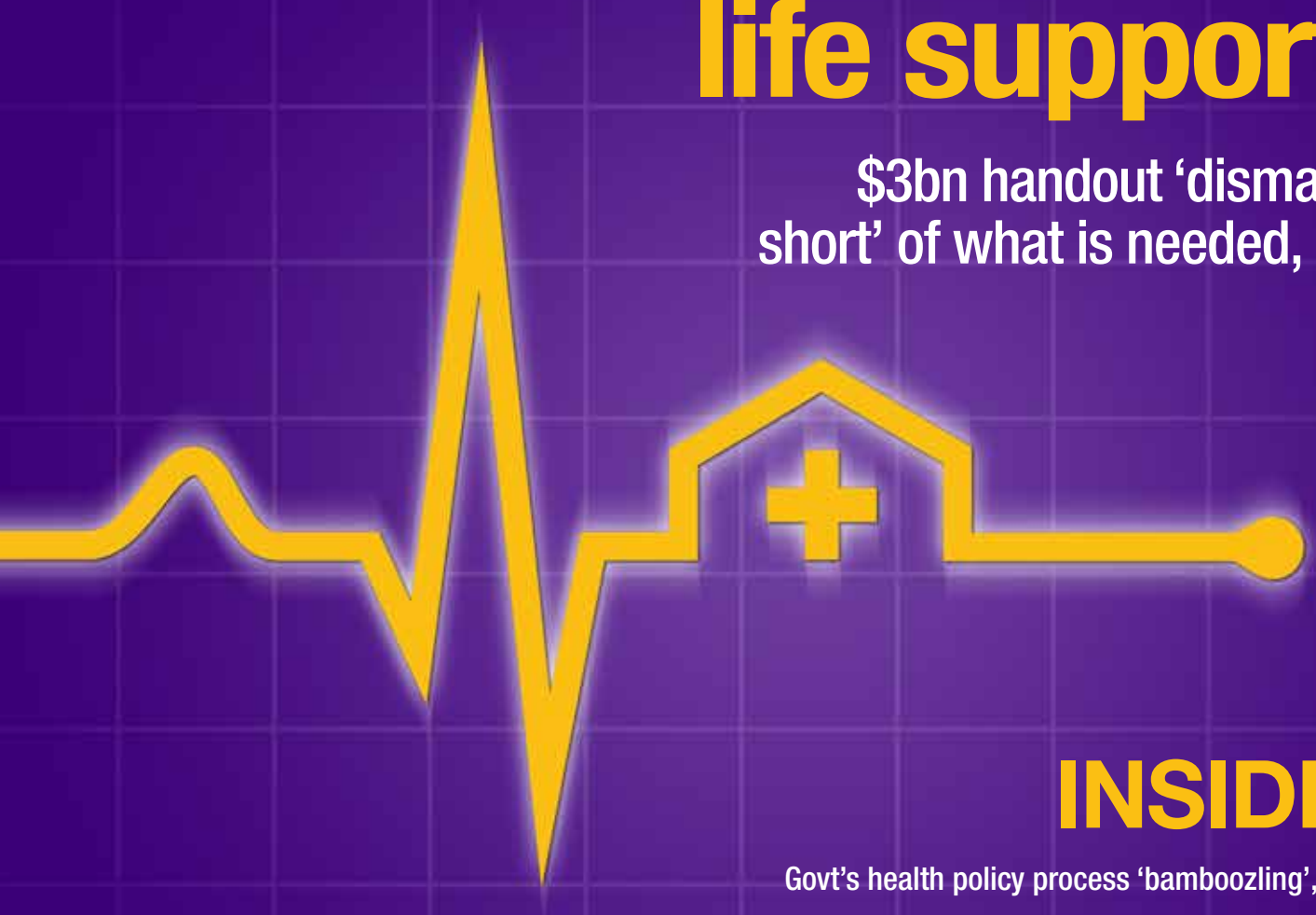
AUSTRALIAN
Medicine
The national news publication of the Australian Medical Association

Hospitals put on life support

$3bn handout 'dismally short' of what is needed, p3



INSIDE

AMA
ISSUE 28.03A - APRIL 19 2016

AUSTRALIAN
Medicine

Managing Editor: John Flannery
Editor: Adrian Rollins
Production Coordinator: Kirsty Waterford
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
Professor Brian Owler

Vice President
Dr Stephen Parnis

In this issue

Hospital handout 'dismally short' of need

The injection of an extra $2.9 billion of Commonwealth funding for public hospitals will provide some relief for cash-strapped health systems, but still leaves institutions desperately short of the resources they need to meet growing demand for their services, state premiers have warned.

Echoing AMA concerns that the extra money fails to bridge the huge $57 billion hospital funding shortfall created by the 2014 Budget, the leaders of New South Wales, Victoria, Queensland and South Australia said the additional funds would be helpful, but details of how hospitals were to be adequately funded in the longer term remained unresolved.

> "Today's agreement goes nowhere near meeting the long-term needs of the nation's public hospitals, and falls dismally short of replacing the funding taken away from the states in the 2014 Federal Budget"
> *- Professor Owler*

AMA President Professor Brian Owler said the states would be grateful for any new funding, but the outcome of the COAG meeting was disappointing.

"[The] agreement goes nowhere near meeting the long-term needs of the nation's public hospitals, and falls dismally short of replacing the funding taken away from the states in the 2014 Federal Budget," Professor Owler said.

He said the extra funds would relieve some of the pressure on hospitals in the short-term, but did not provide the funding certainty that was vital for the decade ahead.

Prime Minister Malcolm Turnbull, who hopes to neutralise public hospital funding as an issue in the forthcoming Federal election, used the 1 April Council of Australian Governments meeting to thrash out a deal under which the states will receive an additional $2.9 billion between July 2017 and June 2020, capped at an annual growth rate of 6.5 per cent, in exchange for greater efforts to reduce hospitalisation rates through improved chronic disease care and fewer hospital-acquired infections and other complications.

What they said…

AMA President Professor Brian Owler

"[The COAG] agreement goes nowhere near meeting the long-term needs of the nation's public hospitals, and falls dismally short of replacing the funding taken away from the states in the 2014 Federal Budget. We need funding certainty for at least the next decade for public hospitals" – Brian Owler.

Prime Minister Malcolm Turnbull

"There was not a consensus among the states and territories to support further consideration of the proposal that would enable states to levy income tax on their own behalf" – Prime Minister Malcolm Turnbull reveals his idea for states to levy income taxes to help fund public hospitals was rejected by COAG.

"There is a fundamental question, threshold question, of political responsibility and, if the states are not prepared to take responsibility for raising more of the money they spend, then what that means is that we must live within our means" – Malcolm Turnbull tries to shift responsibility for the hospital funding crisis on to the states

…and/or the Gillard government…

"This has been a great and revealing moment of clarity – and what it reveals is that the Gillard promises [of $80 billion in hospital and education funding] were a fantasy, the money was never there".

NSW Premier Mike Baird

"What happened back in 2014 in relation to health and education… wasn't fair and wasn't reasonable. We've only asked for what we think is a reasonable contribution. We came seeking close to a billion dollars…and we have received that" – Mike Baird thanks Turnbull for some extra funds, but…

"The fiscal gap is a reality. We can pretend it's not here, but it is there. How we collectively deal with that is going to be a challenge and considering further options on tax reform is something we all will have to do".

Continued on p4 …

Hospital handout 'dismally short' of need

... from p3

The deal means that activity based funding and the national efficient price mechanism, two reforms that were driving hospital efficiency and which were facing the axe next year, will be sustained until at least 2020.

In announcing the deal, Mr Turnbull acknowledged that the Commonwealth shared responsibility with the states and territories to provide universal health care, but warned that it had less revenue to pay for it.

"We are recognising that we have a serious structural budget problem," the Prime Minister said. "We have to be clear eyed about our choices".

Mr Turnbull had hoped the COAG meeting would back his radical plan to give the states the power to raise their own income taxes as a way to increase hospital funding, giving his Government scope to go into the election promising Federal income tax cuts.

But only one premier, Colin Barnett from Western Australia, embraced the idea and it was knocked back by the COAG meeting.

Instead, a proposal to convert tied Commonwealth grants into a share of income tax revenue will be developed.

The state leaders warned the Commonwealth needed to provide much more significant funding if a looming crisis in public hospitals was to be averted.

Victorian Premier Daniel Andrews said that while the agreement signed at the COAG meeting would provide his state's hospitals with "hundreds of millions in extra funding...it doesn't replace the billions taken away".

"I would ask to remain focused on the context here. The fact is that many billions of dollars which will not be flowing to our hospitals because of decisions made in 2014," Mr Andrews said.

New South Wales Premier Mike Baird struck a more positive note, expressing the hope that there would be a "coming together" between the states and the Commonwealth on long-term hospital funding.

Queensland Premier Annastacia Palaszczuk said Mr Turnbull had recognised that health was the "most fundamental issue" facing the nation, and welcomed the short-term funding deal, which would inject an extra $445 million into Queensland's public hospitals.

"But there is still a huge gap [in funding] that is going to place a huge strain on our hospitals," Ms Palaszczuk said.

ADRIAN ROLLINS

What they said...

Victorian Premier Daniel Andrews is more blunt:

"Hundreds of millions of dollars today in extra funding for Victorian hospitals does not replace billions of dollars that have been taken away...There's no getting away from or getting around or politely explaining away the fact that many billions of dollars will not be flowing to hospitals in my state and right across the nation as a result of decisions made in the 2014 Budget. They are not reversed today and that's a really important point for us all to acknowledge."

Queensland Premier Annastacia Palaszczuk

"There is still a huge gap. And that means it's going to place a huge strain on our hospitals. It's going to mean more work for our doctors, our nurses, our administrators."

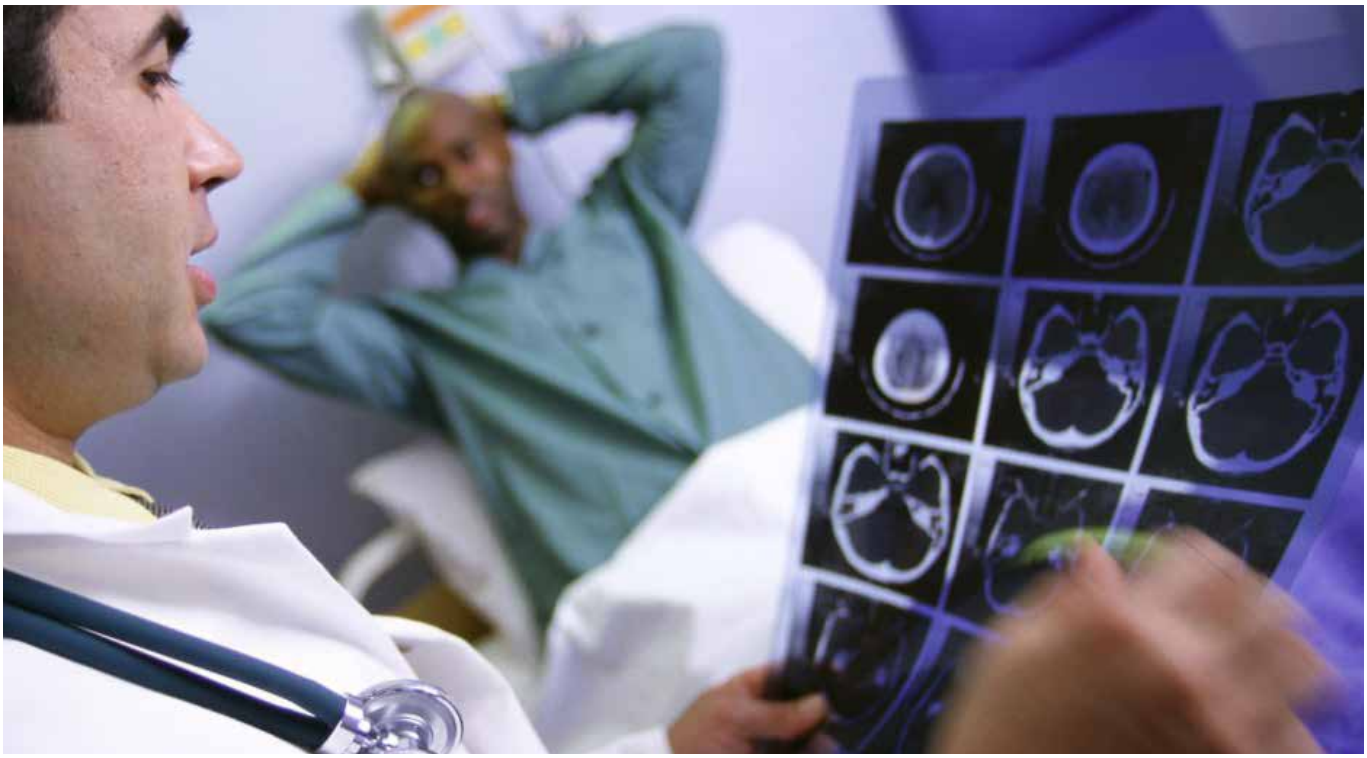
South Australian Premier Jay Weatherill

"There are needs, in particular in relation to hospitals. It is not a question of whether or not which level of government funds it. The reality is this expenditure is locked and loaded. These people are coming into our hospitals. The real question is who bears the burden of actually meeting that need. And there has to be a substantial discussion about increased revenues."

West Australian Premier Colin Barnett

"The so-called $80 billion dollars during the time of Julia Gillard. I remember that COAG meeting very, very clearly. It was somewhat chaotic. There were little private meetings in different rooms as the then Prime Minister and state premiers scurried from room to room and the $80 billion figure appeared. I didn't at the time ever believe that that was a realistic number or that could be properly funded" – Colin Barnett echoes Malcolm Turnbull's scepticism about Gillard Government health and education funding plans.

Even brain surgeons bamboozled by Govt policy process



AMA President Professor Brian Owler has confessed he is struggling to follow the logic and coherence of a flurry of health policy and tax reform announcements that were made by the Federal Government ahead of the crucial 1 April Council of Australian Government's meeting.

Professor Owler said it had become "difficult to follow the logic" of Government pronouncements on public hospital funding after Prime Minister Malcolm Turnbull unveiled a shock proposal to hand over some income tax revenue powers to the states just a day before meeting with his State and Territory counterparts.

"I am AMA President and I'm a brain surgeon with a PhD and I'm struggling to keep up with the policy process," he told ABC News 24, the day before the COAG meeting. "I mean, we've been talking about COAG and tax reform, Federation reform, productivity reviews, multiple reviews in health, and we still don't seem to have a coherent vision for the path forward."

In his proposal, Mr Turnbull suggested the states be given power to levy income taxes of their own, while the Commonwealth would reduce its own income tax take, keeping overall income tax receipts the same.

But Professor Owler lambasted the idea, which he said would do nothing to increase funding to hospitals, and would instead exacerbate existing inequalities between the states in the delivery of hospital services.

"If you're relying on income tax revenue, then that is going to disadvantage the smaller states," he said. "I mean, it is becoming more and more difficult to follow the logic around funding of public hospitals and the tax policies that are coming from the Government."

Professor Owler said the Government seemed to be taking an ad hoc approach to major policy challenges.

"We've had months to sort this out, yet the policy seems to be leaked out a few days, seemingly made on the run, a few days before a COAG meeting. I don't think that is the way that policy should be developed, particularly when it's such an important long-term policy."

ADRIAN ROLLINS

Hospital cuts will hurt all

Households face a big jump in health costs and waiting times for treatment will blow out as a result of the Commonwealth's cuts to public hospital funding.

A report on the impact of the Federal Government's decision to slash public hospital spending by $57 billion from mid-2017 has found that households, state governments and private insurers will be forced to foot a growing share of the nation's health bill, while public hospitals will have to increasingly ration their services, forcing many patients to seek treatment in the private system or face lengthy delays.

The analysis was undertaken by consultancy Ernst & Young at the behest of the South Australian Government, and focused on the effects of the slowdown in Commonwealth funding on the South Australian health system.

It found that spending on the state's public hospitals was increasing at an average 6.7 per cent year, driven by the demands of an expanding but older and sicker population, as well as fixed costs like staff wages and improvements in technology.

But the Commonwealth's revised funding formula, under which its expenditure will be indexed to population growth and inflation, means its contribution will grow at just 3.4 per cent a year.

If the State Government sustains its current rate of funding growth of 4.9 per cent a year, and the contribution from households and health funds continues to increase by 8.1 per cent a year, the Ernst & Young report warned this would leave a funding hole of 2 per cent a year.

It said this would force changes in the way public hospitals operate, with knock-on effects for the rest of the health system.

To cope with increasing financial constraints, hospitals will increasingly defer less critical or complex cases like tooth extractions and knee procedures, with an increasing proportion of their resources devoted to more complicated cases such as liver and heart transplants.

As a result, Ernst & Young estimated the number of separations handled would drop so that by 2019-20 more than 56,000 patients a year would be left untreated, reaching 107,000 a year by 2024-25.

Patients with less complex or serious ailments would face a choice of an increasingly long wait for treatment or, for those who could afford it, seeking care in the private system.

The report's authors estimated that about one in five of those waiting for public hospital treatment would instead opt for the private sector, driving increased demand for private health insurance and adding 0.5 per cent a year to premiums.

This in turn would discourage younger, healthier people from taking out or maintaining private health cover, adding further upward pressure to premiums and increasing the cost for the Commonwealth of its private health insurance rebate scheme.

South Australian Premier Jay Weatherill said it was "an unavoidable fact" that the Commonwealth's cuts would be felt hardest by the most vulnerable.

"But this is not just a South Australian problem," he said. "This is something that affects every State in Australia. The states and territories simply cannot afford to bear the brunt of these cuts."

ADRIAN ROLLINS

GPs are where the home is

The AMA has called on the Federal Government to consult closely with the nation's GPs in advancing plans to introduce its Health Care Homes model of primary care.

In its first major response to the Primary Health Care Advisory Group report finalised late last year, the Government has announced it will trial Health Care Homes as a way to improve care for patients with complex and chronic health conditions.

AMA President Professor Brian Owler said the peak medical group welcomed the Government's acknowledgement of the pivotal position played by GPs in primary care, particularly in the ongoing treatment of patients with chronic disease.

Professor Owler said the Government's Health Care Home concept reflected many of the principles recommended by the AMA, including voluntary enrolment, the continued use of fee-for-service for routine care, and a focus on patients with complex and chronic conditions.

But he said Health Minister Sussan Ley's announcement left many critical questions unanswered, particularly the scale of investment the Government would make to support the initiative.

"I think this concept of a Health Care Home is a good one," Professor Owler said. "Having a stronger bond between patients and a practice or a GP is a good thing, but we need to see how the funding is going to work. The proposals are good, but it needs to come with investment."

The AMA President said he was particularly concerned that funds were not diverted from elsewhere in the health system to fund the initiative.

He said Australia's GPs had been the target of repeated funding cuts in recent years, most particularly the current freeze on Medicare rebates, and if the Health Care Home concept was to improve patient care and reduce pressure on public hospitals, "significant new funding is needed".

Internationally, the term Medical Home is used to refer to a model of primary care that is patient-centred, comprehensive, team-based, coordinated, accessible and focused on quality and safety.

It is envisaged patients would nominate or register with a GP or medical practice as their Medical Home, making it the hub for coordinating and integrating their care among a multidisciplinary team of health professionals.

Releasing the AMA's Position Statement on the Medical Home earlier this year, Vice President Dr Stephen Parnis said in Australia these attributes were already embodied in general practice.

"The concept of the Medical Home already exists in Australia, to some extent, in the form of a patient's usual GP," Dr Parnis said. "If there is to be a formalised Medical Home concept in Australia, it must be general practice. GPs are the only primary health practitioners with the skills and training to provide holistic care for patients."

The Medical Home concept is seen as a way to improve the care of patients with complex and chronic illnesses, helping them manage their conditions will living in the community rather than needing regular expensive and disruptive hospitalisation.

The Federal Government has made improved primary care of chronically ill patients a priority in order to reduce the pressure on the health budget.

While GPs and hospitals have greatly improved the efficiency and cost-effectiveness of the care they provide, the chronic disease burden has swollen as the population has aged and patients have developed significant co-morbidities.

Dr Parnis said the Medical Home concept had the potential to deliver improved support for GPs in providing well-coordinated and integrated multi-disciplinary care for patients with chronic and complex disease, and it made sense for this to be the focus of Government thinking on adopting the Medical Home idea in Australia.

Evidence suggests patients with a usual GP or Medical Home have better health outcomes, and 93 per cent of Australians have a usual general practice, and 66 per cent have a family doctor.

Earlier this year, the AMA issued a Position Statement in which it backed the concept of a GP-centred Medical Home, as long as it was tailored to local conditions and maintained the fee-for-service remuneration system.

"You can't just transplant models of health care from other countries without acknowledgement of local conditions and what is already working well," Dr Parnis said. "Australia needs to build on what works, and ensure that a local version of the Medical Home is well-designed and relevant."

The AMA said establishing the Medical Home concept in Australia was likely to involve formally linking a patient with their nominated GP or medical practice through registration – a process it said should be voluntary for both patients and doctors.

The Government will appoint a Health Care Home Implementation Advisory Group to help steer the introduction of the scheme.

The AMA Position Statement on the Medical Home can be viewed at: https://ama.com.au/position-statement/ama-position-statement-medical-home

ADRIAN ROLLINS

National talks on remote area nurse safety

Improvements in the security of remote area nurses have been put off to a future meeting of Federal, State and Territory health ministers.

In a statement issued following a meeting with remote health service operators and representatives, Rural Health Minister Fiona Nash said there had been "a number of worthy, original and thoughtful ideas" which the she would carefully consider and raise with her State and Territory counterparts "over the coming weeks".

The meeting was convened in the wake of the fatal attack on Gayle Woodford, 56, who was working as a nurse in the remote Fregon community in the Anangu Pitjantjatjara Yankunytjatjara (APY) lands of north-west South Australia. A 34-year-old man, Dudley Davey, has been charged with her murder.

The murder has ignited a campaign for improved security for nurses working in remote areas, including calls for the abolition of single-nurse posts and new rules requiring health workers attending call-outs and emergencies to operate in pairs. As at 8 April, almost 130,000 people had signed a petition calling for the changes.

The sector also faces the threat of a mass walkout of staff. A survey of 800 regional nurses cited by the *Adelaide Advertiser* indicates 42 would quit if single nurse posts are retained.

The fatal attack on Ms Woodford is but the latest in a series of incidents and assaults on remote area nurses. A University of South Australia study of 349 such nurses, undertaken in 2008, found almost 29 per cent had experienced physical violence, and 66 per cent had felt concerned for their safety.

The study found that there had been a drop in violence against nurses since 1995, coinciding with a reduction in the number of single nurse posts.

Senator Nash paid tribute to health workers in remote areas and acknowledged that they faced "unique and difficult challenges", but held back from endorsing any particular course of action to improve security.

Part of the problem she faces is that the ability of Federal and State governments to act to improve health worker safety is constrained because remote area health services are independently run, often by Aboriginal communities.

Senator Nash said she would respect the independence of service operators.

"Whilst the Federal Government funds many of these remote services, they are, in fact, independently run, as they should be," she said. "I will not break Australia's long-standing multi-partisan commitment to Indigenous self-determination by telling these health providers how to run their services.

"Remote health services do the work on the ground and they know best, so I will be asking them for their ideas on this important issue."

ADRIAN ROLLINS

AMA

INFORMATION FOR MEMBERS

Australian Medical Association Limited - ABN 37 008 426 793

Election of President and Vice President

CALL FOR NOMINATIONS

The positions of President and Vice President of Australian Medical Association Limited (AMA) will be elected by delegates at the 2016 National Conference of the AMA to be held on 27-29 May 2016 in Canberra.

The elected member will hold office until the conclusion of the National Conference in May 2018.

Any Ordinary Member of the AMA may nominate for one or both of these offices. Members who wish to nominate are now invited to do so.

Nominations must:

1. Be in writing and addressed to the Secretary General;
2. State the position or positions for which the candidate is nominating;
3. Indicate the candidate's willingness to accept the nomination or nominations;
4. Include the names of two Ordinary Members who are nominating the candidate; and
5. Be delivered:

   By post to:

   Secretary General
   Australian Medical Association
   Level 4, 42 Macquarie Street, BARTON ACT 2600

   OR

   By email to: atrimmer@ama.com.au

   by **5.00pm (AEST) WEDNESDAY 11 May 2016.**

A copy of the nomination form can be downloaded at https://ama.com.au/sites/default/files/Nomination%20Form%20-%20President%20and%20VP%202016.doc. For any general enquiries please contact Lauren McDougall, Office of the Secretary General (02 6270 5460 or lmcdougall@ama.com.au).

Anne Trimmer
Secretary General/Returning Officer
12 April 2016

Get back to the BEACH, Govt told

AMA President Professor Brian Owler has urged the Federal Government to reverse its decision to axe funding for one of the most extensive and sustained studies of general practice in the world, arguing the move is "completely at odds" with its stated primary care focus.

In a decision that has shocked and dismayed medical practitioners and researchers, the long-running Bettering the Evaluation and Care of Health (BEACH) program, which began tracking the activities of Australian GPs in 1998, is being wound up after the Federal Department of Health announced it would not be renewing funding for the research after the current contract expires on 30 June.

Professor Owler has written to Health Minister Sussan Ley urging her to reconsider the move, which he said was particularly ill-considered given major changes planned for primary care.

"Research into general practice and primary care attracts very little funding support in comparison to other parts of the health system," the AMA President said. "The reality is that we need more of this type of research, not less."

The Government's decision to axe its funding for BEACH has come less than two week after Ms Ley unveiled the Health Care Homes initiative to give GPs a central role in improving the care of patients with chronic and complex disease. Simultaneously, the Government is trialling its My Health Record e-health record system and is persisting with a four-year freeze on Medicare rebates.

Professor Owler said the Commonwealth had contributed just $4.6 million of the $26 million that had been used to fund the BEACH program over the years.

"This is a very small investment that has delivered significant policy outcomes and, with all the changes planned for general practice and primary care, I think there is a very strong case to extend funding for the program," he said.

The wealth of data on general practice that the program had collected had proven invaluable in driving evidence-based policy development, Professor Owler said, and warned that there was "no credible source of information and analysis that is capable of filling the gap that will be left when the program ceases".

The program's director, Professor Helena Britt of Sydney University's Family Medicine Research Centre, said the Government's decision to cease its contribution had come at a time when the program was already facing a funding crunch caused by a downturn in contributions from other sources including non-government organisations and pharmaceutical companies.

"BEACH has always struggled to gain sufficient funds each year," Professor Britt said. "However, this notification comes when we also have a large shortfall in funding coming from other organisations...due to the closure of many government instrumentalities and authorities, and the heavy squeeze on pharmaceutical companies' profits resulting from changes to the PBS.

"We therefore have no choice but to close the BEACH program."

Professor Britt said she had been inundated with inquiries and messages of support from individuals and groups around the country and internationally.

Professor Britt said the BEACH data, which is drawn from an annual sample of GPs providing detailed information on everything from the hours they work to the diseases and other conditions they treat, was a unique resource, and the program's closure would "leave Australia with no valid reliable and independent source of data about activities in general practice".

"BEACH has been the only continuous national study of general practice in the world which relies on random samples of GPs, links management actions to the exact problem being managed, and provides extensive measurement of prevalence of diseases, multi-morbidity and adverse medication events," a statement issued by the Family Medicine Research Centre said.

The data from the latest BEACH survey, which began in April last year and closed at the end of March this year, is being collated and Professor Britt said she hoped to issue a report on the results, possibly in mid-June.

Asked about the possibility of funding coming from other sources, Professor Britt said it was "early days".

One of the biggest concerns is what will happen to the rich store of data accumulated through the program's 18 years of operation, during which time more than 11,000 GPs have been surveyed.

Professor Britt said the data was used by a huge range of researchers and organisations, and her group was looking at ways to ensure people would continue to have access to it.

"We would be happy to find a place with a senior analyst who could take request to analyse the data for specific purposes," she said. "We would like to be able to keep that access up there for at least a little while."

ADRIAN ROLLINS

MBS changes soon up for comment

Recommended changes to Medicare Benefits Schedule items for procedures including knee imaging, colonoscopies, tonsillectomies and sleep studies will soon be released for public consultation.

MBS Review Taskforce Chair Professor Bruce Robinson has announced that the first tranche of clinical committees involved in the review – diagnostic imaging; ear, nose and throat; obstetrics; thoracic medicine and gastroenterology – are finalising their recommendations, which will then be open for comment.

While some of these committees will soon wind up their work, Professor Robinson said the diagnostic imaging and pathology clinical committees would continue to work through the year because of the very large number of items they have to review.

Already, a second tranche of committees has been appointed and have started the work, and include cardiac services; dermatology, allergy and immunology; endocrinology; intensive care and emergency medicine; oncology and renal.

Each committee is expected to take between six and nine months to complete its work, which includes intensive review, initial recommendations, public consultation, and final recommendations presented to the Taskforce and Health Minister Sussan Ley.

To ensure that the committees apply a consistent methodology in evaluating MBS items, the Taskforce has adopted Appropriate Use Criteria developed by Professor Adam Elshaug from Sydney University's Menzies Centre for Health Policy.

Professor Robinson said that, altogether there would be around 20 clinical committees and 500 clinicians directly involved in the review.

ADRIAN ROLLINS

INFORMATION FOR MEMBERS

AMA Career Advice Service and Resource Hub (ama.com.au/careers)

You may have heard about, or seen, the recently newly-launched AMA Career Advice Service and Resource Hub. The website content has recently undergone a major makeover and you are invited to visit the website to see for yourself what is available to assist you in your career or career progression.

With pages providing enhanced and expanded information to those wanting to study medicine, doctors in training and international medical students and graduates, as well as new pages on caring for yourself and global health opportunities, as examples, with better and easier access to AMA practical resources, the site provides a more comprehensive suite of resources than ever before. With further enhancements coming over the months ahead which will include advice on preparing for independent practice, and strategies for transitioning from clinical practice to retirement or non-clinical roles, and the specialist training pathway guide, the site and the complementary one-on-one advice service, adds real value to your membership.

The service offers through the Career Adviser, (careers@ama.com.au) Christine Brill, who has had 32 years working for the AMA and with the profession; advice on resume building (with a model template), addressing selection criteria and cover letter advice as well as tips and tricks on preparing for interviews - which we know are daunting for most. The service aims to ensure that AMA members get their applications noticed and perform well at interview - giving them the edge in an increasingly competitive training and employment environment. As well as this Federal resource, AMA Victoria offers an advice service to Victorian doctors and AMA NSW offers a service to its members.

This site is not just for our doctors in training, but there is a strong emphasis on this cohort of the profession at this time. New pages include global health opportunities, life after graduation, looking after yourself and your finances – with further resources to be added to these pages in the coming months.

The site provides for easy access to AMA resources for the profession; such as the GP toolkit, AMA media statements and its position on a range of issues of concern to the profession – particularly related to student numbers, training places and access, the value of general practice and funding of public hospitals.

Govt faces storm over bulk billing cuts

The Federal Government is facing a storm of protest over its decision to axe and cut back bulk billing incentives for pathology and diagnostic imaging services.

A "Don't Kill Bulk Bill" petition calling on the Government to dump the $650 million savings measure had attracted almost 425,000 signatures by mid-April as the industry used its network of more than 5000 pathology collection centres to promote the campaign.

Peak industry group Pathology Australia, which is spearheading the campaign, said there was mounting community anger about the cuts, and warned that they would end up costing the Commonwealth more as people deferred or skipped tests crucial to diagnosing and managing serious health problems including cancer, diabetes and heart disease.

A report on pathology services commissioned by the industry group reported that last financial year almost one in every two visits to a GP resulted in a referral for a pathology test, and 30 per cent of all health problems managed by the family doctor involved pathology testing.

In all, the Commonwealth spent $2.55 billion (around 3 per cent of total health spending) on 128.8 million pathology services (including 89.4 million tests) in 2014-15, virtually 88 per cent of which were bulk billed.

Health Minister Sussan Ley has argued that the bulk billing incentives, worth between $1.40 and $3.40, have done little to lift bulk billing rates, and have instead gone to boost the bottom line of big pathology and radiology operators.

Controversially, the Government has begun to draw down on the putative savings from the measure to help subsidise advanced drug treatments for the nation's 233,000 hepatitis C sufferers – a move the Minister said could lead to the eradication of the disease.

But AMA President Professor Brian Owler has condemned the bulk billing incentive cut as an attempt to introduce a patient co-payment "by stealth" by forcing operators to charge out-of-pocket fees for their services.

"It's very clear that to be viable, that if these bulk billing incentives are taken away, then of course they're going to have to pass those fees onto patients," Professor Owler said. "That's what this strategy is all about. It's about the Government saying 'no, we're not paying any more; we're going to make the provider charge you a fee'."

The AMA President warned the charge for patients was likely to be much more than $3, given all the overheads and costs involved in collecting a fee.

The savings measure is yet to be approved by Parliament and could become a major issue during the forthcoming Federal election.

ADRIAN ROLLINS

Rural students to benefit from virtual dissection tables

Medical students in rural and regional South Australia and the Northern Territory will soon be able to participate in autopsies without a cadaver, with Flinders University claiming an Australian-first with its purchase of four Anatomage virtual dissection tables.

The Anatomage table, described as the most technologically advanced system for anatomy education in the world, has been likened to a human-sized iPad.

Resembling an operating table with a patient, the Anatomage uses high resolution touch screen technology to replicate the human body, with 3D body contents and a library with more than 120 pathological examples.

Vice-Chancellor Professor Colin Stirling said the tables would allow staff and students in Darwin, Mt Gambier and Renmark to link in to expertise in Adelaide in real time, with all participants seeing the identical procedure.

"It's a game changer for medical training outside of capital cities," Professor Stirling said.

"It's the kind of experience and opportunity that pathologists have dreamed of for centuries – the ability to peel back the layers of the human body one by one until you have examined every part, and then put each layer back until it is perfectly in one piece again."

The device will cut down on the need for students at the Rural Clinical School in Renmark to make the seven-hour round trip to Adelaide.

It will also open up opportunities for Indigenous students by overcoming concerns about anonymity and respect for the dead.

More information on the Anatomage table can be found at www.anatomage.com.

MARIA HAWTHORNE

Sending mentally ill to an early grave costs us all dearly

People with serious mental illnesses are dying much younger than other Australians because they have high rates of common ailments like heart disease and diabetes that are not being adequately treated.

A report has found that almost 80 per cent of people with schizophrenia, bipolar disorder, severe anxiety, depression and other serious mental illnesses – estimated to be around 380,000 - are losing between 10 and 36 years of life because of health problems that are successfully managed in the broader community.

The study, commissioned by the Royal Australian and New Zealand College of Psychiatrists, says this is not only distressing for individuals and families, but is costing the country at least $15 billion a year in lost productivity and potentially avoidable visits to GPs and hospitals.

College President Professor Malcolm Hopwood said it had long been known that people with serious mental illnesses lived shorter lives, but "until recently there was no clear reason why this was so. Now we know the answer".

The report, prepared by the Victoria Institute of Strategic Economic Studies, said that for people with mental disorders, comorbidities like heart disease, asthma and diabetes were "the rule, rather than the exception".

It showed the majority of such people lost their lives to a combination of chronic physical conditions such as cardiovascular and respiratory diseases, cancer and diabetes.

"These deaths are mostly caused by illnesses commonly treated successfully in the broader community," the report said. "In many cases, it appears that the gains made in the treatment of these conditions in recent decades have not occurred for people with mental illness."

While the life expectancy of the broader population is increasing, the study cited research indicating that among those with serious mental illness it was actually declining.

Professor Hopwood said the prevalence of poor physical health and inadequate treatment were complex, and improving care of the seriously mentally ill would not be easy.

Among the issues are the need for greater recognition that patients with a serious mental illness will likely also have

comorbid physical ailments, as well as factors like cost and availability that might discourage such people from seeking treatment.

"We are facing a mixture of 'treatment vexation', low socioeconomic status, high risk behaviours, difficult-to-access treatment, fragmented services, affordability challenges, stigma, discrimination, and poor clinician confidence – all exacerbated by a lack of funding," Professor Hopwood said.

Among suggested improvements is an increase in consultation times reimbursed by Medicare and improved collaboration between health professionals, which could help realise significant savings.

The Australian Health Policy Collaboration, which participated in commissioning the research, has estimated that providing the seriously mentally ill with best practice health care could save around $5 billion a year.

ADRIAN ROLLINS

Health funds try to stop the bleeding

The private health insurance industry is trying to stem an exodus of members by promising to pass on in full any savings from cheaper medical devices.

A survey commissioned by comparator website iSelect suggests more than 530,000 were preparing to ditch their health cover following an average 5.59 per cent jump in premiums at the start of the month, while almost half of policyholders planned to shop around and 7 per cent indicated they would switch providers.

The results are consistent with warnings of widespread consumer frustration over the cost of health insurance, and underline AMA concerns that many may be left inadequately insured if they downgrade their cover.

The Federal Government has initiated a series of reviews of the private health insurance system, and the AMA has highlighted disturbingly common incidents where patients have been booked in for a procedure only to discover at the last minute that they are not covered.

AMA President Professor Brian Owler said there was a profusion of policies with multiple exclusions that left policyholders uncertain about what they were covered for, while others were opting for public hospital-only policies that were essentially junk because they provided for no greater cover than was already provided through Medicare.

Last month the AMA released its inaugural Private Health Insurance Report Card, to give consumers a guide to the types of policies on offer, and the sort of benefits provided.

The Report Card identified large discrepancies between the health funds in the benefits they paid for common procedures such as hip replacement and cataract surgery.

But the industry has held out the prospect that premium increases could be held down next year because of reductions in the price health funds pay for medical devices.

Under current arrangements, funds are required to pay set prices for cardiac stents, artificial hips and knees and other prosthetics that are up to four times that paid by hospitals.

The *Courier Mail* has reported that a Government review headed by Professor Lloyd Sansom will recommend that medical device companies be required to disclose how much they charge hospitals, and is considering a one-off price cut for a selection of the most highly-overpriced prosthetics.

The peak health insurance industry body, Private Health Care Australia, said savings from the changes could slice $150 off premium increases next year.

Chief Executive Dr Rachel David told the *Courier Mail* said the process to realise savings could begin immediately, and guaranteed that “every dollar we save as a result of benefit reductions will be passed on to the consumers”.

Amid all the change, the nation’s largest health insurer, Medibank Private, has announced a change of leadership.

Former National Australia Bank executive Craig Drummond has been appointed to succeed long-standing Chief Executive George Savvides.

In an interview with *The Australian*, Mr Drummond – who is on a remuneration package worth up to $6 million a year – tried to deflect concerns about on rising premiums onto the broader health industry.

“The heart of the problem is the underlying cost structure in the industry,” he said. “This is an industry-based issue, where health care costs in general have been ruining at unsustainably high levels, not only in Australia but in other countries”.

Chair of the Medibank Board, Elizabeth Alexander said Mr Drummond had been hired for his strong commercial skills and his familiarity working in a regulated environment.

ADRIAN ROLLINS

INFORMATION FOR MEMBERS

National Medicinewise Awards

Nominations are being sought for people who have made an outstanding contribution to the quality use of medicines, test and medical technologies.

Entries for the biennial National Medicinewise Awards, conducted by NPS Medicinewise, are now open and nominations are invited.

There are seven categories of award, including for consumer initiatives, for health professionals, for excellence in consumer information and the use of e-health resources, and for media reporting.

Entreis close on 22 April, and winners will be announced at the National Medicines Symposium in Canberra on 19-20 May.

For more details, go to: www.nps.org.au/nms2016

Parkinson's cluster fund in rural Victoria

A cluster of Parkinson's disease discovered in a Victorian farming region has fuelled speculation the condition might be linked to the use of pesticides.

A team of researchers has found that the prevalence of Parkinson's is up to 78 per cent higher in farming areas in north-west Victoria compared with the rest of the state, prompting calls for more research into a possible association between farming practices and the disease.

The joint Monash University- Florey Institute of Neuroscience and Mental Health investigation discovered the cluster while analysing differences in the occurrence of Parkinson's between urban and rural areas.

The researchers undertook a geographical breakdown of Pharmaceutical Benefit Scheme data on the use of Parkinson's medication, and then overlaid the data with information regarding the intensity of farm production.

One of the researchers, Dr Darshini Ayton, told Fairfax Media they were shocked to find a cluster of the disease in four neighbouring local government areas – Horsham, Buloke, Northern Grampians and Yarriambiack – where there is intense production of barley and pulses including chickpeas, lentils, faba beans and vetches.

They found that in Buloke, the prevalence of Parkinson's was 78 per cent higher than average, while in Horsham it was 76 per cent higher, 57 per cent higher in the Northern Grampians and 34 per cent higher in Yarriambiack.

International studies have identified living in rural areas and exposure to herbicides, pesticides and bore water as risk factors for Parkinson's, and during an earlier study conducted by Dr Ayton and her colleague Dr Narelle Warren a number of people with Parkinson's speculated the disease could have been caused by pesticides.

The observation prompted the pair, along with Dr Ayton's husband Scott and Professor Ashley Bush, to investigate differences in the prevalence of the disease between country and city areas, which led them to the discovery of the Parkinson's cluster.

But, although the study, funded by Parkinson's Victoria, points to an underlying reason for increased risk, the researchers were careful to emphasise that the cause is yet to be identified.

"This research by no means says that pesticides caused Parkinson's disease here, but we need to do further research," Dr Ayton told Fairfax Media.

"The research does not investigate pesticides directly," a statement from Parkinson's Victoria said, adding that more research was needed.

"It has been known for decades that high doses of certain pesticides can be used to cause Parkinson's disease in the laboratory – this has prompted more regulation about what types of pesticides are used, how they are used, and monitoring of produce."

The organisation sought to reassure people living in the areas identified in the study, pointing out that although they had an increased prevalence of Parkinson's, it still only effected less than 1 per cent of the local population.

The full research report will be published later this year, but the Executive Summary can be downloaded at: www.parkinsonsvic.org.au/prevalence

ADRIAN ROLLINS

INFORMATION FOR MEMBERS

AMA Fee List Update - 1 April 2016

The AMA List of Medical Services and Fees (AMA List) has been updated to amend existing items and include new items. These items are provided in the Summary of Changes for 1 April 2016, which is available from the Members Only area of the AMA website at https://ama.com.au/article/1-november-2015-31-october-2016-current

The AMA Fees List Online is available from http://feeslist.ama.com.au. Members can view, print or download individual items or groups of items to suit their needs. The comma delimited (CSV) ASCII format (complete AMA List) is available for free download from the Members Only area of the AMA Website (www.ama.com.au). To access this part of the website, simply login by entering your username and password located at the top right hand side of the screen and follow these steps:

1) Once you have entered your login details, from the home page hover over Resources at the top of the page.
2) A drop down box will appear. Under this, select Fees List.
3) Select first option, AMA List of Medical Services and Fees – 1 April 2016.
4) Download either or both the CSV (for importing into practice software) and Summary of Changes (for viewing) detailing new, amended or deleted items in the AMA List.

If you do not have Internet access please contact us on (02) 6270 5400 for a copy of the changes.

Victoria first to legalise medicinal cannabis

Victorian children with severe epilepsy will become the first in the nation legally able to be treated with medicinal cannabis under laws passed by the State Parliament.

Victoria has become the first State to act after the Federal Government opened the way for its legal use earlier this year, enacting legislation that makes it lawful to manufacture, supply and access medicinal cannabis products.

Victorian Health Minister Jill Hennessy said children with severe epilepsy would be the first group to have access to the drug, beginning next year.

"We're starting with these children with severe epilepsy, whose lives have been shown to improve so significantly, because we know these children often don't make it [into] adulthood," Ms Hennessy told the ABC. "We want to improve their quality of life."

The Minister said the move would remove the dilemma faced by parents of children with severe epilepsy, who have faced a choice between breaking the law or denying their child a treatment that could help relieve their condition.

The Minister said the Government planned to move gradually to increase access to the drug for a wider group of patients, eventually including those undergoing palliative care or with HIV.

Manufacture of the drug in the Victoria will be overseen by the Office of Medicinal Cannabis.

Victoria's move has come two months after Federal Parliament passed legislation allowing for the cultivation of cannabis for medicinal and scientific purposes.

Following the passage of the new laws, the Therapeutic Goods Administration has begun work on reclassifying medicinal cannabis as a Schedule 8 substance, putting it in the same category as morphine and other restricted medicines.

AMA President Professor Brian Owler has said medicinal cannabis should be subject to the same sort of scrutiny and testing as any other medicine.

ADRIAN ROLLINS

AMA rural health survey

The AMA is moving to sharpen its lobbying efforts on rural health ahead of the next Federal election by asking rural doctors to identify the most important issues affecting them, their patients and their communities.

The AMA has launched its *Rural Health Issues Survey 2016* to hear the views and concerns of rural doctors and use them to inform AMA policy and influence governments.

AMA President Professor Brian Owler said people living and working in regional, rural and remote areas faced unique challenges providing and getting access to quality health services, and their voice needed to be heard.

"Doctors and other health professionals who serve rural communities and patients have very different experiences to their city counterparts, especially with links to hospitals and other specialists, medical workforce and resources, and support services," Professor Owler said. "Rural Australia requires specific and specialised health policies and funding to ensure rural patients are not disadvantaged in comparison to people living in cities."

Professor Owler said the Survey would allow rural doctors to share their experiences and solutions, which would help the AMA in lobbying for better policies.

The last Rural Health Survey was conducted in 2007, and Professor Owler said it had provided the framework for much of the AMA's subsequent rural health advocacy.

"It allowed us to influence Government decisions on issues such as locum relief, medical workforce, specialist outreach, and patient assisted travel schemes," he said.

But, he added, since then a host of new stresses and pressures had emerged, and the AMA's policies need to reflect these changes.

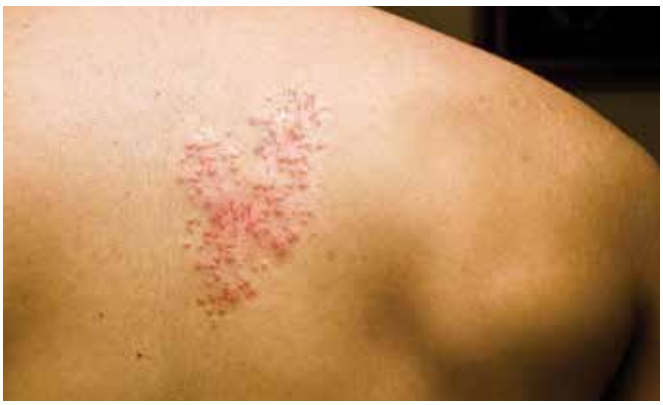
Professor Owler said the best sources of information about what needed to be done to improve rural health and medical services were rural doctors and their patients, which was why the AMA was undertaking the survey.

Contributions to the Survey can be made before 29 April.

It can be accessed by visiting: https://www.surveymonkey.com/r/BNWFJQP

ADRIAN ROLLINS

Shingles vaccine to cost unless you are 70



A vaccine to prevent the painful and potential deadly shingles infection will be available to 70-year-olds free of charge from November this year.

But those in their 50s, 60s, and 80s will continue to have to fork out $200 or more for a dose of the Zostavax vaccine if they want to be protected from the viral infection.

The Federal Government has allocated $100 million over four years to provide the vaccine free through the National Immunisation Program (NIP), and expects around 240,000 people to be immunised each year.

It is also funding as five-year catch up program during which Australians aged between 71 and 79 years are eligible to receive Zostavax through the NIP. Altogether, the Government expects around 1.4 million will be administered the vaccine through this initiative.

But other vulnerable groups, particularly those in their 60s, will have to make their own arrangements if they want to be protected from the infection, the risk and severity of which increases markedly with age.

Shingles is caused by the reactivation of the varicella-zoster virus that causes chicken pox in children. Following initial infection, the virus lies dormant in nerve roots near the spinal cord, and can reactivate at any time.

The infection often appears as a painful rash or blisters on the skin, and the associated pain can be excruciating.

In addition to the rash, in 50 per cent of cases shingles can lead to post-herpetic neuralgia, a chronic and debilitating form of neuropathic pain that can persist months or even years after the rash has healed.

Drug company bioCSL said that more than 97 per cent of Australians had developed antibodies to the varicella-zoster virus by the time they were 30 years of age, indicating almost universal potential to develop shingles among the adult population – though medical experts warn there is no way to predict who might develop shingles, or when.

Zostavax is approved for the prevention of shingles in those aged 50 years or older, and for the over 60s is also indicated as a protection against post-herpetic neuralgia and as a treatment to reduce acute and chronic zoster-associated pain.

But even though shingles is recognised as a risk for those 50 years and older, the medicines watchdog has resisted calls for Zostavax to be subsidised for those aged 50 to 69 years because of the vaccine's limited longevity and doubts about the cost effectiveness of the measure.

Research indicates the vaccine is only effective for around 10 to 12 years, meaning that a typical 50-year-old receiving it would need at least two, and possibly three or more boosters to maintain protection.

Even though prevalence increases with age, from around 2 infection per 1000-person years in the under 50s to 5 per 100 person-years among those in their 50s, to 7 per 1000 among those in their 60s, and 10 per 1000 in 70-year-olds, an evaluation by the US Centers for Disease Control and Prevention found that Zostavax was not cost effective for those in their 50s.

It calculated that for every 1000 people receiving the vaccine at age 50, only 25 shingles cases and one case of shingles-related pain would be prevented.

Australia's Therapeutic Goods Administration has done significant work evaluating the veracity of drug company claims about the longevity and effectiveness of the vaccine, and in 2014 advised against subsidising Zostavax for 60-year-olds because of "unacceptable assumptions" in the economic case for the proposal.

ADRIAN ROLLINS

Govt pushes ahead with co-funded training for GPs

The AMA was recently asked by the Health Department to comment on a confidential draft of proposed guidelines for the Co-Funded GP Training Program (CFGPTP) that was foreshadowed in the 2014-15 Federal Budget.

The AMA does not support the concept of co-funded GP training places, and has said this since they were first mooted.

The Commonwealth, in various Budget decisions, appears to be stepping away from many of its core funding responsibilities in health, and this idea simply reflects that approach.

GP training is already very cost effective, with supervisors and practices making significant contributions to training the next generation of GPs, with only limited financial support.

There are many concerns about how a CFGPTP might operate.

The concept has the potential to undermine the broad focus and quality of GP training, and raises potential conflicts of interest, including getting the delicate balance right between service and training.

There is a very real risk that GP trainees will not be exposed to the breadth of practice that current GP training arrangements promote and instead will be trained in only one style of general practice. This is contrary to the philosophy of general practice training and the widely accepted policy intent to promote a well-trained GP workforce with broad generalist skills.

GP trainees are also worried that they could be left vulnerable in circumstances where they are in dispute with their employer over the training that is being provided to them.

The rumoured prospect of trainees being bonded to participating employers in return for a co-funded training place is also cause for significant concern. Again, this places trainees in a very vulnerable position in disputes, and can have a detrimental effect if their personal circumstances change.

If GP trainees are well treated and well trained, many will choose to stay voluntarily, and bonding does not need to become a new feature of the GP training landscape.

While the AMA remains opposed to the CFGPTP, if the Government decides to go ahead, it appears that the only way these risks can be mitigated is by having the placements organised and administered through the existing network of Regional Training Organisations (RTO), with Colleges responsible for the selection of candidates. This would:

- ensure that co-funded training positions remained within the overall governance framework for general practice training;
- support the consistent application of policy across all GP training settings;
- utilise established educational materials; and
- allow for experience in a variety of settings.

Trainees in difficulty would also be able to approach their RTO for support and assistance, which is particularly important given the emerging evidence of bullying and harassment in the medical profession and the acknowledged need to address this more effectively.

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
Prof Geoffrey Dobb	AMA Board Member	Health Star Rating Advisory Committee	16/2/2016
Dr David Rivett	AMA Federal Council & Chair AMACRD	Rural Classification Technical Working Group	25/2/2016
Dr Chris Moy	AMA Federal Council	AHPRA Prescribing Working Group	3/3/2016
Dr Katherine Kearney	AMA Member, DiT proxy	National Medical Training Advisory Network (NMTAN)	10/3/2016
Dr Stephen Parnis	AMA Vice President	National Medical Training Advisory Network (NMTAN)	10/3/2016

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

Call to reveal GP funding plan, *The Australian*, 1 April

The AMA has urged the Government to reveal how it will fund a coordinated health care model for patients with chronic diseases.

Defensive tactics for good health, *Northern Territory News*, 12 April

The AMA has called for military personnel to undergo annual mental health checks to help tackle rates of depression and post-traumatic stress disorder.

MMA fighter will die in Australia: AMA, *The Age*, 14 April

AMA Vice President Dr Stephen Parnis spoke out strongly against bringing mixed martial arts fighting to Australia after an athlete died after being knocked out during a bout in Ireland.

RADIO

Professor Brian Owler, 2GB, 31 March

Professor Owler urged the Government not to strip money from hospitals to fund a new plan to help chronically ill patients. The Government plans to trial a program to coordinate all patient health care through their general practitioner.

Dr Stephen Parnis, 3AW, 2 April

Dr Parnis has labelled the new Federal health funding for States and Territories as a band aid solution after the Government announced they would provide nearly $3 billion for public hospitals until 2020, without any long-term assistance.

Professor Brian Owler, 3AW, 10 April

An Australian mother was forced to allow her son to undergo chemotherapy and radiotherapy for brain cancer. Professor Owler said that a parent's wishes may not always be in a child's best interest and a doctor's duty of care is to the child.

Dr Stephen Parnis, 2GB, 12 April

Dr Parnis discussed the need for sick people to stay away from work after a report found working while sick was costing the Australian economy more than $34 billion a year in lost productivity.

Professor Brian Owler, ABC New England, 13 April

Professor Owler encouraged doctors to participate in the AMA 2016 Rural Health Issues Survey. Professor Owler said rural Australia required specific and specialised health policies, and funding to ensure patients were not disadvantaged.

TELEVISION

Professor Owler, ABC News 24, 31 March

Professor Owler welcomed a Government trial to allow patients with chronic conditions such as type 1 diabetes to nominate a GP to manage their care, but stressed funding should not come out of public hospitals to fund the trial.

Professor Owler, Sky News Live, 1 April

Professor Owler discussed the Prime Minister's proposal for changes to how states handle income tax and the future of health and education funding

Dr Parnis, Sky News Live, 4 April

Dr Parnis welcomes the Governments $2.9 billion for hospital funding but says the funding is only a short term solution.

Dr Parnis, Channel 10, 8 April

Dr Parnis comments on research that has found older Australians are heavier drinkers than young Australians. He said the findings were nothing new.

Professor Owler, 60 Minutes, 10 April

Professor Owler talks about the effectiveness of chemotherapy for brain tumours after an Australian mother was forced to allow doctors to treat her child.

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Education tax cap scrapped

The Federal Government has reportedly scrapped plans to axe or cap tax deductions for work-related self-education expenses just days after the AMA warned it would campaign against the idea in the lead-up to the Federal election.

The *Australian Financial Review* has reported the Government has dumped the idea of trading away work-related tax deductions to help fund business tax cuts in next month's Budget, and will instead leave tax deductions alone.

The policy change came after the AMA said discussions had been held about resurrecting the Scrap the Cap alliance of more than 70 professional and educational organisations to campaign against any change to tax deductions for self-education expenses.

There had been suggestions the Government was considering imposing a standard deduction for work-related expenses, which AMA Vice President Dr Stephen Parnis said would "effectively be a cap by another name".

In 2013, the former Labor Government announced plans for a $2000 cap on tax deductions for work-related self-education expenses, a measure that would have disadvantaged thousands of workers who have to undertake continuing education as a condition of their employment.

The proposal provoked outrage among doctors and other professionals, and the AMA was among 70 organisations that formed the Scrap the Cap Coalition to fight the change.

The Abbott Government won plaudits when it dumped the idea soon after winning the 2013 Federal election, but there were fears Prime Minister Malcolm Turnbull would reinstate the measure to help narrow the Budget deficit.

In December, the Government revealed its financial position had worsened since last year's Budget and the deficit was on track to reach $37.4 billion in 2015-16 with no prospect of a return to surplus in the next four years.

Since then, commodity prices have tumbled lower and economic conditions have remained soft, fuelling concerns the Commonwealth's finances have become even worse.

The Government has talked down earlier suggestions of tax cuts, and is searching hard for savings, including by trying to push more of the responsibility for health and education funding onto consumers and the states.

But Dr Parnis said earlier this week that deductions for self-education expenses should be off the savings list.

He said doctors had to continually update their skills and knowledge throughout their careers, at their own expense, and scrapping the tax

... continued on p20

In brief ...

How to spend $20bn

Eminent medical researcher Professor Ian Frazer will lead a board charged with advising the Federal Government on investing funds from the $20 billion Medical Research Future Fund.

Professor Frazer, who will be joined by seven other directors drawn from the private sector and academia, will develop the five-year Australian Medical Research and Innovation Strategy, and set priorities every two years.

"The Advisory Board will ensure that any expenditure from the MRFF will have a strong business case, ensuring that the financial assistance provided...delivers the greatest value for all Australians," Health Minister Sussan Ley said.

E-health overseer

The Commonwealth and the states and territories have agreed to set up the Australian Digital Health Agency to oversee the provision of national electronic health records and other digital health services.

The agency, which will begin operations in July, will be responsible for management of the national digital health strategy, and the design and operation of systems including the Commonwealth's My Health Record.

... continued on p20

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from p19

break would have created a "huge disincentive", particularly for junior doctors considering undertaking specialist training.

According to the *AFR* report, the Government has backed away from changes to work-related tax deductions for political and administrative reasons.

It was thought scrapping deductions, claimed mainly by middle-income earners, to pay for business tax cuts would be highly unpopular, while the impracticality of abolishing all deductions meant the Government would be left to tinker with individual measures, which would not deliver sufficient savings to be worth the political trouble they would cause.

ADRIAN ROLLINS

Maelstrom of money blows over wind farms

The nation's peak medical research organisation has committed more than $3 million to investigate whether or not wind farms effect human health amid ongoing controversy on the issue.

There have been persistent claims that wind farms are responsible for a range of health problems despite a lack of evidence, and the National Health and Medical Research Council (NHMRC) has commissioned two studies to try to determine if there is a link.

The Sydney-based Woolcock Institute of Medical Research has been awarded $1.94 million to conduct two randomised controlled trials to examine whether inaudible sounds emanating from wind turbines are causing health problems including headaches, dizziness, nausea and sleep disturbances, while a Flinders University researcher has been provided with $1.36 million to compare the relative effects of wind farms and traffic noise on sleep.

The announcement has come less than a year after the NHMRC completed its own exhaustive study, which found that there was "currently no consistent evidence that wind farms cause adverse effects in humans".

A year earlier, the AMA had come to a similar conclusion. In a Position Statement released in 2014, the AMA found that "available Australian and international evidence does not support the view that the...sound generated by wind farms...causes adverse health effects".

The-then Chair of the AMA's Public Health Committee, Professor Geoffrey Dobb, said that although some people living near wind farms may genuinely experience health problems, these were not directly attributable to wind turbines.

Instead, it has been suggested many may be suffering from a 'nocebo' effect, and are becoming ill because of anxiety and dislike of wind farms rather than as a result of any sounds emanating from them.

... continued on p21

In brief ...

... from p19

Greens target 'wasteful' rebate

The Australian Greens would scrap the private health insurance rebate and reinvest the funds in public hospitals.

As political parties sharpen their policies ahead of the Federal election, the Greens have pledged to axe the "wasteful" PHI rebate, freeing up $10 billion over four years which would be redirected to the public hospital system.

Greens leader and public health specialist Dr Richard Di Natale said his party would also reinstate the joint Federal-State hospital funding model scrapped by the Coalition so that the Commonwealth would match 50 per cent of the efficient growth in hospital costs, with the change enshrined in law.

Trial run

The nation's health ministers have committed to making Australia more attractive for clinical trials to boost investment and improve access to new medicines.

The ministers said that more needed to be done to make Australia a preferred location for clinical trials, including reducing fragmentation and inefficiencies. They have asked the Australian Health Ministers' Advisory Council to develop options to organise sites, increase administrative efficiencies, improve engagement with sponsors, and reduce trial start-up times.

... continued on p21

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from p20

But this has been vociferously rejected by advocates, who insist the health effects are real, and have campaigned hard for more research.

They have influential political backers in Parliament, including senior Nationals MPs and key crossbench senators, and found a receptive audience in former Prime Minister Tony Abbott. Under Mr Abbott's leadership, the Government appointed a National Wind Farm Commissioner to monitor and investigate complaints about the wind industry, and established an Independent Scientific Committee on Wind Turbines to advise on the potential health and environmental effects of the industry, at a combined cost of more than $2.5 million over four years.

An investigation by Fairfax Media has found that a third of all complaints to the Commissioner have related to wind farms not yet constructed, while the Scientific Committee has held just two brief meetings since it was formed and is yet to provide any advice to Government.

A leading critic of the Government's policy agenda, including the NHMRC's research program, Sydney University public health expert Professor Simon Chapman, said internationally there had been at least 25 reviews which found little evidence that wind farms harmed health.

Professor Chapman told the *Sydney Morning Herald* the health effects that did exist could be put down psycho-social factors like pre-existing antipathy to wind farms and anxiety, and the research was a waste of money.

"It's really quite disgraceful – it's money literally poured down the drain," he told the *SMH*.

But lead researcher for the Woolcock project, Professor Guy Marks, defended the research, arguing that there existed a "genuine scientific question that needs to be solved".

"This is a hotly debated area, with many residents convinced that their health is suffering, and other people sure that it's all a figment of their imagination," Professor Marks said.

"As far as I am concerned, the science isn't settled yet [and] it's important to find out, for the sake of the communities and interests involved," his co-researcher, Professor Ron Grunstein, said.

But even if the Woolcock and Flinders University studies find that there is no link, few expect it to be the end of the matter.

"Regardless of what we find, there will be passionate advocates that will never be convinced of our conclusion," Professor Grunstein admitted.

The *AMA Position Statement on Wind Farms and Health 2014* can be viewed at: https://ama.com.au/position-statement/wind-farms-and-health-2014

ADRIAN ROLLINS

In brief ...

... from p20

All the same

The nation's hospitals will save $270 million over the next decade with the introduction of single standardised chart for the supply and reimbursement of Pharmaceutical Benefit Scheme medicines.

Commonwealth, state and territory health ministers have agreed to harmonise legislation to allow for the use of the standardised chart, in a move that will ease the regulatory burden on prescribers, pharmacists and nurses, improve patient safety and cut hospital administration overheads by around $27 a year. The new charts will be available from July.

A joint approach

The Commonwealth and the states will look at opportunities to jointly commission mental health services, including through Primary Healthcare Networks, following an agreement struck at the COAG Health Council meeting.

The agreement was suggested by the Queensland Government, which emphasised the need to identify opportunities for the joint commissioning of services across the Commonwealth and state-funded health services "[to] support a more integrated approach to service delivery and reduce any potential duplication".

The meeting agreed that mental health was one of the areas where opportunities for joint commissioning would be explored, and called on PHNs to work with Local Health Networks to "align mental health commissioning efforts" from July.

ADRIAN ROLLINS

Research

A new way to breathe easier

A minimally invasive surgical procedure to prevent airways constricting could substantial improve control of asthma and reduce reliance on medication to manage the condition.

An Australian trial of 17 patients has found that bronchial thermoplasty, which involves using the heated tip of a catheter inserted into the airway to burn away excess smooth muscle, has found the procedure to be safe while delivering significant benefits in controlling asthma.

The procedure has been likened to the use of laser surgery to improve eyesight, and Director of Thoracic Medicine at Peninsula Health, Associate Professor David Langton, who was lead researcher of the trial, said the technique could be a game changer.

"We're at the tip of a new paradigm for how we treat asthma," A/Professor Langton. "The results of these trials could have a global impact and completely revolutionise our approach."

Around 2.3 million Australians have asthma, and up to 10 per cent have difficulty managing the condition using standard treatments such as inhalers.

The trial involved patients with both moderate and severe forms of the condition, and found response to bronchial thermoplasty was greatest among those suffering asthma the worst. Encouragingly, the benefits have been sustained.

A/Professor Langton has called for the widespread adoption of the procedure.

"This is a safe, effective, affordable procedure that has the potential to transform the lives of people struggling to control their asthma, offering the hope of less medication and an improved quality of life," he said. "The sooner we can make it available to those that need it, the better."

The research was presented to the Thoracic Society of Australia and New Zealand's Annual Scientific Meeting.

ADRIAN ROLLINS

Home-based end of life care may prolong survival

A new study has backed home-based end of life care, finding that cancer patients who chose to die at home tended to live longer than those in hospitals.

Dr Jun Hamano and his colleagues at the University of Tsukuba in Japan studied 2069 palliative care patients - 1582 in hospital and 487 at home.

The investigators found that in the final weeks and days of life, home-

... continued on p23

Medical briefs ...

Guide to giving

New ethical and clinical guidelines for organ transplantation have been approved in an effort to help boost donation rates.

The guidelines, developed jointly by the National Health and Medical Research Council, the Organ and Tissue Authority and the Transplantation Society of Australia and New Zealand, are intended to make it easier for both clinicians and recipients to navigate complex issues surrounding organ donation.

"The guidelines provide an overarching framework for ethical and clinical practice to assist health professionals in assessing complex issues when making decisions regarding organ transplantation," Assistant Health Minister Ken Wyatt said. "They also provide information for potential organ transplant recipients and their families, carers and friends."

Mr Wyatt said that, given that demand for donor organs would always be greater than supply, ethically sound and transparent guidelines were "essential".

The guidelines can be downloaded from the NHMRC website at: www.nhmrc.gov.au

Gaps in care under microscope

A study on breakdowns in the coordination of patient care has been launched by the National Health Performance Authority.

The Authority hopes to survey almost 125,000 people from across Australia on their experiences of moving between different parts of the health system and the extent to which there was continuity of care.

Continued on p23...

Research

... from p22

based patients survived for as much as a week longer than those in hospitals, even after adjusting for demographic and clinical characteristics.

"The survival of patients who died at home was significantly longer than the survival of patients who died in a hospital in the days' prognosis group (estimated median survival time, 13 days [95% confidence interval (CI), 10.3-15.7 days] vs 9 days [95% CI, 8.0-10.0 days]; P = .006) and in the weeks' prognosis group (36 days [95% CI, 29.9-42.1 days] vs 29 days [95% CI, 26.5-31.5 days]; P = .007) as defined by Prognosis in Palliative Care Study predictor model A," the researchers wrote.

The findings suggest oncologists should not hesitate to recommend home-based care simply because less medical treatment may be provided.

"The cancer patient and family tend to be concerned that the quality of medical treatment provided at home will be inferior to that given in a hospital and that survival might be shortened," Dr Hamano said.

"However, our finding – that home death does not actually have a negative influence on the survival of cancer patients at all, and rather may have a positive influence – could suggest that the patient and family can choose the place of death in terms of their preference and values.

"Patients, families and clinicians should be reassured that good home hospice care does not shorten patient life, and may even achieve longer survival."

The study was published online in *CANCER*, a peer-reviewed journal of the American Cancer Society.

MARIA HAWTHORNE

Tell drinkers how their consumption ranks

Researchers in the United Kingdom have found that heavy drinkers are more likely to seek help if they are told how their drinking ranks compared to other people.

The study, led by behavioural scientist Professor Ivo Vlaev of the Warwick Business School, studied the reactions of 101 university students who were sent different messages by text.

It found more students sought advice when they were sent a message saying they drank more units a week than most of the participants in percentage terms.

"Excessive drinkers typically underestimate their consumption relative to that of others, and these interventions with messages aim to reduce consumption by correcting this misperception by telling people how their drinking actually compares," Professor Vlaev said.

Continued on p24 ...

Medical briefs ...

... from p22

The survey is part of a broader *Coordination of Health Care Study* by the NHPA which will examine coordination and continuity of health care at the local area level.

"Every time someone moves between different parts of the health system, there is a chance something may go wrong," the Authority said, such as information and test results not being shared effectively.

It said its study aimed to fill a gap in national information to help improve the coordination of care.

Confidence rides high

Businesses in the health and community services sector are the most confident in the country, according to the latest Sensis survey of small and medium-sized firms.

The survey found that although confidence among health firms dipped slightly late last month, its index score of +59 was the highest of all sectors measured, and was 24 points above the national average.

While weaker profits and sales weighed on sentiment, performance on employment, wages and sales was among the strongest of any industry, and the sector was upbeat about all aspects of business in the coming quarter.

Confidence among small and medium businesses across all sectors remains "healthy", according to Sensis Chief Executive Officer John Allan, even though half think economic growth has stalled and 35 per cent think it is slowing.

ADRIAN ROLLINS

Research

... from p23

"The study shows informing excessive drinkers of how their alcohol consumption ranked was more effective in persuading them to seek alcohol-related health information than informing them in other ways."

The students were sent four weekly messages containing one of four types of information – official alcohol consumption guidelines, how their consumption compared with the guidelines, how their consumption compared with the mean average of the group, and how their consumption ranked among the group.

Participants who were told how their consumption ranked were more likely to request information and to request a greater number of types of information than those sent the other messages.

However, they did not reduce their alcohol consumption, showing that reducing alcohol use is a complex change requiring a variety of interventions.

Professor Vlaev said the findings suggested that future interventions might benefit from focussing on telling people how their behaviour ranks.

Meanwhile, the Royal Australasian College of Physicians has called for the legal drinking age to be raised, higher taxes on some alcoholic drinks, and a reduction in the blood alcohol limit for drivers.

The RACP made the calls in a submission to a Senate inquiry into alcohol-fuelled violence.

MARIA HAWTHORNE

Outdoor light the key to preventing myopia

Children need to spend at least one hour a day outside to help prevent myopia, new Australian research has found.

Researchers at Queensland University of Technology's School of Optometry and Vision Science tracked the progress of 101 children aged between 10 and 15 years, the age at which myopia typically develops, from 42 Brisbane schools.

The children, 41 of whom were myopic and 60 were non-myopic, wore wristwatch light sensors to record light exposure and physical activity for a fortnight during warmer then colder months to give an overall measurement of their typical light exposure.

Their eye growth was measured, along with OCT images of the choroid to highlight novel eye growth changes in the posterior eye.

Lead researcher, Associate Professor Scott Read, said children exposed to the least outdoor light had faster eye growth and hence faster myopia progression.

"Australian kids generally spend more time outside than kids in many other countries, including some Asian countries with a high incidence of myopia," Professor Read said.

"Still, in our study one-third of kids spent, on average, less than 60 minutes outside a day. Half of these kids were myopic and a handful of the non-myopic kids in this group looked like they were heading towards myopia during the study.

"Our findings suggest the protective effect of being outdoors seems to be related to light rather than physical activity as the study found no significant relationship with exercise and eye growth.

"While it is hard to completely discount near work, we included factors relating to near work in our analyses and these didn't appear to be significantly related."

The researchers hypothesise that outdoor light stimulates the production of factors in the retina including retinal dopamine, which helps to slow eye growth.

The research was first published in *Invest Ophthalmol Vis Sci* and was also presented at the Australian Vision Convention on 3-4 April.

MARIA HAWTHORNE

Preparing for change in aged care and e-health

BY DR ROBYN LANGHAM, CHAIR, AMA MEDICAL PRACTICE COMMITTEE

> "The AMA argued strongly that the aged care sector must evolve to be able to care for older Australians while preserving a person's access to quality medical care"

The AMA has advocated for some time to secure the appropriate recognition and resourcing of medical care for older Australians. This is even more necessary now given that 15 per cent of the population are over 65 years of age, and the proportion continues to grow.

The Medical Practice Committee, in conjunction with the AMA Council of General Practice, developed a submission in response to the Senate Standing Committee on Community Affairs *Inquiry into the Future of Australia's Aged Care Sector Workforce.*

The AMA argued strongly that the aged care sector must evolve to be able to care for older Australians while preserving a person's access to quality medical care. The AMA's submission highlighted that medical practitioners, especially general practitioners, are underutilised in the provision of care for the ageing. This leads to a substandard outcome for the patient, and inefficiencies for the practitioner and the health system.

The AMA also recommended that providers of aged care should have arrangements in place to ensure that residents' needs for medical care are identified promptly, and that they receive ongoing access to medical care, preferably within the aged care facility. Strategies to achieve this include:

- ensuring adequate numbers of appropriately skilled nurses are employed;
- having management practices in place to ensure residents who require medical attention from a doctor are identified quickly, and that the appropriate doctor is contacted;
- providing doctors with access to properly equipped clinical treatment rooms that provide patient privacy; and
- providing doctors with access to information technology infrastructure, and patient records, so ensure continuity of care.

The key message is that medical practitioners are an essential component of the aged care workforce.

The AMA submission was lodged on 4 March and is published on the AMA's website at: https://ama.com.au/submission/ama-submission-senate-community-affairs-inquiry-future-australia%E2%80%99s-aged-care-sector

Medical Practice Committee is also reviewing the AMA's policy and position on shared electronic medical records.

In March this year, the Government relaunched My Health Record (previously the Personally Controlled Electronic Health Record), announcing two trials of 'opt-out' arrangements as the basis for patients to participate in, as well as a new legislative framework.

The ongoing review and updating of our policies will ensure a rapid and informed response to any new Government proposals as a result of the trials.

We will be reviewing the AMA's position statement Shared Electronic Medical Records (2010) to ensure it still clearly defines the needs of clinicians in relation to shared electronic medical records.

Of particular concern is a requirement that core clinical information is reliably available (not subject to access controls); that governance arrangements include the real involvement of clinicians; and that medical specialists and GPs are supported to make full use of electronic medical records.

I welcome any comments on either the AMA's position on aged care or electronic medical records to ama@ama.com.au.

It's official: Zika causes birth defects

The United States' Centers for Disease Control and Prevention has declared that the Zika virus is a cause of microcephaly and other severe foetal brain defects, confirming long-held suspicions about the infection's link to serious neurological disorders.

> " … the CDC has reported that an accumulation of evidence proves Zika can cause birth defects and pregnant women living in or travelling to areas of where it is prevalent should strictly follow steps to avoid mosquito bites and prevent sexual transmission of the virus"

As the US gears up for outbreaks of the potentially deadly virus, the CDC has reported that an accumulation of evidence proves Zika can cause birth defects and pregnant women living in or travelling to areas of where it is prevalent should strictly follow steps to avoid mosquito bites and prevent sexual transmission of the virus.

"This study marks a turning point," CDC Director Dr Tom Frieden said. "It is now clear that the virus causes microcephaly. We've now confirmed what mounting evidence has suggested, affirming our early guidance to pregnant women and their partners to take steps to avoid Zika infection."

The CDC report, published in the *New England Journal of Medicine*, said its conclusion was not based on any one discovery but rather an accumulation of evidence from a number of recently published studies and a careful evaluation using established scientific criteria.

The CDC announcement came as the Australasian Society for Infectious Diseases reminded GPs to be on heightened alert for tropical diseases in patients with febrile illnesses – particularly those who have recently travelled overseas.

Society President Professor Cheryl Jones said serious tropical diseases including Zika, multi-drug resistant malaria and dengue were endemic in many overseas destinations popular with Australians, including Thailand, Vietnam, Myanmar, Laos and Cambodia, and there was also a local outbreak of dengue in northern Queensland.

"There has never been a more critical time for Australian health professionals to get up to speed with developments in tropical medicine," Professor Jones said. "With malaria resistance growing and no antiviral treatment available for dengue, Zika and other mosquito-borne viruses, it is imperative that Australian doctors are able to identify these diseases and refer patients swiftly."

Her warning came as a senior US public health official, Dr Anne Schuchat, told a White House briefing that the virus "seems to be a bit scarier than we initially thought".

Dr Schuchat, who is a deputy director of the US Centers for Disease Control and Prevention, said that initially it was thought the species of mosquito primarily associated with carrying the disease was only present in about 12 states, but that had now been revised up to 30 states.

Authorities are particularly concerned about the US territory of Puerto Rico, where they fear there may be hundreds of thousands of infections, but the speed of the disease's spread has them concerned it may soon appear in continental US as temperatures rise.

"While we absolutely hope we don't see widespread local transmission in the continental US, we need the states to be ready for that," Dr Schuchat said.

While the Zika virus has been documented in 61 countries since 2007, the World Health Organization said its transmission has really taken off since it was first detected in Brazil in May last year, and it is now confirmed in 33 countries in Central and South America, as well as 17 countries and territories in the Western Pacific, including New Zealand (one case of sexual transmission), Fiji, Samoa, Tonga, American Samoa, Micronesia and the Marshall Islands.

Its appearance has been linked to a big jump in cases of microcephaly, Guillian-Barre syndrome (GBS) and other birth defects and neurological disorders, and the WHO said that there was now "a strong scientific consensus" that the virus was the cause.

Continued on p27 ...

It's official: Zika causes birth defects

... from p26

In Brazil, there were 6776 cases of microcephaly or central nervous system malformation (including 208 deaths) reported between October last year and the end of March. Before this, an average of just 163 cases of microcephaly were reported in the country each year.

The WHO reported 13 countries or territories where there has been an increased incidence of GBS linked to the Zika virus. French Polynesia experienced its first-ever Zika outbreak in late 2013, during which 42 patients were admitted to hospital with GBS – a 20-fold increase compared with the previous four years. All 42 cases were confirmed for Zika virus infection.

Similar increases in the incidence of GBS cases have been recorded in other countries where there is Zika transmission, including Brazil, Colombia, El Salvador, Venezuela, Suriname and the Dominican Republic.

Scientists have also detected potential links between the infection and other neurological disorders. In Guadeloupe, a 15-year-old girl infected with Zika developed acute myelitis, while an elderly man with the virus developed meningoencephalitis. Meanwhile, Brazilian scientists believe Zika is associated with an autoimmune syndrome, acute disseminated encephalomyelitis.

Scientists worldwide are working to develop a vaccine for the virus, and an official with the US National Institute of Allergy and Infectious Diseases said initial clinical trials of a vaccine might begin as soon as September.

Meanwhile, research on other aspects of Zika, including its link with neurological disorders, sexual transmission and ways to control the mosquitos that spread the disease is being coordinated internationally.

So far, the only confirmed cases of Zika in Australia have involved people who were infected while travelling overseas, and authorities are advising any women who are pregnant or seeking to get pregnant to defer travelling to any country where there is ongoing transmission of the virus.

ADRIAN ROLLINS

World 'no chance' of reaching weight loss target

Rich countries are facing an epidemic of severe obesity and around one in five worldwide will be obese by the middle of next decade unless there is a major slowdown in the rate at which people are putting on weight, according to a major international study involving data from 19 million adults across 186 countries.

Already, more than 2 per cent of men and 5 per cent of women are severely obese, and researchers have warned that the prevalence is set to increase and current treatments like statins and anti-hypertensive drugs will not be able to fully address the resulting health hazards, leaving bariatric surgery as the last line of defence.

In a result which underlines the extent of the obesity challenge, research by the NCD Risk Factor Collaboration has found that that between 1975 and 2014, the prevalence of obesity among men more than trebled from 3.2 per cent to 10.8 per cent, while among women it surged from 6.4 to 14.9 per cent.

The study's authors warned that on current trends, 18 per cent of men and 21 per cent of women will be obese by 2025, meaning there was "virtually zero" chance of reaching the global target of halting the prevalence of obesity at its 2010 level.

Instead, in the next nine years severe obesity will supplant underweight as a bigger public health problem for women.

"The world has transitioned from an era when underweight prevalence was more than double that of obesity, to one in which more people are obese than underweight," the study, published in *The Lancet*, said.

But although the world is getting fatter, it is also getting healthier, confounding concerns about the detrimental health effects of being overweight.

Writing in *The Lancet*, British epidemiologist Professor George Davey Smith said that the increased in global body mass index (BMI) identified in the study had coincided with a remorseless rise in average life expectancy from 59 to 71 years.

Professor Davey Smith said this was a paradox, given the "common sense view that large increases in obesity should translate into adverse trends in health".

Generally, a BMI greater than 25 kilograms per square metre is considered to be overweight, while that above 30 is obese and above 35, severely obese.

As the BMI increases above the "healthy" range, it is associated with a number of health consequences including increased blood pressure, higher blood cholesterol and diabetes.

The fact that increased BMI has not so far been associated with

Continued on p29 ...

World 'no chance' of reaching weight loss target

... from p28

decrease longevity has led Professor Davey Smith to speculate that in wealthier countries access to cholesterol lowering drugs and other medications have dampened the adverse health effects, sustaining improvements in life expectancy despite increasing weight.

But he warned this effect would only be limited – many people would not be able to afford such treatments, and pharmacological interventions can only alleviate some of the health problems associated with being obese, meaning many health effects are likely to emerge in greater number later on as the incidence of obesity increases.

One of the most important aspects of the NCD Risk Factor Collaboration report is the insight it provides into differences in the nature and prevalence of weight problems between countries and regions.

For instance, it shows that the biggest increase in men's BMI has occurred in high-income English-speaking countries, while for women the largest gain has been in central Latin America.

At the extreme, the greatest prevalence of overweight and obesity was in American Samoa, where the age standardised mean BMI for was 32.2, and for women, 34.8. Other areas where the mean BMI for both men and women exceeded 30 included Polynesia, Micronesia, the Caribbean, and several countries in the Middle East and north Africa, including Kuwait and Egypt.

The researchers found that male and female BMIs were correlated across countries, though women on average had a higher BMI than men in 141 countries.

But, in a sign that the rate of weight gain in a country may slow after a certain point, the researchers found that from 2000 BMI increased more slowly than the preceding 25 years in Oceania and most high income countries.

Alternatively, it sped up in countries where it had been lower. After 2000, the rate of BMI increase steepened in central and eastern Europe, east and southeast Asia, and most countries in Latin America and Caribbean.

While overweight and obesity has become a major public health problem, particularly in wealthier countries, inadequate nourishment remains a health scourge in much of the world.

The NCD Risk Factor Collaboration report shows that millions continue to suffer serious health problems from being underweight, and warned that "the global focus on the obesity epidemic has largely overshadowed the persistence of underweight in some countries".

As in other respects, global inequality in terms of weight have increased in the past 40 years, and while much of the world is getting fatter, in many areas under-nutrition remains prevalent.

The study found that more than 20 per cent of men in India, Bangladesh, Timor Leste, Afghanistan, Eritrea, and Ethiopia are underweight, as are a quarter or more of women in Bangladesh and India.

ADRIAN ROLLINS

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

Diabetes affects almost one in 10

Diabetes is rapidly emerging as one of the world's most serious public health problems, affecting almost 500 million adults and contributing to the deaths of close to four million people a year.

An alarming report from the World Health Organization has found that incidence of diabetes, once mainly confined to high income countries, is rapidly spreading, and by 2014 422 million adults were living with the disease - almost one in every 10 adults worldwide. In 1980, its prevalence among adults was less than 5 per cent.

> "The rise in diabetes has coincided with an increase in associated risk factors, most particularly a jump in global rates of overweight and obesity"

WHO Director-General Dr Margaret Chan said the disease's emergence in low- and middle-income countries was particularly problematic because they often lacked the resources to adequately diagnose and manage the disease, resulting in needless complications and premature deaths.

According to the WHO's *Global Report on Diabetes*, the condition was directly responsible for 1.5 million deaths in 2012 and contributed to a further 2.2 million fatalities by increasing the risk of cardiovascular and other diseases.

Diabetes takes a relatively heavy toll of younger people, particularly in less wealthy countries. Of the 3.7 million deaths linked to diabetes in 2012, 43 per cent occurred in people younger than 70 years of age, and the proportion was even higher in low- and middle-income countries.

The rise in diabetes has coincided with an increase in associated risk factors, most particularly a jump in global rates of overweight and obesity. Currently, 10.8 per cent of men and 14.9 per cent of women worldwide are considered to be obese, and on current trends that will increase to 18 per cent of men and 21 per cent of women by 2025.

While rates of obesity and diabetes are continuing to climb in rich countries, the WHO said this is being outstripped in other parts of the world, particularly middle-income nations.

The relative lack of resources to prevent, diagnose and manage diabetes in less wealthy countries is exacerbating its spread and impact.

Programs and policies to encourage physical activity, promote health diets, avoid smoking and controlling blood pressure and lipids are generally better funded in rich countries, where GPs and other frontline health services are better equipped to detect diabetes early and patients generally have good access to insulin and other treatments.

The WHO said that even though most countries have national diabetes policies in place, often they lack for funding and implementation.

"In general, primary health care practitioners in low-income countries do not have access to the basic technologies needed to help people with diabetes properly manage their disease," the agency said. "Only one in three low- and middle-income countries report that the most basic technologies for diabetes diagnosis and management are generally available in primary health care facilities."

In particular, it highlighted serious problems with access to treatments.

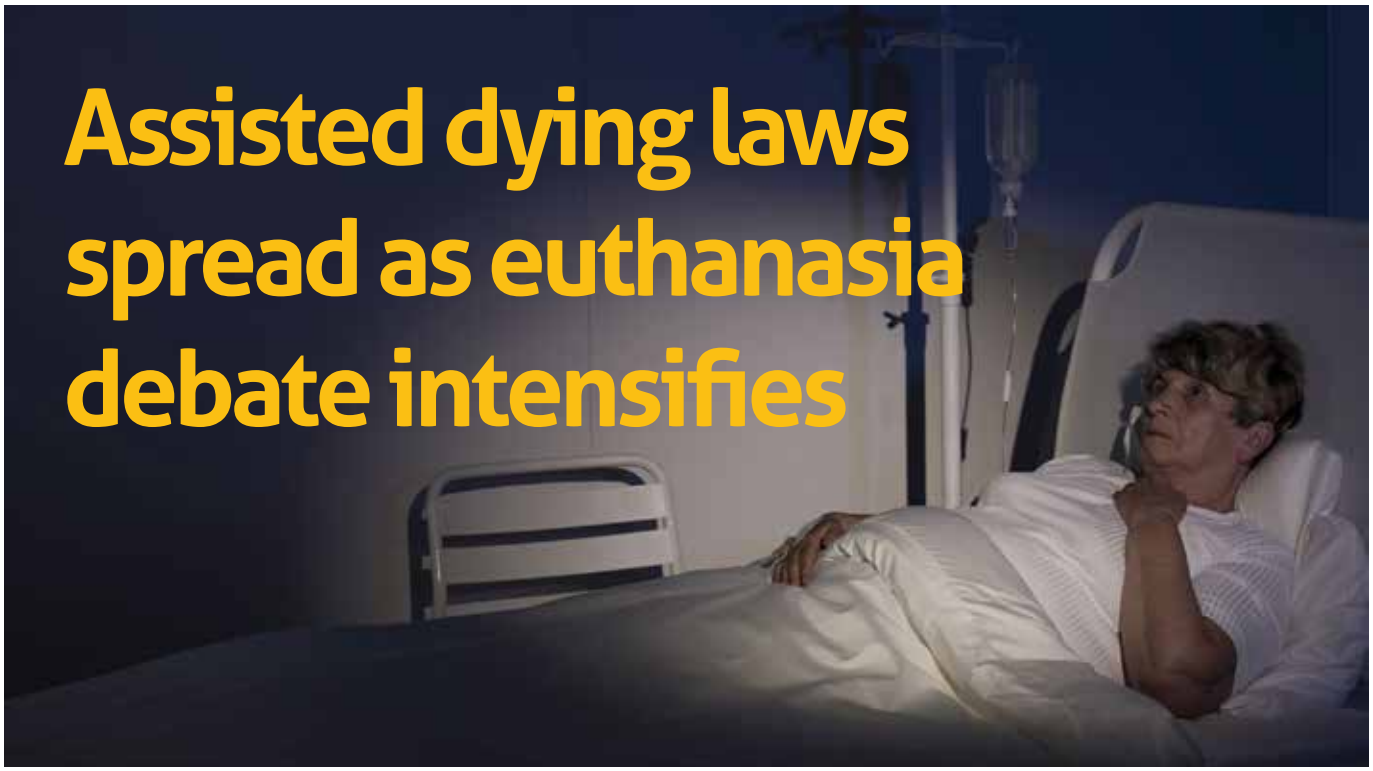
"The lack of access to affordable insulin remains a key impediment to successful treatment and results in needless complications and premature deaths," the WHO report said. "Insulin and oral hypoglycaemic agents are reported as generally available in only a minority of low-income countries. Moreover, essential medicines critical to gaining control of diabetes, such as agents to lower blood pressure and lipid levels, are frequently unavailable in low- and middle-income countries."

Diabetes has been identified as one of four priority non communicable diseases targeted under the 2030 Agenda for Sustainable Development, but Dr Chan said the WHO report showed there was "an enormous task at hand".

"From the analysis it is clear we need stronger responses not only from different sectors of government, but also from civil society and people with diabetes themselves, and also producers of food and manufacturers of medicines and medical technologies," the WHO leader said.

ADRIAN ROLLINS

Assisted dying laws spread as euthanasia debate intensifies



Canada and California are set to join several European countries and US states in legalising doctor-assisted deaths amid calls for Australia to follow suit.

Canada is on track to allow physician-assisted dying from 6 June after the Trudeau Government introduced legislation to the Canadian Parliament, while the practice is set to become law in California on 9 June, nine months after a Bill was passed by the State's legislature.

The international developments have come as debate about euthanasia in Australia intensifies.

High profile entertainer Andrew Denton has become a passionate advocate for legalising euthanasia, and last week he was joined by former Prime Minister Bob Hawke, who said it was "absurd" that patients in pain could not ask their doctor to help end their life.

"I think it is absurd that we should say that it is illegal that a person who is suffering terribly, and is in an irremediable condition, should be forced to continue to suffer," Mr Hawke said in an interview on Mr Denton's *Better Off Dead* podcast series. "It doesn't meet any requirements of morality or good sense."

Euthanasia will be debated in a policy session at the annual AMA National Conference next month, and the AMA's Ethics and Medico-legal Committee is conducting a survey of member views on the issue as part of a review of the peak medical organisation's policy on assisted dying.

Under the Canadian legislation, only adults with serious and irreversible medical conditions may seek a doctor-assisted death. They must apply in writing, with two witnesses, and the request must be evaluated by two doctors or nurses. Even once a request is granted there is a mandatory 15-day waiting period.

To prevent an influx of people from other countries seeking to avail themselves of the new law, it only applies to those eligible for Canadian Government-funded health services.

Under the new Californian laws, a person seeking assisted death must first have undergone rigorous questioning to determine that they were of sound mind and understood what they were seeking, and two doctors must have agreed that they had less than six months to live.

Opponents often fret that such laws will trigger a rash of doctor-assisted suicides, but experience in areas where they are in place suggests this is unlikely. In almost 20 years since similar legislation came into effect in Oregon, *The Economist* reported fewer than 1000 people have used it to take their own lives.

California's Department of Health Care Services has estimated that in its first year, fewer than 450 seriously ill people will seek a prescription of lethal drugs through the Medicaid program, and even less will actually use them.

ADRIAN ROLLINS

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**

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

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 Advisory Hub: Is your one-stop shop for expert advice, support and guidance to help navigate your medical career. Get professional tips on interview practice, CV reviews, and application guidance to get competitive edge to reach your career goals.

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

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.

Not a member?

Join now,
www.join.ama.com.au/join

You can find the full range of AMA member benefits here:
ama.com.au/member-benefits