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Let's just do it

President tells Government, enough talk, p3

INSIDE

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In this issue

Cover pic: Dr Bartone at the National Press Club
Photo by Lyn Mills

Australia needs solid action on long-term health policy

Photos: Lyn Mills

Dr Bartone at the National Press Club

The time for talk is over and it is now time for action, so let's get on with it.

That was the take home message from AMA President Dr Tony Bartone who, while delivering his televised address to the National Press Club in Canberra, said Australia's health system had too many problems to ignore.

The Government of Prime Minister Scott Morrison must deliver a big picture plan to deal with Australia's growing and ageing population, and the rise in chronic illness and complex diseases.

Reviews, talkfests and inquiries must give way to real action.

"Two months on from the election, the need for significant health reform remains – and it must still be the Government's highest priority," Dr Bartone said.

"Our world class health system is simply groaning under enormous and ever-increasing stress.

"Underfunding, under-resourcing, poor access, waste, inequity, and inefficiency are commonplace.

"From maternity services to primary care, prevention to public hospitals, private health insurance to the Medicare Benefits Schedule, mental health care to Indigenous health to aged care, there are problems everywhere.

"All the parts are connected. You can't just fix one and ignore the others.

"Our population is growing rapidly. It is ageing and the mix of disease is becoming increasingly more chronic and complex. This trio of drivers means that we need to improve and change our system – and change it fast.

"That is why we need an overarching vision for our health system – innovation, clever thinking, and commensurate funding to set us up for the growing patient demands coming in the decades ahead.

"We did not see such vision in the election campaign."

Dr Bartone said his message to Health Minister Greg Hunt was clear and simple, and one that he has already delivered to him personally.

"The time for talk is over. It is now time for action," he said.

"Otherwise, Australia's increasing rate of life expectancy will most definitely reverse its trend for the first time in the best part of a century.

"Otherwise, many hundreds of thousands of Australians will be added to growing public waiting lists.

"Otherwise, private health care might really become the exclusive domain of the very elite in our community.

"Otherwise, the equity and access that underpin our system will become a distant memory."

After detailing the need for action on general practice funding, private health insurance and out-of-pocket costs, public hospital resourcing, aged care, Indigenous health, and mental health, Dr Bartone turned to the all-important need to invest in preventive health.

"Investment in prevention will give the Government the long-term savings it wants in the health budget," Dr Bartone said.

"We need an overarching obesity prevention policy. This must include a tax on sugar-sweetened beverages, and restrictions on junk food advertising to children. Let's just do it.

"We need a new national alcohol strategy, including measures such as a volumetric tax and front-of-packet warnings on alcohol products. Let's just do it.

"We need a dedicated preventive health promotion agency. Again – let's just do it."

CHRIS JOHNSON

Minister launches Informed Financial Consent guide

Dr Bartone and Minister Hunt

Health Minister Greg Hunt has launched a new guide aimed at empowering patients with important information to help them understand medical costs.

The guide *Informed Financial Consent: A Collaboration Between Doctors and Patients* will give patients more confidence to discuss and question fees with their doctors.

Coordinated by the AMA, the guide is co-badged with more than a dozen leading medical Colleges, Associations, and Societies. It was launched by the Minister at Parliament House, Canberra.

"Providing an estimate of fees and the costs payable by a patient after any Government and health insurer rebates is the foundation for informed financial consent. Most doctors do it well already," Mr Hunt said.

"The new guide will complement the Morrison Government's activities to provide improved medical specialists costs transparency, to make our system more effective and sustainable.

"Improved transparency will help people choose the right specialist, taking cost into account without waiting for an appointment when they may feel locked in regardless of cost.

"The Government's medical specialists' fee transparency website is being developed in consultation with consumers,

Minister launches Informed Financial Consent guide ...continued from p4

medical professionals and insurers to ensure it includes appropriate information and features."

AMA President Dr Tony Bartone said the Informed Financial Consent (IFC) guide is a major step in helping to build health financial literacy for health consumers.

"The IFC guide will provide people with clear, easy-to-understand information to help them navigate the health system," Dr Bartone said.

"It will help patients in their conversations with doctors and practice managers about fees for their medical procedures.

"It will empower them to ask questions – the right questions.

"The whole IFC process will provide information that will give patients and their families greater comfort and security as they go into surgery or treatment.

"It is up to the medical profession to take the lead in this critical area, especially regarding private health insurance coverage and the complexity of costs for health care.

"Out-of-pocket medical costs are not the major cause of discontent with health insurance among consumers - unexpected gaps are the problem.

"Most consumers understand that they may need to contribute to the cost of their care.

"The problem facing consumers is that they don't always know how much they are covered for by their insurer, and therefore their out-of-pocket cost.

"It's why we have called this guide a collaboration – we are working with patients to try and end the uncertainty where possible."

The AMA has been working to support doctors to improve their informed financial consent practices, to educate the public, and to inform the policy debate.

The Informed Financial Consent (IFC) guide includes:

- an Informed Financial Consent Form for doctors and patients to use together;
- information on fees and medical gaps; and
- questions for patients to ask their doctors about costs.

The AMA acknowledges the partnership, co-badging, and cooperation in the development and production of this guide from:

- Royal Australasian College of Physicians (RACP);
- Royal Australian College of General Practitioners (RACGP);
- Council of Procedural Specialists (COPS);
- Medical Surgical Assistants Society of Australia (MSA);
- Australian Society of Plastic Surgeons (ASPS);
- The Thoracic Society of Australia and New Zealand (TSANZ);
- General Surgeons Australia (GSA);
- Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS);
- Australian Doctors Federation (ADF);
- National Association of Specialist Obstetricians and Gynaecologists (NASOG);
- National Association of Practising Psychiatrists (NAPP);
- Australian Society of Orthopaedic Surgeons (ASOS); and
- Australasian Sleep Association (ASA).

The AMA and these groups will promote and disseminate the guide through their memberships. Other medical groups are expected to sign up to the guide and join in its promotion.

It will be available from doctors, medical practices, the AMA website, and the websites of other medical organisations.

Informed Financial Consent: A Collaboration Between Doctors and Patients is available at:

https://ama.com.au/submission/informed-financial-consent-%E2%80%93-collaboration-between-doctors-and-patients

Government moves to repeal Medevac Bill

The Government's bill to repeal the Medevac legislation has passed in the Lower House, with four Coalition MPs who are doctors voting for medical decisions over asylum seekers on Manus Island and Nauru to be returned to politicians and bureaucrats.

A heated three-day debate in the House of Representatives ended with a vote in favour of repealing the laws, which came into effect earlier this year.

The Government used its majority, which included its four medical doctor MPs, in the Lower House to reverse the Medevac legislation.

But there will be no changes to the law unless the repeal legislation passes in the Senate. It is there in the Upper House though, where the Government will face a harder time.

The Senate will not consider the repeal bill until a parliamentary committee examines it and gives its report, expected in October.

During the debate in the Lower House, Centre Alliance MP Rebekha Sharkie described repealing the legislation as a "wicked thing" that would cause great harm.

She quoted from the Bible to appeal to Christian MPs not to repeal the law.

"Matthew 25 makes it very clear; Christians should see everyone as Christ in the flesh. And in the New Testament, stranger and neighbour are in fact synonymous," Ms Sharkie said.

"The golden rule of love your neighbour as yourself refers not just to the people you know – your neighbours – but also to those you do not know...

"Needless harm, unnecessary harm. It is quite simply a wicked thing that we are doing in this place. It is unnecessary."

But with the vote going the Government's way, all eyes have turned to the Senate where Tasmanian Senator Jacqui Lambie is in a loose alliance with the Centre Alliance, but she has not yet revealed her voting intention.

Meanwhile, AMA President Dr Tony Bartone has met again with Home Affairs Department Chief Medical Officer Dr Pardodh Gogna to discuss the ongoing work of the Independent Advisory Panel that is assessing medical transfer applications from refugees on Manus and Nauru.

Dr Bartone and Dr Gogna

The AMA welcomed the Medevac bill when it was passed in February and has led a strong campaign for the health and mental health of asylum seekers in offshore detention.

The AMA is preparing a submission to the Senate Committee.

CHRIS JOHNSON

Warning over health impacts of climate change

Global Health Alliance Australia has issued a nine-point plan to the Federal Government, with recommendations on how to address the health impacts of climate change.

Launching its report *From Townsville to Tuvalu*, the Alliance highlights the dangers to health in Australia and the Asia Pacific region from escalating severe climate change.

The report is a call to mitigate avoidable adverse health impacts by investing in prevention initiatives.

Climate change will cost the economy billions of dollars through illness, disease, work absenteeism, and food and water contamination.

The report also urges the Government to prioritise its $2 billion regional infrastructure fund to help out vulnerable Pacific islands.

The Alliance, comprising 47 medical, aid, and research groups, found: "The impacts of climate change on our health include potential for increased prevalence of many other conditions: heat illness, asthma, heart disease, anaemia, injuries, and other infectious diseases including diarrhoea. Many of our water sources will become undrinkable. Climate change has even been linked to depression."

The nine-point plan is:

- Publicly recognise the health impacts of climate change.
- The priorities articulated by Health Ministers in the Pacific should drive Australia's investments there.
- Equip the current and future workforce in Australia and across the Asia Pacific region for emerging threats to health from climate change.
- Devise an implementation agenda for addressing the health impacts of climate change by, among other things, undertaking a benchmark National Health Survey in Australia which includes questions to understand the environmental drivers of poor health, including the impacts of climate change.
- Support direct action in Australia through State and Local Government Area-based public health strategies.
- Establish a multi-institutional Health and Climate Change Research Facility, based in rural Australia.
- Increase financial investment that would facilitate innovation and opportunities to develop effective health adaptations and low/zero-emissions initiatives – focusing on rural Australia and the Pacific.
- Support proven solutions that address the impact of climate change on health.
- Support policy initiatives that involve the community and citizens.

The AMA's *Position Statement on Climate Change and Human Health* states: "The direct effects of climate change include injuries and deaths from increased heat stress, floods, fires, drought, and increased frequency of intense storms. The indirect effects include adverse changes in air pollution, the spread of disease vectors, lost work capacity and reduced labour productivity, food insecurity and under-nutrition, displacement, and mental ill-health."

AMA President Dr Tony Bartone spoke about the recently released IPCC report.

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

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

An AMA submission to the Senate Standing Committees on Environment and Communications' Inquiry into current and future impacts of climate change on housing, buildings and infrastructure noted that: "The AMA has significant concerns regarding the preparedness of the healthcare system to withstand the challenges of increasingly common and severe extreme weather events. To ensure that future generations of Australians continue to be provided world class care, significant funding and preparedness planning is required to overcome the challenges that climate change presents."

Echoing comments made when the AMA called for the establishment of a Centre for Disease Control, the Alliance warns that disease knows no borders.

CHRIS JOHNSON AND SIMON TATZ

Dirty Ashtray Award goes to NT again

The Northern Territory Government has been judged to have been the worst-performing Australian government on tobacco control measures over the last 12 months, and shamed with the Dirty Ashtray Award for 2019.

This year is the 25th anniversary of the National Tobacco Control Scoreboard – run by the AMA and the Australian Council on Smoking and Health (ACOSH) – and the Northern Territory has managed to collect the dubious Dirty Ashtray Award 13 times.

In contrast, the Queensland Government has achieved a remarkable hat trick by topping the scoring to win the coveted National Tobacco Control Scoreboard Achievement Award for leading the nation in tobacco control measures.

AMA President Dr Tony Bartone released the results of the AMA/ Australian Council on Smoking and Health (ACOSH) *National Tobacco Control Scoreboard 2019* at the National Press Club in Canberra.

Dr Bartone congratulated Queensland on its strong consistent record in stopping people from smoking, and urged the Northern Territory to build momentum with its efforts on tobacco control, while noting the NT Government had amended and strengthened its tobacco control legislation earlier this year.

"The Queensland Government has continued to protect its community from second-hand smoke in a range of outdoor public areas including public transport, outdoor shopping malls, and sports and recreation facilities," Dr Bartone said.

"Queensland Health is well ahead of other health services in recording smoking status, delivering brief intervention, and referring patients to evidence-based smoking cessation support such as Quitline.

"The *Making Tracks – toward closing the gap in health outcomes for Indigenous Queenslanders by 2033* - Policy and Accountability Framework indicates a commitment to reducing smoking among Indigenous communities.

"Funding continues for the *B.Strong Brief Intervention* training program to strengthen primary healthcare services for Indigenous smokers by increasing the brief intervention skills of health professionals, access to culturally effective resources, and referral to Quitline.

"A dedicated smoking cessation website – QuitHQ - has been developed for the Queensland community, which includes quit support, information for health professionals, and smoking laws. Promotion of QuitHQ includes on-line messages and billboards."

Dr Bartone said the Northern Territory is showing signs of moving ahead with stronger tobacco control programs, but we are yet to see solid action and proper funding.

"The NT Government has published a new Tobacco Action Plan 2019-2023 stressing the need for media campaigns, smoke-free spaces, sustaining quit attempts and preventing relapse, and identifying priority populations," Dr Bartone said.

"But these good intentions are yet to be backed with the necessary funding."

Dr Bartone said the AMA would like to see the Federal Government take on a greater leadership role to drive stronger nationally coordinated tobacco control to stop people smoking and stop people taking up the killer habit.

"The Federal Government has not run a major, national media campaign against smoking since 2012-13, when plain packaging was introduced," Dr Bartone said.

"Nor has it implemented any further product regulation or constraints on tobacco marketing in that time. We would like to see the National Tobacco Campaign reinstated with additional and sustained funding."

Smoking remains the leading cause of preventable death and disease in Australia, causing 19,000 premature deaths each year.

"Two-thirds of all current Australian smokers are likely to be killed by their smoking. That is a staggering 1.8 million people," Dr Bartone said.

"While Australia is a world leader in tobacco control, more needs to be done to help people quit smoking, or not take it up in the first place.

"Big Tobacco is attempting to distract attention from evidence-based measures that will reduce smoking, while promoting itself as being concerned about health.

"This is particularly outrageous from an industry whose products kill more than seven million people each year."

The AMA/ACOSH *National Tobacco Control Scoreboard* is compiled annually to measure performance in combating smoking.

Judges from the Australian Council on Smoking and Health (ACOSH), the Cancer Councils, and the National Heart Foundation allocate points to the State, Territory, and Australian Governments in various categories, including legislation, to track how effective each has been at combating smoking in the previous 12 months.

MARIA HAWTHORNE

AMA Family Doctor Week

21-27 July 2019

Your family doctor and you: Partnering for Health

Family Doctor Week review

The AMA advocated strenuously for general practice and primary health care during Family Doctor Week, July 21 to 27. AMA President Dr Tony Bartone made numerous public appearances and policy announcements during the week to highlight the AMA's ongoing campaign of support for the vital role of general practitioners. While the President's National Press Club address and his media conference with Health Minister Greg Hunt (both reported elsewhere in this edition of *Australian Medicine*) drew serious media attention during the week, so too did other advocacy statements made as part of Family Doctor Week. Below is a snapshot of some of the AMA's Family Doctor Week 2019 activities.

The need to ensure a future workforce

The AMA warned that Australian communities will miss out on the vital health care provided by high-quality family doctors unless there is urgent action to encourage medical students and young doctors to choose general practice as their medical specialty.

Dr Bartone, a Melbourne GP for more than 30 years, said it is a tragedy that GP training places are going unfilled.

"Since 2015, we have seen a 20 per cent fall in the number of applications for GP training, and a six per cent drop in the number of first year GP training posts filled," Dr Bartone said.

"In 2019, 63 first year GP training places went unfilled even though multiple recruitment rounds were initiated.

"This is despite Australia now graduating around 3700 medical students each year. This is an incredibly ominous sign for the future of the general practice workforce.

"It is vital that general practice is seen as a desirable career choice.

"The AMA is working hard to ensure that those doctors who want to specialise in general practice are not discouraged from doing so.

"We need to offer medical graduates who want to pursue a career in general practice positive training experiences that highlight the diversity of work and whole-of-patient care it offers, so that they have a proper understanding and appreciation of general practice, how it functions, and the role it plays in the health system.

"We also need to make sure our GPs and GP registrars work and train in supportive and rewarding environments."

AMA Family Doctor Week 2019

Your family doctor and you: Partnering for Health

GPs can help with mental health care

Australians are increasingly going to see their family doctor about their mental health care, with GPs the first destination for families and individuals in need of care.

"Mental health issues being experienced by one member of a family can affect others, as well as colleagues and friends," Dr Bartone.

"Australia's mental health system allows family doctors to provide the necessary direct help or collaborative referral. Mental health problems are common. About one in five of us will experience a mental health problem at some point in our lives.

"Talking with your GP about your mental health and wellbeing is so important. Doctors' visits are confidential, and your family doctor is appropriately trained about the management of mental health.

"GPs can diagnose medically definable mental health disorders, order tests to eliminate physical causes of symptoms, prescribe medications, and provide coordinated care, including collaborative referrals to psychiatrists, psychologists, and social workers.

"GPs can also help patients with personalised GP Mental Health Care Plans, providing a structured management approach to their care. This personalised managed approach is particularly valuable in a fragmented and poorly resourced overall health system, with access difficulties essentially enshrined.

"The AMA supports measures that reinforce the central role of GPs in mental health care. Investments in primary mental health care will improve the ability of GPs to undertake assessments and make sure their patients see the most appropriate specialised service to best meet their needs."

National preventive health strategy

The Australian Government must commit adequate resources to its proposed long-term national preventive health strategy, and work with GPs to help improve the health of all Australians.

Dr Bartone said the AMA is looking forward to working on the strategy, which Health Minister Greg Hunt first announced in a video message to the AMA National Conference in May.

"Preventive health measures reduce the rate of chronic ill health and improve the health and wellbeing of all Australians, leading to better and healthier lives," Dr Bartone said.

"As a nation, we spend woefully too little on preventive health – around two per cent of the overall health budget.

"A properly resourced preventive health strategy, including national public education campaigns on issues such as smoking and obesity, is vital to helping Australians improve their lifestyles and quality of life.

"Family doctors – GPs – are best placed to manage preventive health, and can assist their patients in managing issues such as weight, alcohol consumption, physical activity, stress, substance use, and quitting smoking...

"If you want to quit smoking, start by seeing your family doctor."

AMA Family Doctor Week 2019

Your family doctor and you: Partnering for Health

Catch-up vaccinations for adults

The AMA is advocating that all Australian adults should be eligible for free catch-up vaccinations, under the National Immunisation Program (NIP), to protect as many people as possible from preventable diseases.

"Immunisation is the most important way that Australians can protect themselves, their family and friends, and others in the community from illness and death," Dr Bartone said.

"GPs, our family doctors, are well-placed to advise on and provide vaccinations to adults and children alike, and currently deliver about three-quarters of all vaccinations to children under the age of six years.

"Australia has one of the most comprehensive, publicly-funded immunisation programs in the world and we are very close to reaching the target of 95 per cent immunisation coverage for one- and five-year-olds.

"However, it is estimated that there are about 4.1 million under-vaccinated Australians each year, and most of them are adults.

"There are many reasons why adults might be unvaccinated or under-vaccinated. Vaccinations may not have been available at the time, people may have migrated to Australia from countries without a strong vaccination regime, or there may be no record of their vaccination.

"The Federal Government currently funds catch-up vaccinations through the NIP for people under the age of 20 years who may have missed out on their childhood vaccinations, and for refugees and humanitarian entrants of any age.

"Other adults have to pay, which can add up to hundreds of dollars, depending on the number of vaccinations that need to be caught up on.

"The AMA is calling on the Government to fund all catch-up vaccinations, recognising that immunisation is a cost-effective public health measure.

"Vaccination status should not be determined by wealth. All people wishing to be fully vaccinated should have access to Government-funded recommended vaccines.

"This will help enhance herd immunity within the community and will help avoid outbreaks of preventable and potentially deadly diseases."

AIHW report

A recent major report from the Australian Institute of Health and Welfare (AIHW) has confirmed that GPs are doing an outstanding job looking after their patients' health, and that patients with a regular GP enjoy a smoother journey through the health system.

Released in July, the report – *Coordination of health care: experiences of information sharing between providers for patients aged 45 and over* – provides further evidence of the importance of developing a relationship with a usual GP.

Dr Tony Bartone said the report, which uses data from the 2016 Survey of Health Care, reinforces the theme of AMA Family Doctor Week 2019 – *Your Family Doctor and You: Partnering for Health.*

AMA Family Doctor Week 2019

Your family doctor and you: Partnering for Health

He said 96 per cent of surveyed patients with a usual GP reported that their health care needs were known by their GP and that their test, X-ray, or scan results were always available.

"The report stresses the vital role of family doctors in helping their patients navigate the health system," Dr Bartone said.

"When patients have to go to other specialists, the emergency department at the hospital, or to allied health care providers, the GP ensures that patient information is shared and records are kept.

"The report shows that patients with a usual GP are three times more likely to have the information from their most recent specialist visit and twice as likely to have their information following a visit to the emergency department than patients without a usual GP.

"This backs Productivity Commission data from earlier this year that found that 91.8 per cent of patients said their GP always or often listened to them, 94.1 per cent said that the GP always or often showed them respect, and 90.7 per cent said the GP always spent enough time with them.

"Clearly, Australia's GPs are doing a fantastic job."

Aged care resources

A lack of resources and funding is hampering family doctors who want to continue providing care to older patients who move into residential aged care, Dr Tony Bartone said.

Dr Bartone stressed that GPs provide cradle-to-grave care for patients.

"In Family Doctor Week, it is important to pay tribute to GPs who have cared for patients throughout all stages of their lives, but now face hurdles when wanting to care for these same patients when they enter aged care facilities," Dr Bartone said.

"For older people, continuity of care is important, as patients benefit the most from a lifelong relationship with a GP.

"Doctors who visit aged care facilities usually have a long-standing association with their patients, and want to continue their clinical care.

"However, AMA members tell us that they are continually meeting barriers to facilitating that care, despite the improved health outcomes from a long-standing doctor-patient relationship.

"The Royal Commission into Aged Care Quality and Safety is highlighting the evident lack of support from both the health and aged care systems for doctors caring for patients in aged care...

"The AMA is calling for an appropriate and mandated staff-resident ratio that aligns with the level of care needed in each facility, and ensures 24-hour on-site registered nurse availability.

"The AMA is also calling for Medicare rebates to increase by at least 50 per cent to adequately compensate family doctors for the additional time and complexity involved in a visit, compared to a consultation in the GP's practice.

"The injection of almost $100 million in the last term of government was a welcome start, but more will be needed.

Scenes from the National Press Club Address

Dr Bartone at the NPC; and (clockwise from top right) AMA Federal Councillor Associate Professor Julian Rait and incoming AMA Secretary General Dr Martin Laverty; Dr Bartone with NPC President Sabra Lane; with Medical Software Industry Association CEO Emma Hossack; with Health Department Secretary Glenys Beauchamp; and seated with partner Georgie Abdo.

Photos: Lyn Mills

Domestic violence is a major public health issue

BY DR JILL TOMLINSON, AMA FEDERAL COUNCILLOR

At the 2019 AMA National Conference delegates voted overwhelmingly in favour of a motion for our AMA to advocate for all employees to have access to a minimum of 10 days of paid domestic violence leave each year.

Family and Domestic Violence is a major public health issue. In 2016, the AMA released its *Family and Domestic Violence – 2016* position statement, which notes: "The statistics on the deaths and serious injuries resulting from family and domestic violence have been called a national epidemic, and one of Australia's biggest social, legal and health problems."

The Victorian Royal Commission into Family Violence reported that intimate partner violence is the leading contributor to the preventable death, disability and illness burden in women aged 15 to 45.

Despite $840 million having been expended on combating domestic violence since 2013, the sector remains underfunded and resources are overstretched, frequently with short-term funding. As in health, there is insufficient spending on prevention. In March, the Morrison Government announced a welcome $328 million investment in the *National Plan to Reduce Violence against Women and their Children 2010-2022*, mostly for safe houses and frontline services.

However, the plan to provide $10 million for services including *counselling and dispute resolution to individuals or couples* raised significant concern among family violence experts. There is no evidence to suggest that victims of family violence benefit from attending counselling sessions with perpetrators – indeed, this non-evidence based approach is contraindicated for victim safety. It also perpetuates the myth that the victim is somehow to blame for the abuse. It is further troubling that the organisations invited and eligible to receive these grants are largely faith-based services, and they are not required to have knowledge of or experience in delivering specialist family violence services. On July 29, the Senate passed a motion criticising the Government's plan, and calling on the Government to: "Ensure [survivors are] not forced to undergo counselling with perpetrators."

After a victim of family violence is murdered by her partner, people often ask "why didn't she leave?". Many factors trap women in abusive relationships, but economic insecurity is one of the most significant obstacles confronting victims of family violence who are seeking to leave a violent relationship. That's why Dr Carolyn Neil and I proposed the motion in support of paid domestic violence leave for all workers at National Conference.

The Centre for Future Work at the Australia Institute paper *Economic Aspects of Paid Domestic Violence Leave Provisions,* written by Jim Stafford, details the economic barriers women face in leaving a violent relationship. Victims need time and money to physically get away, to establish a safe place to live, to find somewhere safe to move with their children, to establish a safety plan for their personal security, and potentially to attend court hearings. Victims are at greatest risk of homicide at the point of separation and they need resources and time to mitigate this risk and to remove themselves and their children from abuse.

As Stafford's paper points out, providing 10 days of paid domestic violence leave to every Australian worker each year is estimated to cost the equivalent of just five cents per worker per day.

Domestic violence already costs Australian workplaces through absenteeism, staff turnover, decreased staff performance and productivity. Domestic violence also costs the community and health system due to the burden of physical and mental illness and disability that it creates. One in four Australian women experience family violence and half of the victims have children in their care. One Australian woman is murdered a week by her current or former partner. How many more must die?

Domestic violence leave is already available to employees at private companies including Qantas, NAB, Westpac, Telstra, IKEA, and Woolworths. Ten days of paid domestic violence leave exists in over 1000 enterprise agreements approved under the Fair Work Act in the last two years. Queensland and Western Australia offer 10 days of paid domestic violence leave to public sector employees, while South Australia offers 15 days, and in Victoria and the Australian Capital Territory 20 days of paid leave is available. Internationally paid domestic violence leave is available to employees in New Zealand, the Philippines and parts of Canada.

If we wish to tackle the national epidemic of family violence and address one of Australia's biggest health problems we need to help women leave abusive situations by making 10 days of paid

Domestic violence is a major public health issue ...continued from p14

domestic violence leave the minimum available to all employees annually. This can be achieved through changes to the National Employment Standards and to enterprise agreements.

It was heartening to see National Conference delegates vote overwhelmingly in support of the motion to provide 10 days of paid domestic violence leave to all Australian employees annually – a practical measure that will help victims of family violence to leave abusive relationships.

If we are to save lives and prevent physical and mental illness and disability from family violence then we need fully-funded, evidence-based interventions delivered by skilled, experienced practitioners. Perpetrator interventions must also meet the National Outcome Standards for Perpetrator Interventions that were developed under the National Plan to ensure perpetrators are held to account through effective interventions that stop their violence. Anything less is unacceptable. Lives depend on it.

Recall of breast implants and tissue expanders

Irish pharmaceutical device manufacturer Allergan plc (NYSE: AGN) has recalled certain lines of its breast implant products worldwide.

The Therapeutic Goods Administration (TGA) has been informed of the global voluntary recall of BIOCELL® textured breast implants and tissue expanders. A formal review into textured breast implants is currently underway by the TGA in Australia.

The saline-filled and silicone-filled textured breast implants and tissue expanders will no longer be distributed or sold in any market where they are currently available.

Effective immediately (since late-July), healthcare providers should no longer implant new BIOCELL textured breast implants and tissue expanders and unused products should be returned to Allergan.

Allergan is taking this action as a precaution following notification of recently updated global safety information concerning the uncommon incidence of breast implant-associated anaplastic large cell lymphoma (BIA-ALCL) provided by the US Food and Drug Administration (FDA).

Allergan will provide additional information to customers about how to return unused products. Patients are advised to speak with their plastic surgeon about the risks and benefits of their implant type should they have any concerns.

Regulatory bodies around the world, including the TGA ,have not recommended removal or replacement of textured breast implants or tissue expanders in asymptomatic patients.

This global recall does not affect Allergan's NATRELLE® smooth or BRST MICROCELL® breast implant products.

The recalled products in Australia include:

Registration (ARTG) number	Product
175422	Natrelle INSPIRA Truform 1 gel, Textured, Single Lumen
175425	Natrelle INSPIRA Truform 2 gel, Textured Single Lumen
175420	Natrelle Truform 1 gel, Textured, Single Lumen
171512	Natrelle Truform 3 gel, Textured Single Lumen
171475	Natrelle Soft Touch, Truform 2 gel, Textured, Single Lumen
171387	Natrelle Truform Dual gel, Textured Single Lumen
171388	Natrelle Saline-filled, Textured
169956	Natrelle Double Lumen Gel/Saline
175797	Natrelle Tissue Expanders - Skin expander

Clinical governance in residential aged care facilities

BY ASSOCIATE PROFESSOR ANDREW C MILLER AM, CHAIR OF AMA FEDERAL COUNCIL

With older people entering residential aged care at older ages and with increased fragility, clinical governance – as distinct from governance of resident 'care' – is a critical element in ensuring the health of residents. But what is it, or what should it be, in daily practice in residential aged care facilities (RACFs)?

The Australian Commission on Safety and Quality in Health Care defines clinical governance as the 'set of relationships and responsibilities established by a health service organisation between its governing body, executive, clinicians, patients and consumers, to deliver safe and quality health care'.

In the aged care system, provision of clinical care in RACFs is monitored by the Australian Aged Care Safety and Quality Commission (the Commission). From July 1, clinical governance is now reviewed under the new Aged Care Quality Standards, which focus on aged care consumer outcomes. Clinical care falls under Standard 3, where a consumer can expect to 'get personal care, clinical care or both personal care and clinical care that is safe and right for me'.

In daily practice of any RACF this should mean that a resident has access to a GP and other medical professionals they need. Ideally, this should be their usual GP with whom they have had an ongoing relationship before entering the RACF. Internationally, there is body of evidence that continuity of care is directly linked with improved health outcomes for consumers.

Secondly, a sufficient number of registered nurses should be available and on staff in RACFs. Registered nurses who know their residents well can quickly register and act on any change or deterioration in their condition. So when, for example, an older person develops a pressure sore where previously there was none, the nurse can effectively treat that sore or contact the resident's GP should the need arise.

Finally, providing optimal clinical care should mean that there are no unwarranted transfers to hospitals for issues such as UTIs, fever and sore throats, that could and should effectively be managed in the RACFs. Hospital transfers should be the final outcome if all other attempts of clinical care provision have failed.

For all this to happen, a RACF needs to set the parameters for provision of care and the minimum standards for that care. It then needs to ensure that staff are trained and available in sufficient numbers, and to be accountable for any failures to achieve the consumer outcomes under the Quality Standards.

The Commission recognised the need to support residential aged care providers in the development and implementation of relevant clinical governance processes. Some of this work has arisen in the context of the concerning evidence emerging from the Royal Commission into Aged Care Quality and Safety, where cases of lack of proper clinical care have been documented, as well as a failure of accountability by the governing bodies of RACFs.

To support the providers who will be reviewed and accredited under the new Quality Standards from July 1, the Commission has developed a set of clinical governance materials for governing bodies of RACFs to utilise.

In this endeavour, the Commission has recognised the crucial role that medical practitioners play in provision of clinical care.

However, the twin factors of GPs providing care as entities which are independent from a RACF both from a final and clinical responsibility standpoint – they represent a different 'silo' of care – as well as the patently inadequate funding of GPs visiting RACFs, are clearly barriers to GPs being incorporated into the watertight clinical governance structures proposed by RACFs. Disconnects such as this can lead to gaps in clinical care, in particular 'who' is clinically responsible for 'what' at any given time, which can in turn lead to resident harm.

The governing bodies of RACFs will be expected to work together with their visiting medical specialists, including GPs, to develop clear policies regarding procedures and practices for appropriate clinical care of residents. The AMA has worked with the Commission to develop materials to support this. They range from basic information on what clinical governance is to ready-to-use templates.

The AMA has urged the Commission to include in their materials guidance on communication between doctors and RACF staff.

Clinical governance in residential aged care facilities ...continued from p16

Information to visiting practitioners about the clinical governance framework and the policies and procedures of the organisation will have to be provided. Additionally, protocols will have to be established hand-in-hand with visiting practitioners regarding aspects such as lines of clinical responsibility, acceptable modes of communication and agreed forms of documentation of clinical notes and treatment decisions.

At the moment, this is very much theory. It remains to be seen how clinical governance in aged care will be implemented in practice, particularly by those RACFs where there have been failures in the past. It also remains to be seen whether the existence of frameworks and procedures will actually improve the environment for medical practitioners in their work in aged care.

Currently, doctor attendance at RACFs hangs in the balance. According to the 2017 AMA Aged Care Survey, one in three doctors intended to either visit current patients but not new patients, decrease the number of visits, or stop visiting RACFs entirely over the next two years. Inadequate funding and a lack of support from RACFs to provide a service were revealed as major influencers to decrease visits.

Hopefully, some standardisation of clinical care and improvement of processes will help address some of these obstacles and reduce the failures in care of our vulnerable elderly which the Royal Commission has laid bare for all to see. Restoring adequate funding for medical aged care services remains an unanswered need that the AMA will continue to advocate for.

Professor Miller is also Chair of the AMA Medical Practice Committee

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

WITH CHRIS JOHNSON

Private health on the Minister's mind

Minister Hunt

Health Minister Greg Hunt has rejected a call from the private insurance sector to abolish Medicare and force people to take out private cover.

Mark Fitzgibbon, Managing Director of NIB, one of the nation's largest health funds, argued that the Government should make private health insurance compulsory and only pay for the health cover of those unable to afford it.

He said Medicare faced a similar threat to its sustainability as that faced by private insurers, as the population ages the tax base narrows. Mr Fitzgibbon made the parallel to retirement funding and said the same demographic issue is what led to compulsory superannuation.

"We love this word Medicare, it's like Bambi," Mr Fitzgibbon said.

"I don't want to be seen as the one who wants to shoot Bambi, but I think there's a better way of delivering universal health care which is more efficient and fairer."

The Grattan Institute, which produced its own report describing the mix of private and public health insurance in Australia as muddled, immediately criticised the NIB idea as self-serving.

Mr Hunt said the Government would not consider the NIB boss's proposal, describing it as catastrophic.

"We've rejected that clearly, categorically, absolutely," the Minister said.

"But yeah, some people want an American-style system. No."

Mr Hunt is trying for a new review of private health insurance with the hope of reducing premiums and arresting the decline in membership. He has called for suggestions from stakeholders.

"I've already been meeting with private hospitals, insurers and medical leaders on the next stage in terms of private health insurance reforms," he said.

"My goal is to continue to reduce the pressure on health insurance costs, but also to increase the value proposition. You can only do it by actually taking out cost drivers."

He said the mix of private and public insurance gave Australians choice and provided for innovation and better opportunities.

"We are committed to Medicare for life, forever. But equally we're committed to private health insurance," Mr Hunt said.

AMA President Dr Tony Bartone said the Government needed to solve the private health insurance problem soon because too many people were opting out.

"We can't have increasing numbers of people dropping out, increasing cost being left in the system and increasing premiums," Dr Bartone said.

"The Government now has clear air. It's had its term of reviews; it's collated the information. It's got three years now to actually implement."

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Magnetic resonance imaging licence query

Health Minister Greg Hunt is under fire over the granting of a magnetic resonance imaging (MRI) licence to the vice president of the South Australian Liberal Party, despite other machines operating nearby.

The licence was awarded in April to Sound Radiology in Parkside, Adelaide. The CEO of Sounds Radiology Cara Miller was elected last year as vice-president of the SA Liberal Party.

When asked about it in Question Time, the Minister said he was unaware of the link.

"That matter is not known to me and, to the best of my knowledge, has never been known to me," Mr Hunt said.

"We received submissions from the department and, as is the case with submissions, they are signed off in the ministerial office... yes, by the Minister. That is the role which comes with it."

Shadow Health Minister Chris Bowen noted that the Health Department had advised Senate Estimates that "successful applications were decided by the Government".

There were 443 other licence applications that had been overlooked, according to the Opposition.

But the Minister said the process for awarding the MRI licences was independent.

Robo-debt to include Medicare records

The Government is ramping up its robo-debt recovery program to now use data-matching between Centrelink claims and medical records.

The program looks for discrepancies between the two, with a view to uncovering social security fraud.

Despite massive problems with the robo-debt operations – including issuing significant bills to deceased people and demands to others to pay money they didn't owe – the Government is increasing its efforts in this area.

The Government has apologised to a woman who received a debt notice for her dead son.

Government Services Minister Stuart Robert told Parliament that the Human Services Department was wrong to issue the debt notice.

Opposition spokesman Bill Shorten described the robo-debt recovery program as "seriously malfunctioning" and called for it to be scrapped.

Medicare data will be used to check patient usage over the past five years against records of life events and social security benefits.

Veterans' mental health in focus

Veterans Affairs Minister Darren Chester has used the House of Representatives Question Time to highlight progress of the Government's support for veterans' wellbeing.

"I must say that Australians have every right to be proud of the way our Government and our community, in a bipartisan way, support our veterans and their families across the nation," Mr Chester said.

"I want to stress that service in the Australian Defence Force, by and large, for the majority of individuals, is enormously positive.... but there are some who are physically injured, some are wounded and some bear mental health scars.

"It is important that the Government focuses on mental health wellbeing but also on suicide prevention."

The Minister stressed that support was available for veterans and their families and that free mental health care is available through the Open Arms counselling service.

Open Arms can be contacted on 1800 011 046.

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Consultation on clinical quality registries has long way to go

The AMA has submitted its proposal to the Health Department's national strategy for Australian Clinical Quality Registries.

The AMA agrees there is merit in the idea of establishing a system to broaden the range of clinical quality registries (CQR) and participation in them. CQRs are widely recognised as a powerful tool to improve the quality and effectiveness of patient care within a clinical domain.

"Benefits are greatest when clinicians lead the development and implementation of CQR, and trust the validity of the clinical indicators, the benchmark methodology and the benchmarked data of their patients," the AMA submission states.

"It is also the case that fewer patient complications will undoubtedly lower the cost of providing health care – especially complex hospital care. The use of a national framework, to create a consistent standard of CQR in Australia, could be a sensible mechanism to achieve this outcome.

"Having said this, the degree to which healthcare provider organisations and individual clinicians are inspired to participate will depend on the details of the accreditation standards and governance arrangements – most of which appear to be a work in progress.

"There is a long way to go before the AMA will have a clear idea of how this proposed strategy will positively or negatively impact clinicians and their healthcare organisations or achieves the intended purpose of improving the effectiveness and efficiency of health care.

"Despite the substantial benefits that could be achieved if all CQR in Australia were of a consistent high standard, with similar architecture, operating systems, data structure and governance to permit comprehensive national reporting, the AMA remains concerned about some aspects of the proposed framework."

The concerns listed include the impact on clinician registration under the National Registration and Accreditation Scheme; CQR design and governance; outlier management; reporting; and funding.

"It would seem this consultation still has a long way to go and there is a lot of the granular detail that is not yet finalised," the submission states.

"The AMA does not oppose the idea of lifting the overall standards and coverage of CQR but it needs to be very carefully constructed and implemented to inspire clinicians and healthcare organisations to willingly participate.

"Practising clinicians, represented by clinical Colleges, Societies and Associations, must be involved in the strategy co-design and implementation."

The full submission can be found at: https://ama.com.au/submission/ama-submission-clinical-quality-registries-national-strategy

Government invests in four new PBS listed medicines

The Federal Government will invest $56 million to provide affordable access to four new medicine listings through the Pharmaceutical Benefits Scheme (PBS), for patients fighting aggressive forms of cancer and inflammatory conditions.

Under the PBS, treatment for brain tumours, leukaemia and inflammatory disease of the large blood vessels will be available to patients for $40.30 per script, or $6.50 with a concession card.

The new PBS listings from August 1 include:

- **Avastin® (bevacizumab)** will be extended on the PBS, to help treat patients living with refractory glioblastoma, brain tumours that are resistant to previous treatments.
  - + Bevacizumab targets a cancer cell protein called vascular endothelial growth factor (VEGF).
  - + This protein helps cancers to grow blood vessels, so they can get food and oxygen from the blood. All cancers need a blood supply to be able to survive and grow.
  - + Bevacizumab blocks this protein and stops the cancer from growing blood vessels, so it is starved and can't grow.

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

+ More than 900 Australians living with an aggressive form of brain cancer, will benefit from Avastin.
+ Without PBS subsidy, the drug could cost up to $31,200 per course of treatment.

- **Sprycel® (dasatinib)** will be extended on the PBS to include newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukaemia (ALL), a cancer of white blood cells in the bone marrow.
  + This is the first time in the world that this medicine has been reimbursed by a Government for patients with this form of Leukaemia.
  + The condition is a genetic abnormality which can cause cells to mutate and become cancerous.
  + Philadelphia-positive ALL is rare in children and relatively uncommon in adults.
  + This medicine is designed to kill the leukaemia cells in the bone marrow and allow normal red and white cell and platelet production to resume.
  + It is expected that 80 patients per year will benefit from this listing.
  + Without PBS subsidy patients would pay more than $51,900 per year for this treatment.
- **Actemra® (tocilizumab)** is being listed on the PBS for the treatment of giant cell arteritis.
  + This is an inflammatory disease affecting the large blood vessels of the scalp, neck and arms.
  + This listing could benefit an average of 852 patients per year, who would pay over $10,200 per course of treatment.
  + Giant cell arteritis is a particular kind of inflammation of the arteries that requires urgent treatment.
  + The inflammation causes the artery to narrow, which reduces the blood supply to the area. In severe cases, the blood vessel closes completely.
  + Although any medium or large-sized artery can develop this condition, those of the temples are most commonly targeted.
  + Giant cell arteritis can cause permanent damage such as blindness if not treated and the average age at diagnosis is 70 years of age.
  + Actrema works by binding and blocking specific proteins helping to relieve some of the signs and symptoms of this condition.
- **Somatuline®, Autogel® (lanreotide)** for non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NETs) is being extended to include access through community pharmacy in addition to hospitals.
  + These are tumours that are formed in the pancreas or other parts of the gastrointestinal tract in cells that secrete hormones.
  + Somatuline Autogel was listed for GEP-NETs from December 1, 2018, at that time 760 patients per year were expected to benefit from that listing saving them up to $23,000 a year.
  + The current listing is now being extended to include supply through the community pharmacy, so that patients can access their medicine from their local community pharmacy.
  + GEP-NETs are a relatively rare condition, with an estimated incidence of 3.3 newly diagnosed cases per 100,000 people each year.
  + Somatuline Autogel works by lowering the level of hormones in the body.

Every medicine was recommended to be added to the PBS by the independent expert Pharmaceutical Benefits Advisory Committee.

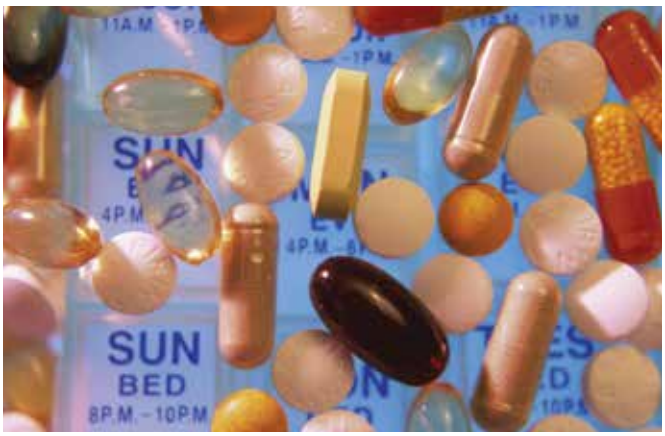
By law the Federal Government cannot list a new medicine without a positive recommendation from the PBAC.

"Our commitment to the PBS is rock solid. Together with Medicare, it is a foundation of our world-class healthcare system," said Health Minister Greg Hunt.

Research

WITH CHRIS JOHNSON

Almost a million Aussies taking five or more medicines a day



The prevalence of polypharmacy among older Australians is relatively high and increasing as the population ages, with almost one million people using at least five prescribed medicines, according to the authors of research published by the *Medical Journal of Australia*.

Using several medicines concurrently — polypharmacy — places older people at risk of harm, including from adverse drug reactions, and is associated with poor clinical outcomes, including nutritional deficiencies, falls, frailty, impaired cognition, more frequent hospitalisation, and premature mortality, wrote the authors.

Led by Dr Amy Page, the NHMRC Early Career Fellow at the Centre for Optimisation of Medicines at the University of Western Australia and the lead pharmacist rehabilitation aged and community care at the Pharmacy Department at Alfred Health in Melbourne, the researchers analysed a random 10 per cent sample of Pharmaceutical Benefits Scheme (PBS) data for people aged 70 years of age or more, who were dispensed PBS-listed medicines between January 1, 2006 and December 31, 2017.

In 2017, 36.1 per cent of older Australians were experiencing polypharmacy, or an estimated 935,240 people, the researchers found. Rates of polypharmacy were higher among women than men (36.6 per cent v 35.4 per cent) and were highest among those aged 80–84 years (43.9 per cent) or 85–89 years (46.0 per cent).

The prevalence of polypharmacy among older people increased by 9 per cent from 2006 to 2017 (from 33.2 per cent to 36.2 per cent). However, the total number of people experiencing polypharmacy increased by 52 per cent (from 543,950 to 828,950).

In their conclusion, Dr Page and colleagues wrote: "Polypharmacy can be appropriate, but this needs to be balanced against the risk that it may contribute to adverse health outcomes in older people.

"We need strategies to reduce medicine use and complexity that target both health professionals and the public. These strategies need to be effective and sustainable. They should include both multidisciplinary approaches and system-level interventions."

Bee sting vaccine trial showing promise

Researchers at Flinders University have successfully completed human trials on a vaccine designed to eliminate the risk of severe allergic reactions to European honeybee stings.

Bee stings can be especially dangerous for those at risk of suffering a life-threatening allergic reaction.

The clinical trial at the university and the Royal Adelaide Hospital included 27 adults with a history of allergic reactions to bee stings.

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The vaccine used in the trial contained a unique sugar-based ingredient called an adjuvant, developed in Adelaide, which is designed to help the body neutralise the bee venom at a faster rate.

The Advax adjuvant which enhances the bee sting vaccines was developed in Adelaide by Vaxine Pty Ltd and has also been used to develop vaccines for seasonal and pandemic influenza, hepatitis, malaria, Alzheimer's disease, cancer and other diseases.

The university's Professor Nikolai Petrovsky said the adjuvant used to enhance the bee sting vaccines had been successfully given to more than a thousand individuals, across a range of different vaccines, including in the current bee sting allergy trial.

"Our technology is like adding a turbocharger to a car and in this case makes the bee allergy vaccine much more powerful, allowing the immune system to better neutralise the bee venom and prevent allergic symptoms," Professor Petrovsky said.

Associate Professor Robert Heddle, lead investigator in the trial, said the aim was to see if the Advax adjuvant would safely speed up and improve bee sting immunotherapy.

"The results of the study were very promising and confirmed the safety of this approach to improving bee sting immunotherapy," he said.

While a commercial bee venom therapy is already available, it requires patients to have more than 50 injections over a three-year period to build up their immune system.

Lifestyle a serious factor in dementia risk

Live a healthier lifestyle and have a better chance of avoiding dementia.

That is the finding of recent global research that looked into how a healthy lifestyle may help counteracts a person's genetic risk of dementia.

The international study was led by the University of Exeter in collaboration with researchers from the University of South Australia, the University of Michigan, and the University of Oxford.

The study was published in *JAMA* and presented at the Alzheimer's

Association International Conference 2019 in Los Angeles.

The research found the risk of dementia was 32 per cent lower in people with a high genetic risk if they had followed a healthy lifestyle, compared to those with an unhealthy lifestyle.

Participants with high genetic risk and an unfavourable lifestyle were almost three times more likely to develop dementia compared to those with a low genetic risk and favourable lifestyle.

Professor Elina Hyppönen, Director of UniSA's Australian Centre for Precision Health, was a senior collaborator advising on genetic and statistical aspects of the study.

"Our results clearly show that in the context of dementia risk, it is possible to notably reduce the inherited risk by our own actions. Indeed, I was delighted to see the lifestyle choices which appear to work against dementia are those which we know to also be beneficial for reducing the risks of other chronic diseases, including cardiovascular disease and cancer," Professor Hyppönen said.

The study analysed data from 196,383 adults of European ancestry aged 60 and older from UK Biobank. The researchers identified 1,769 cases of dementia over a follow-up period of eight years. The team grouped the participants into those with high, intermediate and low genetic risk for dementia.

To assess genetic risk, the researchers looked at previously published data and identified all known genetic risk factors

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for Alzheimer's disease. Each genetic risk factor was weighted according to the strength of its association with Alzheimer's disease.

Dr Elżbieta Kuźma, from the University of Exeter Medical School, said: "This is the first study to analyse the extent to which you may offset your genetic risk of dementia by living a healthy lifestyle. Our findings are exciting as they show we can take action to try to counteract our genetic risk for dementia. Sticking to a healthy lifestyle was associated with a reduced risk of dementia, regardless of the genetic risk."

To assess lifestyle, researchers grouped participants into favourable, intermediate and unfavourable categories based on their self-reported diet, physical activity, smoking and alcohol consumption. The researchers considered no current smoking, regular physical activity, healthy diet and moderate alcohol consumption as healthy behaviours. The team found that living a healthy lifestyle was associated with a reduced dementia risk across all genetic risk groups.

Dr David Llewellyn, from the University of Exeter Medical School and the Alan Turing Institute, said: "This research delivers a really important message that undermines a fatalistic view of dementia. Some people believe it's inevitable they'll develop dementia because of their genetics. However, it appears that you may be able to substantially reduce your dementia risk by living a healthy lifestyle."

The study was partly funded by Australia's National Health and Medical Research Council (NHMRC), and Prof Hyppönen anticipates further UniSA and NHMRC involvement in future related research.

"This study suggests that much of dementia is preventable," Prof Hyppönen said.

"There is a saying, that 'what is good for your heart, is good for your brain', and these results very much support that notion.

"We will be working further to establish pathways and drivers of dementia risk. What I find particularly exciting with these new studies is that we will be using hypothesis-free, large-scale data driven approaches, which are not limited by the current scientific understanding, and which therefore will have the potential to suggest new solutions and help to identify new ways to prevent dementia."

Repetitive knee stress plus lack of rest causing ACL failures

World-first research has found that a series of submaximal forces can cause damage to accrue in the anterior cruciate ligament (ACL), in a process called low-cycle material fatigue, and that same damage is found in ACLs which have failed.

While it is already well-recognised that a single supramaximal force can cause ACL failure, it has been assumed that sub-maximal forces could not cause ACL failure.

Repetitive knee stress and failure to accommodate sufficient rest between periods of strenuous exercise may be key factors behind the rapid rise in ACL injuries in world sport.

The new international study, published in the *American Journal of Sports Medicine*, has shown that competitive sporting environments are producing generations of athletes that risk developing knee osteoarthritis no matter how they are treated.

The problem of ACL injuries is described by researchers as a

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"ticking time bomb" because of the number of these injuries and the degeneration in the knee that they can cause. This study provides an important new mechanism beyond the common view that ACL failures occur due to a single sudden or forceful movement and/or a lack of neuromuscular training.

Academics from the University of Michigan and Monash University have argued that material fatigue is behind the steep rise in non-contact ACL injuries. Nearly three-quarters of ACL injuries are non-contact failures, even in contact sports like Australian Rules Football and the American National Football League (NFL).

"ACL injuries are the number one cause of time spent away from NFL practice and play, with recovery periods up to 12 months long," said lead researcher and orthopaedic surgeon, Dr Edward Wojtys, who has been studying this issue for more than 30 years.

"Incredibly, we're seeing that the peak age for ACL failures is 14. This can lead to people in the mid-20s suffering from osteoarthritis and other chronic health conditions later in life, such as obesity and cardiovascular disease. Female athletes are at most risk."

Led by Dr Wojtys and biomechanical engineer Professor James Ashton-Miller, both from the University of Michigan, the team tested one healthy knee from each of seven adult cadavers in a controlled laboratory study using a purpose-built machine, which took three years to develop.

Each knee was subjected to repetitive pivot landings loaded under four-times body weight – approximately the weight under which someone jumps and lands – which twisted the knee to cause ACL failure within 100 landings.

What they couldn't see was what was happening to the ACL itself inside the knee, especially near the thigh bone where the team knew most ACLs fail.

Professor Mark Banaszak Holl, Head of Chemical Engineering at Monash University, joined this project in order to answer that question – along with two PhD students Jinhee Kim and Junjie Chen.

Using atomic force microscopy to characterise the ACL collagen at the nanometre scale, or one billionth of a metre, Professor Banaszak Holl and his team were able to identify a consistent unravelling of the molecular structure of the ACL's collagen in the injured cadaver knees.

Professor Banaszak Holl said the results of this latest research throw into serious doubt the argument that most ACL injuries are caused by single force events. This could lead to different ways of managing athletes of all ages and levels.

"What we found from the tested cadaver knees was chemical and structural evidence of micro-damage of the ACL femoral enthesis, which is where the ligament attaches to the thigh bone and where the ACL typically tears," he said.

"These results were consistent with ACLs removed from patients undergoing knee reconstructions.

"The new hope is that a change in athlete training and preparation could then limit the number of risky submaximal loading cycles. Allowing sufficient time for soft tissue recovery during or between training bouts could prevent the accumulation of ACL micro-damage and eventual failure.

"Now that we know the nature of the problem and the structural changes occurring, we can look for non-invasive ways of determining who is predisposed to injuring their ACL."

ACL injuries are a global trend with more than two million people having surgery to repair their torn ligaments each year. Australia currently has the highest reported rates of ACL injuries and reconstructions per capita in the world.

But this isn't just happening at the elite level. According to a study published last year in the *Medical Journal of Australia*, the number of young Australians requiring knee reconstructions in the previous 15 years has jumped by 70 per cent. The greatest increase was in children under 14, with some as young as eight going in for surgery.

"We have to ask ourselves the question; is more always better?" Professor Ashton-Miller said.

"Until we have more answers, it's not worth pushing our bodies and ligaments to the extreme because of the potential long-term damage it can cause. There are limits to what the human body can tolerate. Being more selective about the training that is done is clearly warranted.

"Fewer repetitions known to significantly stress the ACL will ultimately lead to fewer injuries. This should be the main

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focus of sporting clubs and athletes of all ages and levels of professionalism."

The study can be accessed at: https://journals.sagepub.com/doi/full/10.1177/0363546519854450

Teens need more than organised sport for physical activity

Australia must think beyond just organised sport if it wants to get teenagers moving, according to a new Deakin University study that found sport participation has a negligible impact on helping adolescents meet physical activity guidelines.

The study, recently published in the *Journal of Science and Medicine in Sport*, measured the physical activity of more than 350 Victorian high school students using accelerometers, and compared this data with their reported participation in organised sport.

It found those who played sport accumulated just seven minutes more of moderate to vigorous physical activity each day, compared with their peers who did not.

Lead researcher Dr Harriet Koorts, a research fellow in Deakin's Institute for Physical Activity and Nutrition, said this was critical as governments invested heavily in promoting sports participation as a key strategy to increase physical activity.

"Australia has one of the highest rates internationally of organised sports participation among young people, yet it is one of the most physically inactive countries internationally," Dr Koorts said.

"This is because physical activity incorporates not just sport but also play, active transport, physical education and recreation at moderate to vigorous intensities.

"In 2016 Australia received the second lowest score for the proportion of young people meeting the physical activity guidelines – at least 60 minutes of moderate to vigorous physical activity."

The average participant in the Deakin study spent 68.6 minutes per day in moderate to vigorous physical activity. Half reported participating in organised sport, and those who did played or trained an average of 3.4 times per week.

"But our data showed that sport participation contributed less than 4 per cent to adolescents' overall moderate to vigorous-intensity physical activity," Dr Koorts said.

"This did not change when we accounted for age, sex, BMI, socioeconomic status, or the type of sport played."

Diverticulitis practices need modernising

A new review, published by the *Medical Journal of Australia,* of the diagnosis and management of diverticulitis has recommended changing some 'age-old practices', particularly for those patients with uncomplicated disease.

Diverticular disease is one of the most common gastrointestinal disorders, with significant health burden. The disease is characterised by diverticulosis: the presence of mucosal and submucosal herniations or 'pockets' known as diverticula.

Up to 50 per cent of people older than 60 years have diverticula, and although largely asymptomatic, around 4 per cent of individuals with diverticula develop diverticulitis throughout their lifetime. It presents as a severe episode of lower abdominal pain that is usually left-sided, accompanied by a low-grade fever, leucocytosis and change in bowel movements.

Guidelines classify diverticulitis as complicated or uncomplicated, based on computed tomography (CT) images.

Authors, led by Hayley You from the Griffith University School of Medicine and Amy Sweeny, a nurse researcher at Gold Coast Health Emergency, did a systematic search for guidelines on the assessment, diagnosis, classification, imaging, management and prevention of diverticulitis and diverticular disease.

Research

The collaborative review team included Dr James Innes, emergency consultant, and Dr Michael Von Papen, colorectal surgeon, at Gold Coast Health.

"The most recent evidence available and international guidelines recommend changing some age-old practices in the diagnosis and management of diverticulitis," Ms You and colleagues found.

They concluded that:

- outpatient treatment is now recommended in afebrile, clinically stable patients with uncomplicated diverticulitis;
- for patients with uncomplicated diverticulitis, antibiotics have no proven benefit in reducing the duration of the disease or preventing recurrence, and should only be used selectively;
- for complicated diverticulitis, classified as such due to the presence of abscess, fistula or perforation, non-operative management, including bowel rest and intravenous antibiotics, may be sufficient depending on the size of the abscess. However, patients with peritonitis and sepsis should receive fluid resuscitation, rapid antibiotic administration and urgent surgery; and
- colonoscopy is recommended for all patients with complicated diverticulitis six weeks after CT diagnosis of inflammation, and for patients with uncomplicated diverticulitis who have suspicious features on CT scan or who otherwise meet national bowel cancer screening criteria.

"The most significant changes pertain to choosing treatments more wisely for patients with uncomplicated diverticulitis: clinical diagnosis for patients with a history of diverticulitis and mild symptoms, the increased use of outpatient management, use of antibiotics on a selective case-by-case basis, and avoidance of routine colonoscopy unless another clear indication exists," the authors wrote.

Study leads to TGA approval of new myeloma therapy

The Therapeutic Goods Administration (TGA) has approved the triplet therapy POMALYST® (pomalidomide) in combination with bortezomib and dexamethasone (PVd), for the treatment of patients with relapsed or refractory multiple myeloma (MM) who have received at least one prior treatment regimen including lenalidomide.

The TGA's positive opinion for PVd was based on the data from OPTIMISMM, the first prospective phase 3 trial to evaluate a POMALYST®-based triplet regimen in patients who were previously treated with lenalidomide, and who were, in the majority (70 per cent), lenalidomide refractory.

This patient population represents a growing unmet medical need for which new treatment options are necessary. Results from OPTIMISMM showed patients receiving PVd achieved progression free survival (PFS) of 11.20 months, while patients receiving bortezomib and dexamethasone (Vd) achieved PFS of 7.10 months, with the most impressive results occurring in patients who had received one prior line of therapy showing 20.73 months PFS for PVd vs 11.63 months for Vd.

There are an estimated 1,885 newly diagnosed cases annually, with median age at diagnosis of approximately 70 years.

According to Professor Andrew Spencer, Head of the Malignant Haematology and Stem Cell Transplantation Service at The Alfred Hospital and Professor of Haematology at Monash University, providing PVd to patients with relapsed myeloma represents one of the most significant advances for the Australian myeloma community over the past decade.

"The TGA approval enables our patients to gain earlier access to pomalidomide, an agent widely regarded as an effective and well-tolerated Immunomodulatory (IMiD) anti-myeloma agent," Professor Spencer said.

"It's exciting that for the first time in Australia, the combination of an IMiD with a proteasome inhibitor, both globally recognised standards of care, will be potentially available for patients."

Myeloma Australia CEO Steve Roach welcomed the availability of new treatment options to help address the clinical unmet needs of MM patients in Australia.

"Myeloma accounts for approximately 15 per cent of blood cancers and 1 per cent of cancers generally. Although multiple myeloma remains incurable, survival for patients with the disease has improved thanks to the availability and advancement of treatment options," Mr Roach said.

"The availability of PVd on the TGA represents a significant improvement for Australians living with MM. We hope that with increased accessibility to novel myeloma treatments, the disease will eventually be managed as a chronic condition rather than a fatal one."

World News

WITH CHRIS JOHNSON

American diplomats in Cuba brain mystery deepens

American diplomats who fell ill with headaches and dizziness while serving in Cuba clearly had something affecting their brains, recent medical tests have revealed.

Detailed intensive brain scans of US Embassy employees who reported falling ill while in Havana have revealed significant differences to a control group undergoing the same tests.

University of Pennsylvania researchers describe "jaw-dropping" differences in the results of the two groups being scanned.

The researchers have found clinical abnormalities being reflected in an imaging anomaly. These abnormalities do not show up in the healthy workers being scanned.

Initial MRI scans, however, of 21 of the affected embassy workers had revealed no abnormalities.

The problems began in 2016 after the US Embassy was reopened by President Barack Obama in a bid to improve US relations with Cuba. Most of the workers were removed from the embassy by 2017.

President Donald Trump has subsequently blamed Cuba for "significant injuries" suffered by the workers. But the Cuban Government has denied any responsibility. Canadian Embassy officials were also removed from Havana after suffering similar symptoms.

More than two dozen US and Canadian workers in Havana were stricken with symptoms that included headaches, dizziness, trouble thinking, broken sleep patterns, memory lapses, and difficulties with balance.

The latest research has been published in the *Journal of the American Medical Association (JAMA)*, but does not suggest if the brain patterns detected directly translate into serious health problems.

The Cuban Government has described the study as not coherent with previous studies and says it is only serving to muddy the picture.

The US State Department has stated: "The Department is aware of the study and welcomes the medical community's discussion on this incredibly complex issue."

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).

World News

WHO recommends preferred HIV treatments for all populations

The World Health Organisation has recommended the use of the HIV drug dolutegravir (DTG) as the preferred first-line and second-line treatment for all populations, including pregnant women and those of childbearing potential.

This recommendation, the Organisation says, is based on new evidence assessing benefits and risks.

> "This potential safety concern was reported in May 2018 from a study in Botswana that found four cases of neural tube defects out of 426 women who became pregnant while taking DTG."

Initial studies had highlighted a possible link between DTG and neural tube defects (birth defects of the brain and spinal cord that cause conditions such as spina bifida) in infants born to women using the drug at the time of conception.

This potential safety concern was reported in May 2018 from a study in Botswana that found four cases of neural tube defects out of 426 women who became pregnant while taking DTG. Based on these preliminary findings, many countries advised pregnant women and women of childbearing potential to take efavirenz (EFV) instead.

New data from two large clinical trials comparing the efficacy and safety of DTG and EFV in Africa have now expanded the evidence base. The risks of neural tube defects are significantly lower than what the initial studies may have suggested.

The guidelines group also considered mathematical models of the benefits and harms associated with the two drugs; the values and preferences of people living with HIV, as well as factors related to implementation of HIV programs in different countries, and cost.

DTG is a drug that is more effective, easier to take and has fewer side effects than alternative drugs that are currently used. DTG also has a high genetic barrier to developing drug resistance, which is important given the rising trend of resistance to EFV and nevirapine-based regimens. In 2019, 12 out of 18 countries surveyed by WHO reported pre-treatment drug resistance levels exceeding the recommended threshold of 10 per cent.

All of above findings informed the decision to update the 2019 guidelines.

In 2019, 82 low and middle income countries reported to be transitioning to DTG-based HIV treatment regimens. The new updated recommendations aim to help more countries improve their HIV policies.

The WHO stressed that, as for any medications, informed choice is important. Every treatment decision needs to be based on an informed discussion with the health provider weighing the benefits and potential risks.

The WHO has also stated the importance of providing information and options to help women make an informed choice. To this end the WHO has convened an advisory group of women living with HIV from diverse backgrounds to advise on policy issues related to their health, including sexual and reproductive health. The WHO highlights the need to continually monitor the risk of neural tube defects associated with DTG.

World News

Britain moves to stop the flow of energy drinks to minors

Children under the age of 16 in the UK will not be able to legally buy caffeine-pumped, sugar-loaded energy drinks such as Red Bull and Monster, if Health Secretary Matt Hancock gets his way.

The British Health Secretary recently announced the age limit ban on sales, repeating his position that tackling childhood obesity is a top priority for the Government.

The move comes after a comprehensive consultation by the UK Health Department, following years of lobbying from health advocacy groups and even high-profile celebrity pressure.

"Following a high level of interest in the consultation, we plan on announcing that we will be ending the sale of energy drinks to children under the age of 16," Mr Hancock wrote to his Cabinet colleagues, according to British media reports.

Mr Hancock also told his colleagues that the plan would likely anger some in the business sector because of the impact the changes will have on sales.

But it is yet to be seen what will happen to the new laws once Britain's new Prime Minister Boris Johnson and his new-look Cabinet settle in.

Mr Johnson is opposed to the proposal.

Celebrity chef Jamie Oliver has been a big supporter of the ban, and has campaigned for more than three years on the issue.

"No one wants to ban or regulate anything, but when things go from innocent, tiny things to a prolific problem that's hurting kids, then we should talk about it," Mr Oliver said in a 2017 interview.

"The industry is saying, 'We don't market to kids', but the kids say they do with their colours, their branding, their names and the things they give you when you buy them."

Mr Oliver's campaign #NotForChildren released a study showing that 13 per cent of UK kids were consuming 14 shots of caffeine in energy drinks each day.

World News

Fertility rates at (another) all-time low in the US

Fertility rates in the United States continue to fall and have reached an all-time low, falling past the all-time low it had already plummeted to.

The latest report from the US Centres for Disease Control and Prevention's National Centre for Health Statistics state that the general fertility rate in the US continued to decline last year.

"The 2018 general fertility rate fell to another all-time low for the United States," the report states, noting that the general fertility rate dropped two per cent between 2017 and 2018 among girls and women age 15 to 44 nationwide.

According to a CNN report of the latest data, America's fertility rate and the number of births nationwide have been on the decline in recent years. A report of provisional birth data published by the National Center for Health Statistics in May showed the number of births last year dropping to its lowest level in about three decades, CNN reported.

"In 2017, the total fertility rate for the United States continued to dip below what's needed for the population to replace itself, according to a separate report published by the National Centre for Health Statistics in January," it said.

"Now the centre's latest report presents selected highlights from that 2018 birth data.

"For the report, researchers examined birth certificate data from the National Vital Statistics System's Natality Data File, taking a close look at births among white, black and Hispanic women in 2018.

"When examined by race, the data showed that fertility rates declined two per cent for white and black women, and three per cent for Hispanic women, between 2017 and 2018.

"The data also showed that the teen birth rate, for ages 15 to 19, fell seven per cent from 2017 to 2018. When examined by race, the data showed that teen births declined by four per cent for black teenagers, and eight per cent for white and Hispanic teens."

Resistant malaria spreading rapidly in South-East Asia

Specialist malaria drugs are proving less effective against malaria parasites, as the disease spreads throughout South-East Asia.

According to research recently published in the *Lancet*, resistant parasites have moved from Cambodia to Laos, Thailand and Vietnam. The report states that half of malaria patients in these countries are not responding to first-choice drugs aimed at curing them from the disease.

Researchers from the United Kingdom and Thailand have labelled their findings as a "terrifying prospect" with fears the drug-resistance could spread to the African continent.

The two-drug combination of artemisinin and piperaquine, which is what is usually used to treat malaria, was introduced in Cambodia in 2008.

The research suggests resistance has built since then to the point that the treatment is now far less effective.

Resistance was first noted in 2013, with cases coming to light of the parasite having mutated in western parts of Cambodia.

This latest study reveals just how far and how quickly the resistant parasite has spread across South-East Asia. The research analysed parasite DNA from patient blood samples across the region.

In some areas, the resistance was as high as 80 per cent of the parasites tested.

Alternative drugs can be used, and affected people can currently still be effectively treated, but the findings of this research are seen as a setback in the fight against malaria.

Progress in eliminating the mosquito-spread disease – after great progress has been made – could be threatened.

Malaria kills more than 400,000 people very year.

World News

Rwanda's Ebola plan paying off

Rwanda has been praised for its Ebola preparedness, as it remains free of the deadly disease since a neighbouring outbreak last year.

World Health Organisation Director-General Dr Tedros Adhanom Ghebreyesus recently commended Rwanda on its ongoing Ebola preparedness efforts and confirmed that no cases of Ebola have been reported from the country to date.

"Rwanda has been proactive and engaged in Ebola preparedness at all levels since the outbreak was declared almost one year ago in neighbouring Democratic Republic of the Congo," he said.

"We commend the actions taken so far and confirm that there have been no cases of Ebola in Rwanda to date, despite high levels of traffic and movement of people between the two countries."

Rwanda has a detailed National Preparedness Plan in place and is training health workers in early detection and response, educating communities about Ebola, vaccinating health workers in high-risk areas, equipping health facilities, and conducting simulation exercises to maintain a high level of readiness.

Screening for Ebola symptoms at points of entry has been ongoing since the beginning of the outbreak in the Democratic Republic of the Congo, and has been reinforced since the confirmation of a case in the Congolese city of Goma. Tens of thousands of people cross the border from Goma to the Rwandan city of Gisenyi each day. People crossing the border have their temperatures checked, wash their hands, and listen to Ebola awareness messages.

An Ebola Treatment Centre has been set up in Rwanda and 23 isolation units are being prepared in hospitals in 15 priority districts. Ebola response simulation exercises have been conducted in Kanombe Military Hospital, Gihundwe District Hospital, Kamembe International Airport, and Rugerero Ebola Treatment Centre to test Rwanda's preparedness in response to a case, which will include Emergency Operations Centre activation, active surveillance, case management and laboratory testing. About 3000 health workers in high-risk areas have been vaccinated as a preventative measure, including more than 1100 in Gisenyi.

"Rwanda has made a significant investment in Ebola preparedness," Dr Tedros said.

"But as long as the outbreak continues in the Democratic Republic of the Congo, there is a very real risk of spread to neighbouring countries. We urge the international community to continue supporting this critical work."

INFORMATION FOR MEMBERS

Medical training survey

Australia's doctors in training have the chance to tell medical educators, employers, governments and regulators what they think about medical training in Australia.

The Medical Training Survey (MTS) is a new national, professional wide survey that will give Australia's 30,000 doctors in training a say about the quality and experience of medical training in Australia.

It is open from August 1 to September 30, in line with the annual registration renewal cycle for most trainees.

The survey is based on existing surveys and includes questions about supervision, access to teaching, workplace environment and culture and wellbeing and will identify issues that could impact on patient safety, including environment and culture, unacceptable behaviours and the quality of supervision.

The MTS will be anonymous, confidential and accessible online. Survey results will be used to improve medical training in Australia and be reported publicly, while protecting individual privacy.

The AMA and its Council of Doctors in Training has spent years pushing for the creation of a national training survey to track and compare training across the prevocational and vocational spectrum; in hospitals, primary care and anywhere else doctors in training work.

Now called the Medical Training Survey (MTS), the AMA and AMACDT has been there since its inception.

It has been a team effort to develop, with doctors in training, specialist colleges, employers, educators, the AMA and the Australian Medical Council, working closely with health practitioner regulators to develop the MTS.

There will be five versions of the survey, tailored to specific groups of doctors in training: Prevocational trainees, Specialist non-GP trainees, Specialist GP trainees, Interns and International Medical Graduates. More than 80 per cent of questions are common across the surveys.

The MedicalTrainingSurvey.gov.au website went live on July 22, 2019. It will be a one stop shop with all the information on one place about the MTS. The MTS questions will be published on the website.

It also includes videos from AMA members talking about why doctors in training should get behind the survey.

A similar survey is run in the United Kingdom with results suggesting tangible improvements to the quality of the training experience for doctors in training.

Survey results will build the first comprehensive, national picture of the strengths and weaknesses of medical training across states, territories and medical specialities in Australia. Results will identify current strengths and provide a baseline for ongoing improvements.

The AMA plans to use the results as a direct advocacy tool through both our Federal and State communications networks. It will allow us to identify areas that are performing poorly and advocate directly with the services responsible for the management of these areas. This may be as broad as a national issue (e.g. doctor mental health or a specific training college) or as focused as a local health service or district. It will also allow us to identify areas of positive feedback, facilitating study of what is driving the positive feedback and campaigning at a National or State level for wider adoption of these local practices.

Further information on the MTS is available at:

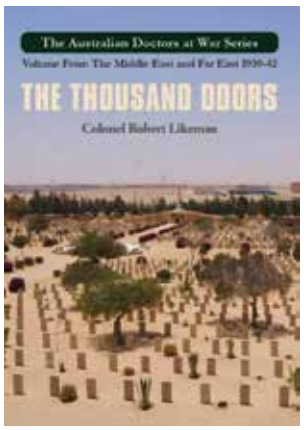
https://www.medicalboard.gov.au/Registration/Medical-training-survey.aspx

and

https://www.medicaltrainingsurvey.gov.au/

Book Review

REVIEWED BY **CHRIS JOHNSON**



The Thousand Doors

VOLUME FOUR IN THE AUSTRALIAN DOCTORS AT WAR SERIES

By Colonel Robert Likeman

Halstead Press

Important record of doctors serving in war

Some books are extremely valuable for their subject matter alone. Even more so when that subject is treated with good writing and thorough research.

The Australian Doctors at War Series' fourth volume is all of the above.

Titled *The Thousand Doors*, volume four of this series deals with the Middle East and Far East 1939-42.

Author, Dr Robert Likeman OAM CSM, is a highly celebrated retired Colonel in the Royal Australian Army Medical Corps who was, among many other things, Director of Army Health and also appointed Medical Officer to John Howard as Prime Minister.

His outstanding career is extensive and varied – and will be the subject of a profile feature in a future edition of *Australian Medicine*. He is well-placed to produce this book series about Australian medics serving in war.

The *Thousand Doors* (which could have been titled a '*Thousand Hours*' by the obvious amount of work that has gone into it), is a book that had to be written in order to document forever the service to country of so many doctors. The book took two years to write.

With more than 700 mini biographies, it provides an extensive picture of the raising of the 2nd Australian Imperial Force, and medical officers who took part in the campaigns in North Africa and Syria, Malya and the Pacific between 1939 and 1942.

The biographies are arranged in units in which the medics served, and the book provides information about these units and brigades.

"The war in the Western Desert was a very different kind of war from the war on the Western Front," the author writes.

"The doctors who took part in WWII were also different; not only had there been enormous advances in medicine in the preceding 20 years, there had been fundamental changes in society."

This volume is a fascinating insight into the turbulent times the world endured and the brave medics who cared for their fellow humans.

As Major General A. W. Bottrell wrote in his eloquent foreword to the book:

"While *The Thousand Doors* is primarily a historical reference, it is also a story about individuals – the subtext is a story of discipline, devotion to duty and service."

Indeed. And it is a beautifully produced hard bound volume. Dr Likeman is well into the next volume in the series, covering 1943-45.

***The Thousand Doors* can be purchased through online stores and at www.robertlikeman.com**

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Learning.doctorportal.com.au

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

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

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

www.ama.com.au/careers

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.

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