, the disease is painful and can lead to permanent disfigurement and disability, often causing people to lose their livelihood and suffer from stigma, depression and anxiety.

In 1997, the World Health Assembly resolved to eliminate lymphatic filariasis as a public health problem. In 2000, WHO launched the Global Program to Eliminate Lymphatic Filariasis by 2020. The program focuses on:

- stopping the spread of infection through large-scale, annual treatment of all eligible people in affected areas; and
- alleviating suffering by managing symptoms and preventing disability among people who are infected with lymphatic filariasis.

Since WHO launched the Program, a total of 11 countries and areas in the Western Pacific Region have been validated as having eliminated lymphatic filariasis as a public health problem: Cambodia, China, Cook Islands, Niue, the Marshall Islands, Palau, the Republic of Korea, Tonga, Vanuatu, Vietnam, and Wallis and Futuna.

Lymphatic filariasis remains endemic in 13 countries and areas in the Region: American Samoa, Brunei Darussalam, Fiji, French Polynesia, Kiribati, Lao People's Democratic Republic, Malaysia, Federated States of Micronesia, New Caledonia, Papua New Guinea, Philippines, Samoa and Tuvalu.

Smoking in England in fast decline

Public Health England has forecast that by 2030 Britain could be a smoke-free society.

And just one in 10 English people will smoke cigarettes in five years' time, according to the predictions.

A total of 400,000 people gave up smoking in England last year.

There are now 6.1 million smokers in the country and rates are dropping.

The current figures show that 14.9 per cent of the population are smokers, down from 15.5 per cent the year before last, and down from 19.8 per cent in 2011.

PHE says that if the trend continues, by 2023 smoking rates will be between 8.5 per cent and 11.7 per cent.

Armed with these figures, PHE's chief executive Duncan Selbie has urged the National Health Service to commit to a goal of making Britain a smoke-free society by 2030.

The trend suggests the goal is achievable.

An official smoke-free society means less than five per cent of the population smokes.

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

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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.

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