

A U S T R A L I A N

Medicine

The national news publication of the Australian Medical Association

Election Budget

Funds before the fight, p3

INSIDE

Federal Council meets, p4

Pathology rebates, p7

NZ shooting tragedy, p8

Chronic wounds, p11

Trust in doctors, p12

Gender equity summit, P16



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AMA LEADERSHIP TEAM



President
Dr Tony Bartone



Vice President
Dr Chris Zappala

In this issue

National News 3-19

Health on the Hill 20-22

Research 23-28

World News 29-33

Music 34

Member Services 36

Cover pic: Dr Bartone and Prime Minister Scott Morrison

Prime time for a pre-election meeting

AMA President Dr Tony Bartone has met with Prime Minister Scott Morrison ahead of the Federal Budget and the upcoming federal election.

The meeting gave Dr Bartone the opportunity to stress to the Prime Minister the importance of health policy and making sure the sector is properly funded and resourced.

The AMA President later described the meeting as productive and “very successful” and said the PM was genuinely attentive.

“We discussed the importance of a vision for health, including general practice investment, aged care funding, affordable and transparent private health insurance, public hospitals, and mental health funding and access,” Dr Bartone said.

Mr Morrison was one of the first to be presented with a limited-edition AMA Federal Election 2019 cap, which had arrived from the manufacturers just before the meeting.

The AMA cap is set to make a number of cameos on various heads throughout the election campaign.

The Budget was brought forward a month to April, to allow for what is anticipated to be an election in May. The Budget is widely expected to be a platform from which the Government hopes to launch its bid for re-election.

But the AMA has put all political parties on notice, saying it is prepared to critique all health-related policy without fear or favour.

Dr Bartone has met with leaders from both sides of politics, as well as MPs responsible for health portfolios.

He said AMA relationships with the Coalition as well as with Labor were built on trust and that both sides respected the Association.

Dr Bartone recently met with Opposition Leader Bill Shorten, who requested a further meeting with the AMA President.

“We had a half-hour meeting (in Canberra) and he (Mr Shorten) wanted to meet me again in Melbourne. We had a subsequent 50-minute meeting there and he wanted to know what we wanted and how we see things need to be addressed,” Dr Bartone said.

Medicare freeze

Labor has since promised to end the Medicare rebate indexation freeze within 50 days of forming government, if it wins the election.

The move would bring forward the lifting of the freeze by a year, would apply to about 100 GP items including for mental health and family counselling, and will cost about \$213 million.

Dr Bartone said the promise was a good first move, indicating the major parties have recognised that supporting general practice is good health policy.

“General practice is the most cost-effective sector of the health system. It keeps patients away from more expensive hospital care,” Dr Bartone said.

“GPs are the most trusted and respected providers of health care. They help people make better lifestyle decisions to get



Dr Bartone and Prime Minister Scott Morrison



Dr Bartone and Opposition Leader Bill Shorten

healthy and stay healthy.

“But the Medicare freeze and years of policy and funding neglect have placed enormous pressure on GPs and general practices.”

Dr Bartone said it is time for major investment to build the capacity of general practice to meet the primary care needs of a growing and ageing population.

“The AMA has gone to the major parties with a detailed plan to secure a strong future for general practice in Australia,” he said.

“All of our political leaders are listening, and they acknowledge the vital role of GPs and general practice in keeping people well and out of hospital.”

The AMA will give its assessment of the Federal Budget immediately upon it being delivered and will note the commitment or otherwise to health funding.

Coverage of the Budget’s health initiatives will be published in *Australian Medicine*.

Once the election is called, the AMA will release its own federal election document to highlight what it expects in relation to health policy from the campaign.

The AMA leadership will comment on election issues throughout the campaign.

CHRIS JOHNSON

Federal Council meets ahead of federal election

The AMA Federal Council gathered at Canberra in mid-March for its first meeting of 2019.

The two-day session included intense policy discussion and the finalisation of a number of Position Statements. Directors, Councillors, and Committee Chairs reported to the Federal Council, as did AMA President Dr Tony Bartone.

The upcoming Federal Budget and the looming federal election shaped the debate.

"The past few months have been extremely busy trying to set the agenda, trying set the conversation and trying to set the platform for what is obviously going to be a very important election when it comes to health," Dr Bartone said in his President's report.

"It couldn't have been any busier than it was in the first week of the sitting of Parliament when we visited eight Ministers and Opposition spokespeople and other Members in the House in their offices.

"And we also essentially set up office in Aussies café (in Parliament House) and we were sought out by many people in terms of what were we doing, who were we seeing and what do we have on our agenda.

"We were the sought-after group in terms of health advocates...

"I do want to assure that we don't play favourites. We have really, really strong, trusting relationships on both sides of the House."

The AMA's Budget submission was highlighted, as was the election document the AMA will release once the election is called.

It was described in the meeting as a "living document" and Federal Councillors discussed updates and revisions to what will be a powerful tool by which to gauge the strength of health policy announcements from political parties during the election campaign.

A review was also given of the AMA's role in the successful passage through Parliament of the so-called Medivac Bill, which gives doctors more say in the fate of sick asylum seekers on Nauru and Manus.

A full communiqué from Federal Council Chair, Dr Beverley Rowbotham will be published in *Australian Medicine* soon.

Some of the positions the Council took, however, are included here.

CHRIS JOHNSON

Pill testing at music festivals

The AMA reaffirmed its support for sanctioned, appropriately supervised, and monitored high-quality pill testing trials to minimise the risk to young people, and build an evidence base to determine the effectiveness of pill testing in Australia.

Federal Council formally and unanimously reinforced the AMA's support for the trials.

"The AMA strongly backs pill testing trials, but they must be medically supervised, involve suitably sensitive testing equipment, and be supported by the State and Territory Governments," Dr Bartone said.

"The trials must not be in isolation. They must be part of an overarching harm minimisation strategy."

The AMA's support for authorised trials of pill-testing is longstanding, and part of the AMA's position on harm minimisation.

Dr Bartone said that it is important that there are appropriate controls, funding, and evaluation of any pill testing trials.

"We also want to see rigorous evaluation of these trials being considered by the COAG Health Council as part of a suite of measures to promote harm minimisation," he said.

"The AMA believes that there should be less focus on policing and prosecution, and increased investment in interventions that avoid or reduce harm to young people.

"Pill testing will not completely solve the problems associated with illicit drug consumption by young people at music festivals, but it does provide an avenue for opportunistic engagement with health professionals, drug and alcohol counsellors, and highly-trained peer educators.

"Authorised and medically-supervised pill testing provides an avenue to establish rapport, and to provide important harm minimisation messages to young people attending music festivals and other events."

The AMA remains concerned about pill testing kits sold online and at pharmacies, which are being used as alternatives to properly conducted, medically-supervised trials.

The age of criminality

The AMA is calling for the age of criminal responsibility to be raised to 14 years of age. The new policy was passed at the Federal Council meeting.

The age of criminal responsibility is the age at which a child is considered capable of being dealt with by the criminal justice





system. Currently, children aged 10 can be charged, prosecuted, and imprisoned.

Dr Bartone said raising the age of criminal responsibility will prevent the unnecessary criminalisation of vulnerable children.

“Australia has one of the lowest ages of criminal responsibility in the world,” he said.

“The criminalisation of children in Australia is a nationwide problem that disproportionately impacts Aboriginal and Torres Strait Islander children.

“Most children in prison come from backgrounds that are disadvantaged. These children often experience violence, abuse, disability, homelessness, and drug or alcohol misuse.

“Criminalising the behaviour of young and vulnerable children creates a vicious cycle of disadvantage, and forces children to become entrenched in the criminal justice system.

“Children who are forced into contact with the criminal justice system at a young age are also less likely to complete their education or find employment, and are more likely to die an early death.”

The AMA wants the Commonwealth and State and Territory Governments to support developmentally and culturally appropriate health, education, and rehabilitative-based alternatives to the criminal justice system.

Conscientious objection

The AMA has released its updated *Position Statement on Conscientious Objection 2019* (replacing the *Position Statement on Conscientious Objection 2013*), following its approval at Federal Council. The policy was reviewed as part of the AMA’s routine, five-year policy review cycle.

A conscientious objection occurs when a doctor, as a result of a conflict with his or her own personal beliefs or values, acknowledges that they cannot provide, or participate in, a legal, legitimate treatment or procedure that would be deemed medically appropriate in the circumstances under professional standards.

A conscientious objection is based on sincerely-held beliefs and moral concerns, not self-interest or discrimination.

Doctors are entitled to have their own personal beliefs and values, as are all members of the community.

“However, doctors have an ethical obligation to minimise disruption to patient care and must never use a conscientious objection to intentionally impede patients’ access to care,” Dr Bartone said.

The AMA advises that a doctor with a conscientious objection should:

- inform the patient of their objection, preferably in advance or as soon as practicable;
- inform the patient that they have the right to see another doctor and ensure the patient has sufficient information to enable them to exercise that right;
- take whatever steps are necessary to ensure the patient’s access to care is not impeded;
- continue to treat the patient with dignity and respect, even if the doctor objects to the treatment or procedure the patient is seeking;
- continue to provide other care to the patient, if they wish;
- refrain from expressing their own personal beliefs to the patient in a way that may cause them distress;
- inform their employer, or prospective employer, of their conscientious objection, and discuss with their employer how they can practise in accordance with their beliefs without compromising patient care or placing a burden on their colleagues; and
- always provide medically appropriate treatment in an emergency situation, even if that treatment conflicts with their personal beliefs and values.

The tone and emphasis of the Position Statement has been amended. Rather than taking a prescriptive line, the Position Statement now takes a reflective approach where a doctor is asked to focus on what really should matter the most – the impact of their decisions on the patient in front of them.

Survey winners get their prizes



Dr Bartone with Dr Basil Lau



Ms Giddings with Dr Reza Davari Farid

The winners of the latest *Australian Medicine* reader survey have both taken possession of their Microsoft tablets, after their names were drawn randomly by AMA President Dr Tony Bartone.

Dr Bartone personally delivered the prize to Canberra based doctor Basil Lau who practises at the Deakin Medical Centre.

Dr Lau told *Australian Medicine* that it was a "wonderful" feeling to win the prize.

"How did this happen to me?" he said. "Thank you."

The other winner was Tasmanian based general physician Dr

Reza Davari Farid.

"I feel surprised and pretty good," he said when contacted by *Australian Medicine* about his win.

"You never get to receive calls like this very often."

Dr Davari Farid works at both the Royal Hobart Hospital and Calvary Hospital in Lenah Valley.

New AMA Tasmania CEO Lara Giddings delivered his prize.

A report of the reader survey findings will appear in the next edition of *Australian Medicine*.

AMA Board update



New Board Chair Dr Gino Pecoraro



Deputy Chair Associate Professor Rosanna Capolingua

The current AMA Board has a new Chair, Dr Gino Pecoraro and Deputy Chair, Associate Professor Rosanna Capolingua, who both took up their positions at the end of last year.

The other Board members are AMA President Dr Tony Bartone, AMA Vice President Dr Chris Zappala, Dr Iain Dunlop, Dr Bavahuna Manoharan, Dr Helen McArdle, Dr Danielle McMullen, Dr Gary Speck, and Dr Danika Thiemt.

Time to end freeze on pathology rebates

AMA President Dr Tony Bartone has called on the Government to act immediately to end the freeze on Medicare rebates for pathology services, which has been in place for more than 20 years.

“The Government announced it will re-introduce indexation for most diagnostic imaging services from 1 July 2020,” Dr Bartone said.

“It must now do the right thing by patients and do the same for pathology services. The freeze has gone on for far too long. Patients and the Australian health system are the big losers.”

The AMA has released its updated *Position Statement on Pathology 2019* to reflect new AMA policies and changes to the Australian healthcare system since the Position Statement was first developed in 2011.

The Position Statement underlines the AMA's ongoing commitment to supporting doctors who provide pathology services, as well as doctors who refer their patients to these services for diagnosis and monitoring.

“The vital role of pathology to 21st century health care is too often undervalued, and this must change,” Dr Bartone said.

“The largely ‘hidden’ nature of pathology services makes the sector especially prone to underfunding.

“Pathology is a critical component of modern health care in Australia.

“It provides crucial information for screening, diagnosis, treatment, and monitoring, upon which the entire health system is reliant.

“This means that underfunding of pathology services affects the safety, quality, and timeliness of all health services. It is impacting on the pathology workforce and will seriously challenge the sector's viability if the underfunding continues.

“Investment in high-quality pathology services ultimately saves taxpayers from higher downstream costs in the acute care sector.”

Dr Bartone said the AMA has for some time been calling on the Federal Government to provide realistic reimbursements to patients through Medicare so that pathology services remain high-quality, timely, and accessible to people who need them.

“We are highlighting emerging issues that are impacting on the pathology sector, patients, and the broader health sector,” he said.

“The AMA opposes the increasing marketing of direct-to-

consumer pathology tests, such as those sold through pharmacies.

“Health checks, screening activities, and diagnostic tests that are not clinically indicated, evidence-based, and cost effective are a vehicle for generating income rather than providing responsible health care services aimed at benefiting patients.

“Opportunistic ‘health screening’ of asymptomatic people leaves them with unnecessary out-of-pocket costs and risks generating needless follow-up consultations and services.

“Pathology tests should only be requested on behalf of a patient by a doctor in the context of providing health care.

“Medical genetic testing, in particular, should always be accompanied by appropriate genetic counselling and patient education.”

Dr Bartone said the AMA supports a nationally consistent and strategic approach to integrating the rapidly evolving field of health genomics into the healthcare system.

“Health genomics has the potential to fundamentally change the way illness is prevented, diagnosed, treated, and monitored, offering the opportunity to provide more precise and tailored treatments,” he said.

“For example, genomics now helps ensure that treatment for breast cancer is tailored for a specific individual, which means better survival rates and fewer unnecessary and ineffective treatments.

“A national approach is necessary to ensure quality and safety, and, especially, equitable patient access.

“The AMA will continue to promote the importance of supporting a high-quality pathologist and pathology-related workforce.

“Ongoing training and development of the existing workforce and investment in a future workforce are vital to sustaining high-quality and diverse pathology services.

“We desperately need appropriate investment to provide attractive and dynamic career paths for junior pathologists, ensure a high level of professionalism and skill is maintained, and ensure sufficient pathologists can be attracted and retained to meet future demand.”

JOHN FLANNERY

The AMA Position Statement on Diagnostic Imaging 2019 is at <https://ama.com.au/position-statement/pathology-2019>

AMA reaches out to New Zealand following shooting tragedy

The AMA has extended its sincerest condolences to all New Zealanders, following the Christchurch mosque shooting tragedy. In particular, the AMA expressed sympathy to the brave people of Christchurch, and especially the Muslim community who lost loved ones and witnessed friends and family suffer horrific injuries.

“Some Australian doctors and registrars were working in Christchurch at the time, and other Australian doctors travelled to Christchurch after the event to offer their assistance.”

AMA President Dr Tony Bartone paid tribute to the expertise and professionalism of the doctors and health workers who reacted with speed and skill to treat the victims of the attack.

Dr Bartone contacted the New Zealand Medical Association to express sympathy to all those affected by the shooting, directly and indirectly, and to praise the efforts of the doctors and all hospital and health workers who worked around the clock to

save lives and ease suffering.

Some Australian doctors and registrars were working in Christchurch at the time, and other Australian doctors travelled to Christchurch after the event to offer their assistance. The AMA thanks them for their efforts.

Dr Bartone congratulated New Zealand Prime Minister Jacinda Ardern for her swift compassionate and inclusive response to the tragedy, and for her subsequent actions on gun control to prevent further atrocities.

“The AMA opposes and condemns racism in any form,” Dr Bartone said.

“The AMA extends its hand of friendship to the Muslim communities in New Zealand and Australia, and welcomes all faiths and races to the successful multicultural societies in both countries.”

The AMA has called for further tightening of gun laws in Australia, and the establishment of a real-time national firearms register.

The AMA Anti-Racism Statement 2018 is at <https://ama.com.au/equity-inclusion-and-diversity>

The AMA Position Statement on Firearms 2017 is at <https://ama.com.au/positionstatement/firearms-2017>



AMA New occupational cancer e-learning module

In some Australian workplaces, employees are exposed to a diverse range of possible carcinogens at higher concentrations and for longer periods of time than the general public. It has been estimated that 3.6 million Australians are exposed to at least one carcinogen at work and about 5000 cancers each year are caused by workplace exposures.

It is essential GPs have the knowledge and skills to be able to assist patients in monitoring their health, identifying potential risks and be able to provide or direct patients to further information if working in high-risk jobs with known carcinogens.

Cancer Council has developed an e-learning module to increase GPs' awareness of workplace carcinogens and cancers. The module includes sections on occupational carcinogens in the Australian context, the role of an exposure history, common occupational cancers including lung, skin, bladder and mesothelioma, and the Australian compensation system.

The 60-minute module is accredited with both RACGP and ACCRRM. Visit www.elearning.cancer.org.au/courses for more information and to register for the module.

Obesity on the agenda but much to be done



At the February round of Senate Estimates hearings, The Community Affairs Legislation Committee was told that a national obesity strategy will not be delivered before June 2020. The Queensland Government is taking the lead in developing the national obesity strategy on behalf of COAG jurisdictions, and subject to agreement, the Federal Government will have a plan to address obesity unveiled in the middle of 2020.

The AMA has been calling for urgent action on obesity for over a decade. The AMA's position statement *Obesity - 2016* said the management of the obesity crisis in Australia is a national and economic priority, and the response to it must be commensurate with the breadth of its prevalence, the speed of its growth, and major impacts on individuals and society.

The AMA called for a whole-of-society approach, which requires the participation of governments, non-government organisations, the health and food industries, the media, employers, schools, and community organisations. Specifically, we wanted coordination at a national level and commitment to specific national goals for reducing obesity and its health effects in Australia.

The AMA statement detailed the areas needed specific attention: nutritional measures, physical activity, targeted interventions, community-based programs, research, and monitoring, and the treatment and management of obesity.

Despite the AMA's significant position statement and a plethora of other inquiries, hearings and research we are yet to see a response from Government. Both the major political parties have dragged their feet on obesity, ruling out measures such as a tax on sugar sweetened beverages without offering any solutions, strategies or funded targets other than those relying on personal responsibility.

At the Government's recent National Obesity Summit, Senator Bridget McKenzie outlined her three priority areas: maternal obesity, physical activity, education (especially in relation to the Australian Dietary Guidelines). But we didn't hear any specific measures, targets or strategies from this, or the previous Government.

Most interesting was the evidence presented by Dr Susan Jebb, Professor of Diet and Population health at University of Oxford. Dr Jebb noted the importance of pursuing calories reductions in pre-packaged food via voluntary measures – 20 per cent reduction by 2020 via reformulation and decreasing portion size. Her information about the impacts of a tax sugar sweetened beverages (SSBs) was most relevant to the debate in Australia.

In the UK, acceptability of the tax on SSBs by the public has been surprisingly good. Their SSB tax was via a tiered levy, meaning there was a reward for reducing sugar content of beverages prior to the levy being introduced. This clear price differentials in products is now showing changes in behaviour, and the UK is now looking at similar measures for confectionary.

Other measures adopted in England include increased funding for diabetes, improved weight loss services in primary care, intensive weight loss support for people with recently diagnosed Type 2 diabetes to encourage remission and embedding obesity as part of routine medical care.

The complexity of addressing obesity was highlighted by other experts, who talked about the importance of researching and improving the built environment and school canteens, removing sugar sweetened beverage from health facilities, changing the food environments and improving Australians poor food literacy.

A pertinent comment was that obesity strategies must be immune from election cycles. After years of a lot of talk and very little action, 2020 seems a long way off to be starting the discussions on national obesity strategies. The dedication of health groups, clinicians and researchers in providing submissions, presenting evidence, and pursuing population health measures shows the desire by the health sector for whole-of-sector reforms to manage what is a national health crisis.

Governments must act on the expertise and not the interests of some industry lobbyists and those who reduce a complex health issue to 'personal choice'.

SIMON TATZ
AMA DIRECTOR, PUBLIC HEALTH

Rural first for overseas trained GPs



Overseas trained doctors seeking visas to work as general practitioners in Australia are now required to obtain a Health Workforce Certificate from a Rural Workforce Agency.

The new regulation kicked in from March 11 this year.

Under this new requirement, overseas trained doctors will be directed away from well-served metropolitan areas to areas of workforce need, especially regional, rural and remote communities, Regional Services Minister Bridget McKenzie said.

“This initiative will reduce the numbers of overseas trained doctors entering the primary health care system by around 200 each year for the next four years under the skilled migration program,” the Minister said.

The number of GPs in Australia has increased three times more than population growth over the past decade, due to a surge in locally trained medical graduates and a continued high intake of overseas trained doctors.

Senator McKenzie said the ‘Visas for GPs’ initiative would allow the Government to better manage the growth and distribution of the national medical workforce.

“The Visas for GPs initiative won’t reduce the number of GPs currently providing services but will reduce the rise in doctors in city areas and improve numbers in rural areas where they are needed,” she said.

“The new requirements will ensure the right balance of specialist GPs is available to the Australian community, while also providing opportunities for Australian trained doctors.”

The Visas for GPs initiative was announced in the 2018-19 Budget as part of the Government’s Stronger Rural Health Strategy.

The Health Department is working closely with the Home Affairs Department implementing the new visas requirement.

CHRIS JOHNSON

More Medicare support needed for chronic wounds



The AMA has provided a submission to the Medicare Benefits Scheme (MBS) Review Wound Management Working Group, and has called for better support for people suffering from hard-to-heal wounds.

The Wound Management Group has been tasked with reviewing 13 MBS acute wound management items and related recommendations of other MBS committees and to look at mechanisms other than the MBS to support chronic wound management.

The AMA's submission primarily focusses on overcoming the barriers to providing optimal chronic wound management, the majority of which is provided in general practice.

It wants to see patients supported to access best practice wound management and that medical practitioners are supported to provide best practice care.

An estimated 400,000 Australians have chronic wounds, including venous leg and diabetic foot ulcers.

Management of these can take months and in some cases years.

AMA President Dr Tony Bartone said many of those patients are older Australians and with limited incomes.

"Wherever possible, their GP will bulk bill patients for their care," Dr Bartone said.

"But GPs and practices are increasingly unable to absorb the cost of providing the bandages and dressings that their patients need each visit, which can cost between \$4 and \$50 per patient.

"Under Medicare restrictions, GPs cannot bulk bill a patient

for a consultation and charge the patient just the cost of the bandage.

"This means that they have to decide between bulk billing the patient and absorbing the cost of the bandage themselves, or charging the patient for both the consultation and the dressing.

"General practices, after years of frozen and inadequate rebates for the cost of care, are just not in a position to subsidise this cost."

In many cases, patients buy their bandages or dressings at market rates from a pharmacy, just so the GP treating the wound can bulk bill them for the consultation without falling foul of legislative restrictions.

Dr Bartone stressed that chronic wounds are debilitating for patients, causing a myriad of complications including constant pain, social isolation, and depression or anxiety, and the cost of bandages and dressings is prohibitive for many people.

"As such, there is an imperative for the Government to support best practice care," he said.

In its submission, the AMA has suggested two possible solutions to the current dilemma.

One is to provide general practices with a stock of Government-funded dressings.

The other suggestion is to develop a wound consumables schedule that GPs could bill against to cover the costs of dressings and bandages provided to patients.

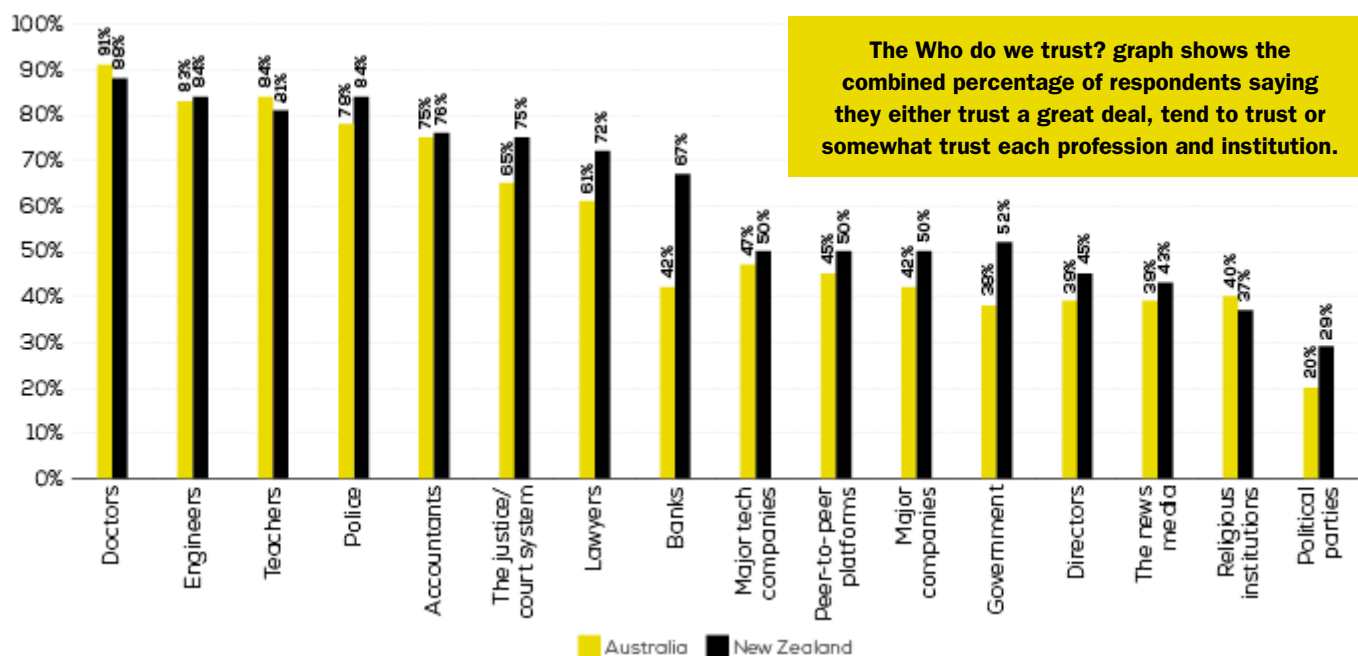
The AMA encourages the working group to ensure that any recommendations they make support GP stewardship and the patient centred medical home, and do not undermine the collaborative care arrangements already in existence, or wilfully fragment care.

It is vital there is qualified clinical oversight of patient care, so as to guard against delays in appropriate treatment, unnecessary testing, and inappropriate referrals.

The AMA will make a further submission to the Working Group when it has completed reviewing the draft recommendations made by other MBS Review groups around acute wound items.

CHRIS JOHNSON

Doctors trusted the most, survey



Source: ©2019 Chartered Accountants Australia and New Zealand (CA ANZ)

Doctors remain the most trusted professionals in Australia, according to newly released research.

Chartered Accountants Australia and New Zealand (CA ANZ) commissioned a survey late last year, which was conducted by independent market research firm Dynata.

A total of 1500 people were surveyed across Australia and New Zealand.

The findings were released this year and show that 91 per cent of respondents said they trusted their doctors.

This was followed by 84 per cent saying they trusted teachers, 83 per cent trusting engineers, and 75 per cent saying they trusted accountants.

Political parties were the least trusted institution, with only 20 per cent of respondents indicating they trusted them.

While the survey was conducted partly to gauge current sentiment of financial institutions in light of the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry, the results are another firm vote of confidence in the medical profession.

CA ANZ Thought Leadership and Research Leader, Geraldine Magarey, said that while trust in institutions was falling, trust in experts and specialists appears to be rising.

“Who and why we trust is changing, but a high level of trust in

experts remains constant,” Ms Magarey said.

“That may be because experts are seen as objective – speaking from their expertise – rather than from an ideological or self-serving position which often undercuts trust in institutions.”

Banks are trusted by only 42 per cent of Australians according to the survey. By contrast, 67 per cent of New Zealanders trust banks.

The least trusted institutions among the 16 groups in the survey are political parties at 20 per cent, then the news media at 39 per cent and religious institutions at 40 per cent.

Another key report finding is that the shift towards increased use of technology to communicate is not damaging trust in the delivery of professional services, but the accompanying move away from face-to-face contact is.

“As we move towards more electronic communication, we must be conscious of also maintaining the more traditional ways of building relationships, such as meeting people face-to-face, and speaking on the phone,” Ms Magarey said.

CHRIS JOHNSON

The full report can be found at: <https://www.charteredaccountantsanz.com/news-and-analysis/insights/research-and-insights/the-future-of-trust>

Environmental sustainability in health care statement released

The AMA is calling on the Australian Government to establish an Australian Sustainable Development Unit (SDU), based on the successful model used in England's National Health Service (NHS), to coordinate the efforts of hospitals and health services to become more environmentally sustainable.

In 2018, *The Lancet* estimated that the healthcare system is responsible for seven per cent of Australia's overall carbon emissions, as well as producing significant amounts of waste and general pollution.

In its new *Position Statement on Environmental Sustainability in Health Care 2019*, the AMA details the need for an Australian SDU to track progress against sustainability targets and provide advice to health facilities.

"The health of the environment is intrinsically linked with human health," AMA President Dr Tony Bartone.

"Climate change is bad for human health. It is linked to deaths from heatwaves, vector-borne diseases including malaria, and mental ill-health.

"Since the establishment of the NHS SDU in 2008, healthcare emissions have dropped by 18.5 per cent, and water usage has dropped by 21 per cent in England.

"A similar body in Australia would help Australian doctors and health administrators to acknowledge the environmental impact of the health sector, and seek to minimise harms wherever possible.

"This will deliver better outcomes for patients, and provide broader social and economic benefits.

"Our new Position Statement also calls on doctors to consider environmental impacts in decision-making, and to educate themselves and their colleagues in how to make their practices more sustainable.

"Overall, what is needed is national leadership to support behavioural change in the health and medical professions."

The AMA *Position Statement on Environmental Sustainability in Health Care 2019* is at <https://ama.com.au/position-statement/environmental-sustainability-health-care-2019>



AMA Have your say on new medical device regulations

The Therapeutic Goods Administration (TGA) is consulting on proposed new regulations for a wide range of medical devices to make Australia more consistent with the European Union regulatory framework. AMA members whose practice involves medical devices are encouraged to make a submission directly to the TGA by April 29, 2019.

The TGA is reviewing regulation of: active implantable devices; devices that administer medicines or biologicals by inhalation; devices for human cells, tissues and organs storage solutions and IVF media; devices that introduce substances into the body via an orifice or through the skin; and devices used in direct contact with the heart, central circulatory or central nervous systems.

More information about the proposals, including detailed discussion papers and how to lodge a submission, is available through the links below.

- Consultation: Proposed changes to the classification of active implantable medical devices and their accessories
<<https://www.tga.gov.au/consultation/consultation-proposed-changes-classification-active-implantable-medical-devices-and-their-accessories>>
- Consultation: Proposed new classification rule for medical devices that administer medicines or biologicals by inhalation

<<https://www.tga.gov.au/consultation/consultation-proposed-new-classification-rule-medical-devices-administer-medicines-or-biologicals-inhalation>>

- Consultation: Proposed medical device classification for human cells, tissues and organs storage solutions and IVF media

<<https://www.tga.gov.au/consultation/consultation-proposed-medical-device-classification-human-cells-tissues-and-organs-storage-solutions-and-ivf-media>>

- Consultation: Proposed new medical device classification for substances introduced into the body via a body orifice or applied to the skin

<<https://www.tga.gov.au/consultation/consultation-proposed-new-medical-device-classification-substances-introduced-body-orifice-or-applied-skin>>

- Consultation: Proposed changes to the classification of medical devices used in direct contact with the heart, central circulatory or central nervous systems

<<https://www.tga.gov.au/consultation/consultation-proposed-changes-classification-medical-devices-used-direct-contact-heart-central-circulatory-or-central-nervous-systems>>

Confronting image urges Australians to plan ahead



acpweek.org.au #acpweek19

How do you motivate fit and healthy middle-aged Australians to plan for a time when they are too unwell to make their own medical decisions?

Advance Care Planning Australia has developed a series of creative messages to shine the spotlight on this poorly understood, but increasing health priority, including one that depicts an unconscious patient in hospital, unable to make their own medical decisions.

The campaign is part of National Advance Care Planning Week, which is being held to raise awareness Australia-wide, from April 1 to 5.

“We know that around 50 per cent of people will be unable to make their own end-of-life medical treatment decisions, yet only 15 per cent of Australians have an Advance Care Directive,” said Dr Chris Moy, Chair of the AMA Ethics and Medico-legal Committee and ambassador for National Advance Care Planning Week.

“While the image may be confronting to some people, for those of us working at the coalface of health care it’s reality. We see too many people end up in situations like this – with no voice or choice in the care they receive. We need to do better.

“Our aim is for people to look beyond the ‘shock factor’ and educate themselves about the benefits of advance care planning and the peace-of-mind it can bring to individuals and their families.

“We constantly hear about healthy ageing in the media, but too much of it is focussed on the present. An important part of health ageing is making informed choices about your care and planning ahead for future events. Advance care planning can provide clarity and certainty, rather than leaving it to others to decide for you.”

The confronting image is currently being shared on social media, where it is stimulating interest and discussion.

With the understanding that different people respond to different messages, this image is part of a broader suite of creative images and messages, including those that reinforce personal autonomy and choice, encouraging people to take active control of their future health care.

Those wishing to get involved in National Advance Care Planning Week can attend an event and/or request a free email starter pack. More information can be found at acpweek.org.au where relevant State or Territory forms can also be accessed.



AMA

National Conference

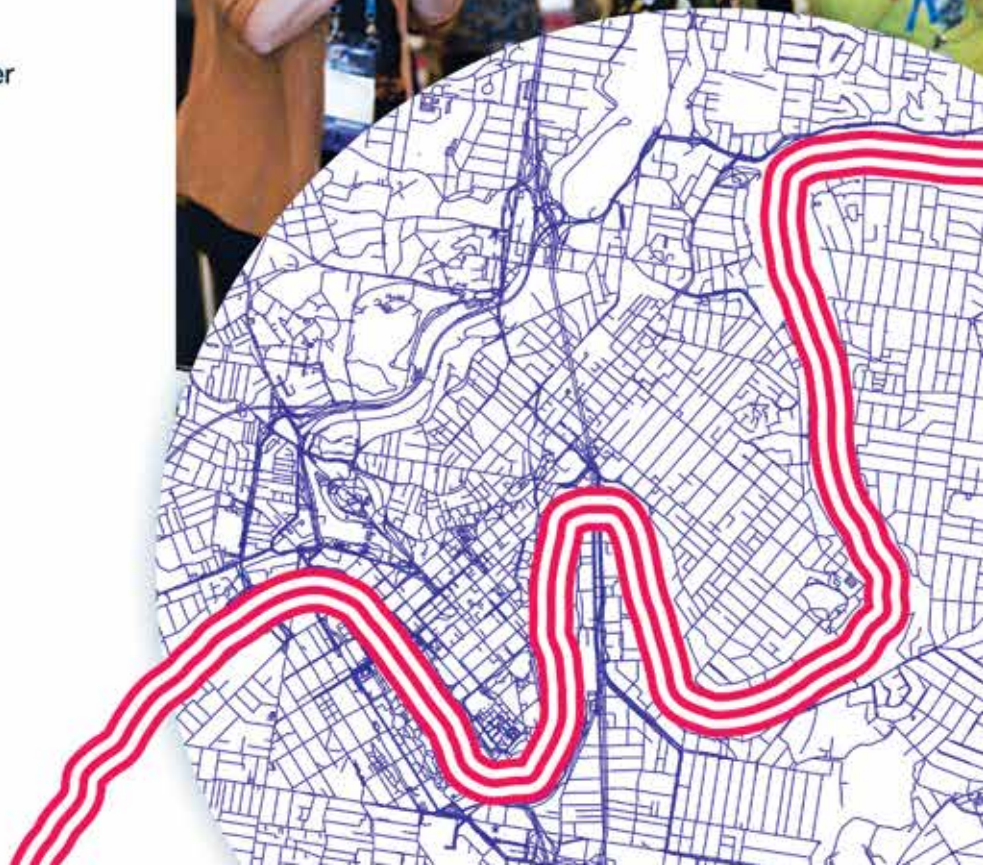
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AMA holds summit about gender equity



More than 70 participants took part in the AMA Gender Equity Summit to discuss the cultural and systemic barriers to progress towards gender equity in medicine, and to determine what practical actions could be implemented to address them.

The summit was the first of its kind for the Federal AMA. It had the backing of the AMA leadership team and speaks of the commitment, both within the AMA and the medical profession at large, to work towards achieving gender equity.

The summit heard from a range of speakers from industries outside of medicine about how they have successfully shaped culture and systems to encourage gender equity in their workplaces and how this might translate to changing medical workplaces and culture.

Representatives from Medical Colleges and health services also shared their strategies for working towards gender equity, while acknowledging that there is quite a way to go.

The summit highlighted the importance of prioritising measures to improve gender equity in medicine not only for the benefit of doctors, but also for the quality of care they provide. Doctors from diverse backgrounds bring extensive skills and perspectives to enable the medical workforce to be more responsive and empathetic to individual patient needs and, importantly, broader community needs.

Summit participants generated a wide range of short-term and long-term strategies to address remaining cultural and systemic barriers to achieving gender equity.

Actions ranged from things as simple as tapping capable women on the shoulder to encourage them to apply for leadership positions, or ensuring access to breastfeeding facilities at academic events, through to more profound system changes required to address entrenched gender biases.

More structural reforms required include improving access and uptake of parental leave and flexible work arrangements for men as well as women. This was a key recommendation to come out of the summit.

Ensuring access to leave entitlements, including for general practice registrars and interstate portability for doctors working in the public health system, was also considered central to improving work-life balance for both women and men in medicine.

The mood of the summit was very positive and acknowledged that we all have a vital role to play in promoting gender diversity and inclusion. Importantly, the summit provided an opportunity for participants to share ideas between specialty and industry groups





and to develop support networks to drive change.

The conversations that began at the summit will continue well beyond the event.

At last year's AMA National Conference, the AMA supported a motion to develop practical strategies to drive cultural change within the profession and workplaces in support of equal participation across gender in the medical workforce.

While the representation of women on the AMA's Board now sits at 36 per cent, it is much more variable among our Councils and Committees, with some doing well and others not so well. We know that despite the dramatic increase in female participation in the medical workforce in recent decades, under-representation of women in the upper echelons of the medical profession persists.

Australian Institute of Health and Welfare figures show that women make up 40 per cent of the medical workforce and 53 per cent of early-career practitioners, including just over half of all specialists-in-training.

But women are not progressing through to senior positions in representative numbers, despite extensive evidence of equal competence and interest in doing so. This is not just a problem in the medical profession. Entrenched gender bias, discrimination and inequity remain features of most Australian workplaces, and society at large.

But we have to start somewhere, and while it's very difficult to eradicate unconscious bias, we can acknowledge it, and design our systems to avoid allowing it leading to discrimination. The AMA Equity, Inclusion, and Diversity Committee will play an important role in actioning the outcomes from the Summit to drive progress towards achieving gender equity both internally and externally.

SALLY CROSS
AMA ACTING DIRECTOR
GENERAL PRACTICE AND WORKPLACE POLICY

More information is available on the AMA Gender Equity Summit website at <https://ama.com.au/ges19>

Vital role of generalist doctors must be promoted



The AMA has released an updated *Position Statement on Fostering Generalism in the Medical Workforce*.

The Position Statement highlights the importance of rebuilding the generalist workforce in Australia. It recommends better training programs and career pathways, and greater recognition and support for the important work provided by generalists across the health system.

AMA President Dr Tony Bartone said generalist doctors play a vital role in the health system as clinicians, teachers, and researchers in all settings, from tertiary public hospitals to remote practices.

“Generalists are increasingly relied on to provide a significant amount of surgical, anaesthetic, and obstetric care in rural and remote communities due to poor access to sub-specialist services in those areas,” Dr Bartone said.

“They are also needed in all hospitals to serve the growing number of ageing Australians with multiple chronic and complex health conditions.

“We need to support and promote generalists.

“There has been some policy and resourcing put in place to encourage generalist medical careers, but the trend towards sub-specialisation has continued.

“Fewer medical graduates are choosing a generalist career path.

“The number of medical graduates has doubled since 2005 and we have an expanding medical workforce. This provides the perfect opportunity to address the relative shortages in generalist specialties.

“We need to introduce improved training models and pathways, better recognition and support, and appropriate remuneration for generalist doctors.

“Getting more generalists into the system will lead to improvements in safety and quality of care, and improved patient outcomes,” Dr Bartone said.

Key recommendations of the *AMA Position Statement on Fostering Generalism in the Medical Workforce* include:

- clearly defined training programs and pathways for generalists;
- the establishment of a general set of competencies for all doctors in training that will allow the medical workforce to meet community needs;
- enhanced training opportunities to enable the acquisition of specialty procedural skills for generalist doctors;
- greater recognition and support for generalists;
- more comparable remuneration for generalists; and
- further work to quantify and predict generalist workforce requirements and distribution as a matter of urgency.

The AMA will use the Position Statement to guide the development of the recently announced National Medical Workforce Strategy.

JOHN FLANNERY

The AMA Position Statement on Fostering Generalism in the Medical Workforce is at <https://ama.com.au/position-statement/position-statement-fostering-generalism-medical-workforce-2019>



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Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

BY CHRIS JOHNSON

Parliamentary group asks Government to do more about TB

This year marks 26 years since tuberculosis was declared a global health emergency, but as Labor Senator from Tasmania Lisa Singh pointed out while addressing a World TB Day event in Sydney, at least 1.7 million people died from the disease last year.

That is more than the deaths from HIV and malaria combined.

Senator Singh is the Co-Chair of the Australian TB Caucus and represented that bipartisan parliamentary group at the event ahead of World TB Day on March 24.

The TB Caucus advocated for a strong commitment from Australia at the United Nations High-Level Meeting on TB held in New York last year.

This year, Senator Singh said much is still left to be done.

"Although 1200 or more people in Australia are treated for TB each year and there are an estimated one million Australians with a dormant TB infection, we often forget that it is still a problem," Senator Singh said.

"Every year, approximately 100 million people globally are infected with TB, eight million develop active or infectious TB, and two million die.

"TB is a clear and present danger to population health in our closest regional neighbours of Papua New Guinea and Indonesia. It continues to be widespread and deadly in many Asia-Pacific countries, including Timor Leste, Cambodia, Myanmar, Papua New Guinea, Kiribati, and Marshall Islands."

Three years ago, Australia joined countries around the world in committing to the Sustainable Development Goals and to work together on ending TB by 2030.

"The promises made by the global community at the United Nations High-Level meeting on TB last September included a commitment by Australia to accelerate action towards ending TB as an epidemic, through increased efforts and leadership on research and development, prevention, testing and treatment," Senator Singh said.

"The Global Fund replenishment conference this October in Paris provides Australia with the platform to keep its promise.

"For World TB Day, the Australian TB Caucus is advocating that the Australian Federal Government deliver its share of global TB targets and increase its pledge to the Global Fund.

"In addition to this, the Australian TB Caucus is also asking the

Government to consider contributing 0.1 per cent of Australia's annual spending on research and development towards the development of new drugs and vaccines to combat TB.

"It's time to do our part to be leaders in our fields of science, medicine, and diplomacy to help end this epidemic. Every dollar spent in TB returns a benefit throughout society."

Government helps Alfred Health to focus on regional cancer trials

The Federal Government is providing almost \$25 million so Australians with cancer and rare diseases have access to clinical trials no matter where they live, including regional and remote Victoria.

In making the announcement, Health Minister Greg Hunt said patients with poor access to clinical trial programs don't always gain early access to breakthroughs in medical treatment that can be life-saving.

"Our Government will provide funding support to the Australian Clinical Trials Network's TrialHub," he said.

"This will boost opportunities for patients across Australia to participate in clinical trials of new treatments and other interventions as close as possible to their homes, regardless of where they live."

The program will create partnerships with regional hospitals to expand the reach and participation in clinical trials, initially allowing patients from Victoria access to potentially life-saving treatments.

Hospitals in Rosebud, Casey and Bendigo in Victoria will be the first hospitals to partner with the TrialHub.

TrialHub's initial focus will be on rare cancers and other rare diseases, prostate cancer and melanoma.

The program is a collaboration between Monash University and Alfred Health to boost the number of available clinical trials in Victoria.

Clinical trials are the vehicles through which advances in medical science are translated to the benefit of patients and their communities, providing essential conduits from scientific discovery to improved health outcomes for all.

"This investment is through our Government's Community Health and Hospitals Program," Mr Hunt said.

"Established in 2018, the Liberal National Government's \$1.25 billion Community Health and Hospitals Fund supports:





Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

specialist hospital services such as cancer treatment, rural health and hospital infrastructure; drug and alcohol treatment; preventive, primary and chronic disease management; and mental health.”

Funds for stem cell research



Stem cell research that could potentially grow kidneys, repair damaged spinal cords and cure dementia has been given a \$150 million Government investment.

The ten-year Australian Stem Cell Therapies Mission, funded through the Government's Medical Research Future Fund, will help the momentum around stem cell science to continue.

Health Minister Greg Hunt said funding from the mission will accelerate the investigation of the use of stem cells from fat, cord blood, bone marrow and foetal tissue as possible treatments for spinal cord injuries.

“This mission will also find new hope for patients with dementia as stem cells can grow into brain cells and as a result may have the potential to repair brain damage caused by neurological conditions,” the Minister said.

“Stem cell treatments applied through regenerative medicine, precision medicine and synthetic biology will provide new, targeted and more effective treatments.

“They will reduce the burden of disease on patients and carers. They will enhance equity in health care by addressing unmet clinical needs.”

Human stem cells are also currently being used to develop kidneys with functioning tissue as an alternative for renal replacement. The mission could fasttrack the use of these kidneys in humans.

One in ten Australians have chronic kidney disease, one in three children have inheritable disease and about 50 Australians die every day from related kidney disease.

“Stem cell medicine's benefits are not only about individual health but the economic potential immense,” Mr Hunt said.

“It has been estimated that if Australia were to capture a five per cent share of the burgeoning regenerative medicine market, this would represent \$6 billion in annual revenue and create approximately 6,000 jobs.

“Stem cell medicine is poised to become a core part of mainstream health care. It will transform and save the lives of people with incurable diseases.”

The Australian Stem Cell Therapies Mission will be co-chaired by Stem Cells Australia program leader Professor Melissa Little and inventor of the Nanopatch Professor Mark Kendall.

“We are ready – the science is ready, having progressed phenomenally over the past ten years. The industry is ready, with appropriate standards in place,” Mr Hunt said.

“We will work closely with other stakeholders to ensure the potential of stem cell medicine is unlocked. Partnerships will be vital, along with ongoing research.

“We must all share the vision of giving Australian patients access to effective and safe stem cell-based therapies. The establishment of the Australian Stem Cell Therapies Mission is the first step in a coordinated effort to stimulate regenerative medicine research and industry in Australia.”

Opposition in hospitals upgrade commitment

Labor has promised to invest \$1 billion on upgrades to Australia's public hospitals, with the money going towards building new wards, supplying more beds, upgrading emergency departments and theatres, and establishing new palliative care and mental health facilities.

As the federal election draws nearer, health is shaping up as a political battleground. Both major parties have embarked on a campaign of health investment announcements.

The Opposition said its \$1 billion investment will be flexible to meet the needs of individual hospitals. In some cases, it says, this will mean rebuilding and expanding existing facilities so they can cater for more patients. In other cases, it will mean the construction of brand new units to meet the health needs of a community.





Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Shadow Health Minister Catherine King said Labor was already partnering with State and Territory governments to identify projects that will make a “tangible difference to the lives of Australians” – whether they’re giving birth, undergoing essential surgery, waiting for emergency treatment or reaching the end of their lives.

“Our doctors, nurses and hospital staff do an amazing job, but we know there are hospital facilities across the country that are aging and in dire need of a revamp to ensure patients get the best care possible,” she said.

“From downtown Sydney to regional WA, from rural Tasmania to Far North Queensland, from inner Melbourne to regional South Australia and the Northern Territory: Labor will ensure more Australians can access essential health services close to home so they don’t need to travel to the next town or city.

“This investment blitz is a key part of Labor’s Fair Go Action Plan to improve our public hospitals and strengthen Medicare.”

Ms King said 1.3 million Australians skip getting basic health care because of cost, which puts extra pressure on public hospitals.

Government urged to adopt action plan for arthritis

Arthritis Australia has called on governments at all levels to invest in implementing the National Strategic Action Plan for Arthritis, which was recently launched. The action plan provides an evidence-based blueprint to guide national efforts to improve health and quality of life for people living with arthritis, reduce the cost and prevalence of the condition, and reduce the impact on individuals, their carers and the community.

Arthritis Australia developed the action plan, with input from consumer and medical groups across Australia, for the Federal Government’s Health Department.

It identifies three key priority areas that require urgent, immediate attention in order to reduce the health burden of arthritis both now and into the future.

Those areas where investment and action are needed include: awareness, prevention and education; high-value, person-centred care and support; and research evidence and data.

Recommended actions in the plan include:

- Conduct awareness campaigns to increase public understanding of arthritis and how it can be prevented and managed.



- Fund arthritis educators to provide personalised care and support for children and adults diagnosed with arthritis.
- Develop and implement a national sports injury prevention program to reduce the risk of developing osteoarthritis.
- Increase funding for specialist and allied health services so people with arthritis can receive timely, appropriate and affordable care.
- Provide information, education and tools for health professionals to help them to deliver best-practice arthritis care.
- Pilot and evaluate a community-based ‘one-stop-shop’ arthritis clinic to provide a single point of contact for diagnosis, assessment, triage, treatment and referral to other services.
- Fund an ambitious ‘arthritis and musculoskeletal research mission’ from the Medical Research Future Fund to improve arthritis prevention, diagnosis and treatment, and support the search for cures.

Chair of Arthritis Australia Kristine Riethmiller said implementation of the action plan would go a long way towards ensuring people with arthritis get the right treatment, care and support they need to live well with their condition.

“However, significant upfront and ongoing investment to implement the actions set out within this plan is absolutely essential if we are to make any progress in our fight against this debilitating and costly disease,” she said.



Research

BY CHRIS JOHNSON

Research shows cultural respect program having little immediate impact

A year-long program designed to improve cultural respect in general practice and improve health outcomes for Aboriginal patients, has failed to either increase the rate of Indigenous health checks or improve cross-cultural behaviours, according to the authors of research published in the *Medical Journal of Australia*.

The Ways of Thinking and Ways of Doing (WoTWoD) program was developed by a team led by Professor Siaw-Teng Liaw, professor of General Practice at the UNSW Sydney and the Ingham Institute of Applied Medical Research.

It was designed to 'translate the systemic, organisational, and clinical elements of the Australian Health Ministers' Advisory Council Cultural Competency Framework into routine clinical practice'.

"Cultural respect reflects the attitudes and behaviour of the entire medical practice, from reception to consulting room," Professor Liaw and colleagues wrote.

"In addition, general practice organisations must work in partnership with Indigenous community-controlled organisations to reduce health care disparities, address social determinants of poor health, and increase access to safe, effective and culturally respectful care."

The WoTWoD program includes a toolkit comprising 10 scenarios that illustrate cross-cultural behaviour in clinical practice, one half-day workshop, cultural mentor support for the practice, and a local care partnership for guiding the program and facilitating community engagement.

In evaluating the program, Professor Liaw and colleagues introduced WoTWoD to 28 intervention general practices and compared the results after 12 months with 25 control practices.

After 12 months, the rates of MBS item 715 claims (health assessment for Aboriginal and Torres Strait Islander people) and recording of risk factors for the two groups were not statistically significantly different, nor were mean changes in cultural quotient scores, regardless of staff category and practice attribute.

The researchers wrote that the negative results may be attributable to variability in the fidelity of the intervention,

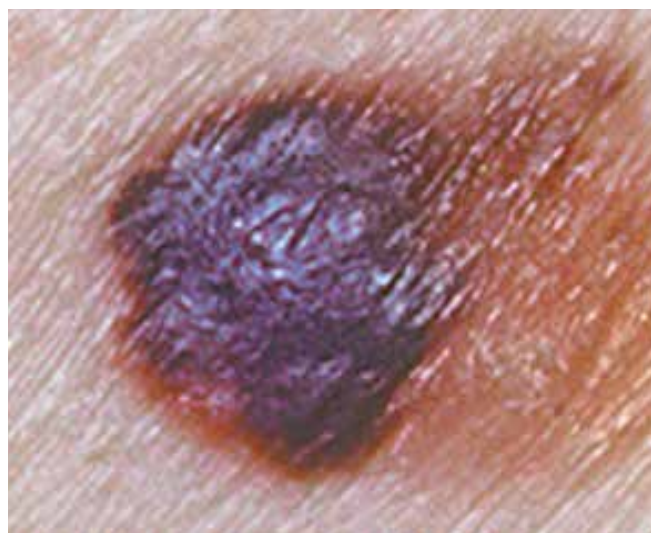
especially the local care partnership ... the clinical and organisational reasons for low usage rate (of the MBS item 715) ... and the length of the trial.

"The length of the trial (12 months) may not have been sufficient to detect significant changes in professional practice dependent on organisational changes that require time to formulate and implement," they wrote.

"Nevertheless, it is encouraging and promising that the data trends over the 12 months within each group were positive and participant perceptions of the WoTWoD were very positive.

"Further collaborative and participatory mixed methods research is required to examine the complexities of co-creating, implementing, and evaluating programs that integrate 'thinking and doing' cultural respect in the context of the changing needs and priorities of general practice and Indigenous communities."

Melanoma survivors at risk of other cancers



People who have survived in situ melanomas are at increased risk of developing another cancer, and not necessarily another melanoma, according to latest research.

A study of almost 40,000 survivors of in situ melanoma, in which affected tissue remains localised and can be surgically removed, found that 4,823 of them developed another primary cancer (excluding invasive melanoma).





The research, conducted by the University of the Sunshine Coast (USC) and Cancer Council Queensland, was recently published in the *Journal of Investigative Dermatology*.

Lead author, and USC's Foundation Professor of Cancer Prevention, Michael Kimlin said the study found survivors of in situ melanoma had noticeably increased risks of developing a range of internal cancers, not necessarily associated with sun exposure.

"In situ melanoma survivors had significantly increased risks of developing lip, thyroid, pancreatic and brain cancers, and decreased risks of head and neck and lung cancers," Professor Kimlin said.

"Male in situ survivors, when compared to the regular population, have a significantly increased risk of prostate cancer and female survivors had an increased risk of lip and thyroid cancers and lymphoid leukaemia compared to the regular population."

For those in situ melanoma survivors under 50 years old, the overall risk of being diagnosed with another primary cancer (excluding melanoma) increased by 14 per cent, suggesting age at diagnosis is critical. For those over 50, the risk was five percent higher than the general population.

"These findings indicate that in situ melanoma may be associated with the diagnosis of certain second primary cancers – however, we need more research to understand this further," Professor Kimlin said.

"What is causing it, we don't know. The next stage is to find out biologically what is going on. Is it sun exposure? Is it levels of Vitamin D absorption? Is it lifestyle factors? Is it medical surveillance? This opens up a whole new set of opportunities for us to help the Australian population live healthier lives."

Professor Kimlin said if a biological cause was established, the findings were likely to change the clinical guidelines for the care of patients after they have had an in-situ melanoma removed.

"These people may require increased surveillance as they may be at a higher risk for these other primary cancers, which, when detected early, have good outcomes," he said.

"There are currently limited clinical guidelines for post-procedural care, but this research suggests that there should be more, similar to that which is offered for patients with invasive melanoma."

The next step would be to find a way to predict a person's risk of another primary cancer. Using this data, the researchers now want to now see if they can detect a biomarker in people's blood, taken at melanoma diagnosis, that could help with intervention and treatment in future.

Melanoma is the third most common cancer diagnosed in Australia, and in situ melanoma is strongly associated with lifetime sun exposure. The study was conducted using confirmed in situ melanoma cases from 1982 to 2012 in Queensland, Australia, which receives higher levels of UV radiation than most other areas in the world.

Breakthrough could help with cancer therapies

Scientists at the University of Virginia School of Medicine have discovered a defect in immune cells known as 'killer T cells' that explains their inability to destroy cancer tumors. The researchers believe that repairing this defect could make the cells much better cancer killers. Further, they predict their discovery could be used within three to five years to help identify patients who will best respond to cancer therapies.

The finding could be a significant boost to the burgeoning field of immunotherapy, which aims to harness the body's immune defenses to defeat cancer. The discovery could also let doctors better predict and assess how well a patient responds to treatment.

"For a long time, the presence of immune cells in cancer has been associated with a better outcome in patients, but it's not really been clear why the immune cells haven't been able to control the cancer. What is the cancer doing?" said researcher Timothy Bullock PhD, of the UVA Cancer Center.

"This (finding) gives us plenty of opportunity to come in with interventions to invigorate these T cells and level the playing field substantially so they're much more competitive."

Despite their fearsome moniker, killer T cells often become inactive in solid tumors. UVA's new research sheds light on why. Dr Bullock and his team determined that these sluggish soldiers suffer from a dysfunctional enzyme, enolase 1. Without it, they cannot use a vital nutrient, glucose.

"There is a functional defect in this enzyme that is preventing the cells from breaking down glucose and using it in such a way that they can proliferate and become functional," explained





researcher Lelisa F Gemta. “They don’t process it well, and that’s what we’ve been digging into – to find out why do these cells take up glucose but fail to break it down.”

By amping up the effectiveness of the enzyme, the researchers believe they can make the killer T cells much better at killing cancer. The sluggish soldiers would become much more formidable fighters. The researchers also believe that doctors will be able to examine the enzyme to predict how well a patient will respond to treatment.

“I think that there is an opportunity to actually use this enzyme as a read-out for the quality of the T cells that are in the tumor, so that when a physician comes in with a clinical trial we can theoretically analyze how the T cells metabolically compare within the tumor,” Dr Bullock said. “It’s almost a biomarker of immune function and fitness within the tumors.”

The research is part of UVA’s aggressive efforts to advance the field of immunotherapy. For example, it is conducting a leading-edge clinical trial of an experimental immunotherapy for pediatric acute lymphoblastic leukemia that has resisted other forms of treatment. The approach, known as chimeric antigen receptor T-cell therapy, takes a child’s own immune cells and genetically modifies them to make them better at killing cancer.

By confronting the defect they have discovered and making these T cells fitter, Bullock hopes that his new discovery will complement such emerging treatments and make them more effective. The finding, he notes, also might be put to use one day to dampen excessive immune responses, such as are seen in autoimmune disorders.

Dr Bullock and his team have published their findings in the journal *Science Immunology*.

Finnish study unravels genetic basis of hypertrophic cardiomyopathy

One third of hypertrophic cardiomyopathy cases in Finland are caused by one of the four major mutations, a new study from the University of Eastern Finland and Kuopio University Hospital shows. Overall, 40 per cent of patients carried a specific or a likely mutation causing the disease, and 20 per cent were carriers of a rare gene mutation whose role in the disease remains unknown. The findings of the nationwide FinHCM study, led by Professor Johanna Kuusisto at the University of Eastern

Finland, were published in *ESC Heart Failure*.

The study is the most extensive one so far to analyse the genetic background and outcome of hypertrophic cardiomyopathy in a nationwide cohort.

Hypertrophic cardiomyopathy is estimated to occur in one in 500 adults. Among young people and athletes, it is the most common cause of sudden cardiac deaths. According to the newly published study, the prognosis of patients diagnosed with and treated for hypertrophic cardiomyopathy in Finland is good. In a seven-year follow-up, their mortality rate was low, although significantly higher than the mortality rate of the age- and sex-controlled population.

The researchers also analysed the National Cause of Death Register to explore the role of hypertrophic cardiomyopathy in all deaths occurring in Finland. Over a ten-year period, almost 600 Finns died of hypertrophic cardiomyopathy, and one third of these deaths were sudden cardiac deaths.

According to Professor Kuusisto, the high prevalence of sudden cardiac deaths indicates that cardiomyopathy remains underdiagnosed. She said in order to prevent sudden cardiac deaths in particular, it is vital that patients get a timely diagnosis and proper treatment.

The researchers studied gene mutations associated with hypertrophic cardiomyopathy in a nationwide cohort of 382 people by using targeted sequencing and a gene panel comprising a total of 59 genes associated with the disease. The outcome of the disease was analysed in a follow-up study involving 428 participants.

The genetic background of the disease can differ from one population to the next. Professor Kuusisto’s research group has studied the genetics, clinical picture and pathogenesis of hypertrophic cardiomyopathy (HCM) and dilated cardiomyopathy (DCM) in Finland since the 1990s. The four Finnish major mutations causing hypertrophic cardiomyopathy have been discovered in the nationwide FinHCM study led by Professor Kuusisto. Research has also advanced the diagnostics and treatment of cardiomyopathies.

“The use of gene diagnostics, magnetic resonance imaging of the heart and implantable cardioverter-defibrillators has improved the outcome of patients,” Professor Kuusisto said.





Research

New review into inflamed bowels and pregnancy

Women with inflammatory bowel disease (IBD) who wish to have children have an excellent chance of a successful pregnancy if the pregnancy is planned, if conception occurs when IBD is in remission, and if there is pre-conception counselling.

That's according to the authors of a narrative review published in the *Medical Journal of Australia*.

Active IBD – a chronic disease that affects women in their childbearing years – can lead to adverse pregnancy outcomes, including spontaneous abortion, pre-term births and low birthweight, the authors, Dr Sally Bell and Dr Emma Flanagan, both gastroenterologists at St Vincent's Hospital Melbourne, wrote.

However, pre-conception counselling, including discussions regarding the importance of optimising disease control before and during pregnancy as well as the medication management plan for pregnancy, has been shown to improve pregnancy outcomes.

"Patients should ideally undergo pre-conception counselling and disease assessment six months before conception to ensure that the disease is in remission and that patients have a clear understanding of the recommendations for the management of their IBD in pregnancy," the authors wrote.

The majority of women with IBD who take maintenance medication will need that medication throughout pregnancy to prevent potentially harmful flare-ups of the disease.

"Non-compliance with maintenance therapy during pregnancy occurs frequently and a common reason for this is the fear of medication adverse effects on the baby," they wrote.

However, most IBD medications are considered safe in pregnancy and breastfeeding, except for methotrexate, which must be stopped six months prior to conception, because it is teratogenic.

"IBD activity should be carefully monitored during pregnancy using non-invasive techniques, and disease flares during pregnancy should be treated promptly with escalation of therapy in consultation with the patient's IBD specialist," Drs Bell and Flanagan wrote.

"In the event of a disease flare during pregnancy, the patient's gastroenterologist should be contacted promptly and appropriate escalation of therapy should be arranged.

"Mode of delivery should be determined by obstetric need; however, caesarean delivery is preferred for women with a history of ileal pouch anal anastomosis surgery or active perianal Crohn's disease.

"The most important factor in optimising pregnancy outcomes for women with IBD is to ensure their disease is in remission before and during pregnancy."

Automated detection of eye surface cancer developed



Researchers have developed a new automated non-invasive technique for diagnosing eye surface cancer, or ocular surface squamous neoplasia (OSSN).

The technique has the potential to reduce the need for biopsies, prevent therapy delays and make treatment far more effective for patients.

Reported in the clinical journal *The Ocular Surface*, the innovative method comprises the custom building of an advanced imaging microscope in association with state-of-the-art computing and artificial intelligence operation. The result is an automated system that is able to successfully identify between diseased and non-diseased eye tissue, in real time, through a simple scanning process.





“Clinical symptoms of OSSN are known to be variable and in early stages can be extremely hard to detect so patients may experience delays in treatment or be inaccurately diagnosed,” said Abbas Habibalahi, researcher at the ARC Centre of Excellence for Nanoscale BioPhotonics (CNBP) and lead scientist on the project.

“The early detection of OSSN is critical as it supports simple and more curative treatments such as topical therapies whereas advanced lesions may require eye surgery or even the removal of the eye, and also has the risk of mortality.”

What Mr Habibalahi and the research team have developed is a technological approach that utilises the power of both microscopy and cutting-edge machine learning.

“Our hi-tech system scans the natural light given off by specific cells of the eye, after being stimulated by safe levels of artificial light. Diseased cells have their own specific ‘lightwave’ signature which our specially designed computational algorithm is then able to identify providing a quick and efficient diagnosis,” Mr Habibalahi said.

In the reported research, tissue samples from 18 patients with OSSN were tested.

Diseased cells were successfully identified in all 18 cases. A quick test using an automated system was all that was necessary to pick up early warning signs of OSSN.

A key benefit of the innovative setup is that the OSSN diagnosis foregoes the need for a biopsy approach.

“This benefits both the patient and the doctor. Biopsies of the eye can be traumatic and can also be costly and time intensive with samples needing to be sent to a laboratory for testing,” Mr Habibalahi said.

“We will be able to confirm the disease straight away through a simple eye scan with no biopsy required and appropriate action can be quickly progressed by the specialist.”

In addition to the early detection and non-invasive benefits, the innovative diagnostic technology is able to precisely map the location of abnormal tissue margins on the eye.

“This is highly desirable in a clinical setting,” Mr Habibalahi said.

“Accurate boundary delineation of OSSN means that curative

treatments such as topical medications or surgery can be more accurately and effectively applied.”

The full report can be found at: <https://www.sciencedirect.com/science/article/pii/S1542012418302842?via%3Dihub>

Researchers involved in this project are affiliated with CNBP, Macquarie University, Douglass Hanly Moir Pathology, Personal Eyes Pty Ltd and UNSW Sydney. Mr Habibalahi was a CNBP PHD candidate at Macquarie University when the research was undertaken.

New tool helps determine likelihood of mental illnesses



A new interactive website launched by UNSW mental health researchers allows people with a family history of major depressive or bipolar disorder to work out how likely it is that they or any of their offspring could develop these mental illnesses.

And according to the research article published in *BMC Psychiatry*, which reported on the trial of this website with 202 participants, this new psychoeducational tool fills a gap in knowledge that is unmet by existing online interventions.

After setting up a free account on the website at links.neura.edu.au (titled *Links: Understanding depression in the family*), users begin with a short anonymous questionnaire about the individual's and immediate family members' history in experiencing episodes of major depressive disorder (MDD) or bipolar disorder (BD).





The user is then taken on an educational journey about the types of depression, the degree to which genetics and environmental factors play a part, the likelihood of experiencing MDD or BD if there is a family history, as well as prevention and coping strategies.

Lead author of the study Professor Bettina Meiser said the website was developed by UNSW, Neuroscience Research Australia (NeuRA) and collaborators at other universities to address a gap in treatment that is currently not available to people concerned about their own or family members' vulnerability to depression.

"There aren't really any specialised genetic counsellors who cover psychiatric illnesses in Australia," Professor Meiser said.

"The vast majority of genetic counsellors do prenatal genetic counselling or cancer genetic counselling. So we identified a gap and for that reason we set up this website to cater for what we believe is a sizeable group of people."

Part of the user's education involves using a tool that estimates how likely he or she could develop MDD or BD if these have been experienced by close blood relatives (parents, siblings or children).

Professor Meiser, who is also head of UNSW's Psychosocial Research Group, said people may be relieved to find out that the chances of developing MDD or BD is not as high as people typically think if there is already a history of it in the family.

"The good news is that while there is certainly a genetic component to both MDD and BD, the chances of a child developing the same condition as their parents is considerably lower than fifty-fifty," she said.

For example, a person with two or more close blood relatives who have bipolar disorder has an 18 per cent chance of developing the condition themselves in their lifetime or 12 per cent in the next year. This compares with 1 per cent when looking at the Australian population as a whole for both timeframes.

"Our study showed that many people with a family history of MDD or BD greatly overestimate the risk of passing on this condition to their children," Professor Meiser said.

"We found that the Links website improved participants' accuracy at estimating the future risk of bipolar disorder. So this is clearly a resource that can allay fears around this, and we believe it may also lead to decreased self-stigmatisation about

having the condition."

While assessing genetic risk is an important component of an understanding of depressive disorders, the Links website resource shows that environmental factors are critical in determining whether or not a person develops MDD or BD.

"All of us have a fixed predisposition to depressive disorders that our experience in the world adds to which can make us more vulnerable to depression – things like relationships, work, stress, socioeconomic backgrounds, our social networks and health," Professor Meiser said.

To illustrate this point, the Links website uses an analogy it calls the 'mental illness jar model'. This model says that everyone is born with a fixed number of genetic factors in their jar, which will not change over their lifetime. The space left in the jar represents someone's vulnerability to MDD or BP. Once the jar is filled up by environmental factors added over time, a period of depression can occur.

"So someone who has more genetic factors in their jar may take fewer environmental factors to become full," Professor Meiser said.

"But it is possible to have all these genetic factors and still not develop MDD or BP due to resilience and good prevention strategies."

The Links website lists a number of tested prevention strategies, with the most effective listed as psychological strategies (including therapy and mind exercises), regular physical exercise and adequate amounts of sleep.

Interestingly, seeing a mental health practitioner is recommended as a pre-emptive strategy for people with a family history of MDD or BD, even if they are showing no symptoms of the illness.

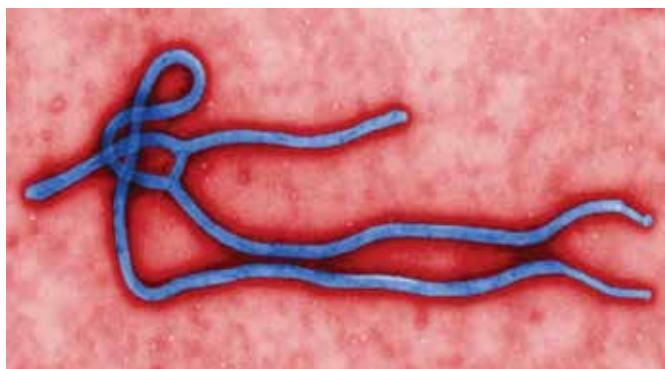
"Our study showed that the Links website increased users' intention to adopt psychological therapy as a preventative measure against depression," Professor Meiser said.

"In fact, the increase in the proportion of individuals who intended to undergo or had undergone psychological therapy from before and after undertaking the online educational course was 22 per cent."

More than 5000 people have registered for the website already and the researchers plan to promote the website further through mental health and GP organisations.

BY CHRIS JOHNSON

WHO committed to tackling Ebola in the DRC



The World Health Organisation has reaffirmed its commitment to ending the Ebola outbreak in the Democratic Republic of the Congo (DRC), and also to working with the nation's government and local communities to build resilient health systems.

There are now almost 1000 cases of Ebola in the DRC, which has sparked increased reactionary violence in some of the worst hit areas.

Since the outbreak was declared in August 2018, there have been 993 confirmed and probable cases and 621 deaths in North Kivu and Ituri provinces.

"We use words like 'cases' and 'containment' to be scientific, but behind every number is a person, a family and a community that is suffering," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

"This outbreak has gone on far too long. We owe it to the people of North Kivu to work with them in solidarity not only to end this outbreak as soon as possible, but to build the health systems that address the many other health threats they face on a daily basis."

More than 96,000 people have been vaccinated against Ebola in the DRC, along with health workers in Uganda and South Sudan. As of March 21, a total of 38 of 130 affected health areas have active transmission. More than 44 million border screenings have helped to slow the spread of Ebola in this highly mobile population. No cases have spread beyond North Kivu and Ituri provinces, and no cases have crossed international borders.

However, the risk of national and regional spread remains very high, especially when episodes of violence and instability impact the response.

"As we mourn the lives lost, we must also recognise that thousands of people have been protected from this terrifying disease," said Dr Matshidiso Moeti, WHO Regional Director for Africa.

"We are working in exceptionally challenging circumstances, but thanks to support from donors and the efforts of the Ministry of Health, WHO and partners, we have saved thousands of lives."

WHO has more than 700 people in the DRC and is working with partners to listen to the affected communities and address their concerns and give them greater ownership of the response, particularly in the current outbreak hotspots of Katwa and Butembo.

"The communities affected by this outbreak are already traumatized by conflict," Dr Tedros said.

"Their fear of violence is now compounded by fear of Ebola. Community engagement takes time. There are no quick fixes. But we are learning and adapting to the evolving context every day."

Despite the challenges, most communities accept response interventions. More than 90 per cent of those eligible for vaccination accept it and agree to post-vaccination follow-up visits. Independent analysis of vaccination data indicate that the vaccine is protecting at least 95 per cent of those who receive it in a timely manner. More than 80 per cent of people also accept safe and dignified burials, a key to preventing onward transmission.

"Despite the increased frequency of attacks by armed groups, WHO will stay the course and will work with communities to end this outbreak together with the Ministry of Health and partners," Dr Tedros said.

"We need redoubled support from the international community, and a commitment to push together to bring this outbreak to an end."

For the next six months, the combined financial need for all response partners is at least US\$ 148 million. By mid-March, US\$ 74 million had been received.

"We count on donors to help close the funding gap so we can end this outbreak as soon as possible," said Dr Tedros.

"We will still be in DRC long after this outbreak has finished, working with the government and communities on the road to universal health coverage. We are committed to improving the health of the people of DRC now and in years to come."

WHO calls for governments to ban tobacco promotion at motor sports



The World Health Organisation is urging governments to enforce bans on tobacco advertising, promotion and sponsorship at sporting events, including when hosting or receiving broadcasts of Formula 1 and MotoGP events.

WHO also urges all sporting bodies, including Formula 1 and MotoGP, to adopt strong tobacco free policies that ensure their events are smoke-free and their activities and participants, including race teams, are not sponsored by tobacco companies.

These calls come in light of tobacco companies establishing new partnerships with motor-racing teams.

British American Tobacco (BAT) recently announced 'a new global partnership' with the Formula 1 team McLaren using the logo 'a better tomorrow'. In making this announcement, BAT indicated that the multi-year partnership will provide a global platform to drive greater resonance of certain products, including glo, a heated tobacco product. This statement suggests that the company's intent is to promote tobacco use.

In the case of Philip Morris International (PMI), the company has created a new logo (Mission Winnow) to be carried by Ferrari on cars, and Ducati on motorbikes, that previously carried branding for the cigarette brand Marlboro. PMI has also registered the Mission Winnow logo as a trademark, including for use with

respect to tobacco products. Ducati carried this branding at a recent MotoGP.

Comprehensive bans on tobacco advertising, promotion and sponsorship reduce the consumption of tobacco products, including among young people. Article 13 of the WHO Framework Convention on Tobacco Control (WHO FCTC) obliges Parties to the Convention to implement a comprehensive ban (or restrictions) on tobacco advertising, promotion and sponsorship. The definitions of 'tobacco advertising and promotion' and 'tobacco sponsorship' are broad and cover activities with the effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly.

The actions of the companies result in advertisement and promotion of tobacco products and tobacco use to the world at large, including young people. Tobacco product advertising and promotion occurs both in countries that host events and in countries that receive transmissions of these events.

WHO urges governments to implement their domestic laws banning tobacco advertising, promotion and sponsorship in the strongest possible ways. This may include issuing penalties applicable under domestic laws and taking preventative action, such as by preventing screening of events that violate domestic laws.

Home circumcision kills baby in Italy

Another child has died in Italy following a home circumcision that went horribly wrong.

Circumcision is not carried out at public health institutions in Italy, leaving some misguided parents to conduct their own procedures rather than pay for legal ones in private facilities.

Health authorities in Italy are issuing strong warnings against the illegal practice.

A five-month-old baby died on March 22 after his parents performed a circumcision at their home in Bologna.

Following the procedure, the baby was rushed to Bologna hospital and was in cardiac arrest by the time he arrived, dying shortly afterwards.

Authorities in the northern Reggio Emilia province have opened an investigation against the parents, who are of Ghanaian origin.

A two-year-old boy died in similar circumstances in December in Rome, when a circumcision attempt went wrong in a migrant camp.

Many of the country's immigrants come from Muslim countries where circumcision is a common practice.

According to health charity Amsi, there are about 5,000 circumcisions performed in Italy each year, with more than a third of them carried out illegally.

WHO panel examines rules around human genome editing

The World Health Organisation's new advisory committee on developing global standards for governance and oversight of human genome editing has agreed to work towards a strong international governance framework in this area.

Its committee of experts reviewed the current state of science and technology and agreed on core principles of transparency, inclusivity and responsibility that underpin its current recommendations. The committee agreed that it is irresponsible at this time for anyone to proceed with clinical applications of human germline genome editing.

"Gene editing holds incredible promise for health, but it also poses some risks, both ethically and medically," said WHO Director-General Dr Tedros Adhanom Ghebreyesus.

"This committee is a perfect example of WHO's leadership, by bringing together some of the world's leading experts to provide guidance on this complex issue. I am grateful to each member of the Expert Advisory Committee for their time and expertise."

The committee also agreed that a central registry on human genome editing research is needed in order to create an open and transparent database of ongoing work. The committee asked WHO to immediately begin working to establish such a registry.

The committee has invited all those conducting human genome editing research to open discussions with the committee to better understand the technical environment and current governance arrangements and help ensure their work meets current scientific and ethical best practice.

It will operate in an inclusive manner and has made a series of concrete proposals to increase WHO's capacity to act as an information resource in this area.

The committee will develop essential tools and guidance for all those working on this new technology to ensure maximum benefit and minimal risk to human health," said WHO Chief Scientist Dr Soumya Swaminathan.

Over the next two years, through a series of in-person meetings and online consultations, the committee will consult with a wide range of stakeholders and provide recommendations for a comprehensive governance framework that is scalable, sustainable and appropriate for use at the international, regional, national and local levels. The committee will solicit the views of multiple stakeholders including patient groups, civil society, ethicists and social scientists.

US court finds Roundup caused cancer

A United States federal jury has ruled that agricultural chemical giant Monsanto's popular weedkiller Roundup significantly helped cause a California man's cancer.

Edwin Hardeman's case against Monsanto was the first to be tried in federal court. Mr Hardeman claims Roundup caused his cancer and federal jury in San Francisco agreed with him.

Mr Hardeman's attorney Jennifer Moore said they are "very pleased" the jury unanimously held that the Roundup caused her client's non-Hodgkin lymphoma.

"It was a hard, long-fought battle against Monsanto. And for Mr Hardeman to have his day in court and to show that Roundup does cause cancer," Ms Moore said.

The trial, however, only focussed on whether Roundup caused Mr Hardeman's cancer. A second phase of the trial will be about Monsanto's liability.

Bayer, the parent company of Monsanto, maintains that glyphosate,

which is the key ingredient in Roundup, is safe for humans.

"We are disappointed with the jury's initial decision, but we continue to believe firmly that the science confirms glyphosate-based herbicides do not cause cancer," Bayer said in a statement.

"We are confident the evidence in phase two (of the trial) will show that Monsanto's conduct has been appropriate and the company should not be liable for Mr Hardeman's cancer."

While Mr Hardeman's case is the first to be heard before a federal court, it is the second time in eight months that a jury has reached a decision against Monsanto.

Thousands of similar cases are still pending at the federal or state level.

Bayer's statement said the jury's verdict in the Hardeman case has no impact on future cases and trials because each one has its own "factual and legal circumstances".

Kentucky Governor sparks concern with anti-vax remarks

The Governor of Kentucky Matt Bevin has boasted of exposing all nine of his children to chickenpox rather than have them vaccinated against the disease.

During a radio interview in the town of Bowling Green, Mr Bevin said ensuring his children all contracted chickenpox was a sound move.

"They had it as children. They were miserable for a few days, and they all turned out fine," he said.

And he said he was opposed to the Government mandating vaccinations. He said it should be up to parents whether they immunise their children against disease.

"This is America. The federal government should not be forcing this upon people. They just shouldn't," he said.

Mr Bevin and his wife Glenna have nine children between the ages of 5 and 16.

Chickenpox is extremely contagious and can be spread by

touching or breathing in virus particles. It can be particularly dangerous for babies and pregnant women and for people whose immune systems are already down.

The vaccination debate is currently fierce in Kentucky, where a teenager is suing his local health department for temporarily banning students who had not been vaccinated against chickenpox from attending their school.

The ban was in reaction to a chickenpox outbreak at a Catholic school, where 32 cases had been reported.

The teenager and his father said they were being discriminated against due to their religious beliefs, because some Catholics fear that some vaccines could be derived from cell lines associated with abortion.

But, according to CNN, the Northern Kentucky Health Department argued the school ban "was an appropriate and necessary response to prevent further spread of this contagious illness" and has not backed down.

China getting fatter



One in five Chinese children is fat.

A new study has shown that while in 1995, only one in twenty Chinese children was overweight or obese, that number has jumped to one in five today.

The research authors expressed their surprise and concern at such a significant increase.

"This suggests a pressing need for policy responses that may include taxation of food and beverage with added sugars and fats, subsidies to promote dietary diversity, and strategies to promote physical activity and health education," said the study's co-author Jun Ma from Peking University professor.

The nation's booming economy appears to be partly to blame.

According to a CNN report of the study, the research found that while China's rapid economic growth over the past two decades had aided a reduction in childhood growth stunting, the country has also seen a four-fold rise in the number of overweight and

obese children.

China's economy has boomed in recent years and is now the world's second-largest. The authors said their study was the first to evaluate the effect of economic growth on malnutrition in all its forms, and previous studies have focused solely on under nutrition.

Increasing incomes have allowed households to spend more on food, and urbanisation has made it much easier for families to access better health care and education, the CNN report said.

But, at the same time, it is much easier for Chinese kids to eat junk food, and kids are less physically active than they used to be.

The study was published in the *Lancet Diabetes & Endocrinology*, and used data from one million Chinese children aged between seven and eighteen.

Joan As Police Woman on the beat in Australia

BY CHRIS JOHNSON



Joan As Police Woman



Angie Dickinson as Police Woman



New album *Damned Devotion*

One would think that if a rock chick named herself and her band after 1970s movie star Angie Dickinson she would be somewhat cool.

And one would be right in that thought if we are talking about Joan Wasser.

Wasser is ultra-cool and uber-talented.

Joan As Police Woman – which is her stage name and also what she calls her band – is captivating on stage and on record.

Her four-piece outfit is heading to Australia for a string of intimate concerts in May.

Joan As Police Woman was born as an act in 2002 and named in homage to Dickinson who was the star of TV cop show *Police Woman*.

Wasser found Dickinson's television persona to be inspirational and strong, while also being sexy. And she says creating the name was funny too.

If naming herself that way was clever, it was just a teaser for the music she creates.

An incredible songwriter, beautiful singer, and accomplished multi-instrumentalist, Joan As Police Woman is a live act that

shouldn't be missed.

A classically trained musician, Joan adds her prowess on violin to her guitar and keyboard playing and brings it all into a contemporary setting.

She has collaborated and performed with the likes of Elton John, Lou Reed, Sheryl Crow, and Rufus Wainwright. She was Jeff Buckley's girlfriend at the time of his death. And her influences span them all and more – including Hendrix, Nina Simone, Black Flag, and Siouxsie and the Banshees.

Her music crosses and pushes boundaries, switching smoothly between seductive ballads, raw emotions, and electronic rock.

With her bandmates Parker Kindred on drums, Eric Lane on keys, and Jacob Silver on bass, Joan As Police Woman will be performing songs from their latest highly acclaimed album *Damned Devotion*, as well as from her outstanding back catalogue.

"I can comfortably say that music has saved my life and continues to save my life. I am a devotee," she says.

"It's not something I can even choose or not choose, it's just what is."

**Author disclosure: (I saw Joan as Police Woman at an outdoor festival in Basel, Switzerland in August last year. I was so impressed I bought her album and had a great chat with her while she autographed it for me. She won't remember that. I won't forget it. A very impressive performer.)*

Australian 2019 Tour Dates:

Wed 1 May - Spiegeltent, Gold Coast QLD

Thu 2 May - Northcote Social Club, Melbourne VIC

Fri 3 May - Caravan Club, Melbourne VIC

Sat 4 May - The Sound Doctor Presents, Anglesea VIC

Sun 5 May - Spiegeltent, Wollongong NSW

Tue 7 May - The Metro, Sydney NSW

Wed 8 May - The Street Theatre, Canberra ACT

Thu 9 May - Lizotte's, Newcastle NSW

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