

A U S T R A L I A N

Medicine

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We need a sugar tax

Let's get serious about obesity, P3



AMA

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A U S T R A L I A N

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Dr Tony Bartone



Vice President
Dr Chris Zappala

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Lack of sugar tax leaves a sour taste



All political parties need to get serious about tackling obesity and should make the introduction of a sugar tax a matter of policy priority, according to AMA President Dr Tony Bartone.

The AMA has renewed its call on the major parties to show leadership in the fight against obesity and says a sugar tax should form part of their health policies leading into the next Federal election.

The AMA's call follows a recent announcement by the Australian Beverages Council (ABC) to reduce its sugar use by 20 per cent by 2025.

Dr Bartone described the move as “totally inadequate” and said he was “far from convinced” that the industry was serious about contributing to improving public health.

“In fact, I’m slightly sceptical of the proposal, you might say. First

of all, the proposal talks about 2025. Seven years is far too long a period, far too down into the future to really be of any benefit today. We’ve got a problem today, it’s a crisis, an epidemic. We need to do something now,” he said.

“This proposal is about reducing the sugar content across a range of products as an average, but the main products, the product line’s particular leaders, are still going to have the same content of sugar.

“So, in a 600-ml bottle of one of the leading brands of soft drink, you’re going to have 14 teaspoons of sugar still in there. That’s far, far too much sugar, far too much. No nutritional value in these soft drinks and, really, it does nothing to address the significant level of obesity and the amount of concern about overweight people in our community at this present time.”



Lack of sugar tax leaves a sour taste

... from page 3

Dr Bartone said one of the best ways to achieve a change in consumer behaviour is with a sugar tax.

"The evidence is in. Price signals work," he said.

"We have seen success with excise increases on tobacco products. And we are seeing early successes with sugar taxes in Mexico and some American States.

"The AMA strongly supports the introduction of a sugar tax in Australia as part of a broad range of policies to combat obesity and improve the health of the population across all age groups."

But political parties in Australia are slow to take up the challenge and address the obesity crisis head on. No serious proposal for a sugar tax has emerged on the Australian political landscape. The Nationals are even being vocal in opposing the idea (see story in Health on the Hill p12).

Dr Bartone said the AMA would campaign for a sugar tax right up until election day and beyond if necessary.

He said doctors see the direct consequences of obesity every day.

"We have an increasing number of patients, children and adults, with type 2 diabetes, and the complications can extend to heart disease, cancers, strokes, and loss of mobility," he said.

"We also see children and adults with orthopaedic and joint problems, which are a direct consequence of the excess weight they are carrying.

"There is a broad range of associated physical and mental health problems associated with overweight and obesity.

"And we know that hospitals and other healthcare organisations are spending precious and limited resources on specialised equipment to care for the increasing number of obese people.

"Revenue from the sugar tax can be hypothecated to the health sector, including investment in measures that support healthy eating and subsidies for healthier foods.

"The sugar tax makes sense."

CHRIS JOHNSON

FACT BOX

63.4%

63.4 per cent of Australian adults are either overweight or obese, and 27.4 per cent of children aged 5 to 17 years are either overweight or obese.

10% tax

Mexico's 10 per cent tax on sugar sweetened beverages (SSBs) has been in place since 2014. Data shows that the tax has resulted in a decrease in purchasing, by 5.5 per cent in 2014 and 9.7 per cent in 2015 (an average reduction of 7.6 per cent over the two years). There was also a 2.1 per cent increase in the quantity of untaxed beverages purchased.

25-35%
decrease in consumption

The tax introduced in Hungary (which applied to food high in sugar, fat and caffeine) resulted in product reformulation, and a decrease in the sale of taxed foods by 25 per cent, and a decrease in consumption by 25-35 per cent, when compared to the previous year.

21%
decrease in consumption

There is a tax on SSBs in place in several US jurisdictions, including the one introduced in Berkeley, California, in March 2015. An evaluation of the Berkeley tax showed that consumption of SSBs had dropped by 21 per cent, and increased by 4 per cent in comparison neighbourhoods without such a tax.

Curiosity over medicinal cannabis grows, but not the evidence



Six out of ten doctors report they had at least one patient in the last three months ask about medicinal marijuana, according to a recent survey of 640 GPs.

But in a separate four-year study of 15,000 patients suffering chronic pain, it was found that such cannabis use does not improve their health.

Research published in *Lancet* revealed that while many medicinal marijuana users suffered higher levels of anxiety, their health outcomes were not improved, and neither was their opioid use reduced.

AMA President Dr Tony Bartone said evidence was not showing that cannabis was particularly helpful to patients.

“It doesn’t give us the surety about how, when, and why to use it with complete comfort, even among the particular specialists involved in the particular disciplines who might use it – refractory, paediatric epilepsy, for example, where it’s probably got its best level of indication and evidence supporting it, there

is still conjecture about the right form and the right type to be using,” he said.

“But in other things like palliative care, some of the studies show a really poor level of evidence.”

Dr Bartone said while medicinal cannabis is available under certain schemes through the Therapeutic Goods Administration (TGA), to allow use the product in their field of practice, it is intensively labourousome.

“That’s because there’s still not the rigour, the process, and the efficient data available about the narrow therapeutic windows that some of these products have,” he said.

“The evidence around the world is being reviewed and has been found to be particularly weak in parts, not robust enough, not precise enough, not clear enough. And we’re still in the process of using trials in our country to actually gather further data.

“That’s why some of these special access schemes, or other processes that are used, is to try and create a safety profile around the product that hasn’t gone through the usual trials and safety testing that usually every product that comes to the Australian market has to undergo.

“When we look at some of the therapeutic reasons why these products would be prescribed, these are conditions which are really, really stressful, really difficult, really difficult to manage and are obviously of quite burdensome nature to the patients and to the families concerned.

“It’s understandable that once it becomes something that’s discussed in the media, in the community space, of course people are going to have questions, of course people want to find out more about something which may potentially give them an option for a condition which is very difficult to manage.

“So, I’m not surprised that patients have questions. Unfortunately, this is a case where the cart came before the horse really significantly because of a considerable amount of political and media interest in pushing this product to the market before it’s gone through its usual channels of preparation and supply and logistical surety.”

CHRIS JOHNSON

Aussie doctor plays pivotal role in rescue of trapped boys



South Australian anaesthetist Dr Richard Harris has been hailed a hero for the role he played in rescuing the Thai soccer team trapped deep inside Thailand's Tham Luang cave complex.

Twelve boys aged between 11 and 16, and their 25-year-old coach, went missing on June 23 while exploring the caves. They were discovered nine days later stranded about four kilometres into the system.

All up the boys spent more than two weeks inside the cave but were successfully brought to safety during three stages of a highly dangerous rescue mission.

Dr Harris is an expert cave diver and attended all of the boys to check on their health. He signed off on each of them before they were brought out.

He was the last person to come out of the caves.

The 53-year-old has been praised for his efforts by, among others, Prime Minister Malcolm Turnbull, Foreign Minister Julie Bishop, Thai authorities, and AMA President Dr Tony Bartone.

"Dr Harris's efforts here are nothing short of absolutely exceptional, and beyond and above the call of duty," Dr Bartone said.

"But it's typical of many of the doctors that make up the medical profession in Australia."

Leader of the rescue mission, acting Chiang Rai Governor Narongsak Osotanakorn, described Dr Harris's efforts as: "very good. The best – not good – the very best."

Mr Turnbull had asked Dr Harris to call him as soon as the rescue was over to let him know he was safe.

The Prime Minister thanked all of the Australians involved in the mission and promised a reception for them.

Ms Bishop also praised all the Australians involved in the successful rescue, making special mention of Dr Harris.

"He was in Vanuatu in about 2013 as part of the Australian aid medical assistance team overseas, so he is well-known to us," she said.

"He is also an expert in this kind of cave rescue..."

"We are absolutely delighted that our rescue team has been able to assist the Thai authorities to bring about this quite remarkable result.

"This is what Australians do so well. Under our aid program, we have tragically many opportunities to support neighbours in times of crisis and so this is just another example of Australia being a good friend, a good neighbour, and helping out when it is needed."

Dr Harris' own father died just after the rescue mission finished.

Twenty Australians were involved in the rescue mission, including divers from the Australian Federal Police and the Australian Navy.

CHRIS JOHNSON



Don't let her drink dirty water

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INFORMATION FOR MEMBERS

Specialty Training Pathways Guide – AMA Career Advice Service

With more than 64 different medical specialties to choose from in Australia, making the decision to specialise in one can seem daunting.

AMA members now have access to a new resource – one designed to assist in making decisions about which specialty pathway to follow. We know that concerns about length of training, cost of training and work-life balance are important factors in making these decisions, and information on the new site will help here too.

The absence of a comparative and definitive guide was raised by our doctors in training and medical students.

Responding to this need from our doctors in training and medical students, the AMA Career Advice Service has developed a comprehensive guide to the specialties and sub-specialties which can be trained for in Australia. The Guide will be updated annually to reflect changes made by the Colleges, and the 2017 update will be uploaded shortly.

The web-based Guide allows AMA members to compare up to five specialty training options at one time.

Information on the new website includes:

- the College responsible for the training;
- an overview of the specialty;
- entry application requirements and key dates for applications;
- cost and duration of training;
- number of positions nationally and the number of Fellows; and
- gender breakdown of trainees and Fellows.

The major specialties are there as well as some of the lesser known ones – in all, more than 64 specialties are available for comparison and contrasting.

For example, general practice, general surgery and all the surgical sub specialties, paediatrics, pathology and its sub specialties, medical administration, oncology, obstetrics and gynaecology, immunology and allergic medicine, addiction medicine, neurology, dermatology and many, many more.

To find out more, visit www.ama.com.au/careers/pathway

This new addition to the Career Advice Service enhances the services already available which include one-on-one career coaching, CV templates and guides, interview skills “tips” and, of course, a rich source of information available on the Career Advice Hub: www.ama.com.au/careers

For further information and/or assistance, feel free to call the AMA Career Advisers: Annette Lane and Christine Brill – 1300 133 665 or email: careers@ama.com.au

Please note current information within the guide relates to 2016 requirements. Information will be updated to reflect 2017 requirements soon.

Let the AMA's Specialty Training Pathways guide help inform your career decisions.



Work experience with the AMA

BY RICHE MOHAN, MEDICAL STUDENT, FLINDERS UNIVERSITY

In April of this year I was given the opportunity to spend a 6-week placement with the medical practice team at federal AMA in Canberra. I chose this placement to gain some insight into what the AMA does and how it is done. While there, I was able to see first-hand how advocacy happens, and meet the people working behind the scenes to pull it all together.

“My time with the AMA helped me understand why it is so important for both doctors and patients and I hope to share my experience to spread this understanding.”

From day one of medical school we all begin to form an idea of what the AMA does and for some, this impression doesn't evolve beyond a subscription with some perks. My time with the AMA helped me understand why it is so important for both doctors and patients and I hope to share my experience to spread this understanding.

During my placement, I met with directors and policy advisors, and was interested by the scope and breadth of their portfolios, as well as their ability to mobilise on any given topic depending on the priorities of the day. The 24-hour news cycle brought a new issue to the front pages of newspapers around Australia and the AMA was often called to inform debate. Some of the hot topics during my placement included the appropriate timing of vaccinations, out of pocket expenses for privately insured patients and mandatory reporting legislation for doctors. All these issues required evidence based, honest responses delivered in a manner which would not betray the trust of Doctors or the public.

Meanwhile, Government, private health insurers, hospitals, stakeholders and doctor and patient advocates are continuously formulating and debating policy which can change the way health care is delivered in Australia today and years from now. The challenge was in insuring that any changes would continue to empower excellent doctors to provide excellent patient care. I

learned that this is a key difference between the AMA and other organisations; as the AMA is not just looking to improve working conditions for doctors as a union might, but instead looks to service the needs of its members and the people they serve, the patient. This is highlighted by the AMA Code of Ethics, hung on every office wall, which states: “Consider first the well-being of the patient”.

The above does not occur but for countless hours of hard work by both AMA staff and volunteer doctors around Australia who sit on the various councils and committees. The policy directions decided on at these meetings inform position statements and media releases; the potency of which should not be underestimated, as they form the basis of high level discussions which can result in real outcomes nationally. I came to realise that there are competing forces out there trying to fundamentally change how medicine is practiced and delivered in Australia, and that without diligent oversight, we are all at risk of being part of broken system.

The focus of my time at the AMA was to examine the evidence behind quality and safety-based hospital funding. The Independent Hospital Pricing Authority, in conjunction with the Commission for Safety and Quality in Healthcare (directed by COAG), has been tasked with implementing measures which will see hospitals being penalised with funding deductions for adverse events. These include sentinel events, hospital acquired complications and avoidable readmissions. Though introduced to achieve quality and safety improvements, evidence from around the world suggests that such penalties do not lead to long term outcome improvements. Instead, they ask that hospitals improve their standards, despite reduced funding.

The big take away for me was that those at the beginning of their careers, such as students and junior doctors, have the most to gain or lose by the decisions being made today. Though our learning and careers often become all consuming, it is important to stay engaged with these issues and support those acting on our behalf – particularly if we cannot participate ourselves. My placement allowed me to see firsthand how advocacy issues are raised, dissected, discussed and actioned and I gained an appreciation for the influence the AMA has; an influence we should support and guide through our participation.

More Australians ready to fight the flu



Vaccinations for influenza is a success story in Australia, with almost 30 per cent more people across the nation prepared for the flu season this year.

AMA President Dr Tony Bartone described the uptake as “an enormous success of a campaign to get everyone to get their flu vaccine on the back of a horror season last year”.

Talking to Sky News, Dr Bartone said there have been almost a third more immunisations this year than last, which adds up to a good news story for Australia.

“It’s really hard to predict that kind of successful increase in demand. And so, what the authorities have done have made sure that even right now as we speak... almost another million doses of influenza vaccination are coming online.

“(It) will really bolster the shortfall, especially in that 18 to 65-year gap. We know that nearly 85 per cent of the people over 65 eligible for that free flu vaccine have had that – that’s an enormous successful uptake.

“And there’s still stocks of that particular vaccine that you can find if you ring your doctor or hunt around. We’ve got plenty of the stock of the under-three-year-olds available as well.

“So, it’s really that unfortunately because of a horror season last year, we’ve had a very successful campaign; people heeded the message very quickly. And I think there’s some lessons to be learned about timing and logistics.

“It’s still not too late to have your vaccination... the peak can be anywhere from July to September or maybe just beyond there. They’re the peak four months of the year. It’s always hard to predict flu seasons; they don’t always come in succession.”

CHRIS JOHNSON

INFORMATION FOR MEMBERS

Essential GP tools at the click of a button

The AMA Council of General Practice has developed a resource that brings together in one place all the forms, guidelines, practice tools, information and resources used by general practitioners in their daily work.

The GP Desktop Practice Support Toolkit, which is free to members, has links to around 300 commonly used administrative and diagnostic tools, saving GPs time spent fishing around trying to locate them.

The Toolkit can be downloaded from the AMA website (<http://ama.com.au/node/7733>) to a GP’s desktop computer as a separate file, and is not linked to vendor-specific practice management software.

The Toolkit is divided into five categories, presented as easy to use tabs, including:

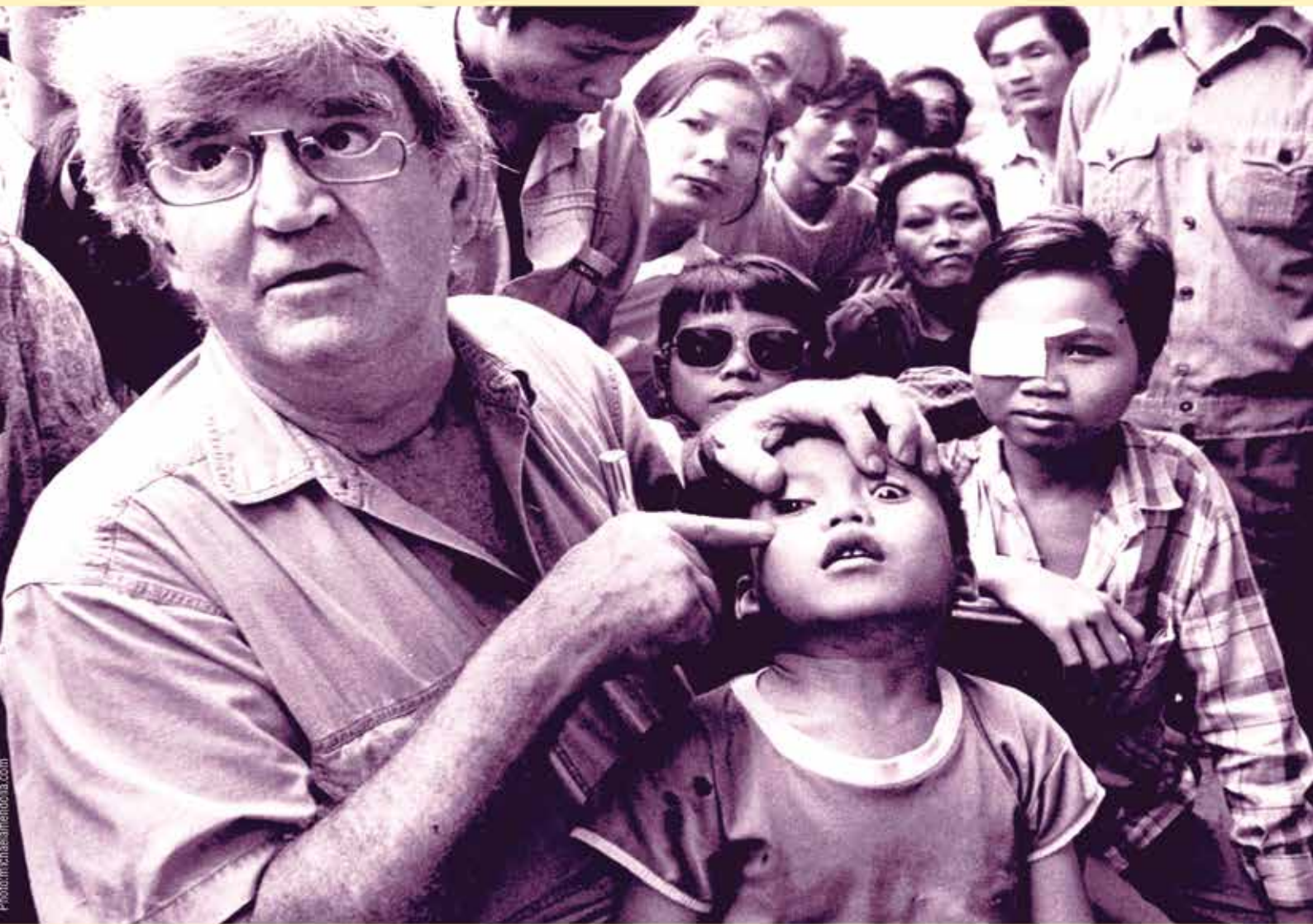
- online practice tools that can be accessed and/or completed online;
- checklists and questionnaires in PDF format, available for printing;
- commonly used forms in printable PDF format;
- clinical and administrative guidelines; and
- information and other resources.

In addition, there is a State/Territory tab, with information and forms specific to each jurisdiction, such as WorkCover and S8 prescribing.

The information and links in the Toolkit will be regularly updated, and its scope will be expanded as new information and resources become available.

Members are invited to suggest additional information, tools and resources to be added to the Toolkit. Please send suggestions, including any links, to generalpractice@ama.com.au

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Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Senate Seeking Action on Stillbirths in Australia

Labor Senator Kristina Keneally has wasted no time since joining the Senate earlier this year, in driving the establishment of a Senate Inquiry into Stillbirth Research and Education.

Six babies a day in Australia are stillborn. One in 135 births in Australia will be a stillbirth.

Senator Keneally told the Senate that rate of stillbirths in Australia have not shifted for two decades, a tragedy that is also personal. Senator Keneally's daughter, Caroline was stillborn in 1998.

"Stillbirth is an often overlooked, under-investigated and ignored public health issue," she said when recommending the Inquiry to the Senate.

"It has significant economic impact. Surely we, as a country, can do better than this. There are things that we know that we're not telling parents that could help them prevent stillbirth, and there are things we could know better with better data collection and more coordinated and better funded research."

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) welcomed the Senate Inquiry, adding: "A large proportion of stillbirths are unexplained and the causes need to be further explored."

RANZCOG also said in its submission, it believed the areas in which there are substantial opportunities for improvement in outcome are with the detection and management of fetal growth restriction (FGR) and avoidance of intrapartum hypoxic death – together contributing about 8 per cent of all stillbirths.

The Royal Australasian College of Physicians (RACP) told the Senate Inquiry it believed: "Stillbirth is a tragic complication of pregnancy which often remains poorly understood within the health profession and the wider community. This impacts awareness and education as well as training and research."

RACP encouraged the Committee to explore a range of options for reducing stillbirth rates in Australia, and improving care where stillbirths occur, including undertaking an Audit of current data and collection methodologies, and mandate annual reporting to a single agency with responsibility for stillbirth oversight. It also believes it is important for States and Territories to mandate the use of the Perinatal Society of Australia and

New Zealand (PSANZ) guidelines and fund Medical Practitioner Education around them at least twice per year.

RACP also said organisations providing support groups following pregnancy loss should have their programs evaluated and, where proven effective, fully funded, to make them universally available. Also in the RACP submission was a view that current stillbirth research funding should be reviewed, and funds allocated to research that addressed specific stillbirth priority areas.

Sands, an Australian miscarriage, stillbirth and neonatal death charity, used the Inquiry to advocate for improved training in bereavement care for all health professionals.

The Stillbirth Foundation's primary recommendation was a National Action Plan for Stillbirth be developed and implemented, in a process which involves key stakeholders such as medical practitioners, midwives and nurses, health bureaucrats, families who have experienced stillbirth and representative groups.

The Stillbirth Foundation's chief executive Victoria Bowring said a strategic and well-considered policy approach from Federal Government was "long overdue".

She added that an action plan would be a coherent policy roadmap to set out priorities, establish measured targets and the necessary funding behind it.

"Too often we see inconsistent medical care, a lack of awareness in the community, not enough coordination and investment in research and poor data collection and management," she said.

"We have seen a similar approach recently with the national action plan for endometriosis being developed by the Federal Government, and a similar model could work for stillbirth."

The Committee is due to report back with its recommendations when the Parliament resumes in early 2019.

Details of the Senate Inquiry into Stillbirth Research and Education, including submissions can be found at: www.apf.gov.au/Parliamentary_Business/Committees/Senate/Stillbirth_Research_and_Education/Stillbirth

MEREDITH HORNE



Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Nationals bitter on sugar tax ahead of election



Nationals Deputy Leader Senator Bridget McKenzie, whose portfolio responsibilities include Rural Health and Sport, has spoken out strongly against the introduction of an Australian tax on sugar sweetened beverages (SSBs).

"We know a sugar tax won't address obesity, because other countries have tried it," Senator McKenzie said in a statement.

Her Nationals colleague, Agriculture Minister David Littleproud MP, also said in the jointly issued statement: "Let's not hurt our cane growers, who are already hurting due to low prices, with a government intervention which won't help solve the problem."

However, a June report published by the *Medical Journal of Australia* argues: Australia can no longer afford to wait for a tax on sugar-sweetened beverages.

The report was co-authored by Dr Alessandro Demaio, CEO for EAT and Alexandra Jones from the George Institute for Global Health.

The report reasons: "Governments worldwide are drawing on growing evidence to implement effective pricing policies for SSBs as one cornerstone of a comprehensive policy response."

At least 30 countries, the Spanish Catalan region and seven cities in the United States have adopted SSB taxes. The World Health Assembly also says there is now sufficient evidence that

effective taxation of SSBs are working as intended to reduce purchasing and consumption to support further uptake.

Demaio and Jones also cite in their article new evidence that suggests an agriculture sector will not suffer an adverse employment effect from an SSB introduction and sought to: "reminded governments to pair implementation with robust independent evaluation and to remain vigilant to policy interference by conflicted interests."

The Australian Medical Association continues to call for a tax on SSBs to be introduced as a matter of priority. AMA President Dr Tony Bartone says the strong position on sugar is because doctors see the direct consequences of obesity every day.

"One of the best ways to achieve a change in consumer behaviour is with a sugar tax. The evidence is in. Price signals work," Dr Bartone said.

"The AMA strongly supports the introduction of a sugar tax in Australia as part of a broad range of policies to combat obesity and improve the health of the population across all age groups."

At this stage both the Government and Labor reject AMA's call for a tax on sugary drinks to reduce Australia's obesity problem.

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MEREDITH HORNE



Research

Jetlag of the social kind robbing Australians of sleep



A new study has found that one third of Australians suffer from what is termed 'social jetlag' – a condition that surfaces when a person's natural body clock does not align with their daily routine.

The research, published this month in international journal *Sleep Medicine*, shows 31 per cent of the 837 survey respondents said the time they sleep is more than an hour out of sync with their body clock on weekends compared with work nights.

Those respondents were not shift workers and had completed Sleep Health Foundation Australia's online survey.

Lead researcher, Professor Robert Adams from the University of Adelaide and the Sleep Health Foundation, said the figure was significant.

"That's a large chunk of our population whose body clocks are out of alignment, a problem known to negatively impact health and wellbeing," he said.

"These findings serve to further illustrate the widespread problem of insufficient sleep in our country and indicate an urgent need for a national inquiry to relieve our sleep loss epidemic.

"We need to realise that it's not just about how much sleep we

get, it's when we get it."

Professor Adams said social jetlag was robbing many adult Australians of quality sleep because of a misalignment between an individual's circadian rhythms and their environment due to social impositions like work or school.

"For instance, a person who is naturally a night owl but must start work at 7am is at a higher risk of being socially jetlagged," Professor Adams said.

"And the same can be said of morning larks who routinely stay up late on international work calls."

The Australian results are similar to those revealed in a large-scale Dutch study.

Full-time workers were worst affected, with some routinely suffering more than two hours social jetlag on work days compared to non-work days.

Socially jet lagged respondents were more likely to sleep too late, wake up feeling tired, be late for work, and also go to work when they felt they should have taken sick leave.

"This suggests that people with social jetlag are either less able to recognise their sickness signs or they feel a degree





Research

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of pressure to work despite being unwell or just plain tired,” Professor Adams said.

“Either way, it’s time we considered the consequences of these employees driving, operating dangerous machinery and potentially spreading contagious illness in the workplace.

“We found that those with social jetlag were more likely to have a laptop, phone or other device in the bedroom and frequently use the internet in the hour before sleep, either for work or entertainment.”

The paper, *Sociodemographic and behavioural correlates of social jetlag in Australian adults: Results from the 2016 National Sleep Health Study*, is available at: <https://doi.org/10.1016/j.sleep.2018.06.014>

CHRIS JOHNSON

Vitamin D not the brain protector some believe it is

Scientists have failed to find solid clinical evidence for vitamin D as a protective neurological agent, according to new research published in *Nutritional Neuroscience*.

South Australian researchers believe that vitamin D is unlikely to protect individuals from multiple sclerosis, Parkinson’s disease, Alzheimer’s disease or other brain-related disorders.

“Our work counters an emerging belief held in some quarters suggesting that higher levels of vitamin D can impact positively on brain health,” said lead author Krystal Iacopetta, PhD candidate at the University of Adelaide.

“Past studies had found that patients with a neurodegenerative disease tended to have lower levels of vitamin D compared to healthy members of the population.

“This led to the hypothesis that increasing vitamin D levels, either through more UV and sun exposure or by taking vitamin D supplements, could potentially have a positive impact. A widely held community belief is that these supplements could reduce the risk of developing brain-related disorders or limit their progression.

“The results of our in-depth review and an analysis of all the scientific literature, however, indicates that this is not the case and that there is no convincing evidence supporting vitamin D as a protective agent for the brain.”

The research was based on a systematic review of more than 70

pre-clinical and clinical studies, investigating the role of vitamin D across a wide range of neurodegenerative diseases.

Ms Iacopetta believes the idea of vitamin D as a neuro-related protector has gained traction based on observational studies as opposed to evaluation of all the clinical evidence.

“Our analysis of methodologies, sample sizes, and effects on treatment and control groups shows that the link between vitamin D and brain disorders is likely to be associative – as opposed to a directly causal relationship,” she said.

“We could not establish a clear role for a neuroprotective benefit from vitamin D for any of the diseases we investigated.”

The university’s Professor Mark Hutchinson said the outcome of the research was important, as it was based on an extremely comprehensive review and analysis of current data and relevant scientific publications.

“We’ve broken a commonly held belief that vitamin D resulting from sun exposure is good for your brain,” Professor Hutchinson said.

Vitamin D is also commonly known as the sunshine vitamin, but Professor Hutchinson said there may be evidence that sun exposure – or UV light – could impact the brain beneficially, in ways other than that related to levels of vitamin D.

“There are some early studies that suggest that UV exposure could have a positive impact on some neurological disorders such as multiple sclerosis,” he said.

“We have presented critical evidence that UV light may impact molecular processes in the brain in a manner that has absolutely nothing to do with vitamin D.

“We need to complete far more research in this area to fully understand what’s happening. It may be that sensible and safe sun exposure is good for the brain and that there are new and exciting factors at play that we have yet to identify and measure.

“Unfortunately, however, it appears as if vitamin D, although essential for healthy living, is not going to be the miracle ‘sunshine tablet’ solution for brain-disorders that some were actively hoping for.”

Researchers involved in this systematic review are affiliated with the University of Adelaide, the University of South Australia and the ARC Centre of Excellence for Nanoscale BioPhotonics (CNBP).

The research paper can be found at: <https://doi.org/10.1080/1028415X.2018.1493807>

CHRIS JOHNSON

American formula to beat breastfeeding



Donald Trump's United States Administration has sparked outrage at the World Health Assembly over tactics its delegation used to try to stymie an international resolution promoting breastfeeding.

The US delegation is accused of not only vigorously talking down the resolution, but also of employing bullyboy tactics against other nations to get them to fall into line with America.

The worst accusation is that American diplomats threatened Ecuador with trade sanctions and a withdrawal of military assistance in the South American country's fight against organised crime and gang violence.

The original resolution encouraged governments across the globe to "protect, promote and support breast-feeding," but team USA fought against the wording and – according to reports from the meeting in Geneva – acted aggressively towards those supporting it.

The delegation was also reported to have threatened to cut US Government funding to the World Health Organisation.

Health advocates have described the antics as a clear example of the Trump presidency looking after its big business mates – this time in the multibillion-dollar infant formula and dairy industries.

"We were astonished, appalled and also saddened. What happened was tantamount to blackmail, with the US holding the world hostage and trying to overturn nearly 40 years of consensus on best way to protect infant and young child health," Patti Rundall of the UK-based campaign Baby Milk Action told the *New York Times*.

The Russian delegation stepped in and modified the text of the resolution before reintroducing it. This cleared the way for it to be eventually passed, with US support.

The WHO and the AMA encourage breastfeeding on health benefits grounds, which is backed up by numerous high-level, peer-reviewed studies.

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California takes an unhealthy step back



California has passed a 12-year ban on any city imposing a sugar tax on soft drinks.

The bizarre and retrograde move has sparked a backlash from healthcare groups across the State, who are now campaigning for a sugar levy to form a major platform of the 2020 election battleground.

The health groups want to see a soda tax initiative on the ballot that will help pay for public health programs. They are insisting the initiative should also enshrine in the State's constitution the right of any local government to impose their own sugar taxes.

Chief executive of the California Medical Association Dustin Corcoran, who is behind the initiative, described sugar-induced obesity as a health crisis that needed to be urgently addresses.

"This initiative gives voters a real opportunity to do that," he said.

"Big soda has been a major contributor to the alarming rise in obesity and diabetes."

The proposal is for a two-cents-per-fluid-ounce tax, which would translate to an extra 24 cents onto the cost of a 12-ounce can of soda, or an extra \$1.34 for a two-litre bottle of soda.

It could raise up to \$1.9 billion annually.

The battle between healthcare groups and the soft drink

industry is now in full flight.

The American Heart Association has vowed to have the new law rolled back.

"We were disappointed that the American Beverage Association and their member companies went to such great lengths to take away the right of Californians to vote for better health," chief executive Nancy Brown said.

"We will be relentless in our work with communities across the State to improve public health through a statewide tax, and to restore the rights of Californians to vote for what they believe best supports health in their State."

Health professionals are describing the antics that led California legislators to hand soda companies a 12-year reprieve as "extortion" from the powerful soda industry.

And they have promised to rain on the parade.

A statement from the California Dental Association said: "Big Soda may have won a cynical short-term victory but, for the sake of our children's health, we cannot and will not allow them to undermine California's long-term commitment to health care and disease prevention."

CHRIS JOHNSON

NHS birthday protests

The NHS has turned 70, sparking large-scale public protests at the level of underfunding and privatisation of England's national health service.

On July 5, 1948, Britain's then Health Secretary Aneurin Bevan (from Labour's post-war government of Clement Attlee) launched the National Health Service at Manchester's Park Hospital.

That hospital is now known as Trafford General Hospital and the National Health Service simply as the NHS.

On its 70th birthday this month, tens of thousands of patients, public and NHS staff marched on Westminster in protest at the state of the service.

Although UK's current Conservative Party Government has pledged another £20 billion (AUS \$35.8 billion) to the NHS over the next four years, the growing concern is that much of that money will be given to private companies.

During the 2016-17 financial year, a total of £7.1 billion was given to private companies for NHS clinical contracts. Since 2013, a massive £25 billion has been awarded to non-NHS providers through a tendering process allowed under the Health and Social Care Act, which came into force that year.

Analytic studies are revealing increasing problems with the private sector services being provided, causing alarm among patients and political watchers.

Accounts of patient neglect, mismanagement, and endless waiting periods are reported daily.

Outsourcing of NHS services remains highly controversial.

Labour leader Jeremy Corbyn has called for an end to privatisation and for NHS staff not to be sub-contracted to private companies.

He addressed the protesting crowds, suggesting that profits sometimes end up in international tax havens.

"I don't pay my taxes for someone to rip off the public and squirrel the profits away," he said.

Prime Minister Theresa May has defended the NHS, hailing it as a huge success and insisting its future was secured with the extra government funding.

Protests were held around the same time of a service of celebration at Westminster Abbey for NHS staff, as well as thousands of tea parties around the country to mark the 70th anniversary.

Yet while some politicians, staff and patients hailed the NHS as a "unifying ideal" for the British people, critics demanded answers to the system's management failures and funding shortfalls.

The official line celebrating the milestone, stated on the NHS70 website, is: "Over the last 70 years, the NHS has transformed the health and wellbeing of the nation and become the envy of the world.

"The NHS has delivered huge medical advances and improvements to public health, meaning we can all expect to live longer lives.

"It is thanks to the NHS that we have all but eradicated diseases such as polio and diphtheria, and pioneered new treatments like the world's first liver, heart and lung transplant.

"In more recent times, we have seen innovations like mechanical thrombectomy to improve stroke survival, bionic eyes to restore sight, and surgical breakthroughs such as hand transplants."

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INFORMATION FOR MEMBERS

TGA vacancies

The Therapeutic Goods Administration (TGA) is seeking expressions of interest from professionals in relevant scientific and medical fields or appropriate consumer health issues to support our functions as a best practice regulator.

Statutory advisory committee vacancies

As a committee member you will contribute significantly towards the TGA's regulatory functions by providing independent expert advice on specific technical matters relating to the regulation of medicines, devices, cell and tissue products and other substances.

As part of the TGA's approach to promoting these vacancies, we have contacted relevant professional associations, academic institutions, industry bodies and other key stakeholder groups to facilitate appropriate reach and diversity.

We encourage you to promote these vacancies to colleagues that may also be interested.

Further details can be found on the website and enquiries can be made by email to committee.vacancies@health.gov.au.

Please note that the closing date for applications is **5pm (AEST) Tuesday 31 July 2018**.

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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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



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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.



AMP: AMA members are entitled to discounts on home loans with AMP.



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.