AUSTRALIAN
Medicine
The national news publication of the Australian Medical Association

They're back

Parliament returns and the AMA is ready, p3

INSIDE

AMA

ISSUE 31.12 JULY 1 2019

AUSTRALIAN
Medicine

Managing Editor: John Flannery

Editor: Chris Johnson

Contributors: Maria Hawthorne
Simon Tatz

Graphic Design: Streamline Creative, Canberra

Australian Medicine is the national news publication of the Australian Medical Association Limited. (ACN 008426793)

42 Macquarie St, Barton ACT 2600
Telephone: (02) 6270 5400
Facsimile: (02) 6270 5499
Web: www.ama.com.au
Email: ausmed@ama.com.au

AMA LEADERSHIP TEAM

President
Dr Tony Bartone

Vice President
Dr Chris Zappala

In this issue

Cover pic: Dr Bartone being interviewed at Parliament House.

They're back and we're ready

The 46th Parliament opens in the first week of July, following the Coalition's return to Government at the May election.

The AMA has wasted no time in advocating for strong health policy from the political powers in Canberra.

AMA President Dr Tony Bartone has met with Health Minister Greg Hunt and Shadow Health Minister Chris Bowen, and he has conducted numerous media interviews at Parliament House and elsewhere.

Vice President Dr Chris Zappala has also been interviewed extensively in the media on health policy.

They and other AMA elected officials and senior officers have joined in various briefings and forums to discuss important health issues.

The message is clear – the AMA expects strong health policy and a well-articulated long-term vision for the health of Australians to emerge from the 46th Parliament.

It comes as the latest *Guardian Essential* survey shows that most Australians want that too.

The poll of more than one thousand people across the nation has voters saying they rate health and education funding as being far more important than the Government's planned income tax cuts for high income earners.

A strong majority of 78 per cent, *The Guardian* reports, said maintaining Government investments in health and education was more important than legislating a tax cut for workers on incomes of $200,000.

Dr Bartone used his appearance at a recent post-election forum hosted by U Ethical to outline what the election meant for the health sector and what the AMA expects from the Parliament.

He said the AMA wanted to see a future-proofed Medicare, with the extension of Level B of the Medical Benefits Schedule to allow longer consultations between GPs and patients.

Aged care, GP training, public hospitals funding, private health insurance reforms, mental health, and Indigenous health are all areas Dr Bartone said needed better policy and more decisive action from the Government.

"The AMA will work closely with the Federal Health Minister Greg Hunt, to secure increased funding so the sector can be better tomorrow than it is today," Dr Bartone said.

The AMA President will present a more detailed analysis of the election result and outline the outcomes expected for health when he addresses the National Press Club on July 24 in Canberra.

Titled *Enough talking – time for action on long-term health policy vision*, Dr Bartone's televised address will call on the Government to make health policy its highest priority and to deliver measurable improvements for the health system and patients.

The Coalition was returned to office at the federal election with a convincing 77 seats to Labor's 68, and 6 crossbenchers.

CHRIS JOHNSON

Fight continues over refugee health transfers

The political row over asylum seeker health has deepened, with the Federal Court ruling that medical transfers to Australia from Nauru and Manus Island can be allowed with only a review of case files by doctors.

The court found recently that two treating doctors would only need to review case files and could do so without seeing the patient.

> "Home Affairs Minister Peter Dutton accused asylum seekers of exploiting the new laws and said many who had been brought to Australia were not even sick."

The ruling softens a key measure in the so-called medevac laws that passed in March. That legislation stipulated that two treating doctors were required to attend to sick refugees in order to approve their transfer.

The Government wants the laws repealed, but instead says they have now been effectively watered down.

The Federal Court ruling stated: "I would not conclude from the available textual and contextual indications, that personal engagement between the 'treating doctor' and the transitory person was intended as a mandatory requirement for the assessment required by s 198E(7) in order to gain entry under s 198E(1) to the scheme established by the Medevac provisions."

Immediately following the Federal Court decision, the Government claimed it would "open the floodgates" to transfers from Nauru.

Home Affairs Minister Peter Dutton accused asylum seekers of exploiting the new laws and said many who had been brought to Australia were not even sick.

He even accused rape victims of deception – without providing any evidence to back up his claims.

"Some people are trying it on. Let's be serious about this," Mr Dutton said.

"There are people who have claimed that they've been raped and came to Australia to seek an abortion because they couldn't get an abortion on Nauru.

"They arrived in Australia and then decided they were not going to have an abortion. They have the baby here and the moment they step off the plane their lawyers lodge papers in the Federal Court, which injuncts us from sending them back."

Mr Dutton subsequently claimed that asylum seekers on Manus Island and Nauru are refusing resettlement offers in the United States because of the new medevac laws.

He went as far as saying 250 applications for medical transfer to Australia were currently being reviewed by "activist" doctors.

Shadow Home Affairs Minister Kristina Keneally accused Mr Dutton of crying wolf.

"These statements have never been true, and now there is ample evidence on the public record that shows Mr Dutton is not speaking in facts, but scaremongering," she said.

Refugee advocates have also described Mr Dutton's remarks a "beyond shameful" and they insist there are not even 250 cases currently being considered for transfer.

The AMA has remained firm on its position regarding the health of asylum seekers, insisting it is vital that everyone in the care of the Australian Government have access to quality health care.

"There is compelling evidence that the asylum seekers on Nauru, especially the children, are suffering from serious physical and mental health conditions, and they should be brought to Australia for appropriate quality care," AMA President Dr Tony Bartone has said.

"This is a health and human rights issue of the highest order. We must do the right thing."

CHRIS JOHNSON

In support of male obstetricians

A storm erupted recently over a column in *The Weekend Australian* magazine, which questioned why men would choose to be obstetricians and gynaecologists.

The column, penned by regular contributor, Nikki Gemmell, highlighted her own experiences (four midwife-led births) and those of some unnamed acquaintances, citing experiences such as: *"They hate women, and like to see them in pain.", "He gave me stitches without even asking me – he was so ... invasive,", "It was just too ... voyeuristic."*, and *"I reckon it's all about power."*

Ms Gemmell led off her thesis, titled *Is it really a job for a man?,* by invoking the records of disgraced and discredited doctors, Graeme 'the Butcher of Bega' Reeves and Emil Gayed. That set the tone.

The response to the column was swift and comprehensive – from male and female doctors, and from patients.

Australian Medicine has compiled some of those responses.

They can all be found at **https://ama.com.au/ausmed/support-male-obstetricians** along with a longer version of this article. A few examples, however, follow here. Please also see the Letters page in this edition of *Australian Medicine*.

Dr Tony Bartone, AMA President, General Practitioner, via Twitter

Is it really a job for a man? Most disappointing so-called piece of "journalism", ill-informed opinion/lazy observation. 30+ years as a GP and thousands of mothers/women with nothing but equal praise and admiration for their male or female O&G #womenshealth

A/Prof Gino Pecoraro, Obstetrician & Gynaecologist, AMA Board Chair, via Twitter

This article is offensive, misandrist and homophobic. An insult to the many male gynaecologists and the women who are looked after by them. I have penned a complaint to the Australian Press Council.

Dr Jill Tomlinson, Plastic, Reconstructive & Hand surgeon, via Twitter

Gender shouldn't be a barrier to a career or medical specialty. Assertions that they should be are sexist. Assertions that male obstetricians "hate women, and like to see them in pain" are highly offensive. If you are seeking to understand, then start by asking, not by writing or offending. If you are seeking to create clickbait, expect to be ignored in the future.

Dr Michael Gannon, Obstetrician & Gynaecologist, former Federal AMA President, former AMA WA President, via interview on SKY News

This idea that everyone who looks after women's health should be female is wrong. We should be aiming for diversity in all healthcare professions, in all parts of health care.

This was an ignorant article, which failed to acknowledge the outstanding services enjoyed by Australian women and girls, and what they've enjoyed over a long period of time.

Dr Omar Khorshid, Orthopaedic Surgeon, AMA WA President, via Twitter

When my wife chose her obstetrician, it was for HIS ethics, professionalism, and skill - in that order. Is it really a job for a man? Yes, but not just any man, and >80% trainees are female now. Too much opinion, not enough journalism.

Dr Judith Gardiner, RANZCOG Committee Chair, via Twitter

As chair of the RANZCOG Committee that represents GP Obstetricians, I find this article highly offensive. It denies the amazing work my male colleagues do to provide safe maternity care to women in rural and remote communities. Shame on you, Nikki.

Prof Caroline Homer, Director of the Centre for Midwifery, Child, and Family Health in the Faculty of Health at UTS, Registered Midwife, via Twitter

I know many excellent and caring male obstetricians and equally many wonderful male midwives. Let us all be focused on providing quality care that is respectful and based on best evidence and keeps women at the centre, rather than slamming professional genders and choices.

Dr Hilary Joyce, Obstetrician & Gynaecologist, Fertility Specialist, Past President NASOG and RANZCOG, AMA Councillor, via Twitter

An ObGyn, woman, patient with complicated pregnancy and gynaecological surgery history, mother, mentee, colleague, medical politician, past president @NASOG and 1/2 of husband and wife specialty partnership, yesterday's representation of our profession is unfathomable.

Dr Steve Robson, Obstetrician, Gynaecologist, Past President AMA ACT, AMA Federal Councillor, via Twitter

Um, @NikkiGemmell ... As @ranzcog President last year, when I organised the National Women's Health Summit, I said "Women are central to the health of the nation. I'm a bloke, yes, but I really, really care...

Virginia Trioli, journalist and presenter, ABS News Breakfast, via Twitter

In a weekend of utterly bizarre @australian articles, this takes us right over the top

AMA will always advocate for public health

In June 2019, *The Age* newspaper ran a frontpage story about the Victorian Government reviewing the use of the weed killer glyphosate, following landmark court decisions in the USA against the makers of Roundup.

In May, a Californian court awarded almost A$3 billion to a couple after ruling that Roundup caused their non-Hodgkin's lymphoma. Here in Australia, and in Victoria specifically, Roundup is used by councils to kill weeds and maintain parks and roadside areas. A class action cases against Bayer, which owns Monsanto (who manufacture Roundup) is being considered.

> "It raised questions about what constitutes public health and what issues are 'core' for an Australian medical association to advocate on."

Earlier this year, I was called by a Victorian farmer who told me his wife is dying of cancer and he had evidence linking this to the overuse of Roundup by his council. The Monsanto product, the farmer alleged, was being used in ways that contravened overseas regulations, and carcinogenic poisons had entered their water supply. The farmer, who also had post-graduate science qualifications, asked the AMA to advocate for a ban on glyphosate.

The scientific evidence and court documents provided were compelling, and the impending death of his wife heartbreaking. It raised questions about what constitutes public health and what issues are 'core' for an Australian medical association to advocate on.

The Public Health secretariat receives many similar stories and calls for AMA intervention. These can range from more controversial claims that Telstra's new 5G network will increase obesity, memory loss, destroy our DNA and life as we know it – to issues like Monsanto's business model.

Where does 'public health' advocacy begin and end? Some issues, like obesity, diet, tobacco, and alcohol and drug misuse are considered 'core business' for public health policy makers and analysts. At the AMA, we conduct advocacy on these core issues alongside less recognised but just as vital concerns for the health of Australians. In road safety, the AMA has always been outspoken. The impact of road trauma is seen by doctors, nurses, and ambulance officers along with the families of those killed and seriously injured. Similarly, the AMA has strongly advocated against watering down of Australia's hugely successful gun laws, based on the serious health threat firearms pose to Australian families and individuals. We also advocate on family and domestic violence, nuclear weapons, climate change and environmental health, sexual and reproductive health, vaccination, sun safety – the list goes on.

The impact of the changing climate, extreme weather, the destruction of forests and native habitats, and the transformation of the farming and agricultural sectors is having a profound impact on human (and animal) health. The AMA's work with Doctors for the Environment has highlighted the complexities of addressing public health issues such as air quality and safe drinking water. It is a national disgrace that some communities do not have access to free, safe drinking water and have to pay for bottled water (which then creates a waste management problem).

The AMA has been asked to weigh into all these environmental health matters, from transitioning to electric vehicles; to phasing out the use of petrol-based lawn mowers and boats; from the potential harms of fracking; to the use of palm oil as a biofuel.

We cannot be everything to everyone, or satisfy all those who seek AMA support, endorsement, co-signatures and joint advocacy. However, it is, to us, loud and clear that almost all public health issues are linked to social and environmental determinants of health. Things that may not present obviously as medical issues often have serious implications for public health. It is our job to stay informed about these issues, listen closely to the concerns of members and the public, and advocate appropriately where we can have meaningful impact. Leading Australia's doctors and promoting Australia's Health requires no less.

SIMON TATZ
AMA DIRECTOR, PUBLIC HEALTH

Queen's Birthday Honours for 37 AMA members

Almost 40 AMA members from across the nation and the profession have been recognised in this year's Queen's Birthday Honours list for their service to medicine, education, and the community.

Their fields and specialties are as varied as general practice, anaesthesia, neurology, immunology, and hyperbaric medicine.

And they care for patients at all stages of life – from before conception to the end of life – from obstetrics and gynaecology to geriatric medicine.

Two members received the second highest award – Officer (AO) in the General Division.

Professor Fiona Judd, a perinatal psychiatrist at Royal Hobart Hospital and Clinical Professor at the University of Tasmania, was recognised for her distinguished service to medicine and medical education.

Perth cardiothoracic surgeon, Dr Robert Larbalestier, who was instrumental in establishing the West Australian heart and lung transplant service, was recognised for his distinguished service, particularly to cardiothoracic surgery and transplantation.

Twenty members were made Members (AM) in the General Division:

- Professor Bruce Black, Queensland, for significant service to otolaryngology, and to medical education.
- Associate Professor Anthony Buzzard, Victoria, for significant service to the international education sector, and to medical science.
- Dr William Carroll, Western Australia, for significant service to neurological medicine, and to people with multiple sclerosis.
- Dr Jonathan Clark, New South Wales, for significant service to medicine as a head and neck surgeon.
- Professor Alan Cooper, New South Wales, for significant service to medicine as a dermatologist and researcher.
- Professor Lindsay Grayson, Victoria, for significant service to medicine in the field of infectious disease.
- Professor Winita Hardikar, Victoria, for significant service to medicine, particularly to paediatric liver disease and transplantation.
- Professor Andrew Heggie, Victoria, for significant service to medicine and dentistry in the field of oral and maxillofacial surgery.
- Dr Michael Hollands, New South Wales, for significant service to medical education and professional standards, and as a surgeon.
- Professor Constance Katelaris, New South Wales, for significant service to medicine in the field of immunology and allergy.
- Professor Jayashri Kulkarni, Victoria, for significant service to medicine in the field of psychiatry.
- Associate Professor Ruth McNair, Victoria, for significant service to medicine, and as an advocate for the LGBTIQ community.
- Dr Prudence Manners, Western Australia, for significant service to medicine as a paediatric rheumatologist.
- Dr Colin Merridew, Tasmania, for significant service to surgical and obstetric anaesthesia.
- Associate Professor Michael Murray, Victoria, for significant service to geriatric medicine as a clinician and educator.
- Dr Joseph Reich, Victoria, for significant service to ophthalmology.
- Dr Lindy Roberts, Western Australia, for significant service to medicine.
- Dr David Smart, Tasmania, for significant service to hyperbaric medicine.
- Dr Richard Stark, Victoria, for significant service to neurological medicine.
- Professor James Wilkinson, Victoria, for significant service to medicine, particularly paediatric cardiology.

A further 15 members were awarded the Medal (OAM) in the General Division:

- Dr Michael Biggs, NSW, for service to medicine as a neurosurgeon.
- Dr Christopher Cunneen, Queensland, for service to medicine as an occupational and environmental physician.

MJA Impact Factor rises again

The AMA's scientific and research journal the *Medical Journal of Australia* has reached its highest ever Impact Factor (IF) of 5.332, according to the *2018 Journal Citation Report* released by Clarivate Analytics. It is the journal's third successive rise.

The MJA's IF has climbed from 3.369 in 2015, 3.675 in 2016, and 4.227 in 2017, placing it firmly in the top 20 titles in Clarivate's General and Internal Medicine category, ranked 16th of 160, up from 19th.

Laureate Professor Nicholas Talley, AC, editor-in-chief of the MJA, said that the result was just reward for the recommitment of the Journal to publishing high-quality content.

"The latest impact factor results show by international standards the MJA is one of the world's best general medical journals, and it's been going up and up in the rankings since 2016," Professor Talley said.

"Publishing in the *MJA* has real impact. The articles we publish are well cited and very widely read, generating huge mainstream press and social media interest.

"Australian research is world leading and we aim for excellence.

"We are now receiving an increased volume of submissions and we are forced to reject a higher volume of manuscripts than previously, however our average time to first decision is now five days, and our online first model and partnership with Wiley Online Library, are ensuring a rapid time to publication.

"It's still free to publish in the *MJA*; authors pay no fees. And all original research is made freely available for all to read on www.mja.com.au

"The *MJA* is Australia's highest-ranking medical journal and one of the world's leading journals. We have very ambitious plans to be even better because we believe this is what Australian researchers deserve. We welcome your best original research, reviews, meta-analyses, clinical trials, guidelines and perspectives."

Impact Factor is calculated using citation data.

This article was first published in the MJA.

Queen's Birthday Honours ... continued from p7

- Dr Geraldine Duncan, NSW, for service to rural medicine.
- Dr John England, NSW, for service to medicine as a cardiologist.
- Dr Peter Faulkner, WA, for service to medicine through a range of roles.
- Dr Frank Fisher, NSW, for service to community health.
- Dr Samir Ibrahim, Victoria, for service to psychiatry, and to the community.
- Dr David McDonald, NSW, for service to medicine as a paediatrician.
- Dr William Nardi, NSW, for service to medicine in the field of ophthalmology.
- Dr Gregory O'Sullivan, NSW, for service to medicine in the field of anaesthesiology.
- Dr Penelope Stewart, NT, for services to medicine in the field of emergency and intensive care.
- Dr Robert Stunden, Victoria, for service to medicine in the field of paediatric surgery.
- Dr Vida Viliunas, ACT, for service to medicine in the field of anaesthesiology.
- Dr George Williams, NSW, for service to medicine in the field of paediatrics and developmental disability.
- Dr Adam Zagorski, Victoria, for service to medicine as a general practitioner.

The AMA congratulates all award recipients.

MARIA HAWTHORNE

Every care has been taken in compiling this list. However, if you are aware of a recipient who has been missed, please contact media@ama.com.au

Measles immunisation remains vitally important

Australians should keep up with vaccinations for their children and themselves, despite reports of 'waning immunity' against measles, the AMA says.

Reports out of Victoria that more than a dozen people have been hospitalised with measles between 2014 and 2017, despite being immunised, have sparked fears that the way the virus spreads might be evolving.

But AMA Vice President Dr Chris Zappala said this should in no way lead people to thinking they needn't get vaccinated.

"Vaccination is hugely beneficial," Dr Zappala told Sky News.

"I mean, remember the wards of polio victims that's now been eradicated; the kids that used to come in with meningitis to emergency departments and have hearing or neurological problems as a result; and other conditions, as well, that we've managed to virtually wipe out.

"Part of the problem here is that vaccination rates are not as high as they should be. We need to have that herd or community-level of protection so that these viruses can't get a foothold and circulate in communities in the first place.

"Vaccination is safe, effective. Please have confidence in it. It's very important as a community that we do commit to that schedule and do it as well as possible."

Asked whether people should get a third measles shot, Dr Zappala said we should wait for more details before talking about another booster.

"I don't think we've got enough information to really be committing to that at the moment. Remember, this was a very small number of people who several decades ago had their appropriate vaccinations," he said.

"We'd need time to have a look at whether there was another reason why these people got the measles virus. For example, were they immunosuppressed? Did they have other medical problems? So we've got a little bit of work to do to understand this more fully.

"But it in no way detracts from the huge value of measles vaccination in our community and overseas, and as per the National Immunisation Program, we should definitely be getting those two shots for our infants, our kids. And remember, if you're behind you can catch up."

There are currently two vaccinations that are on the National Immunisation Program in infancy that provide more than 99 per cent protection.

Dr Zappala said it was questionable whether there is a waning of immunity in the community, but if there is, it won't happen straight away.

"Immunity wanes in all of us. It wanes over time as we age," he said.

"Now, whether a third booster is required – and we're familiar with boosters in general, aren't we, with other illnesses? Let's just wait until we've done a little bit more work on that, and if it's required then it can be based on evidence and we can make that recommendation to the population as a whole. It's possible, but let's have a look at it properly and just see.

"I think as a profession we need to have a look at those cases. Our infectious diseases and so on, we'll have a look at whether there were any qualifiers or reason that might have made those individuals more susceptible. We can have a look at the strength of immunity over time in individuals as well.

"And just really take stock with where things are up to with this vaccine. It's not like the flu, for example, where we know the virus mutates very quickly, and that's one of the reasons we have to have annual vaccination for the flu.

"So, yes, we've definitely got work to do. I'm sure the international community in medicine will be interested in this. Let's not forget that we've got measles outbreaks overseas at the moment that we need to contain. And vaccination is still the best way to do that.

"So I think all I can say is: have confidence in vaccination, but watch this space. If we need to do an update or a booster, then we'll have a look at that in the period to come."

CHRIS JOHNSON

New AMA Secretary General an experienced health advocate

New AMA Secretary General Dr Martin Laverty (centre) is welcomed by Chair of the AMA Board Associate Professor Gino Pecoraro and AMA President Dr Tony Bartone.

The Federal AMA has appointed Dr Martin Laverty as its new Secretary General.

The appointment follows an extensive search for an experienced health advocate with a strong track record in campaigning for national health reform.

Dr Laverty is currently the Chief Executive of the Royal Flying Doctor Service and was previously the Chief Executive of Catholic Health Australia, a Canberra-based member body of public and private hospitals and aged care services.

Announcing the new appointment, AMA President Dr Tony Bartone said Dr Laverty has a strong record in health advocacy and leadership.

"The AMA Board has chosen a Chief Executive with advocacy and deep health policy experience, a background in working behind the scenes with Ministers and Departments, and a strong track record in campaigning for national health reform," Dr Bartone said.

"With a PhD in Governance, Dr Laverty has built a reputation as a strategic campaigner and a collaborative leader of Canberra-based advocacy organisations and teams.

"Dr Laverty was a campaigner for private hospitals during the Rudd Government, and a campaigner for aged care and the social determinants of health during the Gillard Government.

"In more recent times, he has led organisations advocating for remote and rural medical services, mental health services, and dental health care throughout the terms of the Abbott, Turnbull, and Morrison Governments."

Dr Laverty said he was looking forward to the challenges ahead for the AMA, the medical profession, and the health system.

"I will work closely with the President and the AMA Federal Council to promote the calibre and central importance of the medical profession within our healthcare system in the face of many challenges," Dr Laverty said.

"The nation's hospitals are strained. Private health is at the crossroads. And health prevention is inadequately funded.

"These are some of the policy issues I've worked on for the last decade. At the AMA, I'll help the AMA strategically shape its campaigns to address these challenges.

"International experience shows that the role of General Practice has expanded and excelled, particularly in coordinating chronic illness, achieving better health outcomes, and creating greater productivity, efficiencies, and value for governments with stressed health budgets.

"The AMA has critically been driving recent Departmental policy focus on general practice, recognising that it is a solution to many of our health challenges.

"Promoting organisational capability and ensuring appropriate resourcing will remain crucial in the AMA retaining its strategic leadership in health advocacy."

In his role at the RFDS, which he will soon depart, Dr Laverty secured funding for expanded services, established a Canberra staff team, and initiated the RFDS research and advocacy agenda.

Dr Laverty is a Federal Government-appointed Director of the National Disability Insurance Agency and the Australian Charities and Not-for-Profits Commission Advisory Board. He is a Director of Health Direct.

Dr Laverty is a former member of the NSW Public Service Commission, a former Chair of the NSW Heart Foundation, and a former Director of three NSW disability services charities.

A lawyer by original training, Dr Laverty's PhD was in board governance of health care organisations. He also holds an honorary appointment as Adjunct Professor at the University of Western Australia's Not-for-Profit Initiative.

Dr Laverty lives with his young family in Canberra.

Australia's latest burden of disease data released

Many of the key drivers of health and welfare are in our everyday living and working conditions, according the latest Government findings.

The Australian Institute of Health and Welfare (AIHW) data shows that a person's health is influenced by health behaviours that are part of their individual lifestyle.

"Behavioural risk factors such as poor eating patterns can have a detrimental effect on health —many health problems experienced by the Australian population could be prevented by reducing the exposure to modifiable risk factors such as tobacco smoking, being overweight or obese, high alcohol use, physical inactivity and high blood pressure — the circumstances in which we grow, live, work and age," the AIHW states.

"These social determinants include factors such as income, education and employment, and can strengthen or undermine the health and welfare of individuals and communities."

The overall health of the Australian population, however, improved substantially between 2003 and 2015 and further gains could be achieved by reducing lifestyle-related risk factors, according to a new report by the AIHW.

The Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2015, measures the number of years living with an illness or injury (the non-fatal burden) or lost through dying prematurely (the fatal burden).

"In 2015, Australians collectively lost 4.8 million years of healthy life due to living with or dying prematurely from disease and injury," said AIHW spokesperson Richard Juckes.

"The disease groups causing the most burden in 2015 were cancer, cardiovascular diseases, musculoskeletal conditions, mental and substance use disorders and injuries.

"After accounting for the increase in size and ageing of the population, there was an 11 per cent decrease in the rate of burden between 2003 and 2015."

Most of the improvement in the total burden resulted from reductions in premature deaths from illnesses and injuries such as cardiovascular diseases, cancer and infant and congenital conditions.

"Thirty eight per cent of the total burden of disease experienced by Australians in 2015 could have been prevented by reducing exposure to the risk factors included in this study," Mr Juckes said.

"The five risk factors that caused the most total burden in 2015 were tobacco use (9.3 per cent), overweight and obesity (8.4 per cent), dietary risks (7.3 per cent), high blood pressure (5.8 per cent) and high blood plasma glucose—including diabetes (4.7 per cent)."

For the first time, living with illness or injury caused more total disease burden than premature death. In 2015, the non-fatal share was 50.4 per cent and the fatal share was 49.6 per cent of the burden of disease.

Also released recently, is an overview of health spending that provides an understanding of the impact of diseases in terms of spending through the health system. The data in *Disease expenditure in Australia* relates to the 2015–16 financial year only and suggests the highest expenditure groups were musculoskeletal conditions (10.7 per cent), cardiovascular diseases (8.9 per cent) injuries (7.6 per cent) and mental and substance use disorders (7.6 per cent).

"Together the burden of disease and spending estimates can be used to understand the impact of diseases on the Australian community. However, they can't necessarily be compared with each other, as there are many reasons why they wouldn't be expected to align," Mr Juckes said.

"For example, spending on reproductive and maternal health is relatively high but it is not associated with substantial disease burden because the result is healthy mothers and babies more often than not.

"Similarly, vaccine-preventable diseases cause very little burden in Australia due to national investment in immunisation programs."

The full reports can be found at:

https://www.aihw.gov.au/reports/burden-of-disease/burden-disease-study-illness-death-2015/contents/table-of-contents

and

https://www.aihw.gov.au/reports/health-welfare-expenditure/disease-expenditure-australia/contents/summary

Tough measured could be prescribed for antibiotics

AMA President Dr Tony Bartone has cautioned that antibiotic use must be reined in, in order to curb the spread of superbugs.

According to news reports, Australian health authorities are considering changes to the way antibiotics are prescribed. The Health Department could this year move to restrict or completely stop repeat prescriptions by doctors.

The action will depend on the outcome of a Pharmaceutical Benefits Advisory Committee (PBAC) report due later this year.

Almost half of antibiotic prescriptions are issued with repeats and, according to a recently-issued report, antimicrobial resistance shows little sign of easing in Australia.

With bacteria such as E. coli, Salmonella, Neisseria gonorrhoeae and Neisseria meningitidis becoming increasingly resistant to major drug classes, tough steps are being considered.

The Australian Commission on Safety and Quality in Health Care report found that some organisms are even resistant to last-resort treatments.

Australia's anti-microbial resistance strategy is reviewed every five years.

Dr Bartone said proactive measures should be taken.

"We're now almost victims of our previous success, you might say," he said.

"The expectation that an antibiotic will always be available to treat infections is one that we can no longer rely on comfortably into the future.

"Every time we take antibiotics inappropriately, we run the risk of increasing that antimicrobial resistance."

Chair of the AMA Ethics and Medico-Legal Committee, Dr Chris Moy, said it was a matter of making the right checks and balances before providing the first repeat, so it can be better valued.

"Because, at the moment, to be frank, in society I think we've kind of been living on easy street with this," Dr Moy told ABC Radio Perth.

"We've been living like millionaires with antibiotics, and I'm afraid we're not in that situation anymore."

INFORMATION FOR MEMBERS

Voluntary assisted dying laws begin

On November 29, 2017, the Victorian Parliament passed the *Voluntary Assisted Dying Act* 2017.

From June 19, 2019, Victorians at the end of life who are suffering and who meet strict eligibility criteria will be able to request access to voluntary assisted dying.

The law allows for an 18-month implementation period to give health services time to plan and prepare for voluntary assisted dying.

Health Victoria provides an extensive range of information for 'consumer and community information' as well as 'health practitioners and services information'. These are available at: https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying/health-practitioners.

These resources include explicit information for doctors who wish to participate in VAD as well as those who do not wish to participate including those with a conscientious objection to VAD. Guidance is also provided for doctors and other healthcare practitioners on how to respond to a patient's request for information on VAD (A health practitioner who is providing health or professional care services to a patient cannot initiate a discussion about voluntary assisted dying or suggest voluntary assisted dying to the patient. They can, however, respond to a patient's request for information).

Through the AMA Victoria Peer Support or VDHP, AMA Victoria will continue to support all Victorian members and listen to their views during the VAD process. Please refer to the AMA Victoria website at https://amavic.com.au/policy-and-advocacy/voluntary-assisted-dying

Background information to VAD services in Victoria

How the service works (from Health Victoria, Voluntary Assisted Dying, Overview)

- Voluntary assisted dying is only for people who are suffering from an incurable, advanced and progressive disease, illness or medical condition, who are experiencing intolerable suffering. The condition must be assessed by two medical practitioners and be expected to cause death within six months. The doctors will make sure the person is making a fully informed decision and is aware of the available palliative care options.
- There is an exception for a person suffering from a neurodegenerative condition, where instead the condition must be expected to cause death within 12 months.
- Voluntary assisted dying will only be available to Victorians who are over the age of 18 who have lived in Victoria for at least 12 months, and who have decision-making capacity. To be eligible for voluntary assisted dying they must be experiencing suffering that cannot be relieved in a manner the person considers tolerable.
- Mental illness or disability alone are not grounds for access to voluntary assisted dying, but people who meet all other criteria, and who have a disability or mental illness, will not be denied access to voluntary assisted dying.
- Only the person wanting to access voluntary assisted dying may initiate discussions with health practitioners about voluntary assisted dying. A family member or carer can't request voluntary assisted dying on somebody else's behalf.
- On receiving a final request, the doctor will apply for a permit to prescribe a medication that the person may use to end their life at a time of their choosing. The person must administer the medication themselves, unless they are physically unable to do so, in which case their doctor may assist.
- No health practitioner or healthcare provider will be obliged to participate in voluntary assisted dying.

Spending on public hospitals rising faster than beds and staff

The Australian Institute of Health and Welfare (AIHW) has found that spending on public hospital services is growing faster than increases in beds and staff.

In its newly released report, *Hospital resources 2017-18: Australian hospital statistics*, the AIHW reveals that total recurrent spending on public hospital services increased by 3.3 per cent to $71 billion in 2017-18, with about 62 per cent of this being spent on wages and salaries.

But between 2013-14 and 2017-18, public hospital bed numbers rose an average of 1.3 per cent a year, rising from 58,600 beds to almost 62,000.

In 2017-18, there were 1,350 hospitals in Australia — 693 public hospitals and 657 private hospitals. The average annual growth in private hospital beds was higher than public hospitals, with an average of 3.6 per cent each year between 2012-13 and 2016-17, rising from 29,800 to 34,300 beds.

AIHW spokesperson Dr Adrian Webster said that nationally, public hospitals employed more than 373,234 full-time equivalent staff in 2017-18, an increase of 1.1 per cent from the previous year, despite the number of public hospitalisations increasing 2.1 per cent over the same period.

"When it comes to the type of care being funded in public hospitals, about 55 per cent of recurrent spending was for admitted patient care, 20 per cent on outpatient care, 10 per cent on emergency care services, 2 per cent on teaching, training and research, 2 per cent for aged care and 10 per cent for other activities," Dr Webster said.

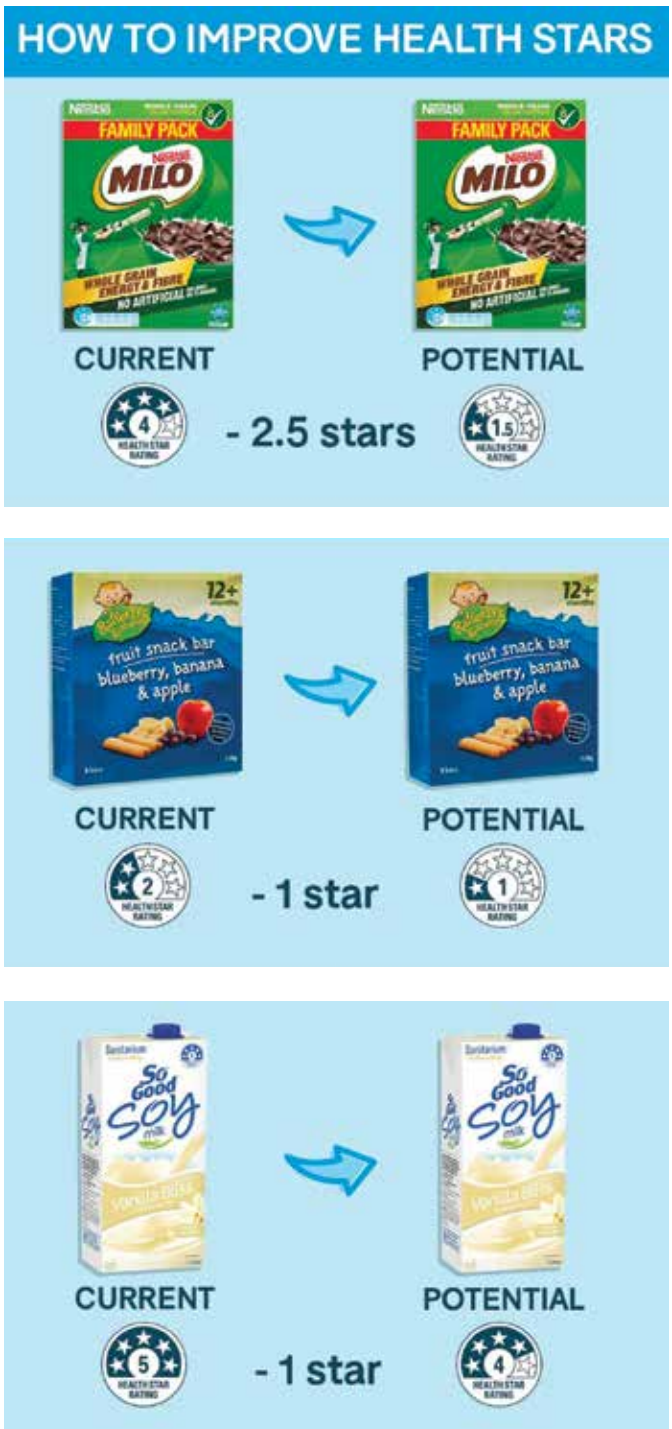
"More than 157,000 nurses accounted for 42 per cent of public hospital staff, while more than 46,000 salaried medical officers comprised 12 per cent."

The AIHW has also released a report detailing services provided for non-admitted patients by Australia's public hospitals. The report, Non-admitted patient care 2017-18: Australian hospital statistics shows that in 2017-18 about 39 million services for non-admitted patients were reported by 601 public hospitals and 29 other services.

Of these, 17 million were in allied health and/or clinical nurse specialist intervention clinics, 12.2 million in medical consultation clinics, 5.8 million for diagnostic services and 3.1 million in procedural clinics.

Females accounted for 55 per cent of these services, while 33 per cent were used by people aged 65 and over, and 5 per cent by Indigenous Australians.

Added sugar should get fewer stars, CHOICE



Consumer advocate CHOICE has called on Federal, State and Territory Health Ministers to improve food labels so that foods high in added sugar receive lower Health Star Ratings.

A Health Star Rating algorithm that factors in added sugar would penalise some processed food products and increase ratings for products with naturally occurring sugars.

"The Health Star Rating System is meant to help people glance at a group of products to understand which options are healthier than others. Health Stars are a good system but they need to be stronger to really help people make easy decisions," said CHOICE food expert Linda Przhedetsky.

"CHOICE's own modelling has found that increased penalties for added sugar could significantly impact the Health Star Ratings that products are given. Some products containing added sugar would lose as much as 2.5 stars. However, healthier products that contain naturally occurring sugars – like fruit and dairy – gain stars.

"We're calling for Health Ministers to introduce added sugar labelling on all packaged foods and to ensure that added sugar is more heavily penalised in our Health Star Rating System.

"Right now, the Health Star Rating algorithm treats all sugars the same. The system doesn't distinguish between the extra sugar that's added to foods like breakfast cereals and the naturally occurring sugars in dairy or fruits."

CHOICE is calling on Health Ministers to:

- Strengthen the Health Star Rating by properly penalising added sugars which are not currently required to be clearly listed on food labels;
- Make Health Stars mandatory to ensure that people can make informed choices about the food and drinks that they buy;
- Ensure that food labelling policy development and oversight is free from undue industry influence; and
- Take action on a number of other key changes called for by State Health departments and nutrition experts.

The AMA is on the record calling on the major political parties to get serious in the war on obesity by making a sugar tax a priority in their health policies.

INFORMATION FOR MEMBERS

AMA

Effective life review of assets used in general practice

The Australian Taxation Office has started a review of the assets used in the general practice medical services industry (ANZSIC code 85110) with a view to making new effective life determinations.

Effective lives are used to work out how much of a tax deduction can be claimed for an asset's decline in value – otherwise known as depreciation deduction.

For most depreciating assets, the choice is either working out the effective life independently or using an effective life determined by the Commissioner of Taxation.

The purpose of the review is to ensure the ATO effective life determinations cover assets commonly used by the medical profession and reflect current industry practices and expectations. ATO determinations save individuals the cost of self-assessing effective lives and provide an effective life that will not be challenged in case of a review.

The participation of industry stakeholders is critical to the success of any effective life review. The greater the level of participation by industry stakeholders, the more likely the resultant effective life determinations will be accurate and useful for industry participants. The Corporate Taxpayers Association and Chartered Accountants Australia and New Zealand encourage their members to assist in this important work.

The review is anticipated to cover assets used in general practical medical services. The ATO expects to complete the review of these assets within 12 months, with the new effective life determinations expected to apply from the beginning of July 2020.

Draft effective lives will be issued for public comment before final decisions are made.

As part of this review, the ATO will:

- identify the assets currently used in the industry;
- consult with major interest groups, such as industry representative bodies, users and suppliers (including interviews and site asset inspections);
- complete a report with recommendations for new effective lives based on an analysis of the factors listed in the effective life taxation ruling; and
- remove redundant items currently in the effective life schedule (where applicable).

Participation in the review process is entirely voluntary. However, participation from industry gives members confidence that the ATO will properly consider their feedback, given their range of experience, and that the determinations will be useful to industry members.

Participation may take a few hours in total and can be spread over the course of the review at time convenient to participants.

Any information that is provided to the ATO will be subject to the secrecy provisions as well as classified as commercial in confidence and will only be used for recommending effective lives to the Commissioner of Taxation.

Anyone wanting to participate in the review can contact Kim Dziedzic on (07) 3213 5764 or at Kim.Dziedzic@ato.gov.au

The above information is an edited extract from the ATO's website. The full version can be viewed at:

https://www.ato.gov.au/Business/Depreciation-and-capital-expenses-and-allowances/In-detail/Effective-life/Reviews-in-progress/Capital-allowances--effective-life-review-of-assets-used-in-general-practice-medical-services/

Clinical care for aged care

The AMA's Dr Richard Kidd chaired a national conference session on aged care, specifically on improving clinical care in an era of financial constraint.

Delegates heard a range of views from aged care stakeholders on the subject of how to best provide for, regulate and drive an improved sector.

"Despite the increasing prevalence of chronic, complex medical conditions in the ageing population, older people are facing barriers to access quality clinical care in aged care settings," Dr Kidd said.

"The AMA has been advocating for a staff to resident ration that reflects level of care need and ensures 24-hour registered nurse on-site availability.

"The AMA has been strong in its advocacy to increase the Medicare rebate for GP visits to ensure residents receive timely access to medical services."

Government spending on aged care was about $18 billion in 2017-18. The Royal Commission into Aged Care Quality and Safety in underway, and debate continues across all stakeholders about how to sustainably improve clinical care in aged care settings.

Joining Dr Kidd on the panel were Aged Care Quality and Safety Commissioner Janet Anderson, Federal Secretary of the Australian Nursing and Midwifery Federation Annie Butler, geriatrician Dr Chris Davis, the University of Tasmania's Professor Andrew Robinson, and Aged and Community Services Australia CEO Pat Sparrow.

CHRIS JOHNSON

AMA National Conference 2019 Picture Gallery

PHOTOS BY NAOMI COLLEY – LIGHTBULB STUDIO


AMA
National

TO THE EDITOR

All of the letters below seek to address claims and opinions expressed in a recent *Weekend Australian* magazine article by Nikki Gemmell, questioning why men become obstetricians and gynaecologists. Some letters have been edited for brevity.

Male obstetricians feel for the pain of their patients

As a General Paediatrician in a career spanning over 35 years, I've been on the sidelines at almost 3,000 deliveries, most of them at risk. Not only can I support the praise for the dedication of the obstetricians – male and female – but I'd like to put forward an observation. Tensions often arise when a baby is becoming obstructed, and not always, but often enough there develops a conflict whereby female midwives gather and support the woman to work through the pain and accomplish the final stage without intervention. The obstetrician is hovering to do an episiotomy... In this scenario, it is frequently the male O/G who feels deeply for the woman's pain, and intervenes.

Dr Joe Moloney

Nonsense to suggest men should not be obstetricians

To suggest that by virtue of gender a professional who has endured extensive study, stress and loss of time with their own family and leisure in order to care for others must be in it for the wrong reasons is just ridiculous. No doubt there are both male and female OBs who could perhaps do better, but it is a nonsense to essentially suggest that men should not be OBs.

I was very fortunate to have the care of a wonderful OB who just happened to be a man. I understand this doctor to be incredibly highly regarded particularly in the Nepean western Sydney area. Not only did he show a high level of skill expertise and knowledge in his care of my baby and I, but not once did I feel that he had anything but my best interests at heart. He often expressed views about the impact on women not only of the physical process of pregnancy and childbirth but of the crap women are often put through by ill informed "professionals" and society. Whilst I was certainly made to feel as though I was nothing more than a vessel to produce a child by some in my life, my OB never made me feel this way. I felt nothing but genuine care for my safety and well-being. His inability to experience pregnancy and childbirth himself made absolutely no difference to my complete trust in him, nor should it have. The fact that he was highly skilled and experienced and passionate about his job, good humoured when we needed it, reassuring and empathetic was far more important.

I only hope that wonderful doctors such as mine pay little regard to the nonsense in this article and instead value the comments that have been made in response by the many who value the sacrifices they make in their own lives to provide a high level of skilled and compassionate care to women and their families.

It would be such a shame if attitudes such as in this article caused any of the many wonderful future or current male OBs to become disheartened and in turn cause women to miss the opportunity to be cared for by them.

Lara (surname withheld)

Do your research Nikki

@NikkiGemmell, here's some enlightenment.....

https://www.ranzcog.edu.au/...

Look at solid data before making such outlandish claims. Then maybe talk to people. Real people doing this job day in and day out. Men and Women who care deeply about what they do and how everyone navigates the process. In a position such as yours, I would have thought this to be an imperative. Alas for your story it is not.

Sue-Anne O'Rourke

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

WITH CHRIS JOHNSON

President lets Minister and Shadow know the AMA isn't resting

Dr Tony Bartone meets with Health Minister Greg Hunt

Dr Bartone with new Shadow Health Minister Chris Bowen

AMA President Dr Tony Bartone has made quick work of meeting with the MPs that matter most to medicine, following the recent federal election.

Dr Bartone has had separate meetings with newly re-appointed Health Minister Greg Hunt and the new Shadow Health Minister Chris Bowen, who takes over from Catherine King.

He has congratulated both men on their re-elections and their appointments to the health portfolio.

In both meetings, however, the AMA President advocated for more long-term vision for the nation's healthcare system and for better resourcing.

Dr Bartone said the AMA would continue to work cooperatively with the Government and the Opposition on the important health issues facing the nation.

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Ground-breaking eyesight technology gets significant funding boost

The Government will invest $924,100 for research to develop cutting edge technology to help people regain eyesight, movement, and other nerve functions.

The Cortical Frontiers: Commercialising Brain Machine Interfaces project is headed by Professor Arthur Lowery, Professor of Electrical and Computer Systems Engineering at Monash University, and is one of 10 highly promising research projects to be funded under Stage One of Frontiers.

The device was originally developed to restore vision, but can be repurposed to provide stimulation of many neural functions.

Health Minister Greg Hunt described the project's investment as "game-changing" because it will allow teams of Australia's brightest to move ideas from concept to reality, solidifying the nation's reputation as a global health and medical research powerhouse.

"This project, in collaboration with doctors and patients, will help to identify the two most promising applications of the technology for development," Mr Hunt said.

"In Cortical Frontiers, Monash University is partnering with Melbourne-based medical device company Anatomics, and the Commonwealth Scientific and Industrial Research Organisation (CSIRO).

"CSIRO will contribute to metallisation, brazing and laser welding to allow interface with the precious metal components of the implanted device.

"Our Government's $570 million Frontiers initiative is designed to allow researchers to push the boundaries to develop tomorrow's health and medical breakthroughs."

Frontiers has a unique, two-stage structure. In Stage One, 10 selected applicants will receive funding of up to $1 million each over one year to develop detailed planning for their cutting-edge research projects.

Each of the selected 10, like Cortical Frontiers, will be able to apply for Frontiers Stage Two, with the opportunity to secure up to $50 million or more to realise their ground-breaking research plan.

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Health MoU with the UK

The health departments of Australia and the United Kingdom have signed a Memorandum of Understanding on further health cooperation.

Permanent Secretary for the UK Department of Health and Social Care, Sir Chris Wormald, met with his Australian counterpart, Secretary of the Department of Health Glenys Beauchamp PSM, in Canberra on June 19 to sign the agreement.

The MoU encourages collaboration on health issues the two nations regard as priority areas, including digital health, mental health, genomics, antimicrobial resistance, and patient safety.

Photos courtesy of the British High Commission in Canberra.

Research

WITH CHRIS JOHNSON

Brain health affected by extra calories

The average person is eating the equivalent of an extra fast-food burger meal a day than people did 50 years.

The massive intake of extra calories is taking its toll on health around the world, according to new research from health experts at the Australian National University.

They specifically note that today's eating habits are causing "devastating results" not just for waistlines, but also for brains.

Professor Nicolas Cherbuin, the lead author of new research published in *Frontiers in Neuroendocrinology*, said brain health can decline much earlier in life than previously thought due, in large part, to a society that promotes unhealthy lifestyle choices.

"People are eating away at their brain with a really bad fast-food diet and little-to-no exercise," Professor Cherbuin, from the ANU Centre for Research on Ageing, Health and Wellbeing, said.

"We've found strong evidence that people's unhealthy eating habits and lack of exercise for sustained periods of time puts them at serious risk of developing type 2 diabetes and significant declines in brain function, such as dementia and brain shrinkage."

The research reports about 30 per cent of the world's adult population is either overweight or obese, and more than 10 per cent of all adults will suffer from type 2 diabetes by 2030.

"The link between type 2 diabetes and the rapid deterioration of brain function is already well established," Professor Cherbuin said.

"But our work shows that neurodegeneration, or the loss and function of neurons, sets in much, much earlier – we've found a clear association between this brain deterioration and unhealthy lifestyle choices.

"The damage done is pretty much irreversible once a person reaches midlife, so we urge everyone to eat healthy and get in shape as early as possible – preferably in childhood but certainly by early adulthood."

A standard fast-food meal of a burger, fries and soft drink is about 650 kilocalories – roughly the extra amount that people worldwide, on average, are consuming everyday compared to what they were eating in the 1970s.

This equates to a quarter of the recommended daily food energy needs for men and just under a third for women.

"The extra amount of energy that people consume daily compared to 50 years ago means that many people have an unhealthy diet," Professor Cherbuin said. "People eating too much of the wrong kind of food, particularly fast food, is the other big worry. As a society, we need to stop asking, 'do you want fries with that?', and the mindset that comes with it. If we don't, then expect to see more overweight and obese people suffering from serious diseases."

Current efforts to guard against declining brain health were often a case of too little, too late.

"What has become really apparent in our investigation is that advice for people to reduce their risk of brain problems, including their risk of getting dementia, is most commonly given in their 60s or later, when the 'timely prevention' horse has already bolted," Professor Cherbuin said.

"Many people who have dementia and other signs of cognitive dysfunction, including shrinking brains, have increased their risk throughout life by eating too much bad food and not exercising enough.

Research

"One of the best chances people have of avoiding preventable brain problems down the track is to eat well and exercise from a young age. The message is simple, but bringing about positive change will be a big challenge. Individuals, parents, medical professionals and governments all have an important role to play."

The ANU research reviewed results from about 200 international studies, including The Personality & Total Health (PATH) Through Life project in the Australian Capital Territory and Queanbeyan that has followed the brain health and ageing of more than 7,000 people.

Less antibiotics leading to fewer hospital acquired infections

New research published in the *Medical Journal of Australia* provides more evidence why reducing broad spectrum antibiotic use should be a primary goal for hospital antimicrobial stewardship programs.

In 2017, an international shortage of piperacillin/tazobactam (PT) – an antibiotic used to treat pelvic inflammatory disease, intra-abdominal infection, pneumonia, cellulitis, and sepsis – prompted its replacement with intravenous amoxicillin/clavulanate (IVAC).

Two studies – one from 1996 and one from 1999 – showed that reducing the use of broad spectrum antibiotics such as PT was associated with reduced incidence of vancomycin-resistant *Enterococcus* (VRE) in hospitals.

A research team from John Hunter Hospital and the University of Newcastle, led by Associate Professor John Ferguson, an infectious diseases physician, set out to measure the impact of the PT shortage on VRE and methicillin-resistant *Staphylococcus aureus* (MRSA) acquisitions at the hospital, where there has been a sustained outbreak of VRE since 2014.

They compared the incidence of hospital-onset acquisitions (hospital-wide) in the 12 months before (October 2016 – September 2017) and 12 months after (November 2017 – October 2018) the start of the PT shortage.

"Twelve-month mean PT use declined from 44 defined daily doses (DDD)/1000 occupied bed-days (OBD) before the shortage to 5 DDD/1000 OBD; IVAC usage increased from 4 to 33 DDD/1000 OBD. As IVAC is a narrower spectrum antibiotic, total broad spectrum parenteral antimicrobial use fell from 129 DDD/1000 OBD before the shortage to 91 DDD/1000 OBD," Ferguson and colleagues wrote.

"There were 191 acquisitions of VRE and 53 of MRSA before the shortage; during the shortage, there were 101 (fall of 47 per cent) and 31 (–42 per cent) respectively. There were 24 sterile site detections of VRE and 49 of MRSA before the shortage, and eight (–67 per cent) and 37 (–24 per cent) during the shortage.

"We found that reducing broad spectrum antibiotic use was associated with reduced VRE transmission and infection.

"PT has now been reintroduced on a restricted basis and usage remains at a much lower level than before the shortage. We will continue to observe trends in incidence and will also undertake a case–control study of VRE acquisitions.

"Reducing broad spectrum antibiotic use should be a primary goal for hospital antimicrobial stewardship programs."

Study pilot into My Health Record and Rapid Access Cardiology

The Australian Digital Health Agency, in partnership with the University of Sydney, has launched a study into the use of My Health Record in Rapid Access Cardiology care.

The pilot study will investigate how My Health Record can support the management of low to intermediate risk chest pain patients through the Rapid Access Cardiology Clinic (RACC) model, initially based at Westmead Hospital.

The pilot aims to enhance the quality, safety and efficiency of cardiology services, and if successful, may be scaled up to roll out across the country.

It is expected that this study will yield lower rates of hospital readmissions and avoid a rise in major adverse cardiac events, such as heart attacks. It could also help to develop targeted cardiovascular disease prevention programs, including lifestyle modifications to address common risk factors such as high blood pressure.

During the pilot, clinicians will access a person's My Health Record when they present to the Rapid Access Cardiology Clinic

Research

at Westmead Hospital and draw on the information within the record to make quicker diagnoses and treatment decisions.

"Our study aims to provide greater accessibility to the information needed to better treat all Australians suffering chest pain, and to safely divert people with non-acute chest pain from being admitted to hospital," said University of Sydney's Professor Clara Chow.

RACCs are outpatient clinics, located within hospitals, that provide prompt assessment and management of chest pain. Led by cardiologists, the clinics function to reduce the sizeable number of patients experiencing chest pain attending NSW hospitals.

The test will explore how My Health Record can support risk stratification of patients referred to the RACC, reduce duplicate testing, and support communication among healthcare providers via the system's shared healthy summary function.

The study will attempt to understand and address existing barriers to the seamless flow of information along the patient journey and among healthcare providers.

The results will be used to scope the feasibility of an innovative, cardiology-specific application that is populated with information from My Health Record to optimise patient care.

"We need all Australians to be aware of the prevalence of heart disease and the work left to do in improving our heart health," Australian Digital Health Agency CEO Tim Kelsey said.

"This program is a great example of how we can use digital technologies to meet this goal and deliver better health outcomes to all Australians."

When appropriate, patients who attend a RACC may be given a management plan and allowed to go home without having to enter the hospital, saving emergency medical staff from admitting patients, organising urgent cardiologist assessments in the community and referring to GPs.

Not only will hospital staff benefit from the reduced burden of chest pain care, but patients now have an alternative option to heading straight into emergency departments and prolonged hospital stays depending on their condition.

Further study into the effectiveness and safety of the RACC model of care is underway to reduce the burden of chest pain on NSW hospital emergency departments.

Phone use causing bone growths in young skulls

Smartphones use has led to an increase in young people developing a 'horn-like' bone growth at the back of the skull, according to health researchers from the University of the Sunshine Coast.

A recent article by the BBC *How modern life is transforming the human skeleton*, has sparked renewed attention of research published by Dr David Shahar and Associate Professor Mark Sayers in the *Journal of Anatomy* in 2016.

The study involved 218 X-rays of people aged between 18 and 30 years old on the Sunshine Coast in Australia and found that 41 percent had developed a 10 to 30 millimetre bony lump at the back of their skull.

Dr Shahar, who was completing his PhD at USC at the time of the study, says the large 'horn-like' bony growths were once exclusive to older patients, as they resulted from long-term load on the skeleton, so was surprised to find many of the growths in younger people.

Research

"This is evidence that musculoskeletal degenerative processes can start and progress silently from an early age," Dr Shahar said.

"These findings were surprising because typically they take years to develop and are more likely to be seen in the ageing population.

"It is important to understand that, in most cases, bone spurs measure a few single millimetres and yet we found projections of 10 to 30 millimetres in the studied young population."

Further testing including MRI scans and blood testing ruled out the possibility that the growths were the result of genetic factors or inflammation.

"We hypothesise that the sustained increase load at that muscle attachment is due to the weight of the head shifting forward with the use of modern technologies for long periods of time," Dr Shahar said.

"Shifting the head forwards results in the transfer of the head's weight from the bones of the spine to the muscles at the back of the neck and head."

"The increased load prompts remodelling on both the tendon and the bony ends of the attachment. The tendon's footprint on the bone becomes wider to distribute the load on a larger surface area of the bone."

Dr Sayers, who was Dr Shahar's supervisor for the study, said the pair are still collaborating on research with plans to develop resources to help avoid the problem, particularly for school children.

"The thing is that the bump is not the problem, the bump is a sign of sustained terrible posture, which can be corrected quite simply," Dr Sayers said.

He said the answer was to balance mobile phone use with recalibration of body posture, use specially contoured pillows or do exercises that involved lifting the upper chest.

A further study in 2018 by Dr Shahar and Dr Sayers published in *Scientific Reports-Nature*, showed that bone overgrowths at the back of the skulls were larger and more common with young adults that with the older population.

HPV testing having positive impact on cervical screens

The change from Pap smear tests to human papillomavirus (HPV) testing made by the National Cervical Screening Program (NCSP) in 2017 is resulting in earlier detection of potential cancer-causing infections.

The switch from biennial cytological Pap testing of asymptomatic women aged 18–69 years, to five-yearly primary HPV testing of women aged 25–74 years was a 'major paradigm shift', according to Dr Dorothy Machalek from the Centre for Women's Infectious Diseases at Melbourne's Royal Women's Hospital.

Dr Machalek led a research team whose findings have bene recently published in the *Medical Journal of Australia.*

The NCSP Renewal program distinguishes between HPV specimens submitted for primary screening and those submitted for other indications (non-screening), requiring laboratories to classify all tests accordingly for Medicare billing purposes and for patient management.

Women with non-screening tests are regarded as being at higher risk than other women because of their symptoms or signs or a prior cervical abnormality.

Machalek and colleagues conducted a retrospective review of 195 606 specimens submitted for HPV testing between December 2017 and 31 May 2018, to measure HPV testing patterns and rates of oncogenic HPV-positivity.

Oncogenic HPV was detected in 8.1 per cent of screening tests and 20.9 per cent of non-screening tests. Among oncogenic HPV-positive screening tests from women of recommended screening age (25–74 years), 35.5 per cent also had a cytologic abnormality. The proportion of HPV16/18-positive samples with high-grade abnormality was 15.3 per cent. For samples positive for other oncogenic HPV types, the proportion was 6.3 per cent. Repeat HPV testing after 12 months was recommended for 5.4 per cent and direct colposcopy for 2.6 per cent of screened women aged 25–74 years.

"A key finding was that the rate of referral to colposcopy based on HPV primary screening sample results for women of recommended screening age (2.6 per cent) was considerably higher than that based on historical primary cytology screening

Research

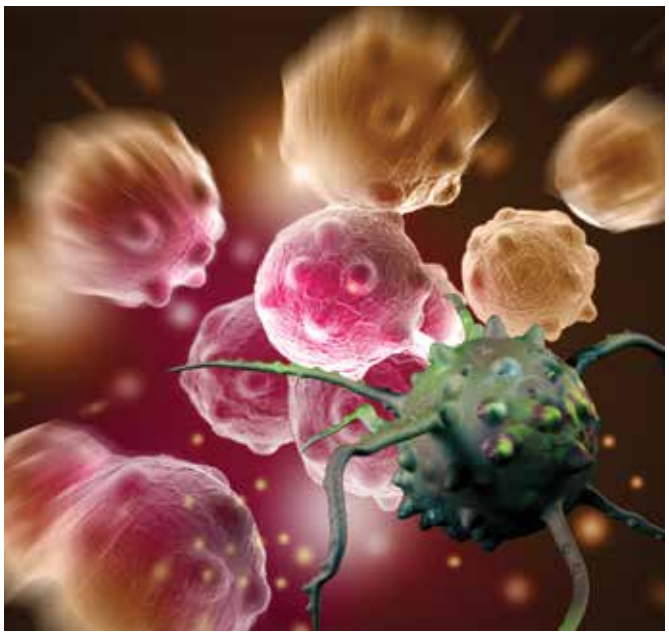
results from our laboratory (0.8 per cent)," Dr Machalek and colleagues wrote.

"The higher rate is broadly consistent with clinical trial data and predictions from modelling.

"The switch from cytology- to primary HPV-based screening in Australia will ensure cervical screening is evidence-based and best practice.

"While the predicted long-term benefits are substantial, timely monitoring of the transitional phase is critical for ensuring the program performs as expected and community confidence in the policy is maintained."

New sensor to help detect early-stage cancer



A new device that can detect very low concentrations of cancer markers in blood tests could one day help doctors diagnose cancer at its earliest stages, researchers say.

The new sensor was among new technologies presented at the 10th annual International Nanomedicine Conference, at Sydney in June.

Researchers from the University of New South Wales – chemists from UNSW Sydney's Australian Centre for NanoMedicine (ACN), and biologists from UNSW's Lowy Cancer Research Centre – have created an early version of the first 'nanopore blockade sensor' that can analyse disease biomarkers at a rapid, single molecule level.

Cancer biomarkers – or tumour markers – are substances, often proteins, that are produced by the body in response to cancer growth.

UNSW Scientia Professor Justin Gooding, who developed the technology with a team of scientists, said a key approach to reducing deaths from life-threatening cancers was to diagnose cancers as early as possible, when treatments were far more effective.

"Developing ultrasensitive cancer marker sensors is critical because it allows for very early detection after the cancer has occurred but before any symptoms start appearing," Professor Gooding said.

"The best way to cure cancer is to detect and diagnose it early. What this sensor can do is detect biomarkers and single molecules at much lower levels than current blood tests can, and we can get results in several minutes."

The nanopore blockade sensors work by using magnetic particles to capture biomarkers and bring them to one of many small pores drilled through a silicon membrane. If a magnetic nanoparticle has captured the biomarker, it will block the pore. By counting which pores are blocked the biomarkers can be counted, one molecule at a time. Importantly, the device can be used on whole blood samples regularly taken at pathology labs.

The technology is about five to ten years away from being available to patients and needs to go through rigorous further research and trials.

"This is a really hot area in cancer research, especially as it could potentially have a substantial impact as an effective means to estimate how effective treatment will be and assess how likely it is for cancer to reoccur," Professor Gooding said.

The research and development of the sensor is funded by the Australian Research Council through the ARC Centre of Excellence in Convergent Bio-Nano Science and Technology and an ARC Australian Laureate Fellowship.

World News

WITH CHRIS JOHNSON

Dengue on the rise in region

Several Asian countries are experiencing unusually high numbers of dengue cases for this time of year, the World Health Organisation reports.

With the rainy season approaching, WHO is calling for action to minimise illness and deaths from dengue.

Dengue is one of the fastest-spreading mosquito-borne diseases. Worldwide, the incidence of dengue has increased 30-fold over the past 50 years. Dengue is a major public health concern as it can develop into a potentially fatal form called severe dengue.

Of an estimated 2.5 billion people at risk for dengue globally, about 70 per cent live in Asia Pacific countries. Climate conditions, unclean environments, unplanned urban settlements and rapid urbanization can lead to increased mosquito breeding, especially in urban and semi-urban areas.

Several countries in the WHO Western Pacific Region such as Cambodia, the Lao People's Democratic Republic, Malaysia, the Philippines, Singapore and Vietnam have observed early increases in the number of dengue cases reported so far this year.

- In Cambodia, there has been an upward trend in suspected dengue cases recorded since the beginning of 2019. More than 1300 suspected cases were reported in week 21 alone—a level which is higher than expected for this time of the year.
- In the Lao People's Democratic Republic, suspected dengue case numbers are higher than the same period during the previous five years. So far in 2019, as of week 21, a total of 4,216 suspected cases including 14 deaths have been reported.
- In Malaysia, a total of 52,941 cases including 81 deaths were reported during the first 22 weeks of 2019. The number of cases is around twice that of the same period in 2018.
- In the Philippines, a total of 77,040 suspected cases of dengue, including 328 deaths, were reported in the first 20 weeks of 2019. This is almost double the 41,104 cases reported during the same time period last year. Case numbers remain high, but as they are starting to decline, the rainy season is approaching.
- In Singapore, the number of dengue cases has been increasing over the past eight weeks. As of week 21 of 2019, there were a total of 3,886 cases reported, compared to 1,049 cases reported during the same period last year.
- In Vietnam, there have been a total of 59,959 suspected cases reported including four deaths as of week 19; more than three times the number for the same period in 2018.

To minimise deaths, affected people and caregivers of children must seek early medical attention from health-care workers with the training and resources necessary to provide appropriate care.

"The increased number of cases is of concern, but even more worrying is the increase in the rate of people dying from dengue, especially children," said Dr Takeshi Kasai, WHO Regional Director for the Western Pacific.

"This is a signal that we need to work with countries to strengthen care as well as prevention.

"Health workers in dengue-endemic areas must be able to recognize the symptoms of dengue and the warning signs of severe dengue, do diagnostic tests and provide life-saving care. Also, families need to know what symptoms to look for and where to get early medical attention. This is especially urgent with the rainy season coming to many parts of Asia."

World News

World support for sentenced Turkish doctors

The World Medical Association has delivered an open message of support to all Turkish doctors, in particular to those sentenced to prison for declaring in a press release that "war is a public health problem".

The WMA has sent it on behalf of millions of physicians globally.

In an open letter, WMA leaders denounced what it has described as a pervasive obstruction campaign by the Turkish government against doctors.

The letter declared: "We are shocked and deeply disturbed by the recent decision of the Criminal Court of Ankara which condemned TMA's Central Council members to prison sentences for their call for peace. This is pure aberration."

The public statement, titled *War is a Public Health Problem*, was issued as a press release on January 24, 2018 by 11 doctors as members of the Central Council of Turkish Medical Association.

It drew attention to the public health implications of war and stressed the mission of doctors to defend life and commit to peace. The 11 doctors were subsequently charged with "propagating the terror organisation" and "provoking public hatred and hostility". They were found guilty and sentenced to 20 months in prison. They are currently appealing against the sentence.

WMA Chair of Council Dr Frank Montgomery and Secretary General Dr Otmar Kloiber, in their message to Turkish physicians, write: "Like you, we consider that physicians have a duty to denounce violence and alert governments to the dramatic immediate and long-term health effects of warfare and armed conflicts. Expressing an opinion in support of peace is not a criminal offence in a democracy. Quite the contrary, it is an essential human right enshrined in the International Covenant on Civil and Political Rights that Turkey ratified in 2003."

They accuse the Turkish State of trying to silence the voice of its physicians and add: ''We are aware that many physicians are the target of a pervasive obstruction campaign run under the pretext of a state of emergency, which prevents you from practising your profession in adequate conditions. Not only does it violate your right to work, but it also deprives millions of people from access to health as a result.

"Targeting physicians amounts to targeting the Turkish population with increased exposure to diseases, suffering and premature deaths, as well as insecurity and poverty. We therefore seriously doubt that the current state of emergency serves the right purpose.

"As physicians, we all took an oath to protect human life before any other interest. Our values are based on medical ethics and include the respect for autonomy, non-maleficence, beneficence and justice. Be assured that we are in solidarity with you in protecting those ethical standards from any abuse."

Dengue on the rise in region ... *continued from p29*

There is no specific treatment for dengue but early detection, improved clinical management and access to proper medical care for severe dengue can reduce fatality rates. WHO recommends that dengue-endemic countries continue educating the population and health workers on recognising dengue symptoms and the warning signs of severe dengue. Appropriate home care with adequate hydration and rest during the early stages can minimise the risk of the disease becoming severe.

WHO supports countries to train health professionals on the diagnosis and proper management of dengue and to prepare health centres and hospitals for effective response in case of outbreaks and influxes of patients.

WHO also encourages governments and communities to reduce the spread of dengue by informing the public of how to clean up mosquito breeding sites.

In 2016, governments of the Western Pacific Region adopted an action plan for dengue prevention and control that provides strategic guidance to transition from containment of outbreaks to reducing the impact of dengue on communities and health systems. Dengue outbreaks cannot be avoided, but countries can take action to significantly reduce the scale, frequency and impact of outbreaks. WHO continues to support countries and areas in their efforts to reduce the burden of this disease on populations.

World News

Low-income countries have low levels of epilepsy treatment

Three quarters of people living with epilepsy in low-income countries do not get the treatment they need, increasing their risk of dying prematurely and condemning many to a life of stigma, according to the World Health Organisation.

Those findings are published in *Epilepsy, a public health imperative* and released by WHO, the International League Against Epilepsy, and the International Bureau for Epilepsy.

"The treatment gap for epilepsy is unacceptably high, when we know that 70 per cent of people with the condition can be seizure-free when they have access to medicines that can cost as little as US$5 per year and can be delivered through primary health systems," said Dr Tarun Dua, from WHO's Department of Mental Health and Substance Abuse.

The risk of premature death in people with epilepsy is up to three times higher than for the general population. In low- and middle-income countries, early death among people with epilepsy is significantly higher than in high-income countries. Reasons for this premature mortality in low- and middle-income countries are likely associated with lack of access to health facilities when seizures are long-lasting or occur close together without recovery in between, and preventable causes such as drowning, head injuries and burns.

Roughly half of adults with epilepsy have at least one other health condition. The most common are depression and anxiety – 23 per cent of adults with epilepsy will experience clinical depression during their lifetime and 20 per cent will have anxiety. Mental health conditions such as these can make seizures worse and reduce quality of life. Development and learning difficulties are experienced by 30 to 40 per cent of children with epilepsy.

Stigma about the condition is also widespread. "The stigma associated with epilepsy is one of the main factors preventing people from seeking treatment," said Dr Martin Brodie, President of the International Bureau for Epilepsy.

"Many children with epilepsy do not go to school and adults are denied work, the right to drive and even to get married. These human rights violations experienced by people with epilepsy need to come to an end."

Public information campaigns in schools, workplaces, and the broader community to help reduce stigma and the introduction of legislation to prevent discrimination and violations of human rights are also important elements of the public health response.

But the report also shows that when the political will exists, the diagnosis of and treatment for epilepsy can be successfully integrated into primary health services. Pilot programs introduced in Ghana, Mozambique, Myanmar and Vietnam as part of WHO's *Reducing the epilepsy treatment gap program* have led to a considerable increase in access, such that 6.5 million more people have access to treatment for epilepsy should they need it.

"We know how to reduce the epilepsy treatment gap. Now action to introduce the measures needed to make a difference needs to be accelerated," said Dr Samuel Wiebe, President of the International League Against Epilepsy.

"Ensuring uninterrupted supply of access to antiseizure medicines is one of the highest priorities, as is training of non-specialist health providers working in primary health-care centres."

World News

Hot dog! Americans still love their processed meats

Americans can't kick their love of processed meats, even though they are eating les red meat than they were 18 years ago.

A recent study published in the *Journal of the Academy of Nutrition and Dietetics* has revealed that Americans are eating the same amount of processed meats – ham, bacon, sausage, hot dogs, luncheon meats etc – as they were almost two decades ago.

Processed meats account for one quarter of all red meat and poultry eaten in the United States every year.

Americans are, however, eating more poultry and less red meat than they were 18 years ago. They are not consuming any more fish and seafood than they were in 1999.

Researchers at Tufts University evaluated nearly two decades of National Center of Health Statistics diet recall data collected from nearly 44,000 adults, ages 20 and older, in two-year cycles. The dates were 1999-2000 and 2015-16.

An NBC News report on the study says that while the US Government guidelines include processed meat as part of a balanced diet, as long as they do not exceed the recommended daily sodium or fat intake, the World Health Organisation classifies the food as carcinogenic and advises against eating it.

The American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention recommend choosing fish, poultry or beans instead of red or processed meat, the new report states.

AES cases review in Muzaffarpur as death toll mounts

The Times of India is reporting that senior health ministry officials in India have reviewed the status of Acute Encephalitis Syndrome (AES) cases in Muzaffarpur, as the death toll due to AES rose to 129 in the State of Bihar.

Union health minister Harsh Vardhan oversaw the review, and said monitoring will now continue on a daily basis in order to ensure the best detection and treatment methods are delivered.

"With the support of State and district administration, efforts of social and behaviour change at the community level and early identification and management at primary health care facilities have been strengthened," he said.

The government-run Sri Krishna Medical College and Hospital has been the epicenter of the AES casualties. More beds and greater round-the-clock clinical support have been diverted to the hospital, along with bolstered diagnostic and drug support.

Official data by June 24 stated that the death toll in the district was 129, with 109 casualties at SKMCH and 20 children dying at nearby Kejriwal Hospital.

AES is a viral disease, from pathogens and parasites, that inflames the brain and causes flu-like symptoms that can lead to seizure, coma and death.

World News

Malaria elimination talks hosted by China

China has hosted the third E-2020 global forum of malaria-eliminating countries. The conference's focus was on eliminating malaria among populations at risk.

The World Health Organisation grants a certificate of malaria elimination when a country has proven beyond reasonable doubt that the chain of indigenous transmission has been interrupted nationwide for at least the three previous consecutive years.

A national surveillance system capable of rapidly detecting and responding to any malaria cases must also be operational, as does a program to prevent re-establishment of transmission, before the certificate can be granted.

There are currently 38 countries and territories globally that are certified malaria-free.

According to a WHO report, much of 21st century medicine is still spent battling ancient diseases. Malaria is such an old disease that there are references to it in China dating back more than 3500 years in inscriptions on bones, tortoise shells and bronzeware, the report says.

The circular nature of transmission of the parasite, from human to mosquito and back to human, the ability of the parasites to form resistance to treatments and the mosquitoes to insecticides, and the complex life cycle of the parasites makes malaria a tough disease to eliminate.

Yet many countries have made impressive strides in controlling and stamping out malaria. In 2016, WHO identified 21 malaria-endemic countries that could feasibly eliminate the disease by 2020. Together, these countries form the E-2020 initiative and are part of a concerted effort to drive indigenous malaria cases to zero within the 2020 timeline.

In 2018, Paraguay became the first E-2020 country to be certified by WHO as malaria-free, and this year Algeria was awarded the same status. Three other countries – the Islamic Republic of Iran, Malaysia and Timor-Leste – achieved zero indigenous cases of malaria in 2018. China and El Salvador, meanwhile, have been at zero since 2017, and Cabo Verde has been malaria-free since January 2018.

WHO's Global technical strategy for malaria, adopted by the World Health Assembly in 2015, calls for the elimination of malaria in at least 10 countries by the end of next year. "We are very much on track to have 10 E-2020 countries at zero cases in 2020," said Dr Frank Richards, chair of the Malaria Elimination Oversight Committee – an independent WHO advisory body that guides countries in their efforts to eliminate malaria – and an expert in parasitic diseases at The Carter Center, Atlanta, USA.

In June, China hosted the third E-2020 global forum of malaria-eliminating countries in in Wuxi, Jiangsu Province, with a specific focus on eliminating malaria in populations at high risk of contracting malaria.

The WHO praises China as a good example of what happens when a country is determined to eliminate malaria. In China, elimination of malaria became a joint goal of 13 ministries, including health, finance, industry, and education. The results were impressive and the country has gone from 30 million cases in the 1940s to zero indigenous cases in 2017.

INFORMATION FOR MEMBERS

Genomic medicine here to stay? Have your say.

The Australian Genomics Health Alliance needs non-genetic medical specialists who work clinically in Australia to tell them about genomics in healthcare, present and future. It doesn't matter if you do or don't know much about this, or don't currently incorporate genomics into your practice; your opinions, views and experiences are valuable to us.

Go to https://redcap.mcri.edu.au/surveys/?s=W39NPLXRFA to complete the 15-minute anonymous, online survey.

Your input will help shape future workforce practices and continuing education and training programs.

For queries, contact amy.nisselle@mcri.edu.au – Dr Amy Nisselle. This is a National Health and Medical Research Council-funded Australian Genomics activity (University of Melbourne HREC 1646785.8).

Brilliance in abundance

Herbie Hancock review

BY CHRIS JOHNSON

The mark of a bandleader can be gauged by his generosity towards the musicians he leads. Comfortable in his own skin, surrounded by the best, the best himself.

At this, Herbie Hancock excels.

He didn't just "introduce the band", he poured genuine adoration upon each member of his small but outstanding ensemble.

And that's high praise from such a musical genius.

But then, these are not your run-of-the-mill kind of musos.

It was a cold winter's night when the Herbie Hancock quartet entered the stage and began a journey of musical wizardry that thoroughly thrilled the audience.

Silence was broken with the first synthesised notes piercing the auditorium with an eerie whale-song sound that mesmerised everyone.

Noodling on his Korg synth, Hancock was met with the most fascinating guitar sounds from Lionel Loueke, with James Genus confounding on bass and Vinnie Colaiuta (of Frank Zappa fame) all-commanding on drums.

This group must rank as one of the world's very best jazz outfits.

Together, the improvisers moved into Hancock's *Overture* as the bandleader switched between his Korg and a baby grand piano.

Loueke then sang a little and began clicking vocals of the African traditions. Spellbinding.

After a couple of meandering pieces, which lasted more than half an hour, Hancock spoke his first words and let us know how much fun he was having. So were we.

It was then he made sure we knew – just in case we hadn't noticed – that he only works with the best.

Much of the night dug deep into Hancock's jazz fusion catalogue, with a nod to his one-time band the Headhunters – *Actual Proof* being a real treat from that era.

Hancock sang through a synth himself for a while and sounded amazing.

Secret Sauce introduced Herbie's keytar to the night.

With this portable keyboard hanging round his neck, Hancock was more easily able to interact with his bandmates and the audience. And the music got funky!

Throughout the night, each band member took solo turns that were all incredible. Genus's bass solo was beautifully indescribable – and so was his second one.

The end of the two-hour concert brought the whole house to its feet with an extended standing ovation – which was rewarded with an extended version of Hancock's famous *Cantaloupe Island* as the encore.

Suddenly, the aisles were full of people dancing while Herbie and the band kept pumping it out.

Hancock, 79, is one of the few links we still have to Miles Davis, and one of the remaining musicians who can claim to have helped shape the music of the long-gone legendary jazz trumpeter.

But he doesn't make that claim. Instead, Hancock insists he learned so much from Davis. He surely did, but the reverse is true also.

Herbie Hancock is one of the true innovators of jazz, having pioneered jazz fusion, post-bop, and electro-jazz, while introducing the world to a whole new sound.

And during winter 2019, he was rocking Australia.

Your family doctor and you: Partnering for Health

AMA Family Doctor Week 2019

21-27 July 2019

AMA

SPONSORED BY

AGPAL QUALITY IN PRACTICE

For more information: **ama.com.au/family_doctor_week_2019 #amafdw19**

AMA Member Benefits

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

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

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

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

UpToDate: UpToDate is the clinical decision support resource medical practitioners trust for reliable clinical answers. AMA members are entitled to discounts on the full and trainee subscription rates.

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

Learning.doctorportal.com.au

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

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

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

www.ama.com.au/careers

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

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

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

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

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

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

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

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

AMA