AUSTRALIAN
Medicine
The national news publication of the Australian Medical Association

ISSUE 27.10A - NOVEMBER 3 2015

The heat is on

Health funds under pressure over junk policies, rising premiums, p3

INSIDE

AMA

AUSTRALIAN
Medicine

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

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In this issue

Special report

National news

Health on the hill

World News

Insurers put on notice amid spike in 'bill shock'

Private health funds are coming under increased scrutiny for possible misleading conduct and breaches of consumer protection laws amid mounting complaints about rising premiums and dud cover.

In findings that echo AMA concerns about the proliferation of what President Professor Brian Owler has labelled "junk" health policies, the competition watchdog has found that misleading, incomplete and unnecessarily complex information is hindering the ability of consumers to make an informed choice, leaving many unintentionally under-insured and at risk of so-called "bill shock".

The focus on industry practices has been further sharpened by Health Minister Sussan Ley, who has announced the Federal Government will seek public comment on insurer behaviour, and has appointed former Australian Competition and Consumer Commission Chair Professor Graeme Samuel to advise on regulatory changes and other reforms "to enhance the inherent value proposition" of private health insurance.

"Consumers are becoming increasingly concerned with the value for money – or lack thereof – they are currently receiving from their private health insurance products," Ms Ley told the National Press Club.

The Minister said the Government would also conduct industry consultations to identify "inefficiencies and unnecessary regulatory burdens in the system that will free up private health providers to offer consumers the best value services available".

"Everything is going to be on the table in terms of how people might want the system to look or how they may want it not to look, what changes they may support and what changes they may not like," Ms Ley said, adding that changes to the regulatory burden could "free up private health providers to offer consumers the best-value services available".

But Professor Owler urged caution, warning of the risk that removing controls, particularly regarding insurer involvement in primary health, could lead to the introduction of US-style managed care.

"It does concern me when the Minister starts to talk about health funds being too tied up with regulation," Professor Owler told *Medical Observer*. "They're tied up in regulation because we know that without regulation we could have open slather, and we will go down the US managed care path, which is much more expensive and much less effective in terms of outcomes for patients."

Over-promise, under-deliver

His warning came as the Australian Competition and Consumer Commission gave notice that it will be "closely reviewing" the actions of health funds, including providing misleading and incomplete information that might leave consumer without the cover they expect, or facing surprise medical bills.

"Current trends in the private health insurance industry warrant a closer examination," the watchdog said in a report presented to the Senate on 20 October, warning of a "significant disconnect between consumers' expectations of the services and rebates they are entitled to receive under their policy, and the reality of the benefits their policy provides".

The watchdog said that although insurers appeared to be operating within the letter of the Private Health Insurance Act, some were making representations to consumers that, "when intertwined with policy variations, may be at risk of breaching the consumer laws".

The warning has come amid a surge in policyholders downgrading their cover in the face of rising premiums and the introduction of a means test for the private health insurance rebate.

While the private health insurance market is dominated by just five providers, there has been a massive proliferation in the number of policies on offer, with more than 20,000 on the market that include a huge range of benefits, exclusions, excesses, co-payments and waivers.

In a speech to the health insurance industry earlier this year, Professor Owler complained that all too often patients were unaware of exclusions and limitations in their health cover, and he attacked the growth of "junk" policies that were designed simply to avoid the Medicare levy surcharge.

"The AMA would prefer to see a private health insurance market that does not have exclusion insurance products," he said. "Too often, my members see patients who think they have cover, but don't, because they purchased a cheaper product several years ago. Sometimes treatment is planned and surgery is booked, only to be cancelled shortly beforehand because the hospital's health fund check reveals that the patient is not covered."

Continued on p4 ...

Insurers put on notice amid spike in 'bill shock'

... from p3

Mind the gaps

The ACCC said the complex array of insurance policies on offer, combined with the intentionally obscure way in which many were presented and the frequent failure of insurers to adequately communicate policy changes to existing customers, meant many were unaware of the extent of their cover.

While 52 per cent of insurance policies had exclusions in 2012-13, more than half of policyholders were unaware what, if any, exclusions were in their own cover.

The ACCC said that at least part of this complexity and obfuscation arose from the incentive for the big insurers to present information in a complex and confusing manner to help deter policyholders from switching funds.

It found that while almost half of policyholders contemplated changing to a different insurer, only 14 per cent actually carried through on the idea.

Much of this is because of the difficulty in trying to compare policies between insurers, who often use different terms and definitions for their products.

Instead, the ACCC found that, faced with a blizzard of options, consumers were increasingly being forced to rely on price as the only readily comparable factor between policies.

Though acknowledging that price was a legitimate consideration for consumers, the watchdog warned that such a narrow focus could be risky.

Insurers have responded to the increase price-sensitivity of consumers by introducing policies that trade off lower premiums for multiple exclusions, bigger excesses and other carve-outs that often go unrecognised by their customers, leaving them "unintentionally under-insured".

Increasingly, consumers caught out like this are turning to the Private Health Insurance Ombudsman, who has seen a big spike in consumer complaints, particularly regarding inadequate information and unexpected expenses.

The Ombudsman received 3427 complaints in 2013-14 – a 16 per cent jump from the previous year, and in the March quarter 2015 they were up 23 per cent from a year earlier. A large proportion related to unexpected out-of-pocket expenses and "bill shock".

ADRIAN ROLLINS

PRIVATE HEALTH INSURANCE by the numbers

47 per cent of Australians have hospital cover

55 per cent have extras cover

$21 billion – total revenue in 2014-15

$29 billion – projected total revenue in 2019-20

6.4 per cent – estimated annual revenue growth

$1.5 billion – total annual profit

$970 million – total annual industry wage bill

34 - number of insurers

The top five insurers dominate the market:

- medibank For Better Health — **29.1% market share**
- Bupa — **26.7% market share**
- HCF — **10.7% market share**
- nib — **7.7% market share**
- hbf — **7.4% market share**

Holding children in detention 'a form of abuse': AMA President

AMA President Professor Brian Owler says holding children in immigration detention is a form of Government-sanctioned child abuse and has praised the actions of Royal Children's Hospital doctors in refusing to discharge patients facing return to lock-up.

"Having children in detention is a form of abuse," Professor Owler said. "This is a systematic abuse of children that is sanctioned by the Government. There is no reason why we should have children in detention."

RCH doctors are refusing to discharge patients they believe will be returned to detention, putting them on a collision course with the Federal Government, which shows no signs of backing down from its controversial detention policy.

There has already been at least one stand-off between doctors and Immigration Department officials over the issue. Earlier this year, medical staff refused to discharge an asylum seeker mother and her infant without a guarantee that they would not be returned to detention.

Eventually the woman, who was suffering post-traumatic stress disorder and post-natal depression, and her child were released into the community.

The protest has since spread, with hospital staff around the country joining a Detention Harms Children campaign calling for the immediate release from immigration detention of all children and their families.

Professor Owler said it was well established that detention was harmful to health, especially for children.

"Detention centres are not suitable environments for the health of all detainees, but the effects on children are far worse," the AMA President said. "We know that many children suffer in these facilities, and are being exposed to things that no child should be exposed to. These children are being harmed, and it's going to have long-term consequences in terms of their psychological, but also physical, health."

It is believed about 200 children are currently being held in immigration detention centres – about 50 per cent of them in offshore facilities, and Immigration Minister Peter Dutton said the Government would not be changing its hardline policy regarding asylum seekers arriving by boat.

Mr Dutton told the *Sunday Herald Sun* that, while he understood the concern of doctors, "Defence and Boarder Force staff on our vessels who were pulling dead kids out of the water don't want the boats to restart".

The action by RCH doctors, which has been backed by Victorian Health Minister Jill Hennessy and RCH Chair (and former State Liberal Health Minister) Rob Knowles, follows the passage of the Border Protection Act, under which health workers and other detention centre staff who speak out about conditions face up to two years' imprisonment.

But Professor Owler said doctors had been put "in a very difficult position".

"We cannot send children back to an environment where they're going to be harmed.

"The Melbourne doctors are holding true to the ethics and principles of the medical profession in raising these concerns about the health of detained children. The AMA strongly supports them."

More than 400 RCH staff rallied on 9 October to voice their support for the doctors' actions, and to demand that children be released from detention – a call backed by the AMA.

"There is no reason why these children need to be in detention. It is not a deterrent for the boats to stop coming. This is a matter of human rights, it's a matter of stopping systematic abuse of children that is sanctioned by the Australian Government," Professor Owler said.

ADRIAN ROLLINS

Fee-for-service should be part of new pay blend: doctors

Doctors and health organisations have demanded that fee-for-service must be retained as part of any overhaul of doctor payment arrangements amid concerns that other models of remuneration could create perverse incentives that would undermine patient health.

In a fillip for advocates who argue for a change in the way doctors are paid, a self-selected online survey of 995 individuals and organisations conducted by the Federal Government's Primary Health Care Advisory Group found general support for a blended payment model that incorporated elements of fee-for-service, capitated payments and pay-for-performance.

But those surveyed cautioned that great care would need to be taken in designing a new payments system so as to avoid pitfalls and perverse incentives, such as the potential for doctors to focus only on activities that were rewarded, to cherry pick healthier patients rather than taking on those with chronic and complex conditions, to encounter greater red tape, and to subject practitioners to inappropriate criteria.

"There is support for a blended payment mechanism which recognises and caters for different complexities and levels of care needed," the Group said in a communique reporting on the results of the survey.

"Within such an approach, there should be elements of care provision…where fee-for-service would remain an effective option. Payment mechanisms should also support ongoing engagement across the sector and disciplines to deliver better outcomes.

"Care should be taken as to not create perverse incentives, and concerns were raised about the risk of cherry-picking of patients in an enrolment model," the communique said.

Earlier this year, the Advisory Group – chaired by immediate-past AMA President Dr Steve Hambleton – issued a discussion paper that canvassed a range of reforms to primary care, including methods of remuneration.

The Group said that while the fee-for-service model worked well in the majority of instances, it did not provide incentives for the efficient management of patients who required ongoing care.

Instead, it suggested alternatives included capitated payments, where GPs, health teams, practices or a Primary Health Network receive a set amount to provide specified services over a given period of time; or pay-for-performance, where remuneration is tied to the achievement of particular care outcomes; or some combination of all three.

The discussion paper also suggested changes to how care was organised and managed, including the creation of medical homes, GP-led team-based care, improved use of technology and upgraded techniques to monitor and evaluate care.

Not just fees

Regarding the creation of a health care home model of care, the survey showed strong support for the voluntary enrolment of patients with chronic and complex health conditions, though this was qualified subject to clarification of the mechanisms used to enrol patients, and the impact of enrolment, particularly on the patient's ability to choose their doctor.

On the use of technology, the survey found there was, according to the Advisory Group, "general support" for the MyHealth Record system and the opt-out model of enrolment – something the Government is yet to settle upon.

The survey showed there was also general acceptance of reporting patient outcomes and general health status at the aggregate level, though any reporting system would need to take into account the different 'starting points' of patients, the effect of their own behaviour on treatment outcomes and the limits on improvement arising from social, economic and lifestyle factors.

Continued on p7 ...

Fee-for-service should be part of new pay blend: doctors

... from p6

The AMA has supported discussion about alternative remuneration models, including arrangements that would appropriately fund patient-centred and GP-led comprehensive, quality and coordinated care.

AMA Council of General Practice Chair Dr Brian Morton said recently that the Department of Veterans' Affairs' Coordinated Veterans' Care program provided a one possible model.

"This program supports GPs and the general practice team to proactively manage and coordinate primary and community care for Gold Card holders most at risk of an avoidable hospitalisation," Dr Morton said.

Last year Dr Hambleton, while still AMA President, said that although there were shortcomings with the fee-for-service system, the risks of performance payment arrangements could not be ignored.

Dr Hambleton said there was already an imbalance in the existing rebate system that rewarded high patient turnover rather than extended consultations and team-based care, and warned any pay-for-performance system would need safeguards to ensure the quality of care was enhanced rather than undermined.

At the time, he said it should be a supplement to fee-for-service payments, align with clinical practice, be indexed, encourage appropriate clinical and preventive health care services and minimise administrative burden.

Current AMA President Professor Brian Owler said any change to GP remuneration must include increased Government investment and resources.

Professor Owler said the ongoing freeze on Medicare rebates, in particular, was putting primary health providers under intense financial pressure.

The Primary Health Care Advisory Group is due to present its final report to the Government by the end of the year.

ADRIAN ROLLINS

Patients, hospitals to carry the cost of MBS Review

Patients and hospitals could be left carrying the tab if the Federal Government pushes ahead with plans to fast-track the removal of items from the Medicare Benefits Schedule while leaving the approval of new procedures and services languishing in the slow lane, the AMA has warned.

The AMA has told the Government its current controversial approach to the MBS Review not only puts the support of the medical profession at risk, but could result in patients losing Medicare rebates for services they need and instead winding up in public hospital.

Under Government plans, MBS Review Taskforce recommendations to scrap or modify existing Medicare items will go straight to Health Minister Sussan Ley for approval, while adding new services and procedures will be put in the hands of the much slower moving Medical Services Advisory Committee process.

AMA President Professor Brian Owler said this two-tiered approach would leave the MBS disjointed.

"The process outlined by the Taskforce will lead to a fragmented MBS because items will be removed and minor amendments will be made quickly, while any new items to reflect modern practice would languish in the slow-moving Medical Services Advisory Committee pipeline without being added," Professor Owler said.

Instead, the AMA has recommended there be a single, comprehensive update process in which the Review's 35 proposed clinical committees and working groups would make recommendations on both the removal and modification of existing items, and the inclusion of new items.

The peak medical group admitted this would be a lengthier process than that suggested by the Taskforce, and would involve a broader remit for the clinical committees than is currently envisaged.

But Professor Owler said it would be an efficient and transparent process that would produce "a modern MBS that reflects high quality, contemporary medical practice".

"It is vitally important that the process is rigorous, and ensures that the initial set of findings is tested sufficiently with the relevant medical groups to rule out unintended consequences," he said. "The AMA is proposing a process that would be more efficient and transparent, and which would be more likely to be support the clinical services that patients need."

> "A review of the MBS has the support of the medical profession because the MBS is in desperate need of updating" - AMA

In its submission to the MBS Review Taskforce on its recently-released Consultation Paper, the AMA bemoaned recent attempts by Ms Ley and Taskforce Chair Professor Bruce Robinson to frame the process in terms of cost-cutting by claiming that 97 per cent of MBS items have never been assessed for their clinical effectiveness, and that 30 per cent of health spending is wasted.

"The Government does not need to justify the Review on such spurious grounds," the AMA submission said. "A review of the MBS has the support of the medical profession because the MBS is in desperate need of updating."

The AMA said the Review should be undertaken free from preconceptions or savings targets, reiterating that a process driven by arbitrary cost-cutting, or which diverts money from health into general revenue, would not be supported by the medical profession.

It said that for the Review to have the profession's full confidence, it must emphasise patient care, deliver a schedule that reflects modern medical practice, and which supports the informed choices of patients.

The AMA's submission to the MBS Review Taskforce on its Consultation Paper can be viewed at:

https://ama.com.au/submission/ama-submission-medicare-benefits-schedule-review-taskforce-consultation-paper

ADRIAN ROLLINS

Govt changes cut holes in safety net

All patients, including the sickest and most disadvantaged in the community, will be hit by growing out-of-pocket costs under Federal Government changes to the Medicare Safety Net, the AMA has warned

The Government has introduced legislation to create a single Medicare Safety Net with lower thresholds but reduced payments compared with the three current safety nets for out-of-hospital services it will replace.

Under the new laws, the revised safety net will have three new thresholds - $400 for concession card holders (down from $638.40), $700 for families on Family Tax Benefit A and, for those without a concession card, $700 for singles (was $2000) and $1000 for families (was $2000).

But the Government has lowered the amounts that can be counted toward reaching the threshold, making it harder to qualify for the safety net. The amount that counts toward the threshold is the lesser of either the fee minus the MBS rebate or 150 per cent of the MBS fee minus the MBS rebate.

In addition, once the threshold is reached, the benefits of offer are smaller because they are calculated using the same formula.

AMA President Professor Brian Owler said the proposed changes would wind back the financial assistance to patients for their out-of-hospital health care costs, and would particularly hurt the most vulnerable.

Professor Owler said that among those who will be hit are people with severe and enduring mental illness or who are receiving cancer treatment outside hospital.

For example, psychiatrists have warned that under the new arrangement out-of-pocket costs for patients undergoing intensive psychotherapy will jump from $33.55 to $107, based on the average fee of $245.

And IVF specialists estimate their patients will be worse off by between $800 and $1200 for each cycle of treatment.

But Ms Ley argued the changes were necessary because the system of Medicare safety nets had become overly complex and was being exploited by some practitioners.

She cited the results of a review commissioned by the Labor Government in 2011 which found that, for some services, as much as 78 cents in the dollar paid through the Extended Medicare Safety Net was being paid to medical providers for increased fees.

“While most health providers charge reasonable fees for their services, other providers have used the Extended Medicare Safety Net to underwrite excessive fees,” the Minister said. “This has increased patient out-of-pocket costs for some patients.”

Ms Ley said the proposed package would help avoid this by limiting the safety net payment to patients to no more than 150 per cent of the Medicare fee.

“This will allow patients to know upfront how much the Government’s contribution towards their medical cost will be [and] will also restrict excessive fee inflation by medical providers,” the Minister said.

By Professor Owler said that, taken together with the extended freeze of Medicare rebates, the changes would mean that “growing out-of-pocket costs will become a reality for all Australian families, including the most vulnerable”.

He voiced concerns that this could discourage many from seeking the treatment they need, leading to more serious and costly treatment later on as their health deteriorated.

The Government has just three sitting weeks to shepherd the legislation through Parliament if the changes are to come into effect on 1 January next year, as is currently planned.

It has estimated they will save $268 million in the first five years of operation.

But the AMA thinks this may be a serious underestimation, given that when the previous Labor Government introduced a cap on Extended Medicare Safety Net benefits in 2009 it recouped almost all of the projected four-year savings in just the first year.

Professor Owler urged Parliament to reject the Government’s package.

“The new arrangements will be a burden for Australian families,” he said. “They must be voted down.”

ADRIAN ROLLINS

Promising program could hold key to looming specialist shortage

The Federal Government must substantially boost its investment in specialist education if the nation is to avoid a serious shortage of doctors in key specialties, the AMA has warned.

The AMA has told a Health Department review of the Specialist Training Program that the number of places provided under the scheme will increasingly fall short of what the nation needs, and should be bolstered.

AMA President Professor Brian Owler said the Program, which helps provide specialist training opportunities outside the traditional public hospital setting, was already making a valuable contribution and there was scope to do more.

Professor Owler said modelling by former Health Workforce Australia had indicated the nation was facing a shortfall of 569 first-year advanced specialist training places by 2018, increasing to 689 places in 2024 and 1011 places in 2030.

He warned this would have knock-on effects throughout the medical training pipeline, and there are concerns it could leave the nation short of the specialists it needs to meet future demand.

HWA predicted general practitioners, psychiatrists and anaesthetists, in particular, could be in short supply by 2030, and the problem will be especially acute in rural and regional areas.

Professor Owler said the Government should boost the size of its well-regarded STP program from 900 to 1400 places by 2018, and to 1900 places by 2030.

"We should now be trying to improve the distribution of the medical workforce and encouraging future medical graduates to train in the specialties where they will be needed to meet future community need for healthcare services," he said.

Until now, much of the growth in training opportunities has been at the undergraduate level. In the past decade there has been a 150 per cent jump rapid expansion in the number of medical school places, and currently there are 3736 students enrolled nationwide.

But the AMA and the Australian Medical Students' Association have warned that much of this investment will be wasted without a commensurate increase in intern, pre-vocational and specialist training places.

Modelling undertaken for the Australia's Future Health Workforce identified an emerging mismatch between trainees and the number of vocational training places, with a shortfall of around 1000 places by 2030.

The urgency of the issue has been underlined by indications that the South Australian Government is preparing to renege on a commitment to fund internships for all SA medical graduates.

The AMA has warned that, on current projections, 22 SA medical graduates will miss out on an internship in the State in 2017, rising to 39 in the following year.

Professor Owler said this was particularly concerning because the pressure on intern places nationwide meant there was no guarantee that SA graduates unable to secure a place locally would be offered an internship interstate.

In its submission to the STP review, the AMA urged that the program be used to help address current and developing workforce shortages in particular specialties and regions.

It said the program could make an important contribution to relieving shortages in the specialist workforce in rural areas by increasing the priority given to providing training positions in rural and regional areas.

Already, 41 per cent of STP training positions are in rural Australia, but the AMA has argued this should be increased, in part by shifting away from the current emphasis on one-year placements to a structure that instead supports clear and co-

Continued on p11 ...

Promising program could hold key to looming specialist shortage

... from p10

ordinated pathways for trainees interested in pursuing rural careers.

It said STP funding could to support the establishment of regional training networks - vertically integrated networks of health services and regional prevocational and specialist training hubs – which the AMA has proposed as a way of remedying chronic rural workforce issues by enhancing generalist and specialist training opportunities and supporting prevocational and vocational trainees to live and work in regional and rural areas.

“Medical training does not stop at the gates of the medical school,” Professor Owler said. “We have seen a massive investment in extra medical school places, which must not be allowed to go to waste.

“It is important that all governments look beyond the intern year. With medical workforce planning data showing shortfalls in specialist training places, we need investment across the medical training pipeline,” he said.

ADRIAN ROLLINS

Worrying signs of breakdown in national training commitment

The country will remain heavily reliant on overseas-trained doctors to plug significant health service gaps unless the Federal Government revives a national focus on issues around medical workforce planning, the AMA has warned.

AMA President Professor Brian Owler has written to Federal Health Minister Sussan Ley urging her to put medical training and workforce on the agenda of the 6 November meeting of Federal, State and Territory health ministers amid worrying signs of a breakdown in national cooperation and coordination on the issue.

Professor Owler told Ms Ley that it appeared “increasingly likely” that the South Australian Government would renege on its guarantee, made as part of a national agreement struck in 2006, to fund sufficient intern training places to continue the education of medical graduates, the numbers of which are growing because of increased Commonwealth investment in medical school places.

He said that, on current projections, 22 South Australian medical graduates would miss out on a local internship in 2017, and up to 39 in 2018, forcing them to look interstate if they were to continue their training.

The situation is seen as part of a broader loss of focus on medical training and workforce planning, deepened by the Federal Government’s decision to abolish Health Workforce Australia and absorb its functions within the Health Department, and exacerbated by the slow pace of work in establishing the National Medical Training Advisory Network.

Professor Owler warned of potentially serious consequences if the period of policy drift was allowed to persist.

“The Federal Government must show leadership on this issue.”

“With a growing lack of leadership, it appears that jurisdictions are increasingly making parochial decisions on medical workforce planning without regard for broader community need,” the AMA President said.

“In this regard...the South Australian Government appears to consider itself no longer bound by the commitments it has given at COAG [Council of Australian Governments], and holds the view that other states [and] territories can take up the slack in any event.

“If one jurisdiction is allowed to walk away from this fundamental COAG commitment, others may follow this lead.”

Australia is heavily reliant on overseas medical graduates to plug holes in the medical workforce, particularly in rural and regional areas, and Professor Owler said this would persist as long as governments failed to focus on training and planning issues.

He said it would be a waste of taxpayers’ increased investment in medical school places if governments failed to fund sufficient intern, prevocational and specialist places to complete their training.

“It is simply not acceptable for governments to ignore the growing supply of local graduates and the need to support them in progressing through the medical training pipeline to full specialist qualification,” Professor Owler said.

ADRIAN ROLLINS

Domestic violence victims urged: talk to your doctor

Women suffering violence at the hands of their partners are being encouraged to speak with their family doctor amid concerns that many are failing to get the support they need.

AMA President Professor Brian Owler has joined with Australian of the Year Rosie Batty and AMA New South Wales President Dr Saxon Smith in launching the *Share your story* campaign to encourage victims of domestic violence to speak with their GP.

Professor Owler said doctors were at the domestic violence frontline, and saw the consequences of the physical and emotional abuse of women and children as part of their daily work.

"I remember when I started as a neurosurgeon at the Children's Hospital at Westmead, I was shocked - and in fact still am shocked - , at the number of cases that we deal with, the proportion of our work that is taken up with severe head injuries, devastating consequences of domestic violence," the AMA President said. "Some of them die in hospital; the vast majority end up with severe disability and are in need of lifelong care".

Ms Batty said the nation needed to do more to protect children from family violence.

"How does a child recover from the trauma of injury, psychological abuse, sexual abuse? How do they lead a life as adults when they are permanently affected by the trauma of being impacted by violence in their families?" she said. "The children are the future, and we are not doing a good enough job.

Ms Batty said that doctors had a big role in helping women in need.

Professor Owler said familiarity with the family doctor often made them the first port of call for those suffering abuse at home, even more so than specialist care.

"Everyone knows where to go if they want to see a doctor, but that's not always the case with domestic violence services," he said. "Domestic violence services are certainly there and ready to help, but they can be less visible than doctors in the community."

The *Share your story* campaign is complemented by a program to assist family doctors in identifying and supporting patients suffering domestic violence. Earlier this year the AMA joined with the Law Council of Australia in producing a guide for doctors in how to broach the issue of domestic violence with their patients, both victims and perpetrators, as well as canvassing legal obligations and detailing support services.

The AMA President said that the ability to provide support and find appropriate help was "a vital role that doctors, nurses, care workers play, both in helping to identify, but also in trying to support victims - whether they're women or children or anyone else, that are victims of this scourge in our community".

AMA President Professor Brian Owler and Vice President Dr Stephen Parnis talk with Australian of the Year Rosie Batty at the launch of the *Share your story* campaign

At the launch, Professor Owler sought to draw particular attention to the plight of children, who he said often suffered lifelong effects of domestic violence.

"We see large numbers of children that present through our hospitals that unfortunately are victims of domestic violence, and they have a range of injuries, including head injuries, eye injuries and fractures, [that can] have a devastating impact on the rest of their lives," the AMA President said.

He said non-accidental head injury, usually resulting in bleeding on the brain, was "very common" among children growing up in abusive households, and could lead to severe disability or other life-long impediments such as epilepsy and poor emotional control.

"The other side of this is...that we have children that are just exposed to domestic violence or abuse, and that can have significant consequences as well, particularly from psychological perspectives."

Between 2008 and 2010, 29 children were killed by a parent or step-parent, and Professor Owler said abuse by a parent or step-parent was the third most common cause of injury in children, after car accidents and accidental drowning.

ADRIAN ROLLINS

Dementia 'flying squads'

Mobile 'flying squads' of clinical experts will soon be on-call nationwide to help aged care homes confronting crisis situations because of the violent or extreme behaviour of residents with dementia.

Health Minister Sussan Ley has announced $54.5 million will be used to establish Severe Behaviour Response Teams which can be called in on four hours' notice to help aged care providers trying to cope with residents posing a significant risk to either themselves or others.

> "... the initiative was intended to help minimise the number of times aged care home residents with dementia are "unnecessarily" transferred to higher security or acute facilities"

The Minister said the initiative was intended to help minimise the number of times aged care home residents with dementia are "unnecessarily" transferred to higher security or acute facilities.

"Like all of us, aged care residents are most comfortable in a familiar environment and this program will provide that helping hand to better manage people in their current community who exhibit severe behaviour because of their dementia," Ms Ley said.

"This initiative will provide additional support in a crisis situation to residents, who may be hitting out at people around them, and manage their behaviour so they can remain in their familiar aged care home."

Under the program the teams, to operate between 7am to 7pm seven days a week, will contact the aged care within four hours of receiving a call to discuss interim action, and within 48 hours will hold either a face-to-face or telehealth conference to work on immediate and longer-term care plans.

The support from the teams is in addition to the work done by the existing Dementia Behaviour Management Advisory Services, and is intended to focus solely on residents that pose a threat to themselves or others, such as hitting out at other patients or staff, breaking furniture or windows, ongoing aggressive behaviour and a history of attempting to leave.

The service, which will cover all Commonwealth-funded residential aged care facilities, will be established and operated by HammondCare, which Ms Ley said had a successful history of providing dementia care to high-need residents.

Under the contract, HammondCare is required to provide the same level of service across the country, regardless of location.

Despite the company's expertise, the Government has emphasised that the teams will not be a substitute for existing emergency and mental health services.

"As is currently the case, all emergencies will be referred to the appropriate state-based paramedic service, who are responsible for providing an immediate emergency response," the Health Department said.

More information about the Severe Behaviour Response Teams can be found at: https://www.dss.gov.au/ageing-and-aged-care/older-people-their-families-and-carers/dementia/severe-behaviour-response-teams-information-pack

ADRIAN ROLLINS

Dementia research boost

The Federal Government has announced a second round of grants worth $43 million to fund research into the causes, effects, treatment and prevention of dementia.

Health Minister Sussan Ley said the grants, shared among 76 researchers, would help keep Australia at the forefront of international efforts to understand and tackle the devastating disease, which currently afflicts about 330,000 Australians.

Ms Ley said the $43 million was in addition to $35 million already committed to dementia research in August, and was jointly funded by the National Health and Medical Research Council and the Australian Research Council.

The Shadow Minister for Ageing, Shayne Neumann, said the research funding boost was welcome, but called on the Government to release the results of a review into publicly-funded dementia programs that was due to report in June.

Mr Neumann said that, in addition to funding research, the Government should also be investing more into supporting those currently living with dementia and their carers.

ADRIAN ROLLINS

Mental health system crisis deepens as Govt dithers

The mental health system is descending deeper into crisis and instability as the Federal Government delays its response to the National Mental Commission's report, a Senate inquiry has said.

The Senate Select Committee on Health has warned that while Health Minster Sussan Ley ponders expert recommendations on how to reform mental health care, the prolonged policy and funding limbo is taking a heavy toll of the system.

"Mental health policy and funding in Australia is in a state of suspended animation while the Government re-reviews, re-consults on, and re-considers the findings of the National Mental Health Commission's review," the Committee said in its fourth interim report. "The uncertainty caused by the government's constantly delayed decision making has caused workforce instability and increasing uncertainty for mental health consumers and carers. This is an unacceptable situation."

Its call was backed by Mental Health Australia, which said the current mental health system was "fragmented and difficult to navigate", and urged the Government to take a bold approach to reform.

"The mental health sector is ready to embrace reform, and to assist the Government in a carefully staged reform process," Chief Executive Officer Frank Quinlan said. "We need to build a system around the individual, and ensure care is provided in the community, preventing illness where possible and providing early assistance when illness does occur."

Ms Ley is examining the recommendations of the Expert Reference Group she appointed to advise on the implementation of the Commission's reforms, and has said the Government will announce its plans by the end of the year.

But the seven-member Senate Committee, which chaired by Labor Senator Deborah O'Neill and includes three Coalition MPs, has called on Ms Ley to immediately release the Reference Group's report and guarantee funding for mental health groups and providers for 12 months after the Government announces its reforms.

"Mental health policy has been on hold since the beginning of the Commission's review in February 2014. In October 2015, ten months after the completion of the Commission's thorough review, the government has still not responded to the Commission's recommendations.

"As a result, the mental health sector struggles with ongoing funding uncertainty and indecision about the future direction of mental health policy in Australia," the Committee report said. "The Committee considers that the Government's lack of response to the Commission's findings has caused significant harm."

The National Mental Health Commission's report, released in April, identified "fundamental structural shortcomings" in the nation's health system, and urged a shift in emphasis away from acute care and more on to prevention and early intervention.

It argued this would reduce the severity and duration of mental health issues, ultimately slowing demand for expensive acute hospital care and lowering the incidence of long-term disability.

Ms Ley rejected the Commission's suggestion that $1 billion be re-directed from hospitals to primary care, but endorsed the need to close service gaps and improve coordination between services.

"We needed to re-think our approach...and change the focus from a service-centred approach to one where services are organised around the needs of the person," the Minister said.

The Senate Committee said the Government's reforms should include recognition of the links between housing, employment and mental health, support models of care that promote early intervention, and articulate a clear and comprehensive mental health workforce strategy.

It said the Government needed to provide its response "as a matter of urgency".

The Senate Committee's report can be viewed at: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Health/Health/Fourth_Interim_Report

ADRIAN ROLLINS

Forcing GPs to adopt half-baked e-health record a dud idea: AMA

The AMA has criticised Federal Government plans to force doctors to adopt its My Health Record e-health system before fundamental shortcomings have been fully addressed.

The Government has proposed that GP Practice Incentive Program e-health payments be tied to doctor use of the MyHealth Record (MyHR) system being developed to replace the $1 billion Personally Controlled Electronic Health Record scheme. The PCEHR has been dumped amid dismal take-up rates among patients, doctors and medical practices.

But AMA President Professor Brian Owler said the MyHR system was far from fully developed, so using PIP incentives to get doctors to sign up was ill-considered and premature.

"The MyHealth Record is not at a stage where it can be adopted by practices, so it should not be linked to the PIP scheme," Professor Owler said. "There are fundamental issues with the design of the MyHR that are yet to be fully addressed."

The AMA has detailed a long list of problems with the current version of the system in a submission to the Health Department, including:

- the ability of patients to remove information from view, making the record potentially incomplete and of no clinical value;
- no flags to indicate if information has been removed from view;
- radiology or pathology results are not yet included;
- the shared health summaries are not automatically updated, rendering them quickly out-of-date; and
- inaccuracies occur in the upload of data.

In addition MyHR, in its current iteration, remains an 'opt-in' system.

The reliance on patients to sign up for an e-health record was seen as a fatal weakness of the PCEHR, and a three-person review of the system recommended that MyHR be an opt-out scheme.

But Health Minister Sussan Ley has indicated that the opt-out approach will first be trialled next year before being adopted.

The Minister told the National Press Club that about one million people living in the Nepean-Blue Mountains region and far north Queensland would take part in an "all-inclusive" trial of MyHR early next year.

"It's important that all Australians are signed up to ensure we have a functioning system, and trialling an opt-out model means we can do it carefully, methodically and ensure the appropriate protections are in place to give patients peace of mind," Ms Ley said.

"If automatic registration for a digital health record in the opt-out trials leads to higher participation in the My Health Record system, the Government will consider adopting opt-out on a national scale."

But Professor Owler said that until these and other problems with MyHR are adequately addressed, GPs should not be expected to adopt it.

"Until the problems with the MyHR have been rectified, so that it is easy to use and offers real clinical benefits for patients, it is unreasonable to expect GPs to actively use it," the AMA President said."The AMA has been a strong advocate for a well-designed and governed e-health record which can deliver real benefits for patients, but the current MyHR model has well-known flaws that must be fixed."

The AMA has recommended the Government focus on rectifying problems with MyHR rather than trying to force GPs to use a system that is cumbersome and incomplete.

Even when the system is complete and fit for use, the AMA has argued that, instead of using the existing e-PIP incentive, the Government instead create a Medicare Benefits Schedule item and a Service Incentive Payment scheme to promote its use.

To help establish MyHR, Ms Ley has announced the appointment of former National Mental Health Commission Chief Executive Robyn Kruk to head an 11-member eHealth Implementation Taskforce Steering Committee.

The Committee, which includes Dr Hambleton, will design, implement and oversee the establishment of the Australian Commission for eHealth.

For its part, the Commission will oversee the operation and development of e-health systems, including operating the MyHealth Record system.

Revised eligibility requirements for the e-Health Incentive are due to be announced in November 2015, and to commence from 1 February 2016.

The AMA submission can be viewed at: at https://ama.com.au/submission/ama-submission-proposed-changes-pip-ehealth-incentive

ADRIAN ROLLINS

A health record for all to share

Patients will have full access to use and share their electronic health record as they see fit, including sharing with retailers and IT developers, under a radical proposal outlined by Health Minister Sussan Ley.

Ms Ley said it was time Government "got out the way" and allowed consumers to have open-source access to all their health data, enabling them to use and share it as they liked.

"What if we, as Government, got out the way and gave consumers full access to their own personalised health data and full control over how they choose to use it?" she said. "It's a revolutionary concept in health – but it shouldn't be – given it's already happening with industries like finance across the globe," the Minister told the National Press Club.

But a parliamentary committee on human rights has already raised concerns about possible privacy breaches around the storage and use of health records uploaded to the central database of the MyHealth Record system.

The committee, chaired by former Howard Government Minister Philip Ruddock, said the proposed system raised significant privacy concerns – particularly the proposal that a person's electronic health record be automatically uploaded to the database unless they actively opted out of the arrangement.

Mr Ruddock questioned whether such an approach justified the potential breach to privacy.

He told Parliament that there need to a be substantial concern, not simply pursuit of a desirable outcome, to justify limiting human rights.

Ms Ley said consumers already had control of personal data in industries like finance and banking, and patients should be similarly able to use their personal health information to create a portfolio of products and services specifically tailored to their health needs.

"What if you, as a consumer, were able to take your personal Medicare and Pharmaceutical Benefit Scheme data to a health care service; to an app developer; to a dietician; to a retailer and say how can you deliver the best health services for my individual needs?

"Why can't we allow someone's doctor to use an app developed on the free market to monitor their patient's blood pressure at home following an operation, or keep a real time count on their insulin levels?

"The answer is – we can, and allowing consumers open-source access to their health data is the way to do it," the Minister said.

Ms Ley said this was an area she was "keen to explore" as a way to give patients greater control over their health.

ADRIAN ROLLINS

Car technology can make zero road toll a reality: AMA President

Advances in car safety technology mean achieving a zero road toll is now within the nation's grasp, AMA President Professor Brian Owler has told a road safety conference.

Urging government and consumers to demand that the latest life-saving equipment be fitted as standard to all new cars, Professor Owler told the Australasian Road Safety Conference on the Gold Coast that although motorists needed to drive with greater care, the widespread adoption of proven technologies that improved car safety and mitigated human error was "the future of road safety".

> "It is the tool we have to truly move towards zero fatalities and serious injuries on our roads"

"It is the game changer that mitigates our human faults," he said. "It is the tool we have to truly move towards zero fatalities and serious injuries on our roads."

Earlier this year the AMA and the Australian New Car Assessment Program (ANCAP) jointly called for autonomous emergency braking (AEB) – in which the brakes are automatically applied if the driver fails to take action to avoid an impending collision – to be fitted to all new cars.

Evidence indicates the technology cuts the incidence of rear-end collisions by more than 38 per cent.

Professor Owler, who is the public face of New South Wales' successful *Don't Rush* road safety campaign, told the Conference that developing safer cars did not lessen the need to improve driver behaviour.

He took particular aim at what he saw as societal acceptance of risky behaviour on the roads.

"There are cultural issues, and even rites of passage, that make some young people think that speeding and disobeying the road rules is something tough, something cool or something to be admired.

"There are no survivors of road trauma who think this way."

The AMA President said compulsory seatbelt and drink-driving laws, complemented by education and awareness campaigns, had shown that modifying driver behaviour was possible, though the process was lengthy and difficult.

And, he added, improving driver behaviour and choices did not eliminate the capacity for human error, which contributed to 90 per cent of crashes.

Professor Owler said people should not die, or endure life-long pain and impairment, because of a split-second mistake, which was why there should be widespread adoption of proven life-saving technology in cars.

Car companies are fitting AEB as standard equipment in Europe, the United States and Japan, and the AMA President said there was no reason why Australia should be left behind.

There have been objections that making AEB mandatory will increase the cost of new cars – industry estimates an additional cost of up to $200 per vehicle.

But Professor Owler said this was little price to pay for technology that would save lives, and asked why Australian life should be valued any less than one in Europe or North America.

"Australians," he declared, "should be driving the safest vehicles on our roads".

ANCAP aims to pressure car companies to fit AEB in Australia vehicles by making it impossible from 2018 for a car to get a five-star crash rating without the technology.

Professor Owler said consumers needed to exert similar pressure.

"The fastest way to have vehicles with these features as standard is through consumer demand," he said, urging large fleet purchasers in particular to demand advanced life-saving equipment as standard in their vehicles.

The AMA President said it was not good enough to aim simply at reducing road fatalities and injuries.

Advances in technology meant the elimination of road trauma was a practical goal.

"There is no acceptable number of deaths, as there is no acceptable number of serious injuries," he said. "Towards zero is not an aspirational target. For Australia, we must make zero the reality. We have the ability to do this."

ADRIAN ROLLINS

Breast cancer more deadly for the young

Young women with breast cancer are more likely to die than older females despite substantial advances in their survival rate, according to the nation's first report focussing on breast cancer in women in their 20s and 30s.

The report, by the Australian Institute of Health and Welfare, found that women aged between 20 and 39 years had significantly lower survival rates for the two most common forms of breast cancer than older women.

It found that, between 2007 and 2011, younger women diagnosed with breast cancer had an 88 per cent chance of surviving for five years, compared with a 90 per cent chance among women aged 40 years or older.

And although the five-survival rate of younger women has improved markedly in the last 25 years – from around 71 per cent to 88 per cent – the gains among older women have been even greater.

While the AIHW report did not seek to explain the difference in survival rates, it nevertheless pointed out that younger women are more likely to be diagnosed with very large breast cancers than older women, and fewer small tumours, suggesting that delays in detection may be a contributing factor.

Routine breast screening it not recommended for women in their 20s and 30s, not least because the more dense nature of breast tissue in younger women increases the chances of false positive or false negative readings.

Instead, the primary method of detection is through self-monitoring, while young women considered to be at high risk due to genetic mutations or a family history of breast cancer have access to publicly-subsidised MRI tests.

But, while breast cancer is more deadly in the young women who get it, the prevalence of the disease is far greater among older women.

The AIHW estimates that breast cancer has been detected in 80 women in their 20s and 715 women in their 30s this year, compared with 14,800 women aged 40 years or older.

And although it has killed 65 young women so far in 2015, this is little more than 2 per cent of overall breast cancer deaths.

Prevalence of the disease among younger women may drop even further following an increase in preventive action, including mastectomies.

This has been spurred by advances in the understanding of

genes, particularly the discovery that women with mutations of the BRCA1 or BRCA2 gene are at greatly enhanced risk of developing breast or ovarian cancer.

Public awareness of the issue was given a huge boost in May 2013 when actor Angelina Jolie revealed that she had undergone a double mastectomy after discovering she carried a mutated version of the BRCA1 gene that meant she had an 87 per cent chance of developing breast cancer and a 65 per cent chance of getting ovarian cancer.

The AIHW found that since 2001 and last year, the number of mastectomies performed has jumped seven-fold, from 1 per 100,000 to 7 per 100,000.

The increase has been ever bigger among women in their 30s. Just one in every 100,000 had a mastectomy in 2001-02, but by 2013-14 this had risen to 11 per 100,000 – including a huge boost in the aftermath of Angelina Jolie's declaration.

ADRIAN ROLLINS

Govt's 10-year plan to achieve Indigenous health goals

Cutting smoking and boosting vaccinations and child health checks are among 20 specific goals set out by the Federal Government as part of a 10-year plan to close the gap in Indigenous health.

In a much-anticipated announcement, Rural Health Minister Fiona Nash has detailed a series of targets to help guide the implementation of the National Aboriginal and Torres Strait Islander Health Plan released two years ago.

Among the goals, the Government has committed to trebling the proportion of Indigenous toddlers who have a least one health check in their first four years of life to 69 per cent by 2023, raising the immunisation rate among one-year-olds to 88 per cent (from 85 per cent) and increasing the proportion of Aboriginal youth who have never smoked from 77 to 91 per cent.

Senator Nash said these and 17 other goals covering areas including the incidence and management of diabetes and the health of pregnant women will be used to measure progress in Indigenous health under the National Plan.

The document, developed in consultation with Indigenous groups including the National Health Leadership Forum, also sets out changes needed to make the health system more comprehensive and responsive to the needs of Indigenous people.

Senator Nash's announcement followed a call from the AMA for the Federal Government to make improved Indigenous health a whole-of-government priority.

The peak medical body has issued a Position Statement in which it urges the Government to take concrete steps to close the health gap, including working with Indigenous people on standards for the provision and access of Aboriginals and Torres Strait Islanders to all Government services, boosting funding for Indigenous primary health care services, and more training places to address the shortfall in health professionals providing Indigenous care.

AMA President Professor Brian Owler said the targets set by the Government to reduce health inequalities were "admirable", but genuinely collaborative action was needed to achieve meaningful improvement.

Professor Owler said it was unacceptable that the substantial health gap between Indigenous Australians and the rest of the community continued to persist.

"It is tragic that, as a wealthy nation, we still struggle to provide adequate health care to 3 per cent of our population," Professor Owler said, and argued that a whole-of-government approach was need to close the gap.

"All current and future policies addressing education, employment, poverty, housing, taxation, transport, the environment and social security should be assessed according to their impact on health and equity," he said. "Equal health outcomes will not be achieved until economic, education and social disadvantages have been eliminated."

While Senator Nash has won plaudits for announcing the health targets, the strength of the Government's commitment to improving Indigenous health has been clouded by a number of recent funding cuts, including to anti-smoking programs in Indigenous communities and the decision to slash $596.2 million from the Health Flexible Funds, many of which have been used to finance health programs for Aboriginal and Torres Strait Islander people.

Professor Owler said these cuts had affected targeted programs aimed at reducing the health gap, improving responses to communicable diseases and providing substance abuse treatment services.

Professor Ian Ring, Professorial Fellow at the Australians Health Services Research Institute at the University of Wollongong, said that Senator Nash's announcement of a strategy to implement the National Aboriginal and Torres Strait Islander Health Plan was "potentially a game changer".

Professor Ring said the strategy, for the first time, addressed the question of what services and workforce is required to close the gap, and identified those areas with the poorest health, with a view to making them a priority in building capacity.

Writing in *The Canberra Times*, he said the goals set out by Senator Nash were achievable, "but require high quality services delivered in the right way".

And he warned that setting targets in and of themselves was not a solution.

"The targets identified in the [plan] seemed to have been framed to present predictions from current trajectories and rather miss the point," Professor Ring wrote. "A target is an aspiration, not a prediction, and needs to bear a logical relationship with the overall goal."

He said the scale of health gains to be achieved was "closely linked" to the extent of service enhancements.

"For this reason, the critical targets at this stage are those for service provision," he added.

ADRIAN ROLLINS

Frugal Aussies show US how it's done

The efficiency and effectiveness of Australia's health system has been highlighted by figures showing Americans have more chronic illnesses and worse life expectancy than Australians despite spending more than double the amount on care.

Although the United States spent $US9086 per person on health care in 2013, compared with $US4115 in Australia, the average American was likely to live about two years less and be burdened with more chronic diseases, a study by The Commonwealth Fund has found.

As the Federal Government looks to use the Medicare Benefits Schedule Review to cut health spending, the Commonwealth Fund report shows Australia gets good value for its health dollar, achieving high life expectancy and low rates of infant mortality despite one of the smallest outlays among its rich-world peers.

The investigation found the US spent 17.1 per cent of its national output on health care in 2013 – far more than any of the other 12 high-income countries included in the survey. The next biggest spender was France, where the health bill amounted to 11.6 per cent of gross domestic product.

By comparison, Australia's health care was a bargain. Its total expenditure was the second-lowest among the 13 countries examined – just 9.4 per cent. This was on a par with Norway and only slightly more than the smallest spending nation, Great Britain (8.8 per cent).

Despite this, Australians can expect to live longer than the average American, and in better health. US life expectancy was 78.8 years in 2013, the lowest among the 13 countries examined and considerably less than the 80.1 years for Australian men and 84.3 years for women recorded at the time.

Not only did Americans live shorter, on average, but they were also sicker. The Commonwealth Fund's 2014 International Health Policy Survey found that 68 per cent of Americans aged 65 years or older had at least two chronic illnesses, compared with 54 per cent of Australians in the same age group. Just 13 per cent had no chronic conditions, compared with 32 per cent of older Britons.

America's big spending ways are being driven by the adoption of advanced technology and higher service charges rather than because they are constantly rushing to the doctor.

The Commonwealth Fund found that in the US almost 107 MRI exams are conducted for every 1000 people, compared with a rich world average of 50.6 per 1000 and just 27.6 per 1000 in Australia. Similarly, Americans are more than twice as likely to have a CT or PET scan as an Australian.

Not only were they having more scans, they were paying higher prices for them.

Americans also paid the highest prices for medical procedures and prescription drugs. Data from the International Federation of Health Plans indicates that in 2013 bypass surgery in Australia cost an average of around $US42,130, compared with $US74,345 in America, and drugs in Australia were around 50 per cent less expensive.

Not surprisingly, given the relative expense of seeing a doctor in the US (average out-of-pocket costs were $US1074, second only behind Switzerland), Americans were relatively reluctant to seek care. On average, in 2013 they saw a doctor just four times a year, compared with an average 7.1 times among Australians, and the number of hospital discharges per 1000 people in the US was 126 – well below Australia (173 per 1000).

The consequences of America's heavy health spending are far-reaching, the Commonwealth Fund concluded, not only driving people into bankruptcy and government budgets into deeper deficit, but holding down wages as health insurance eats further into salary packages.

It added that the imbalance in Government spending caused by America's burgeoning health bill may actually be making the situation even worse.

The Commonwealth Fund warned that American governments were spending so much on health care it was crowding out other areas of expenditure that could actually improve health, particularly social programs and support.

"In the US, health care spending substantially outweighs spending on social services," the Fund said. "This imbalance may contribute to the country's poor health outcomes. A growing body of evidence suggests that social services play an important role in shaping health trajectories and mitigating health disparities."

It suggested one way to redress the imbalance could be through funding arrangements in which providers are rewarded for health outcomes could make it sensible for insurers, hospitals and others to invest in social services and other interventions.

The Commonwealth Fund study can be viewed at: http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective

ADRIAN ROLLINS

AMA in the news

YOUR AMA HAS BEEN ACTIVE ON POLICY AND IN THE MEDIA ON A RANGE OF ISSUES CRUCIAL TO MAKING OUR HEALTH SYSTEM BETTER. BELOW IS A SNAPSHOT OF RECENT MEDIA COVERAGE.

PRINT/ONLINE

Baby shaking on par with road toll, *The Australian*, 10 September 2015

New research shows shaking kills as many Australian babies and toddlers as car crashes. AMA President Professor Brian Owler said The Children's Hospital at Westmead in Sydney was treating a case every month.

AMA urges surgeons to cut bullying, *The Age*, 11 September 2015

A Sydney senior surgeon whose comments on sexual harassment helped draw attention to widespread bullying in the profession has warned that it will be difficult to fix the problem. AMA President Professor Owler said it would be up to the current generation of surgeons to ''break the cycle'' of bullying, harassment, and discrimination in the profession.

Calling for review of health fund crisis, *The Daily Telegraph*, 12 September 2015

Health bodies are demanding a radical review of the private health system as health fund premiums skyrocket, hospital price gouge, and funds slash benefits. AMA President Professor Brian Owler demanded Federal Government intervention as he revealed NIB had removed more than 225 items from its schedule of medical benefits.

Boxer dies after title fight at RSL club, *Sydney Morning Herald*, 16 September 2015

A 28-year-old Australian boxer has died in a Sydney hospital after being knocked out in an IBF regional title fight. The AMA has released a position statement calling on boxing to be banned from the Olympic Games and the Commonwealth Games.

Medicare review placates AMA by agreeing to stagger changes, *The Australian*, 17 September 2015

The powerful AMA has won an early concession out of much-anticipated Medicare reforms, with the head of a review taskforce agreeing that recommend changes should be staggered to protect doctor and practice incomes.

'Junk policies': the private health cover ripoff, *Sydney Morning Herald*, 24 September 2015

Fewer than half of all private health insurance policies offer adequate cover for private hospital care, and many patients have no idea what their insurance includes, new figures show. AMA President Professor Brian Owler said policies that insured private patients in only public hospitals were junk policies and should not be allowed.

$20bn addiction to Medicare, *Adelaide Advertiser*, 28 September 2015

The cost of procedures covered by the Medicare Benefits Schedule has more than doubled to $20 billion a year over the past decade despite much smaller increases to Australia's population. AMA President Professor Brian Owler said he agreed that Medicare needed to be modernised.

Authorisation to sedate ice addicts welcomed by the AMA, *The Age*, 28 September 2015

The AMA has welcomed new powers for emergency doctors and nurses to subdue violent ice addicts. AMA president Professor Brian Owler said doctors had already called for all hospitals to have appropriate security to deal with the increasing number of patients affected by ice.

BUPA, nib, Medibank back health review, *Australian Financial Review*, 29 September 2015

Health Minister Sussan Ley has dismissed the doctors' lobby's objections to a review of Medicare, saying the health care system is plagued by ineffective and unnecessary medical procedures and desperately needs reform. AMA President Professor Brian Owler accused Ms Ley of using the review to "cut health funding and health services" and "publicly attack the medical profession".

Playing doctors and curses, *Courier Mail*, 29 September 2015

The Turnbull Government has cautioned patients against diagnosing themselves on "Dr Google" and then demanding unnecessary and costly treatments from medicos. AMA president Professor Brian Owler said it was wrong to attack doctors to try to justify cuts to Medicare.

Fees for all finished as uni plan gets the third degree, *Adelaide Advertiser*, 2 October 2015

Tony Abbott and Christopher Pyne's controversial plan to allow universities to set their own fees has been dumped, in one of

Continued on p22 ...

AMA in the news

YOUR AMA HAS BEEN ACTIVE ON POLICY AND IN THE MEDIA ON A RANGE OF ISSUES CRUCIAL TO MAKING OUR HEALTH SYSTEM BETTER. BELOW IS A SNAPSHOT OF RECENT MEDIA COVERAGE.

... from p21

the first major policy shifts of the new Turnball Government. AMA president Professor Brian Owler welcomed the decision, and called on the Government to give students more certainty that degrees will not be priced out of reach.

Backing for RCH doctors, *The Herald Sun*, 12 October 2015

Victoria's Health Minister Jill Hennessy has led a resounding show of support for the Royal Children's Hospital's demands that children be removed from immigration detention centres. AMA President, Professor Brian Owler, urged Mr Turnbull and Immigration Minister Peter Dutton to intervene.

Surgeon's road safety plea, *The Daily Telegraph*, 17 October 2015

AMA President Professor Brian Owler said every new car should by law have autonomous emergency braking to stop rear-end car crashes.

Brain-injury teen stranded by beds deficit, *Canberra Times*, 23 October 2015

A teenage boy with a critical brain injury was blocked access to the Sydney Children's Hospital for four days because there were not enough beds, his family was told. AMA President Professor Brian Owler said the incident highlighted that there was an issue with capacity in paediatric hospitals, both at Westmead and the Sydney Children's Hospital.

Doctors resist camp return of asylum pair, *The Age*, 12 October 2015

Doctors at Melbourne's Royal Children's Hospital refused to discharge an asylum seeker and her child because the immigration department would have sent them back to detention at the expense of their health. AMA Vice President Dr Stephen Parnis said the association had a fundamental problem with keeping children in detention, and had been urging governments to look for any alternative to it for years.

Codeine medicines to be prescription-only next year, *The Age*, 2 October 2015

Common painkillers such as Nurofen Plus and Panadeine could soon require a doctor's prescription after a shock decision by Australia's drug regulator. AMA Vice President Dr Stephen Parnis backed the TGA's judgement.

RADIO

Professor Brian Owler, 2UE Sydney, 10 September 2015

AMA President Professor Brian Owler discussed new research which indicated that shaking kills as many Australian babies and toddlers as car crashes. Professor Owler said the Westmead Children's' Hospital treated a case every month.

Professor Brian Owler, 2UE Sydney, 28 September 2015

AMA President Professor Brian Owler talked through his concerns about the upcoming Medicare review and the approach that the Government was taking. Professor Owler believed it would lead to a cut to the number of services patients can access.

Professor Brian Owler, Radio National, 1 October 2015

AMA President Professor Brian Owler talked about the Turnbull Government shaking up the Medicare Benefits Schedule, with Health Minister Sussan Ley launching consultations on a review of nearly 6000 taxpayer-subsidised items on the schedule

Dr Stephen Parnis, 774 ABC Melbourne, 2 October 2015

AMA Vice President Dr Stephen Parnis talked about the rules changing around getting codeine from the chemists. Dr Parnis said the TGA, which determines what things need to put on prescription, has had an inquiry about over-the-counter medications which contain codeine.

Dr Brian Morton, ABC Gippsland, 7 October

AMA Chair of General Practice Dr Brian Morton talked about Mental Health Day and said that all employees were allowed to have ten sick days per year. Dr Morton said but it will still depend on the reason and what you will do with the sick days you will take.

Dr Stephen Parnis, 612 ABC Brisbane, 9 October 2015

AMA Vice President Dr Stephen Parnis discussed calls from health academics to ban energy drinks for people younger than 18 years of age. Dr Parnis said stimulants in the products could cause heart rates to reach dangerously high levels, arrhythmias, problems to blood vessels, difficulties sleeping or anxiety.

Continued on p23 ...

AMA in the news

... from p22

Dr Stephen Parnis, 3AW Melbourne, 11 October 2015

AMA Vice President Dr Stephen Parnis talked about Royal Children's Hospital doctors protesting the detention of children in Australian detention centre. Dr Parnis said the AMA is very supportive of getting all children out of immigration detention and says they can't see any good coming out of the situation.

Dr Brian Morton, Radio National. 21 October 2015

AMA Chair of General Practice Dr Brian Morton talked about the idea of shared doctor appointments. Dr Morton said privacy could be an issue in shared appointments.

Professor Brian Owler, ABC NewsRadio, 23 October 2015

AMA President Professor Brian Owler talked about a new domestic violence campaign being launched by the AMA. Professor Owler said doctors are being encouraged to report domestic violence.

Professor Brian Owler, 2UE Sydney, 23 October 2015

AMA President Professor Brian Owler discussed the Sydney Children's Hospital turning away a teenage boy with a brain injury because there were not enough beds.

TELEVISION

Professor Brian Owler, Sky News Sydney, 27 September 2015

AMA President Professor Brian Owler talked about the Federal Government reviewing the Medicare system. Dr Owler said the AMA were willing to engage with the Federal Government, but says their discussion paper does not allow new procedures to be added.

Professor Brian Owler, Channel 9, 12 October 2015

AMA President Professor Brian Owler speaks to the Today Show about the Royal Children's Hospital in Melbourne remaining locked in a bitter dispute with the Federal Government over their refusal to discharge asylum seeker children.

Professor Brian Owler, ABC News 24, 23 October 2015

AMA President Professor Brian Owler talked about the AMA launching a new domestic violence campaign, including a video encouraging patients to confide in their GPs. Professor Owler said there were "far too many" cases of domestic violence, affecting both women and children.

Dr Stephen Parnis, ABC News 24, 28 September 2015

AMA Vice President Dr Stephen Parnis discussed a Four Corners investigation that claimed the medical profession was over-servicing patients and ordering wasteful and potentially dangerous scans. Dr Parnis denied that doctors were over-servicing, but said there was a lot the AMA agrees with when it comes to more judicious care.

INFORMATION FOR MEMBERS

Essential GP tools at the click of a button

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

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

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

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

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

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

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

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

AMA in action

The AMA has pushed ahead with work on many fronts in the past fortnight, tackling major issues ranging from reform of the Medicare Benefits Schedule and doctor's health to domestic violence, road safety, Indigenous health, climate change and the regulation of alcohol, tobacco and medicines.

AMA President Professor Brian Owler, Vice President Dr Stephen Parnis and AMA New South Wales President Dr Saxon Smith joined with Australian of the Year Rosie Batty in launching the *Share your story* campaign to encourage victims of family violence to speak with their GP.

Dr Parnis delivered a major speech to the Australasian Doctors' Health Conference in which he underlined the importance of doctors looking to their own health, as well as the health of their patients.

Professor Owler, who is the public face of New South Wales' *Don't Rush* road safety campaign, told the Australasian Road Safety Conference that the latest life-saving equipment, including autonomous emergency braking, should be fitted as standard in all new cars.

And both Professor Owler and Dr Parnis hosted a lunch with Opposition MPs including former Speaker Anna Bourke, Senator Nova Peris, Stephen Jones and Senator Helen Polley, at which they discussed a range of health issues including the MBS Review, Indigenous health and rural health.

ADRIAN ROLLINS

AMA President Professor Brian Owler and Vice President Dr Stephen Parnis talk with Australian of the Year Rosie Batty at the launch of the *Share your story* campaign

AMA President Professor Brian Owler with former Speaker Anna Burke at the AMA Lunch with MPs at Parliament House

Professor Owler talked about indigenous health with Senator Nova Peris

Labor MP Stephen Jones (L) with (L to R) AMA Vice President Dr Stephen Parnis, AMA President Professor Brian Owler and Tasmanian Senator Helen Polley

AMA Vice President Dr Stephen Parnis urges doctors to attend to their own well being at the Australasian Doctors' Health Conference 2015

AMA President Professor Brian Owler, Vice President Dr Stephen Parnis and Secretary General Anne Trimmer host a lunch with Opposition MPs at Parliament House

AMA President Professor Brian Owler calls for mandatory fitting of autonomous emergency braking at the Australasian Road Safety Conference

Your AMA Federal Council at work

WHAT AMA FEDERAL COUNCILLORS AND OTHER AMA MEMBERS HAVE BEEN DOING TO ADVANCE YOUR INTERESTS IN THE PAST MONTH:

Name	Position on council	Activity/Meeting	Date
A/Prof John Gullotta	AMA Federal Councillor	NeHTA (National E-Health Transition Authority) eReferral Reference Group	1/10/2015
Dr Chris Moy	AMA Federal Councillor	NeHTA (National E-Health Transition Authority) Clinical Usability Program (CUP) Steering Group	24/9/2015
		NeHTA (National E-Health Transition Authority) Clinical Usability Program (CUP) Steering Group	23/7/2015
Prof Mark Khangure	AMA Federal Councillor, Representative for Radiologists	MSAC (Medical Services Advisory Committee) Review Working Group for Imaging for Low Back Pain	22/9/2015
		MSAC (Medical Services Advisory Committee) Review Working Group for Imaging for Low Back Pain	1/9/2015
Dr Stephen Parnis	AMA Vice President	National Medical Training Advisory Network	22/9/2015
Dr Danika Thiemt	AMA Federal Councillor, Chair of AMACDT	National Medical Training Advisory Network	22/9/2015
Dr Andrew Miller	AMA Federal Councillor, Representative for Dermatologists	MSAC (Medical Services Advisory Committee) Review Working Group for Skin Services	8/9/2015
		PBS Authority medicines review reference group meeting	24/7/2015
Dr Ian Pryor	AMA Vice President	MSAC (Medical Services Advisory Committee) Review Working Group for Percutaneous Coronary Artery Intervention	28/8/2015
		MSAC (Medical Services Advisory Committee) Review Working Group for Paediatric Surgery	6/8/2015
Prof Geoff Dobb	AMA Board Member	Health Star Rating Advisory Committee	17/7/2015
A/Prof Jeff Looi	AMA Federal Councillor, Representative for Psychiatrists	MBS Reviews Workshop	8/7/2015
Dr Andrew Mulcahy	AMA Federal Councillor, Representative for Anaesthetists	MBS Reviews Workshop	8/7/2015

AUSTRALASIAN DOCTORS' HEALTH CONFERENCE 2015

DR KYM JENKINS, CONFERENCE CONVENOR;
MEDICAL DIRECTOR, VICTORIAN DOCTORS' HEALTH PROGRAM, FITZROY

Doctors' health, and the health of the medical profession more generally, has never been more in the news.

Through both the general media, and specialised medical publications, we have been hearing all too frequently of toxic workplaces, bullying and harassment. Stories of individual doctors who have "stuffed up", or who are struggling, seem to make good headlines.

The Australasian Doctors' Health Conference 2015 (adhc2015), held 22 -24 October, with its theme of "Pathways and Progress", sought to address and redress these issues.

The conference focussed on extending the debate beyond what is wrong with our profession and just delineating the health issues we face, to a demonstration of what can be done to improve things and an examination of how individuals and organisations have overcome adversity to improve health outcomes.

The Australasian Doctors' Health Conference is biennial event, and is an initiative of the Australasian Doctors' Health Network. This year, the Victorian Doctors' Health Program was proud to host the conference, and I was privileged to be its convenor.

The selection of invited speakers reflected both the breadth and depth of issues regarding wellbeing currently facing the medical profession.

Associate Professor Jan Mckenzie, a consultant psychiatrist and Associate Dean at the University of Otago, gave a moving description of how the Christchurch earthquake affected the lives of students, teachers and administrators at the University of Otago medical school.

Somehow, in the midst of the devastation, and despite the lack of electricity, a functioning IT system or functional buildings, the teaching continued. Although Jan and her colleagues live in homes that still await rebuilding, they not only support their students but have managed to produce a study with case-controlled data on the educational outcomes for Christchurch students, which has helped identify factors that have led to better outcomes.

Professor Carmelle Pesiah, Professor at the University of New South Wales, provided an entertaining (and, for some, shocking) insight into doctor aging. Professor Pesiah delivered some very strong messages and salutary warnings for us all as we get older. She emphasised that there is not just one formula for successfully aging and negotiating the approach to retirement. Aging with a little disgrace may increasingly be the norm.

Dr Hilton Koppe, a general practitioner and medical educator from Lennox Head explored what makes a career in medicine fulfilling. Dr Koppe was an innovative and engaging teacher, and his presentation encouraged people to challenge their perceptions.

On day two of the Conference, Sydney-based psychiatrist and addiction specialist Associate Professor Stephen Jurd spoke on the Doctors Recovery Movement. In a very inspirational presentation, Professor Jurd disavowed those present of any doubt that addiction is an illness. He highlighted the challenges for doctors overcoming addictions, demonstrated the power of recovery and is himself living embodiment of how much our profession will lose if we do not support for medical professionals in their recovery.

The system of mandatory reporting of impairment in doctors was the focus of a presentation from public health physician and health lawyer Dr Marie Bismark, who informed her presentation with data she has obtained from the Australian Health Practitioners Regulation Agency.

The program of free papers, seminars and workshops throughout the two days likewise stimulated much debate, discussion and sharing of initiatives to make ourselves and our workplaces healthier.

The academic program concluded with a "Hypothetical" in which former Alfred Hospital General Counsel Bill O'Shea quizzed and challenged a team of experts about the multiple issues raised in a (not so) hypothetical case of a doctor found using propofol in the workplace.

The need to consider and look of after the individual doctor was apparent, as were the effects on the doctor's colleagues and the workplace, and the issues of mandatory reporting.

The hypothetical demonstrated the need to take a systems view when a doctor is impaired in the workplace, and to bring together the multiple agencies involved: in this case, the general practitioner, addiction specialist, hospital administration, the Doctors' Health Program, representatives from the doctor's own specialist college, and the provision of support services for the colleagues – including a registrar and a medical student - traumatised after finding the doctor unconscious and apparently intoxicated.

AUSTRALASIAN DOCTORS' HEALTH CONFERENCE 2015

Healthy doctors and a healthy profession – a personal reflection

BY DR KYM JENKINS, CONFERENCE CONVENOR AND MEDICAL DIRECTOR, VICTORIAN DOCTORS' HEALTH PROGRAM

The Australasian Doctors' Health Conference 2015 left me with three take-home messages regarding the health of doctors and the wellbeing of the medical profession. These were:

1. the importance of diversity within the medical profession. That for the medical profession to be healthy, we need not only doctors with different personality styles, but doctors from diverse cultural backgrounds and ethnicities, whatever their sexuality and gender;
2. the importance of being something or doing something other than being a doctor: what we do when we're not practising medicine not only refreshes and rejuvenates us, but enriches us as human beings and, as a consequence, enriches us as doctors; and
3. the importance of a sense of connection. Isolation is not good for doctor health. Connections to our workplace, to our craft group, to our colleagues, to a learned College or a professional group, or to an individual such as a mentor, are all protective factors for keeping us healthy.

adhc2015 fulfilled its ambition in help make discussion about the need to keep ourselves and our profession healthy well and truly open. In 2015, taking an interest in doctor health is no longer seen as a frivolous or non-essential activity. There is an increasing body of work in this area and much more is still needed.

The next Australasian Doctors Health conference will be in in Sydney in 2017.

INFORMATION FOR MEMBERS

Super made easy – SuperStream

The ATO will be assisting general practice, dental and specialist business industry over the coming weeks to transition over to SuperStream.

Small business owners with 19 or fewer employees need to start paying super contributions and sending member information electronically through SuperStream.

The process which came into effect 1 July provides a consistent and simplified way for employees to make super contributions on behalf of their employees.

Under the system – those responsible for paying super guarantee for general practice, dental and specialist business will be able to pay super to multiple super funds through one channel.

The ATO is holding a webinar to help practice managers, employers, accountants, BAS agents, bookkeepers and anyone responsible for paying superannuation for general practice, dental and specialist businesses on Tuesday 20 October.

The ATO has an employer checklist can help employers prepare visit www.ato.gov.au/SuperStreamChecklist

AUSTRALASIAN DOCTORS' HEALTH CONFERENCE 2015

Dedicated service major advance in doctor health

> "Focus on the health of doctors, particularly their mental wellbeing, has intensified in recent years amid mounting concerns around very long and disruptive work hours, substance abuse, and workplace bullying and harassment"

The AMA is on target to establish a national network of dedicated doctor health services by the end of 2016, Vice President Dr Stephen Parnis has revealed.

In a major speech to the biennial Australasian Doctors' Health Conference, Dr Parnis said the establishment of the network was a "very significant and positive initiative" that would boost the level of support to the profession.

Focus on the health of doctors, particularly their mental wellbeing, has intensified in recent years amid mounting concerns around very long and disruptive work hours, substance abuse, and workplace bullying and harassment.

The issue of workplace bullying and harassment has come in for particular attention in recent months after vascular surgeon Dr Gabrielle McMullin complained that female trainees were being pressured for sex by senior surgeons.

A survey of 3500 people subsequently conducted by the Royal Australasian College of Surgeons found about half of surgeons, trainees and international graduates had suffered some form of abuse. In all, around 60 per cent of women reported they had been bullied and around 30 per cent said they had been sexually harassed.

Dr Parnis told the Conference that he had personal experience of the many serious stressors doctors face during their working life, and the growing willingness to acknowledge and address them was a welcome development.

"I have been an advanced trainee in surgery, and I have had personal experience of some of the issues uncovered this year," the Vice President said.

"I have sought the advice and care of medical colleagues when I have found the pressures of my career overwhelming [and] I have grieved for friends and colleagues who have harmed themselves or taken their own life."

Dr Parnis told the Conference that, rather than indulging in a culture of finger-pointing and blame, the medical profession needed to promote good health and health lifestyles for its members.

He said the establishment of a national network of dedicated doctor health services was an important part of this process.

The Medical Board of Australia is providing the AMA $2 million a year, indexed to inflation, to establish and oversee a nationally consistent suite of health, advice and referral services for doctors and medical students available in all states and territories.

To deliver this, the AMA has created Doctors' Health Services Pty Ltd, a wholly-owned subsidiary, to co-ordinate the delivery of services that are at arm's length from the Medical Board.

An Expert Advisory Council, chaired by Dr Kym Jenkins of the Victorian Doctors' Health Program and including representatives of existing health services, medical students and doctors in training, will help guide its development and operations.

Dr Parnis said the development of the national service was "progressing well, and the programs are on target to be operational by the end of next year".

"We will all end up being a patient at times during our career, and the challenge is to practise what we preach to our own patients," the Vice President said. "We need to be honest, to be open to uncomfortable advice from our doctors, and to recognise our own limitations."

He said the development of the national doctor health service was "a very significant and positive initiative" that would boost the support available to doctors.

"To care for one's colleagues is not an easy thing, because it entails significant risk," Dr Parnis said, "but there are real rewards and satisfaction for those who do."

ADRIAN ROLLINS

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Freedom of choice a weighty problem

Governments will have little choice but to tighten food and marketing regulations and possibly increase taxes on unhealthy products if the nation's waistline continues to bulge, the AMA has warned.

The peak medical representative organisation told a Senate inquiry into so-called "nanny state" laws that unless Australians improved their diets and increased physical activity, rates of overweight and obesity would continue to climb and the consequent social and economic costs could force governments to act.

While not calling for a sugar tax, the AMA warned that simply giving people information for them to make informed choices may not, by itself, be enough.

"If people continue to make poor choices, and the number of adults who are overweight or obese continues to increase, Government will have little choice but to regulate," it said, suggesting this might extend to include "restricting... advertising, increasing price, and reducing access, to products known to have a negative impact on health".

Its views were echoed by ACT Chief Health Officer Dr Paul Kelly, who told *The Canberra Times* that although he did not advocate a sugar tax, government needed to be "part of the solution" to obesity.

"Just telling people [about healthy food choices], and asking them to make their own decision, is insufficient," Dr Kelly said. "We know that the majority of the work we do in the hospital system is related to chronic diseases, many of which, if not caused by, are at least made worse by people being overweight or obese. And that's a real cost to the whole community."

The AMA made its warning in a submission to the Senate inquiry being led by Liberal Democratic Party Senator David Leyonhjelm, who objects to what he sees as unwarranted Government constraints on freedom of choice, and has taken particular aim at public health measures such as tobacco controls, alcohol restrictions and bicycle helmet laws.

"It's not the government's business, unless you are likely to harm another person. Harming yourself is your business, but it's not the government's business," Senator Leyonhjelm said. "So bicycle helmets, for example, it's not a threat to other people if you don't wear a helmet; you're not going to bang your bare head into someone else."

Poor choices can hurt many

But the AMA argued this was a narrow view that ignored the society-wide consequences of individual choices.

The Association said that often people failed to appreciate the effect of their choices on those around them.

"All too often it is family members and governments who are left to provide support and care for poor individual decision-making," the AMA said. "More tragically, sometimes innocent victims have to bear the consequences. As doctors, we see too many innocent victims, victims of road traffic accidents caused by drunk or speeding drivers, victims of alcohol and drug-induced violence."

The Association said that millions were alive today because of public health initiatives such as vaccination programs, road safety laws, smoking restrictions and air and water standards that initially encountered resistance, but which are now widely accepted and supported as reducing the risk to individuals and enhancing the common good.

For example, smoking is a leading cause of preventable deaths, and dealing with its health and economic consequences costs the country billions of dollars each year. For this reason, the community accepts and expects measures to control tobacco marketing and use.

Similarly, compulsory bicycle helmets laws introduced in the early 1990s have been found to have greatly reduced the risk of head injury for cyclists, to the benefit of individuals, their families and the community.

Sydney University philosopher Professor Paul Griffiths and Sydney Law School Professor Roger Magnusson said Senator Leyonhjelm's critique of public health measures missed the mark.

Continued on p31 ...

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from p30

"Australia's health legislation is a poor candidate for Libertarian criticism," they wrote in *The Age*. "Accurate information about the risks and harms posed by consumer products increases freedom by helping people understand their options."

In its submission, the AMA rejected the view that these and similar regulations were an unwarranted intrusion on individual liberty.

It said that even with such public health measures in place, "people in Australia are largely able to do as they wish, even when it is likely to cause harm to themselves or others – some people continue to smoke or consumer excessive amounts of alcohol".

But the AMA asserted governments had a responsibility to protect people from harm caused by others, and to regulate behaviour to improve individual health and promote the greater good.

"Government does have a role to play in making this country a safer and healthier society," it argued, "...in regulating and modifying the behaviour of individuals so that the rest of us can be confident that we won't be affected by the poor decisions of others, such as being run off the road by a drunk driver."

"We need all those who have a responsibility for prevention, including governments at all levels, to live up to their responsibilities for public health and prevention."

ADRIAN ROLLINS

A lifetime of jabs to be on the record

The birth-to-death vaccination details of every Australian will eventually be held in a single national register under new laws passed by Federal Parliament.

In a strong show of bipartisan support for the importance of vaccination, the Labor Party on 12 October backed Coalition legislation calling for the establishment of an Australian Immunisation Register to document all the vaccinations received by Australians under the National Immunisation Program.

Under the new laws, the current Australian Childhood Immunisation Register will, from 1 January next year, be renamed the Australian Immunisation Register and expanded to collect vaccination records for all Australians 20 years or younger.

From next September, the Register will be further enlarged to encompass all age groups including, for the first time, 70-year-olds receiving the Zostavax shingles vaccine provided under the National Immunisation Program.

These changes will be complemented by the transformation of the National Human Papillomavirus Vaccination Program Register into the Australian Schools Vaccination Register, which from 2017 will document all vaccinations given to schoolchildren under the National Immunisation Program.

The legislation will also enable the Federal Government to implement its No Jab, No Pay policy by allowing for the sharing of vital Centrelink data.

Assistant Treasurer Kelly O'Dwyer said the changes would remedy serious shortcomings in the nation's immunisation record which have left some dangerously exposed to serious infections.

"The changes made in this Bill will help to increase national immunisation rates," Ms O'Dwyer told Parliament. "There are a number of vaccines administered in schools that are not adequately recorded and, as a result, immunisation rates for adolescents in Australia are not well known."

The Minister said this included information about vaccination for potentially extremely serious diseases such as chicken pox, tetanus, diphtheria and whooping cough.

Ms O'Dwyer said the registers, which will eventually be consolidated into a single, life-long vaccination record, would help identify areas where vaccination rates were low, allowing targeted action.

"The...registers will give vaccine providers the data they need on areas where immunisation rates are low, and it will allow them to send out the necessary reminder letters," she said.

Shadow Health Minister Catherine King said the legislation would not only help ensure children were being fully immunised, but also adults.

"It is about ensuring adults have information they need to ensure the protection they receive as children continues long after their schooling ceases," Ms King said. "Diseases like tetanus, diphtheria and, of course, whooping cough, are not confined to children. Adults who travel or come into contact with others who do not keep their immunisations up-to-date are just as much at risk as those who have refused to be vaccinated."

"Having a register rof people and knowing their vaccination status is an important way to ensure that people can remain vaccinated."

ADRIAN ROLLINS

Continued on p32 ...

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from p31

Australian-made cannabis no free-for-all

Access to cannabis for medicinal purposes will be tightly controlled and subject to rigorous scientific assessment even as the country moves to legalise and license its cultivation.

Health Minister Sussan Ley has confirmed that medical cannabis will only be available by prescription, and its use will be subject to approval by the Therapeutic Goods Administration.

Advocates have welcomed Federal Government plans to introduce legislation allowing the controlled cultivation of cannabis for medical and scientific purposes by the end of the year.

But Ms Ley cautioned that although the new laws, which have the support of Labor, would legalise and regulate the production of medicinal cannabis, any potential application would need to be approved by the medicines watchdog based on evidence as to safety and efficacy.

"It's important we maintain the same high safety standards for medicinal cannabis products that we apply to any other medicine," the Health Minister said. "I'm sure Australians would be concerned if we allowed medicinal cannabis products to be subject to lower safety standards than common prescription painkillers or cholesterol medications."

The AMA has argued that cannabis should be regulated in the same ways as other therapeutic narcotics, and be subject to rigorous testing to assess its clinical safety and effectiveness for various conditions.

AMA President Professor Brian Owler said last year that the efficacy of medicinal cannabis for treating symptoms of multiple sclerosis was well established, but other applications should be subject to the same rigorous assessment process as applied to other medicines.

"The way that we regulate medicines in this country for clinical indications is through the TGA, and I think we need to keep using those mechanisms...to regulate the availability of cannabis - not crude cannabis that can be grown at home, but the pharmaceutical preparations that are actually already available, and even looking at putting those on the PBS for particular indications," the AMA President said.

The Health Minister said medicinal cannabis would not be made available over the counter, except through a doctor's prescription or as a result of evidence gained through clinical trials.

"At the end of the day, cannabis is classified as an illegal drug in Australia for recreational use and we have no plans to change that," Ms Ley said. "In many cases the long-term evidence is not yet complete about the ongoing use of various medicinal cannabis products, and it's therefore important we maintain the role of medical professionals to monitor and authorise its use."

The Government has proposed the Health Department operate a national licensing scheme to allow the controlled cultivation of cannabis, providing what Ms Ley said was the critical "missing piece" in enabling a sustainable domestic supply of safe medicinal cannabis for Australian patients.

While there are already systems in place to license the manufacture and supply of medicinal cannabis products, local production is currently illegal, and patients and carers trying to obtain them have been forced to try illegal suppliers or to overcome numerous barriers to access on international markets.

"Allowing the cultivation of legal medicinal cannabis crops in Australia under strict controls strikes the right balance between patient access, community protection and our international obligations," Ms Ley.

The Government will consult with Labor, the Australian Greens, crossbench senators and the states and territories before introducing a final version of the proposed legislation to Parliament by the end of the year.

Ms Ley said the proposed Commonwealth licensing scheme would set out universal obligations and a common legislative framework for states looking to allow medicinal cannabis cultivation.

"It's imperative we have a clear national licensing system to ensure we maintain the integrity of crops for medicinal or scientific purposes," she said. "It allows us to closely manage the supply of medicinal cannabis products from farm to pharmacy. We also want to make sure that this approval and monitoring process for cultivation isn't fragmented across different jurisdictions and provides regulatory consistency."

But the Greens, though welcoming the Government's move, argued that it did not go far enough.

Greens leader Dr Richard Di Natale said the proposed legislation did nothing to remove the "bureaucratic barriers" he argues will prevent it from being prescribed like other medicines.

ADRIAN ROLLINS

Continued on p33 ...

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from p32

Commissioner to hear ill-wind claims

A former telecommunications executive has been appointed the nation's first National Wind Farm Commissioner amid an expected acceleration in the installation of wind turbines in the next five years.

As the Federal Government continues to pursue the possible health effects of wind turbines, former Telecommunications Industry Ombudsman Council Chair Andrew Dyer has been engaged to hear and help resolve complaints about the operation of wind farms.

The appointment has been made even though there is a lack of scientific evidence that wind turbines affect human health.

A three-year investigation by the National Health and Medical Research Council concluded there "is currently no consistent evidence that wind farms cause adverse effects in humans".

"Overall, the body of evidence that directly examined wind farms and their potential health effects was small and of poor quality," the NHMRC reported. "There is consistent but poor quality evidence that wind farm noise is associated with annoyance, as well as less consistent, poor quality direct evidence of an association between sleep disturbance and wind farm noise."

Earlier this year, acoustic experts told a Senate inquiry there was no evidence that people were physically affected by low-frequency sound like that emitted by wind turbines.

The AMA's own conclusion is that there is no evidence to back assertions that wind farms cause headaches, dizziness, tachycardia or other health problems.

In a Position Statement released last year, the AMA said that if wind farms did directly cause adverse health effects, there would be a much stronger correlation between reports of symptoms and proximity to wind farms than currently existed.

The *AMA Position Statement on Wind Farms and Health 2014*, which can be viewed at https://ama.com.au/position-statement/wind-farms-and-health-2014, concluded that "available Australian and international evidence does not support the view that the...sound generated by wind farms... causes adverse health effects".

But such findings have been dismissed by anti-wind farm campaigners, and the Coalition Government has pushed hard to keep the issue alive by arguing more research needs to be done.

Health Minister Greg Hunt said the Wind Farm Commissioner would be supported in his work by a four-member expert committee to advise on sound standards and the latest research on the health effects of wind turbines.

Mr Hunt said the appointments, which follow the release of a Senate report, were "in line with the Government's commitment to respond to community concerns about wind farms".

In its majority report, the Senate Select Committee on Wind Turbines, chaired by Democratic Labor Party Senator John Madigan, found that "there is a clear disconnect between the official position that wind turbines cause no harm to human health and the strong and continuing empirical, biological and anecdotal evidence of many people living in proximity to turbines suffering from similar physiological symptoms and distress".

In a swipe at the National Health and Medical Research Council after the nation's peak research body reported a lack of evidence to support claims of the harmful effects of wind turbines, the committee called for the establishment of an independent expert scientific panel to research the issue, as well as the appointment of an ombudsman to hear complaints.

Mr Hunt responded to the recommendation by announcing that RMIT acoustics expert Adjunct Professor Jon Davy would chair a four-person Independent Scientific Committee on Wind Turbines to advise on research regarding the potential health effects of wind farms, as well as the development of sound monitoring and noise standards.

The Minister said the Committee, which also includes Dr Kym Burgemeister from Arup professional services consultancy, Associate Professor Simon Carlile, Head of the University of Sydney's Auditory Neuroscience Laboratory and Sir Charles Gairdner Hospital sleep physician David Hillman, will be expected to complement the work of the Wind Farm Commissioner by identifying "needs and priorities" for wind farm monitoring.

ADRIAN ROLLINS

Hospitals, health workers increasingly targeted as conventions break down

> "These violations have become so routine there is a risk people will think that the deliberate bombing of civilians, the targeting of humanitarian and health care workers, and attacks on schools, hospitals and places of worship are an inevitable result of conflict"

A wave of deadly attacks on hospitals and health workers in Middle East conflicts has fuelled fears that basic conventions against targeting medical and humanitarian services in war zones are breaking down.

United Nations Secretary General Ban Ki-moon has denounced what calls "the brazen and brutal erosion of respect for international humanitarian law."

"These violations have become so routine there is a risk people will think that the deliberate bombing of civilians, the targeting of humanitarian and health care workers, and attacks on schools, hospitals and places of worship are an inevitable result of conflict," he said.

Mr Bann called for action to be taken against those responsible.

"International humanitarian law is being flouted on a global scale," Ban said. "The international community is failing to hold perpetrators to account."

A senior Medical charity Medicins Sans Frontieres (MSF) official has warned that the concept of international humanitarian law may be "dead" after a hospital operated by the organisation was destroyed in a bombing attack by Saudi-led forces operating in Yemen – the second such attack in less than a month.

MSF said that on 26 October its hospital in Haydan was destroyed by air strikes carried out by the Saudi Arabia-led coalition fighting against Houthi forces in the war-torn Middle East country. Multiple casualties were only avoided by the rapid evacuation of patients and medical staff.

The attack came just weeks after United States forces bombed an MSF hospital in north-east Afghanistan, killing 22 people including 12 medical staff.

And the charity has reported that at least 35 patients and medical workers have been killed, and 72 wounded, following an escalation of air bombing raids in northern Syria.

It said 12 hospitals have been hit in the Idlib, Aleppo and Hama governorates in the past month, causing six to close and destroying four ambulances.

Head of MSF operations in Syria, Sylvain Groulx, said calls for an immediate halt to such attacks had so far fallen on deaf ears.

"After more than four years of war, I remain flabbergasted at how international humanitarian law can be so easily flouted by all parties to this conflict," Mr Groulx said. "We can only wonder whether this concept is dead."

Pressure is mounting on the United States Government to agree to an independent inquiry into its attack on the MSF hospital in the Afghan city of Kunduz.

The International Humanitarian Fact-Finding Commission (IHFFC), established under the Geneva Conventions, has written to both the US and Afghanistan governments to offer its services for an independent inquiry following a complaint from MSF.

US President Barack Obama has issued a public apology for the bombing, and his Government has initiated its own inquiry. But Mr Obama has been steadfast in resisting calls for arms-length investigation, and is considered unlikely to accept the Commission's offer.

Neither the US nor Afghanistan are member states of the Commission, which has no power to compel their participation.

"It is for the concerned Governments to decide whether they wish to rely on the IHFFC," the Commission said. "The IHFFC can only act based on the consent of the concerned State or States".

President Obama has assured that his Government would conduct a "transparent, thorough and objective" inquiry into the tragedy.

But MSF claims the attack could amount to a war crime and must be investigated independently.

"We have received apologies and condolences, but this is not enough. We are still in the dark about why a well-known hospital full of patients and medical staff was repeatedly bombarded for more than an hour," said Dr Joanne Liu, MSF International President. "We need to understand what happened and why."

Continued on p35 ...

Hospitals, health workers increasingly targeted as conventions break down

... from p34

Dr Liu said her organisation was determined to uncover how the attack had occurred, and to hold those responsible to account.

"If we let this go, as if it was a non-event, we are basically giving a blank cheque to any countries who are at war," Dr Liu said. "If we don't safeguard that medical space for us to do our activities, then it is impossible to work in other contexts like Syria, South Sudan, like Yemen.

Saudi authorities have denied responsibility for the Yemen hospital attack, though it has been reported that Saudi Arabia's ambassador to the UN has blamed MSF for providing incorrect GPS coordinates to the Saudi-led coalition – a claim the charity denies.

MSF said it provided Saudi-led armed forces with details of the hospital's location on multiple occasions, including just two days before the strike that destroyed the facility.

President Obama called Dr Liu to apologise for the attack after the US military admitted responsibility.

The Kunduz hospital attack occurred despite the fact that MSF had given all warring parties the GPS coordinates of the hospital.

Outrage over the attack was heightened when the US initially appeared to claim it was a necessary and legitimate use of force, before later characterising it as a mistake.

MSF said that "any statement implying that Afghan and US forces knowingly targeted a fully functioning hospital – with more than 180 staff and patients inside – razing it to the ground, would be tantamount to an admission of a war crime," MSF Australia President Dr Stewart Condon and Executive Director Paul McPhun said. "There can be no justification for this abhorrent attack."

"Medecins Sans Frontieres reiterates its demand for a full, transparent and independent international investigation to provide answers and accountability to those impacted by this tragic event."

ADRIAN ROLLINS

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