AUSTRALIAN
Medicine
The national news publication of the Australian Medical Association

Public hospitals need more money

Report card on page 3

INSIDE

AMA

ISSUE 29.03 MARCH 7 2017

AUSTRALIAN
Medicine

Managing Editor: John Flannery

Editor: Chris Johnson

Contributors: Maria Hawthorne
Odette Visser

Graphic Design: Streamline Creative, Canberra

Advertising enquiries

Streamline Creative
Tel: (02) 6260 5100

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

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

AMA LEADERSHIP TEAM

President
Dr Michael Gannon

Vice President
Dr Tony Bartone

In this issue

Cover pic: AMA President Dr Michael Gannon

Public hospitals report card fail due to funding

Australia's public hospitals are in a constant state of emergency due to inadequate funding, according to the AMA's *2017 Public Hospital Report Card.*

Across the nation, the performance of public hospitals is either virtually stagnant or in decline.

AMA President Dr Michael Gannon said hospitals and the dedicated health professionals who work in them were being hampered by funding shortfalls that had to be addressed.

"To put it bluntly, public hospital performance against these measures across all States and Territories is woeful," Dr Gannon said when releasing the Report Card last month.

"But this is not the fault of the highly-skilled and hard-working doctors, nurses, and other health professionals and hospital workers who work around the clock caring for patients and who are being asked to do more with less year after year.

"Our over-stretched and over-stressed public hospitals are suffering because of inadequate and uncertain Commonwealth funding, which is choking public hospitals and their capacity to provide essential services."

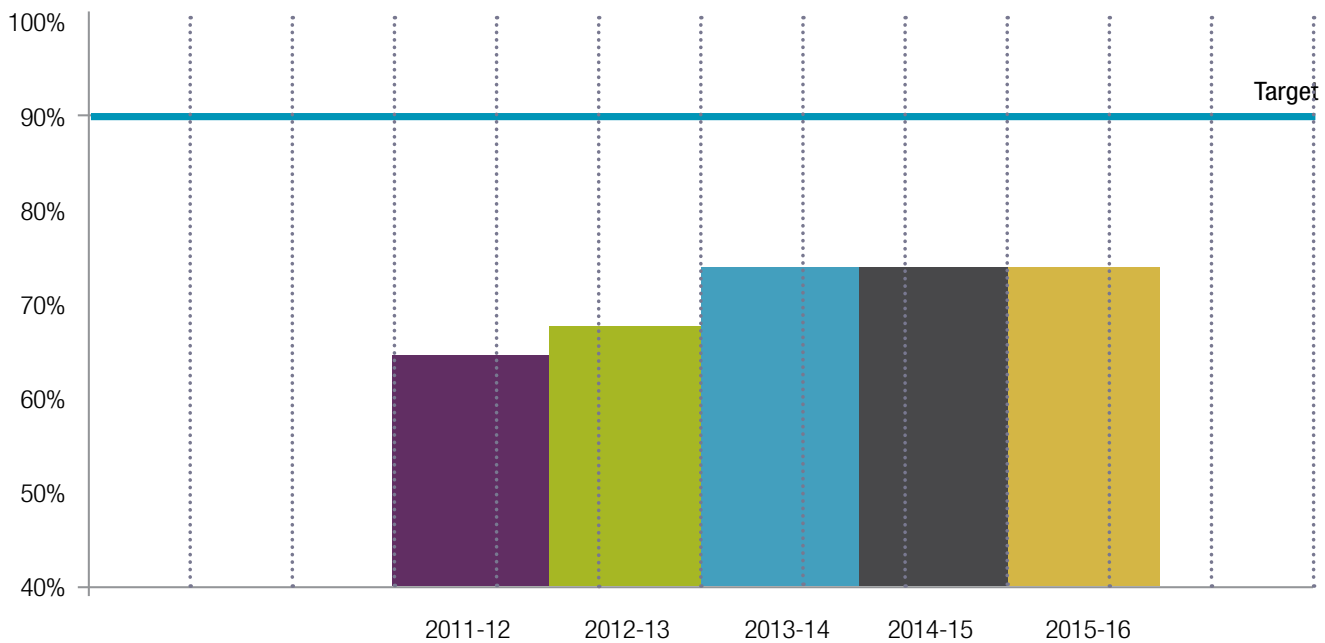
The report reveals that thousands of patients die each year before they get elective surgery due to a 37 per cent jump nationally in waiting times since the year 2000.

Waiting times for knee and hip replacements have skyrocketed, with more than half of those patients forced to wait more than 37 days for their operations – the longest waiting time in 14 years.

And no State or Territory met the emergency department (ED) targets of being able to treat 80 per cent of patients within four hours.

Graph 3: National performance against the Four Hour National Emergency Access Target

Percentage of emergency department visits completed in 4 hours or less – Australia



Source: Australian Hospitals Statistics 2011-12 to 2015-16: emergency department care (AIHW)

Public hospitals report card fail due to funding

... from p3

The Report Card shows that, across 48 key measures, there were 40 fails, only three positives, and five no scores because data was not provided.

Bed number ratios have remained static and ED waiting times for urgent patients have worsened.

"Public hospital performance has not improved overall against the performance benchmarks set by all governments," Dr Gannon said.

"Without sufficient funding to increase capacity, public hospitals will never meet the targets set by governments, and patients will wait longer for treatment.

"Public hospitals are at the core of our healthcare system and are much loved and respected by the Australian people.

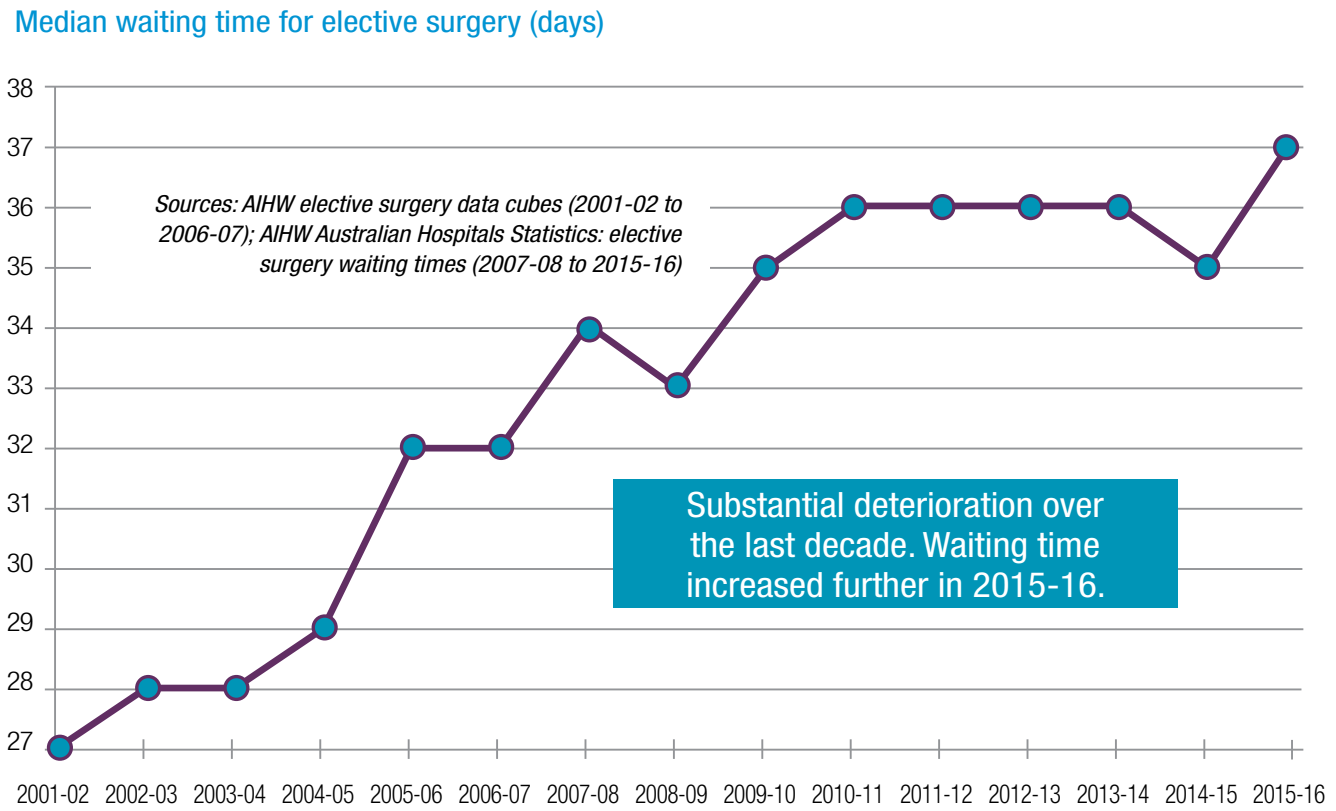
"Our public hospitals are the training ground for the future medical workforce. They are the first port of call for emergency care. They are the safety net for the people who can't afford private health insurance.

"They are the place where innovation and new treatments, which continue to enhance the extraordinary gains in medical science and for patient outcomes, are developed."

The additional Commonwealth funding of $2.9 billion over three years, announced at the Council of Australian Governments meeting in April 2016, was welcomed by the AMA but it remains inadequate.

In contrast, data published by the independent Parliamentary Budget Office shows that funding under the original National Health Reform Agreement would have delivered $7.9 billion in

Graph 4: Median waiting time for elective surgery (days)



Public hospitals report card fail due to funding

... from p4

additional funding to June 2020, compared to CPI indexation and population growth – as announced in the 2014-15 Federal Budget.

"Public hospitals require sufficient and certain funding to deliver these essential services," Dr Gannon said.

"The Commonwealth must work with the States and Territories to reach an agreed long-term strategy to fund public hospitals appropriately."

Federal Health Minister Greg Hunt said funding was rising to the tune of $1 billion a year.

"Public hospital funding is forecast to grow from $13.8 billion in 2013-14 to $21.2 billion in 2019-20," Mr Hunt said.

"This represents an increase of $7.4 billion by the Commonwealth Government since the Coalition came to government."

But Shadow Health Minister Catherine King said public hospitals would continue to struggle while the freeze on GP rebates continued.

Positive findings in the Report Card include small improvements in elective surgery admissions for Category 2 urgent patients in Victoria and Queensland (although both States failed to meet their targets); and an improvement of three days in the median time Northern Territory patients wait to be admitted for elective surgery.

The AMA Public Hospital Report Card 2017 can be found at https://ama.com.au/ama-public-hospital-report-card-2017

CHRIS JOHNSON

Table 1: State and Territory Performance - Summary

State/Territory	Improvement in Emergency Department waiting time - urgent (category 3) 2015-16	Met National Emergency Access Target (NEAT) 2015+	Improvement in Elective Surgery waiting time 2015-16	Met National Elective Surgery Target (NEST)+* 2015+	Improvement in Elective Surgery Category 2 admission in 90 days	MYEFO 2016-17 increased Commonwealth funding for 2016-17 over Budget 2016-17
NSW	✘	✘	✘	✘	✘	✘
VIC	✘	✘	✘	✘	✔	✘
QLD	✘	✘	✘	✘	✔	✘
WA	✘	✘	✘	✘	✘	✘
SA	✘	✘	✘	✘	✘	✘
TAS	✘	✘	✘	✘	✘	✘
ACT	n/a	n/a	n/a	n/a	n/a	✘
NT	✘	✘	✔	✘	✘	✘

+ Targets are set on a calendar year basis; performance as reported by AIHW. AIHW reported elective surgery Category 2 performance for financial year 2013-14 but data for the period 2010-11 to 2011-12, and January to June 2013 has not been published. Elective surgery Category 2 year on year performance is graphed for each State and Territory below, excluding these periods

**Treating patients within clinically recommended time – Category 2 (within 90 days)*

Medicare rebate freeze might thaw soon

The Federal Government appears to be getting closer to unwinding the freeze on the Medicare rebate, for visits to general practitioners as well as specialists.

> "... the freeze has been a constant cause for concern for doctors and patients and something the AMA has lobbied hard to have lifted"

Since it was first introduced in 2013, the freeze has been a constant cause for concern for doctors and patients and something the AMA has lobbied hard to have lifted.

AMA President Dr Michael Gannon has already held productive talks with new Health Minister Greg Hunt, stressing the need for the freeze to end.

But it is the Minister himself who has been vocal about the possibility of an imminent announcement regarding changes.

Speaking just days after Prime Minister Malcolm Turnbull said the Government was revisiting the issue of the Medicare rebate freeze, Mr Hunt confirmed that the policy was up for review.

"The Prime Minister has said and I have said that that is an item we would be willing to review and we are willing to review, subject to a very clear set of reforms that will make the system stronger and better," Mr Hunt told the ABC in late February.

The Minister said he was keen to work productively with the medical profession on developing a long-term national health plan, and suggested lifting the rebate freeze was part of that strategy.

"It's about making sure that we get an agreement where there is what the doctors need to keep progressing, but what we need in order to provide the best outcomes for the patients," he said.

"And I am actually very confident that we can have a long-term national health plan which improves access, improves treatment, improves the hospital system for the patient and at the same time allows us to establish a deep, strong working relationship with the general practitioners and the medical specialists."

Commenting specifically on the possibility of the Medicare rebate freeze being lifted, Dr Gannon said he was confident Mr Hunt understood the complexity of the issues in his Health portfolio and the need to revisit the rebate.

"We are determined to see him help turn his Government's record on health around," Dr Gannon said.

"At the top of the agenda is adequate public hospital funding and unravelling the Medicare freeze.

"He knows by now our very clear view that health spending represents an investment in our community. It need not always be seen as a cost.

"I'm very sensitive to the desires of Minister Hunt, the Prime Minister and the rest of the Cabinet to try and bring our budget closer to balance and to maintain the nation's triple A credit rating.

"That's responsible government. But I am genuinely hopeful that they will see value in investing further in our health system.

"They need to be clever in finding ways for the new spending, but we will always advocate responsibly on behalf of not only the patients of Australia, but those taxpayers that do the heavy lifting."

The Medicare rebate freeze was first introduced by Labor in 2013 and was meant to be temporary, with the aim of saving the budget $664 million.

It has remained in force through successive governments, but the issue cost the Coalition votes in last year's election – both because its 2014 Budget was a shocker for public health, and because Labor campaigned hard on the line that the Government wasn't committed to Medicare.

Since the election, the Government has been at pains to stress its "absolute commitment" to Medicare, but some ministers say more needs to be done to claw back ground following Labor's "Mediscare" campaign.

A full lift of the freeze in the May Budget could cost more than $3 billion.

The AMA and the Government are continuing discussions.

CHRIS JOHNSON

Private health insurance premiums rise – and the funds want more freedom

Private health insurers may be able to raise premiums without having to seek Government approval if Health Minister Greg Hunt accepts a contentious proposal.

The Australian has reported that the Private Health Ministerial Advisory Committee (PHMAC) is set to recommend that future price rises are left to the industry to decide.

The newspaper cited minutes of a PHMAC meeting in February, which considered reforming the premium setting arrangements.

"Most members were in favour of deregulation, and discussed options for transitioning to deregulation of premium settings," the minutes said.

News of the proposal came a day after Mr Hunt announced that premiums would rise by an average 4.84 per cent in April, the lowest rise in a decade but still three times the inflation rate.

Mr Hunt said that the rise was lower than in any of the years of the previous Rudd/Gillard Labor Governments. It is also considerably lower than the rises in five of the last six years of the Howard Coalition Government, which hit a peak of 8 per cent in 2005."I realise that cost of living pressures are a major concern for Australian families," Mr Hunt said.

"Although this is the lowest increase in a decade, I am determined that more can be done to get better value for families.

"As the new Health Minister, I will work with insurers over the next year to find ways insurers can deliver more value for customers without compromising on the quality of cover.

"I have already made this clear to the insurance companies, and received a commitment that they will work to that end."

AMA President Dr Michael Gannon said there were good reasons for the premium rise, but he was concerned that private cover might be moving out of reach for families.

"Health CPI outstrips true CPI, and we see this in every way," Dr Gannon told Sky News.

"But what is an absolute reality is that it means that for those Australians, for those families who pay for private health insurance, it is consuming a higher proportion of the family budget.

"We worry if it takes private health insurance out of the reach of ordinary Australians.

"These increases year-on-year – greater than the increase in wages, and other metrics of people's ability to pay the bills – are of a concern, because people might just walk away."

Consumer group Choice said the latest price hike might be justifiable for providers, but that did not mean it was affordable.

"What we're seeing at the moment is people reconsidering their coverage, people dropping out, and unfortunately people downgrading into what we call junk policies," spokesman Tom Godfrey told ABC Radio.

"Private health insurance at the moment for a lot of people is a pretty bad deal."

Shadow Health Minister Catherine King said that the latest increase took the total rise in premiums under the Coalition Government to 23 per cent.

She said it would put significant strain on families, at a time when they were already being forced to pay more out of their own pocket for health.

"Australians are paying more than ever to visit a GP, they are paying more than ever for private health insurance, and yet the Government is still refusing to lift the GP [Medicare rebate] freeze and invest more in health," Ms King said.

"The new Health Minister is joking if he thinks this is good news. He can't seriously expect a pat on the back for a 23 per cent increase to private health insurance premiums."

MARIA HAWTHORNE

Shadow shopper sting catches pharmacists recommending homeopathic treatments

An undercover "shadow shopper" sting has revealed that almost one in three pharmacists are recommending alternative medicines that have little to no scientific evidence to prove their effectiveness.

> "… consumer advocacy group CHOICE sent mystery shoppers into 240 mostly large chain chemists around the country to test the level of advice given by pharmacists"

With an estimated seven out of 10 Australians taking some form of vitamin or supplement, consumer advocacy group CHOICE sent mystery shoppers into 240 mostly large chain chemists around the country to test the level of advice given by pharmacists.

Each shopper was asked to approach the prescription dispensing counter and ask for advice from a pharmacist about feeling stressed.

"Worryingly, 26 per cent of pharmacists recommended products based on Bach flower remedies, and 3 per cent recommended homeopathic products, for which there is no evidence of effectiveness," CHOICE spokesman Tom Godfrey said.

Bach flower remedies are solutions of alcohol and water, containing extremely diluted flower essences that were 'intuitively' determined by physician/homeopath Dr Edward Bach to have particular emotional healing properties.

There is no scientific evidence that they are effective, and some evidence that they are not effective at all.

The most commonly recommended products (46 per cent) contained a B group vitamin complex, for which there is some evidence that it may help.

St John's Wort (11 per cent) and Valerian (15 per cent) were also recommended. While Valerian may help with stress-related insomnia, there is no evidence that either product helps treat stress.

When the shoppers asked the pharmacist for information about the recommended product, 59 per cent were assured that the product worked, without being any suggestion of supporting evidence, and 24 per cent were told that the product "scientifically works".

Only 3 per cent of shoppers were advised to see a doctor, and in one case the recommended product, Metabolic Maintenance MetaCalm, was not listed on the Australian Register of Therapeutic Goods, and therefore can't legally be sold in Australia.

CHOICE has reported it to the Therapeutic Goods Administration (TGA).

AMA President Dr Michael Gannon said that it was rare to meet an Australian family that does not have some form of vitamin supplement use.

"What a lot of Australian families have is very expensive urine," Dr Gannon told ABC TV's Four Corners program.

Dr Gannon said that doctors, nurses, and pharmacists consistently top the list of most trusted professions.

"That respect has been hard won," Dr Gannon said.

"That's put at risk if they're being seen to promote treatments that increasingly the average consumer recognises might be a load of rubbish."

The Pharmaceutical Society of Australia (PSA) expressed concern at the survey, saying that the practice of recommending non-evidence based complementary medicines to patients was not supported by the PSA's recently revised Code of Ethics or its Position Statement on Complementary Medicines.

"When discussing the use of complementary medicines with consumers, pharmacists must ensure that consumers are provided with the best available information about the current evidence for efficacy, as well as information on any potential side effects, drug interactions and risks of harm," PSA National President Joe Demarte said.

"PSA strongly recommends that all consumers considering taking complementary medicines consult with pharmacists who adhere to PSA's Code of Ethics principles and provide evidence-based advice."

The Pharmacy Guild of Australia said that the survey highlighted the "important role of community pharmacy in advising patients on all aspects of medicines, including complementary medicines".

MARIA HAWTHORNE

Green light for medicinal cannabis but AMA says proceed with caution

The Federal Government has given the green light to the legal sale of medicinal cannabis, with Health Minister Greg Hunt announcing that companies will be allowed to apply to distribute cannabis oils and other medical marijuana products.

Federal Parliament passed laws last year legalising medicinal cannabis use for patients with chronic and painful illnesses, but there was no legal market in Australia for the product.

And with rules varying from State to State over applying the new laws, it was too difficult for most patients to access and has helped fuel an underground supply chain.

Importation from overseas markets, which was encouraged last month by Prime Minister Malcolm Turnbull, also meant patients could wait months for the drug.

But the recent announcement from Mr Hunt signalled the wait was over and red tape was about to be reduced.

"We have listened to the concerns of patients and their families that are having difficulty accessing the product while domestic production becomes available," the Minister said.

"We are now making it easier to access medicinal cannabis, while still maintaining strict safeguards.

"As part of these changes, importers can source medicinal cannabis products from a reputable supplier overseas and store these in a safe, secure warehouse in Australia."

Mr Hunt said the changes meant an effective interim national inventory would be built through approved imports, while work continues on establishing the domestic cultivation and manufacture of medicinal cannabis products.

It is understood the Government has already discussed the matter with six companies who are ready to distribute the products immediately.

Approvals have already begun for the first domestic licences to cultivate cannabis for medicinal purposes.

Shadow Health Minister Catherine King said the move was a step in the right direction and that she had been pressuring the Government to act.

"Labor has been calling on the Government to do more to improve the access to regulated medical cannabis, with the Government being slow to act and leaving families in limbo for too long," she said.

"However it should be noted there are still unanswered questions around the other barriers to access, such as patients' access to doctors who can prescribe medicinal cannabis.

"This announcement can't just deliver the same cruel empty promises that we have seen to date. It must deliver relief for the people who need it."

But the AMA has greeted the announcement with caution.

President Dr Michael Gannon said the changes did not mean a new wonder drug was now available to Australian patients.

"Cannabis is not a new drug. It's been around since pre-history and if it was the panacea for a whole range of medical conditions it was claimed to be by some advocates, then we would have been using it for a long period of time," he said.

"The truth is that it potentially does have limited application in a number of areas, including the palliative care setting and including symptom relief for nausea and pain and certainly for spasticity – certain neuromuscular conditions and certain forms of juvenile epilepsy.

"But just the same as a drug company coming and saying 'prescribe my drug' we would say that we need to have the same approach. Show us the scientific evidence and doctors will prescribe it selectively on a patient by patient basis.

"What the Government has announced is legal avenues for supply where doctors have in good faith written a legal prescription.

"Now that's appropriate. The last thing we want is people accessing the black market.

"In those limited circumstances where it has clinical application, patients should have access to legal avenues of supply."

CHRIS JOHNSON

Taxing times over sugar

The Federal Government has come under fire for not accepting all the advice from nutrition experts who are calling for a tax on sugar.

The Obesity Policy Coalition recently released a 47-point blueprint designed to tackle the nation's obesity crisis.

The plan was compiled by 100 nutrition experts from 53 organisations working with State and Federal governments to address Australia's weight problem – a problem which carries an annual $56 billion health bill.

Under the proposed strategy, junk food would be banned from schools and sports venues and a tax would be introduced on sugary drinks.

Government-run venues and events would have stricter rules for serving healthier foods, with many fast food outlets having to make way for healthy food sellers in such places.

Each State and Federal government is responding to the report individually, but at the national level there is no appetite for a sugar tax – at least not from the Coalition.

Following the release of the report, Health Minister Greg Hunt expressed the Federal Government's opposition to a sugar tax and confirmed one would not be introduced.

"The Turnbull Government is taking action to tackle the challenge of obesity and encourage all Australians to live healthy lives," he said.

"But unlike the Labor Party, we don't believe increasing the family grocery bill at the supermarket is the answer to this challenge.

"We already have programs in place to educate, support and encourage Australians to adopt and maintain a healthy diet and to lead an active life – and there's more to be done."

Shadow Health Minister Catherine King said whatever the Government was doing was clearly not working.

"Here's a question for Malcolm Turnbull – what will it take for him to start taking the problem of obesity seriously?" she said.

"Expert after expert is warning that Australia needs to do more about an issue which is not only costing our economy billions, but also costing us our quality of life."

Greens leader Richard Di Natalie said the Government had its "head in the sand" about Australia's obesity epidemic.

"It is high time the Government stepped up and listened to the chorus of experts from Australia and around the world about the role of a sugar tax – as part of a package of policy responses – on driving down obesity," he said.

"We know there is no silver bullet here, but a tax on sugary drinks has been estimated to reduce consumption by 12 per cent. And we know it's overwhelmingly kids who will benefit."

AMA NSW President Professor Brad Frankum said the Health Minister was letting people down by dismissing a sugar tax so readily.

"It's quite clear that not enough is being done to prevent obesity, since two thirds of adults and a quarter of children are overweight or obese," Prof Frankum said.

"Considering overweight and obesity is the biggest contributor to chronic disease in Australia, it is very premature to be dismissing any individual component of a suite of measures, recommended by experts.

"A tax on added sugar is not about raising the prices of people's grocery bills, in fact, it would help as part of an overall education strategy."

A total of 63 per cent of Australian adults and 25 per cent of Australian children are overweight or obese.

More than 1.4 million Australians have type 2 diabetes, with new cases being diagnosed at the rate of 280 per day.

CHRIS JOHNSON

AMA NATIONAL CONFERENCE

AMA

MELBOURNE 2017: 26-28 MAY

Tackle the important issues at the heart of health care at **AMA National Conference – 2017**

Highlights

- **Tackling Obesity** – learn more about the causes of obesity and how the AMA is responding to Australia's obesity problem.
- **Improving Australia's Organ Donation Rate** – examine the ethical and practical considerations related to Australia's lagging organ donation rate.
- **Threats Beyond Borders** – join Julie McCrossin and an expert panel as they discuss Australia's global role in combating infectious diseases and potential health threats.

Earn CPD points

- Explore approaches to support patients dealing with bad health news – facilitated by Professor Stewart Dunn.

Register: https://natcon.ama.com.au/ | Conference enquiries: natcon@ama.com.au

INFORMATION FOR MEMBERS

Specialty Training Pathways Guide – AMA Career Advice Service

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

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

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

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

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

Information on the new website includes:

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

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

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

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

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

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

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

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

Cervical cancer screening – a good news story

BY AMA PRESIDENT DR MICHAEL GANNON

It is time to sink some of the myths around changes to National Cervical Screening Program (NCSP). The well-intentioned change.org petition, which is hurtling past 50,000 signatures, is nonetheless woefully misinformed and misguided. The new guidelines are evidence-based, and a fabulous good news story for girls and women across Australia.

The new guidelines have been developed over many years by an eminent panel of Gynaecologists, Pathologists, Clinicians, and Scientists. They have been meticulously reviewed through the Medical Services Advisory Council (MSAC) process, and represent a further improvement to the Cervix Cancer screening program, which was already the world's best.

The new NCSP reflects an increased understanding of the biology of Cervix Cancer. It reflects the changes in epidemiology that will accrue from having a population of young adults (boys and girls) who should nearly all be vaccinated against cancer producing HPV (wart virus) infection.

These changes will mean that millions of women can perfectly safely reduce the number of times they face the nuisance, expense, and discomfort of having Pap smears. Perhaps the only down side of the change is the health promotion opportunities that have accrued from women visiting their GP on a two-yearly basis.

Nonetheless, it will lead to thousands of women avoiding the anxiety of an abnormal Pap smear and an appointment for follow-up testing. In time, this will result in thousands of women avoiding the need for referral to a Gynaecologist for examination and Colposcopy.

Most importantly, it will mean that thousands of women will avoid surgery historically performed (in good faith) to reduce the risk of progression to severe pre-cancerous changes or Cervix Cancer.

The natural history of HPV infection is that, in many cases, especially in healthy, young non-smokers, the immune system will eliminate the virus without treatment. These women need not have surgery.

The old system was never particularly good in detecting Cervix Cancer in women under the age of 25. The progression from pre-cancerous change to invasive Cancer typically takes many years. The change from cytology (examining the cells under a microscope) to HPV testing is appropriate, with more than 99 per cent of cases of Cervix Cancer being caused by HPV infection.

The most important reason to reduce the number of women having this kind of surgery is to reduce short and medium term risks such as infection, haemorrhage, and cervical stenosis.

Most importantly, at a population level it will reduce the incidence of Cervical Incompetence and preterm birth.

Prematurity is the number one cause of death and disability in children less than five years old in the developed world.

In many women, preterm birth occurs secondary to a deficiency in the defence mechanism that a length of closed cervix provides. A reduction in the number of women having surgery on the uterine cervix will be expected to reduce the incidence of prematurity.

Prematurity is associated with increased risks of Cerebral Palsy, chronic lung disease, intellectual impairment, hearing impairment, blindness, learning difficulties, and behavioural problems.

The NCSP changes will thus save taxpayers millions of dollars, but they are not merely a cost-saving measure. This is a well thought out, evidence-based change to Gynaecological practice, which will be a bonanza for improvements in child health.

The existing Cervix Cancer screening program was never perfect in detecting non-HPV-related cancers. It is absolutely essential that, with the new NCSP guidelines, we remind women of the importance of presenting for asymptomatic screening.

It is also absolutely essential that all women are encouraged to report abnormal bleeding to their GP. Whether this bleeding occurs throughout the cycle or after intercourse, it must (as always) be interrogated. It will remain the case that women under the age of 25 with abnormal bleeding will merit Gynaecological investigation and care.

This is a good news story for not only the health of Australian women and girls, but that of their future children. The fact that it is likely to be cost-effective is an added bonus for the taxpayers who fund the success story that is Australia's NCSP.

Dr Michael Gannon is AMA President and Head of Department, Obstetrics & Gynaecology, St John of God Subiaco Hospital in Perth.

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Key crossbenchers keen to work with AMA on health policy

Dr Michael Gannon and Senator Jacqui Lambie

Senator Brian Burston and Dr Tony Bartone

To say it was an eclectic group of lunch guests would be an understatement. A defence whistleblower, a rural lobbyist, an architect, a policy adviser, a former soldier, and the AMA President and Vice President.

The result? An hour of insightful conversation, questions, and policy discussion covering everything from veterans' health to euthanasia.

AMA President Dr Michael Gannon and Vice President Dr Tony Bartone met five key crossbenchers in one of the Private Dining Rooms during the second sitting week of the federal Parliamentary year.

At first, the ringing of the division bells – first the House of Representatives, then the Senate – threatened to disrupt proceedings.

But once the MPs and Senators were back from their respective votes, the conversation opened up.

Independent Tasmanian MP Andrew Wilkie, who quit his job as an intelligence analyst because of his opposition to the 2003 Iraq war, sat next to outspoken Tasmanian Senator Jacqui Lambie, a former soldier who is passionate about veterans' health.

Mr Wilkie is an advocate for talking about "wellness", as opposed to "preventive health", and a fan of former World Medical Association President Sir Michael Marmot's work on social determinants of health.

Ms Lambie moved straight to her key points – the need for veterans returning from Afghanistan and other deployments to be eligible for a Gold Card immediately, "not waiting until they hit rock bottom", and the lack of effective action to tackle the scourge of ice.

Cathy McGowan, the independent candidate who won the Victorian seat of Indi in the 2013 election, making Sophie Mirabella the only sitting Liberal MP to lose their seat, and won it again last year, spoke about the challenges of getting good health care in rural and regional Australia, and the need for better internet coverage in the bush.

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 14

Dr Michael Gannon and Rebekha Sharkie MP

Dr Michael Gannon and Cathy McGowan MP

Senator Jacqui Lambie, Andrew Wilkie MP and Dr Michael Gannon

Rebekha Sharkie, who won the blue-ribbon Liberal seat of Mayo as a Nick Xenophon Team candidate, also raised concerns about rural health, bulk billing and the Medicare rebate freeze, while One Nation Senator for NSW, Brian Burston, shared his frustration at not being able to get an MRI referral from his GP.

Dr Bartone said that the MRI conversation was one "that I have in my office every day".

In a Parliament where every vote matters, Dr Gannon and Dr Bartone were keen to offer informed commentary on all aspects of health policy.

And the crossbenchers, all working without the benefit of a big party organisation or access to federal departments, were eager to work with the AMA.

Unsurprisingly, the most division in the room was on the topic of euthanasia. The last word went to Senator Lambie, who bluntly asserted her support – "I don't want someone wiping my bum when I'm old."

And with that, the bells started ringing for Question Time, bringing the lunch to an end.

MARIA HAWTHORNE

Rural champion position established in law

The appointment of Australia's first National Rural Health Commissioner is a step closer with the introduction into Parliament of laws establishing the new position.

Assistant Minister for Health Dr David Gillespie said that the Commissioner, an independent advocate for regional, rural and remote health, would be a statutory officer holder under the *Health Insurance Act 1973*.

Dr Gillespie said the legislation marked "an incredible and historic occasion" for the Government and "the third of our population that call regional, rural and remote Australia home".

"This is really a historic occasion for our nation," Dr Gillespie told Parliament.

"Improving access to quality health care for people - no matter where they live - is a priority for this Coalition government.

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 15

"As a medical practitioner who has worked for more than 20 years as a doctor in regional Australia, I am so proud and privileged to be here today to deliver this crucial commitment."

The Government is providing $4.4 million to establish the new Commissioner, who will work with communities, the health sector, universities, specialty training colleges and across all levels of government to improve rural health policies and champion the cause of rural practice.

The Commissioner's first task will be to develop a National Rural Generalist Pathway, to improve access to training for doctors in regional, rural and remote Australia.

"Appropriate remuneration for rural generalists, recognising their extra skills and longer working hours, will also be under consideration," Dr Gillespie said.

"The community relies on rural health professionals to have courage and the skill-set to meet all kinds of challenges. They form the heart of health care for many communities, and the National Rural Health Commissioner will be their champion, and the champion of rural communities everywhere."

The Commissioner's role will also consider the nursing, dental health, Indigenous health, mental health, midwifery and allied health needs in regional, rural and remote Australia.

Dr Gillespie said he understood what medical practitioners in rural and remote areas "are up against".

"It takes a toughness and a boldness, coupled with a deep sensitivity, to work in health in rural and remote areas," he said.

Dr Gillespie said the Commissioner would have extensive experience within the rural health sector, be able to collaborate and consult closely with a broad range of stakeholders, and have a passion for improving health outcomes in regional, rural and remote Australia.

Australians living in rural and remote areas tend to experience higher rates of chronic disease, have shorter life expectancies, and are more likely to smoke, drink alcohol at risky levels, and be obese than their metropolitan counterparts.

MARIA HAWTHORNE

Govt scraps cuts to Child Dental Benefit Scheme

The Government has scrapped its unpopular cuts to the rebate available for dental health care for children, heading off an embarrassing vote loss in the Senate.

The Child Dental Benefits Scheme, introduced by the former Labor Government, allows parents to claim a rebate of up to $1,000 per child every two years' for dental care.

The Government announced plans to axe the scheme completely in the 2016-17 Budget last May, but failed to get the necessary legislation through before Parliament was prorogued ahead of the 2 July election.

It then compromised with a proposal to cut the rebate to $700 per child. Despite fierce criticism from dental and public health groups, the cut came into effect on 1 January.

Labor and the Greens both planned motions to disallow the change in the Senate. Hours before the motions were to be voted on, Health Minister Greg Hunt announced that he had reinstated the full cap.

Mr Hunt said that most families claimed less than a third of the full rebate — about $312 — on average.

"In light of this, the Government had previously set the cap at $700 per child over a two-year period, which would still allow children to visit a dentist regularly," he said in a statement.

"However, following consultation with the Australian Dental Association, I have decided to reinstate the cap at $1,000.

"I have signed this into law today."

Shadow Health Minister Catherine King said it was a huge victory for Australian children's dental health, but another embarrassing backflip for the Government.

"Let's be clear – the only reason the Government has scrapped this cut is not because they wanted to, but because they didn't have the numbers in the Senate and it would have been disallowed," Ms King said.

"Unfortunately though, this announcement does nothing to restore the massive $300 million a year cut to adult public dental services that will see 337,000 Australians lose access to life-changing dental services, putting more pressure on waiting lists."

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 16

Australian Dental Association Vice President Dr Carmelo Bonanno said it was a commonsense decision by the Government.

"The reduction of $700 meant that about 20 per cent of children were going to miss out if they were going to try and utilise the scheme fully," Dr Bonanno told the ABC.

The Australian Healthcare and Hospitals Association (AHHA) said that the decision would help parents to continue to provide much-needed dental health care for their children, rather than delay treatment because of a lack of money.

Modelling by the National Oral Health Alliance showed that children in the top 10 per cent highest need group would be likely to need up to $2,050 worth of dental work over two years, and children at moderate risk would need up to $1,123 worth of work, AHHA said.

"Attending to problems early will help reduce dental care needs and costs for these children in the longer term," AHHA acting chief executive Dr Linc Thurecht said.

Dr Thurecht called on the Government to apply the same preventive health principle to adult dental health services, saying that last December it gave less than a fortnight's notice to the States and Territories of a significant cut to public dental funding.

"This is preventive health in reverse."

MARIA HAWTHORNE

Kids get access to cystic fibrosis drug

Young children with cystic fibrosis will be treated with a world-first, life-changing drug free of charge between now and May under a deal struck between the Government and drug manufacturer Vertex.

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 17

Kalydeco (ivacaftor), a $300,000-a-year drug that addresses the causes, not just the symptoms of cystic fibrosis, is due to be formally added to the Pharmaceutical Benefits Scheme for children aged between two and five in May.

Until then, Vertex Pharmaceuticals will supply the drug for free to eligible children. Children aged six years or older will still have access to the PBS subsidy, taking the cost of filling a prescription to as low as $6.30.

"Expanding access to this vital drug is fantastic news for Australian families," Health Minister Greg Hunt said.

"We know that many parents have been worried about how their young son or daughter could get access to this life-changing drug. Now they have it."

Cystic fibrosis is the most common, genetically acquired, life-shortening chronic illness affecting young Australians.

It affects organs such as the lung and pancreas, causing irreversible damage, and death.

Kalydeco allows many children to experience an improved quality of life, with reductions in respiratory and gastrointestinal complications, improved lung function, and fewer hospitalisations.

Vertex Australia country manager Eilis Quinn said early treatment could make a big difference.

"Because early intervention is critical to preventing damage, we will be providing early access to the medicine for all eligible children while the Department of Health finalises the administrative arrangements for PBS listing," Ms Quinn told News Corp.

"Working closely with CF clinics around Australia, we hope to make Kalydeco available from this week."

MARIA HAWTHORNE

Positive meetings with Labor

AMA President Dr Michael Gannon met Bill Shorten in February and said it was a pleasure to welcome the Opposition Leader to Perth.

Mr Shorten was "keenly invested in health policy – hospital funding, private health insurance, Medicare, and preventive health", Dr Gannon said on Twitter.

The day before, Dr Gannon met with Shadow Health Minister Catherine King in Melbourne.

He said it was good to meet her again on Medicare's 33rd birthday. "Centrepiece of universal health system the envy of the world," he Tweeted.

MARIA HAWTHORNE

Dr Michael Gannon and Opposition Leader Bill Shorten

Dr Michael Gannon and Shadow Health Minister Catherine King

INFORMATION FOR MEMBERS

The AMA Indigenous Medical Scholarship becomes tax deductible

The number of Aboriginal and Torres Strait Islander people attending university is sharply increasing; and more Indigenous people are choosing to study medicine.

There are now well over 200 Indigenous doctors practicing medicine across Australia, but barriers remain that prevent many Aboriginal and Torres Strait Islander people from completing a medical degree. Factors, such as cultural differences, racism, high expectations, financial hardship, and lack of academic support all play a role in preventing students from realising their dream of being a medical professional.

The AMA has a scheme in place to support more Indigenous students to pursue their dream of becoming a doctor – the Indigenous Medical Scholarship. Each year, the AMA offers a Scholarship to an eligible Aboriginal or Torres Strait Islander student, providing financial support for the full duration of a medical degree.

Since its inception in 1994, the Indigenous Medical Scholarship has helped more than 20 Indigenous men and women become doctors, many of whom may not have otherwise had the financial resources to study medicine. Despite this success, the AMA hopes to expand the number of Scholarships on offer each year to meet the increasing demand for the Indigenous Medical Scholarship. The number of applicants for the Indigenous Medical Scholarship is increasing each year, and we expect this this to increase even more in the future.

It can cost between $10,400 and $15,000 to attend one year of university to study medicine and students typically undertake four to six years to complete their degree to become a registered medical practitioner.

There is evidence that Aboriginal and Torres Strait Islander people have improved health outcomes when they are treated by Indigenous doctors and health professionals. Indigenous doctors have a unique ability to align their clinical and sociocultural skills to improve access to services, and provide culturally appropriate care for Aboriginal and Torres Strait Islander people. Yet, Aboriginal and Torres Strait Islander doctors comprise less than 1 per cent of the entire medical workforce.

The AMA is seeking contributions towards the Indigenous Medical Scholarship to increase our support for Indigenous medical students, and to help grow the Indigenous medical workforce. All contributions can be claimed as a tax deduction.

By supporting an Indigenous medical student throughout their medical training, you are positively contributing to improving health outcomes for Aboriginal and Torres Strait Islander people.

If you are interested in making a donation to the Indigenous Medical Scholarship, please contact Ms Sandra Riley at the AMA via email at indigenousscholarhip@ama.com.au or phone (02) 6270 5400.

Further information about the Indigenous Medical Scholarship can also be found online at: https://ama.com.au/advocacy/indigenous-peoples-medical-scholarship.

The Scholarship was established in 1994 with a contribution from the Australian Government.

The AMA would like to acknowledge the contribution of the Reuben Pelerman Benevolent Foundation and also the late Beryl Jamieson's wishes for donations towards the Scholarship

DONATE TO THE AMA'S INDIGENOUS MEDICAL SCHOLARSHIP TODAY!

Research

Average human life expectancies heading towards 90

Scientists believe humans could eventually break through the landmark 90-year mark for life expectancy.

Medical advances combined with improved social programs are helping people live longer, but raising concerns about quality of old age, health costs, pension costs and retirement age.

New British research shows South Korea leads the world with men in that country now expected to live to 84.1 years, just edging out Australian males on 84 years.

According to a study just published in *The Lancet,* South Korean woman are on track to reach the 90-year mark for life expectancy by 2030.

If the study's projections prove accurate, Australian women at 87.5 years will be just behind South Koreans, French, Japanese, Spanish and Swiss women – but still well ahead of Australian men.

The study's authors developed 21 models to predict life expectancy in 35 developed nations.

"As recently as the turn of the century, many researchers believed that life expectancy would never surpass 90 years," said lead author Professor Majid Ezzati, from Imperial College London.

"Our predictions of increasing lifespans highlight our public health and healthcare successes.

"However, it is important that policies to support the growing older population are in place. In particular, we will need to both strengthen our health and social care systems and establish alternative models of care such as technology-assisted home care."

According to Australian Institute of Health and Welfare figures a male born in 2016 is expected to live to 80.4 and a female to 84.5 – a huge advance since the 1880s when an Australian baby boy was only expected to live to 47.2 and a female to 50.8.

The British study also recorded just small increases in projected life expectancies in the United States to 79.5 for men and 83.3 for women.

A separate study published in the journal *Nature* last year calculated that 125 was likely to be the absolute limit of human lifespan because of genetic factors.

The lead researcher Professor Jan Vig predicted further progress against infectious and chronic diseases may continue boosting average life expectancy – but not maximum lifespan.

ODETTE VISSER

Funding no-brainer

Funding cuts have left untouched hundreds of brains donated for medical research in Australia untouched, according to a recent exclusive report in the *Weekend Australian*.

The brains were collected from donors since 2005 when a national network of brain banks was set up from a $4.5 million 10-year funding allocation from the National Health and Medical Research Council.

But when that funding ended in 2014, individual States had to fund and maintain their own collections of brains.

This has proved to be more difficult than anticipated, with State brain banks struggling to keep their collections and progress their research into neurological diseases.

Some State banks are close to shutting down, but a more permanent source of federal funding is being sought for the national network so all the banks can keep operating.

CHRIS JOHNSON

Research

... from page 20

New study debunks crazy cat lady theory

In good news for single women everywhere, a new study has cleared cats of causing mental illness.

Cats came under the microscope after a number of scientific studies linked *Toxoplasma Gondii (T. Gondii)* infection with mental health issues, including schizophrenia, suicide and intermittent rage disorder.

Cats carry *T. Gondii*, prompting speculation that cat ownership may put people at increased risk of mental illness, by exposing them to it.

"However, only a handful of small studies have found evidence to support a link between owning a cat and psychotic disorders, such as schizophrenia," researchers Francesca Solmi and James Kirkbride, from University College London, wrote for *The Conversation UK*.

"And most of these investigations have serious limitations. For instance, they relied on small samples, did not specify how participants were selected, and did not appropriately account for the presence of missing data and alternative explanations. This can often lead to results that are born out of chance or are biased."

To further investigate, Ms Solmi and Dr Kirkbride conducted a study using data from approximately 5,000 children who took part in the Avon Longitudinal Study of Parents and Children between 1991 and 1992, and have been regularly followed up for further health information.

"So, unlike previous studies, we were able to follow people over time, from birth to late adolescence, and address a number of the limitations of previous research, including controlling for alternative explanations (such as income, occupation, ethnicity, other pet ownership and over-crowding) and taking into account missing data," Ms Solmi and Dr Kirkbride wrote.

They studied whether mothers who owned a cat while pregnant; when the child was four years old; and 10 years old, were more likely to have children who reported psychotic symptoms, such as paranoia or hallucinations, at age 13 and 18 years of age.

"So are cats bad for your mental health? Probably, not," they concluded.

"We found that children who were born and raised in households that included cats at any time period – that is, pregnancy, early and late childhood – were not at a higher risk of having psychotic symptoms when they were 13 or 18 years old.

"This finding in a large, representative sample did not change when we used statistical techniques to account for missing data and alternative explanations. This means that it is unlikely that our results are explained by chance or are biased."

However, there is evidence linking exposure to *T. Gondii* in pregnancy to a risk of miscarriage and stillbirth, or health problems in the baby.

"In our study, we could not directly measure exposure to *T. Gondii*, so we recommend that pregnant women should continue to avoid handling soiled cat litter and other sources of *T. Gondii* infection, such as raw or undercooked meats, or unwashed fruit and vegetables," they said.

"That said, data from our study suggests that owning a cat during pregnancy or in early childhood does not pose a direct risk for offspring having psychotic symptoms later in life."

The study did not investigate why apparently perfectly normal adults can suddenly change behaviours after acquiring a kitten or cat, such as posting endless photos and videos on social media sites, talking about "kittehz" and "hoomans", and taking their unimpressed companion animals for photos with Santa.

MARIA HAWTHORNE

*(*disclosure – the author has two cats.... but the Editor is a dog person and insists no such study necessary for dog owners.)*

Research

... from page 21

National Women's Health Survey: have your say

The Women's Health Survey, the only national survey focusing on women's health behaviour and information needs, is underway for the third year.

Run by national not-for-profit organisation Jean Hailes for Women's Health, the survey asks women about a range of health issues, including body image, mental health, sex, relationships, weight, and healthy living.

Last year's survey revealed that Australian women are most worried about gaining weight, but their doctors think they are more concerned about their mental health.

Thousands of women across Australia from different life stages, ages and background have responded to the survey in previous years.

The responses are collated anonymously and statistically analysed, and used to develop free resources on a wide range of issues for health professionals, government and women.

The survey can be accessed at bit.ly/jeanhailessurvey, and takes around 10 minutes to complete.

MARIA HAWTHORNE

Treat addiction as health issue, not crime – experts

Australian governments are continuing to ignore the recommendations of the Ice Taskforce to treat ice addiction as a health and social issue, rather than a criminal justice problem, two prominent drug law reform advocates say.

Dr Matthew Frei, the clinical director of Turning Point, and Dr Alex Wodak from St Vincent's Hospital's Alcohol and Drug Service, say that the prevailing theme of the Ice Taskforce report was an emphasis on drug treatment over law enforcement, but governments had failed to act.

"Governments continue to define the issue as primarily a criminal justice problem, use pejorative terms when referring to people who use drugs, and generously support law enforcement measures while parsimoniously funding health and social interventions," they wrote in the *Medical Journal of Australia*.

"Australian Commonwealth, State and Territory governments allocated about two-thirds of drug spending to law enforcement

and only 9 per cent for prevention, 21 per cent for drug treatment, and 2 per cent to harm reduction over the 2009-10 financial year.

"After decades of this approach, Australia's illicit drug market is expanding. Not only are illicit drugs easy to obtain, but prices have fallen and many newly identified psychoactive drugs have appeared, often more dangerous than older drugs.

"Over recent decades, drug-related deaths, disease, crime, corruption and violence appear to have increased.

"Vast sums spent on criminal justice measures have only succeeded in making a bad problem much worse."

Ice, or crystalline methylamphetamine, now dominates the market, compared with less potent powder forms of the drug.

"While the Ice Taskforce acknowledgment of the role of treatment is positive, it follows years of parsimonious funding for drug treatment that has left Australia with an inflexible, poor quality system with limited capacity," Dr Frei and Dr Wodak wrote.

"This would not be considered acceptable anywhere else in the health sector."

However, there were some promising signs.

"An encouraging aspect of the Taskforce recommendations was the provision of Medicare item numbers for the relatively new discipline of addiction medicine," they said.

"This was implemented in November 2016, ending many years of struggle for this important specialty.

"[This] will help addiction medicine recruit new trainees, and build a specialist alcohol and other drug sector."

MARIA HAWTHORNE

Research

... from page 22

Move more, spend less time in hospital

A new study has found that older Australians can reduce their time spent in hospital by walking an extra 4,300 steps a day.

The epidemiologists from the University of Newcastle found that an increase in step count from 4,500 to 8,800 a day was associated with 0.36 fewer hospital bed days per person per year.

They noted that the cost of a day in hospital in Australia in 2012-13 was $1,895, so $550 can potentially be saved annually for each person who increases their physical activity by 4,300 steps a day.

"These steps can be accumulated as many brief activities throughout the day, or as steady walking for about three kilometres," Dr Ben Ewald and colleagues wrote in the *Medical Journal of Australia*.

The 10-year study of people aged 55-plus found that the overall estimated number of bed-days per year of follow-up decreased by 9 per cent for each 1,000-step increase in daily step count.

Participants wore pedometers for one week during 2005-2007. The researchers then analysed the hospital data of all participants from the time of their recruitment until 31 March 2015.

Complete data was available from 2,110 people, aged 55 or more.

The researchers found that there was more benefit in moving from 3,000 to 5,000 steps daily than there was in moving from 8,000 to 10,000.

"Health interventions and urban design features that encourage walking could have a substantial effect on the need for hospital care, and should be features of health policy," they said.

In a linked editorial, Alfred Deakin Professor Jo Salmon and Dr Nicky Ridgers from the Institute for Physical Activity and Nutrition at Deakin University suggested encouraging older patients to invest in wearable activity monitors, such as Fitbit, Garmin, and the Apple Watch.

"Further investigation of wearable technology is needed, particularly in different population groups, with the aim of identifying the key factors for enhancing sustained changes in physical activity," they wrote.

"We need to identify how these devices can be integrated into clinical practice in order to improve health outcomes.

"But for health practitioners with sedentary patients looking for assistance with becoming more active, a wearable activity monitor would be a good first step."

You can read the study here (https://www.mja.com.au/journal/2017/206/3/daily-step-count-and-need-hospital-care-subsequent-years-community-based-sample?0=ip_login_no_cache%3D35edc06435791ffbc0d09693c6bb1448) and the commentary here (https://www.mja.com.au/journal/2017/206/3/wearable-technology-activity-motivator-or-fad-wears-thin).

MARIA HAWTHORNE

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

The 12 superbugs threatening human health

The World Health Organisation has announced its list of antibiotic-resistant priority pathogens, giving details of 12 families of bacteria that have the potential to be the greatest ever threat to human health.

Already killing millions each year, the dozen superbugs are listed under three categories and prioritised by what the WHO considers is the urgency for new antibiotics.

Insisting that the list is not meant to scare people but rather to spark more research into the public health threat, the WHO says the burden for society is now "alarming" even if pathogens are not widespread.

Most of the bugs are among the two dozen or so antibiotic-resistant microbes already listed by the US Centres for Disease Control and Prevention as being able to potentially cause catastrophic consequences if action is not taken quickly.

The WHO considers some of these superbugs as being responsible for already high mortality rates and severe infections – with intensive care hospital patients, transplant recipients and those undergoing chemotherapy most effected.

In the highest category group is carbapenem-resistant Enterobacteriaceae, or CRE, which is nicknamed the "nightmare bacteria" and kills up to 50 per cent of patients who have become infected.

In the US, an elderly woman died last year after contracting a CRE infection that proved resistant to all 26 antibiotics available in America.

The second and third tiers are the high and medium priority categories and include the bacteria that cause more common diseases and food poisoning.

They have dramatic health impacts, if not super high mortality rates associated with them.

Public health experts in the US have welcomed the list being published, saying it will spark are more urgent and determined need to address the problem.

The WHO list is:

Priority 1: Critical

1. *Acinetobacter baumannii*, carbapenem-resistant
2. *Pseudomonas aeruginosa*, carbapenem-resistant
3. *Enterobacteriaceae*, carbapenem-resistant, ESBL-producing

Priority 2: High

4. *Enterococcus faecium*, vancomycin-resistant
5. *Staphylococcus aureus*, methicillin-resistant, vancomycin-intermediate and resistant
6. *Helicobacter pylori*, clarithromycin-resistant
7. *Campylobacter spp.*, fluoroquinolone-resistant
8. *Salmonellae*, fluoroquinolone-resistant
9. *Neisseria gonorrhoeae*, cephalosporin-resistant, fluoroquinolone-resistant

Priority 3: Medium

10. *Streptococcus pneumoniae*, penicillin-non-susceptible
11. *Haemophilus influenzae*, ampicillin-resistant
12. *Shigella spp.*, fluoroquinolone-resistant

CHRIS JOHNSON

Brexit could lead to med-exit in UK

European-trained doctors are considering leaving the United Kingdom because they don't feel welcome following the Brexit vote, according to research undertaken by the British Medical Association.

The survey of 1,193 European Economic Area doctors working in the UK revealed about two in five might leave the UK due to the referendum result.

That equates to a possible 12,000 doctors who qualified in the EEA leaving the UK because of Brexit.

With an already struggling National Health Service in Britain and a growing personnel shortage problem in its hospitals, fears have been raised a health care disaster could sweep the nation if so many EEA doctors leave.

The research found European doctors now feel significantly less appreciated by the UK Government than they did before the Brexit vote.

Many feel uncertain about their futures in Britain, with some already making plans to return to their countries of origin.

Among other questions, the survey asked how committed the doctors were to working in the UK. Before the Brexit vote, the average response to that question rated nine out of ten. That has fallen to six out of ten in this latest survey.

On the question of how appreciated they felt working in the UK, the average response has fallen from seven out of ten to less than four out of ten.

On the latest figures, there are 280,932 doctors on the UK medical register, with 30,733 having attained their qualifications in another EEA country.

The EEA includes all 28 members of the European Union as well as Iceland, Norway and Liechtenstein.

CHRIS JOHNSON

Mexican sugar tax is the real thing

Mexico's sugar tax is responsible for a fall in consumption of pop drinks for the second year running.

More than 70 per cent of Mexico's population is overweight or obese and Coca-Cola is embedded in the national culture (former Mexican president Vincente Fox was the regional boss of the company).

A 1 peso tax on sugary drinks was introduced on 1 July 2014.

The 12 months following its introduction marked a 5.5 per cent decline in sugar-sweetened beverages.

This has been followed by a 9.7 per cent drop in the second year.

The University of North Carolina conducted a study at the Gillings School of Global Health and the Mexican Instituto Nacional de Salud Pública (National Institute of Public Health).

It found the average drop of sugary-drink sales over the two-year period was 7.6 per cent, but the tax's biggest impact was on the poorest areas, where the decline in sales was 18.8ml per person the first year and 29.3ml per person in the second.

The sale of untaxed drinks in Mexico went up by an average 2 per cent over the two years. There is an increase in the production of still bottled water in Mexico two years after the sugar tax was introduced.

Nations around the world are closely watching the Mexican example and the impact the sugar tax has on consumers' buying habits and their health.

CHRIS JOHNSON

AMA Member Benefits

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

AMA members requiring assistance can call AMA member services on

1300 133 655 or **memberservices@ama.com.au**

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

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

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

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

Learning.doctorportal.com.au

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

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

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

www.ama.com.au/careers

Amex: As an AMA member, receive no-fee and heavily discounted fee cards including free flights and travel insurance with range of Amex cards.*

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

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

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

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

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

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

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

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