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Prime Minister joins AMA National Conference

Malcolm Turnbull expresses his appreciation for medical profession, p4

INSIDE

3 National Conference
8 Marriage equality
11 Looking at *13 Reasons Why*
12 Art and medicine
15 Federal Budget
25 New WHO boss

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In this issue

National News 3-14

Federal Budget Feature 15-22

Research 23-24

World News 25-28

Member services 29

Cover pic: Prime Minister Malcolm Turnbull receives a token of appreciation from AMA President Dr Michael Gannon at the AMA National Conference.

President highlights AMA influence

AMA President Dr Michael Gannon opened the 2017 National Conference lauding the political influence of the organisation he leads.

He told delegates that the past 12 months had been eventful and had resulted in numerous achievements in health policy.

“The AMA is a key player in federal politics in Canberra. The range of issues we deal with every day is extensive,” Dr Gannon said.

“Our engagement with the Government, the bureaucracy, and with other health groups is constant and at the highest levels.

“Our policy work is across the health spectrum, and is highly regarded.

“The AMA’s political influence is significant.”

Describing the political environment over the past year as volatile – which included a federal election and two Health Ministers to deal with – Dr Gannon said the AMA had spent the year negotiating openly and positively with all sides of politics.

“Our standing is evidenced by the attendance at this conference of Prime Minister Malcolm Turnbull, Opposition Leader Bill Shorten, Greens Leader Senator Richard Di Natale, Health Minister Greg Hunt, Minister for Aged Care and Minister for Indigenous Health Ken Wyatt AM, and Shadow Health Minister Catherine King,” he said.

“Health policy has been a priority for all of them, as it has been for the AMA.”

While the Medicare rebate freeze was the issue to have dominated medical politics, there are still more policy areas to deal with in the coming year.

The freeze was bad policy that hurt doctors and patients.

“I was pleased just weeks ago on Budget night to welcome the Government’s decision to end the freeze,” Dr Gannon told the conference.

“The freeze will be wound back over three years. We would have preferred an immediate across the board lifting of the freeze, but at least now practices can plan ahead with confidence.

“Lifting the freeze has effectively allowed the Government to rid itself of the legacy of the disastrous 2014 Health Budget.

“We can now move on with our other priorities… We will maintain our role of speaking out on any matter that needs to be addressed in health.”

Dr Gannon said while the Medicare freeze hit general practice hard, it was not the only factor making things tough for hardworking GPs.

General practice is under constant pressure, he said, yet it continues to deliver great outcomes for patients.

GPs are delivering high quality care and are the most cost effective part of the health system.

“One of the most divisive issues that the AMA has had to resolve in the past 12 months is the Government’s ill-considered election deal with Pathology Australia to try and cap rents paid for co-located pathology collection centres,” Dr Gannon said.

“We all know that our pathologist members play a critical role in helping us to make the right decisions about our patients’ care. They are essential to what we do every day.

“It was disappointing to see the Government’s deal pit pathologists against GPs.

“The pathology sector is right to demand that allegations of inappropriate rents are tackled, and the GPs are equally entitled to charge rents that place a proper value on the space being let.

“The recent Budget saw the rents deal dumped in favour of a more robust compliance framework, based on existing laws. This is a more balanced approach.

“The AMA will work with Government and other stakeholders to ensure that allegations of inappropriate rents are tackled effectively.

“We want to ensure that patients continue to access pathology services solely on the basis of quality.”

The AMA is a critical adviser to the Government on its roll-out of the Health Care Home trial.

It shares the Government’s vision for the trial, but will continue to provide robust policy input to ensure it has every chance of success.

The AMA has secured a short delay in the roll-out of the trial.

Other issues the President highlighted as areas the AMA is having significant influenced included: the Practice Incentive Program; My Health Record; Indigenous Health; After-Hours GP Services; the MBS Review; public hospitals; private insurance; and the medical workforce.

CHRIS JOHNSON

PM shares the love

Prime Minister Malcolm Turnbull addressing the AMA National Conference

Prime Minister Malcolm Turnbull put down his script while addressing the AMA's National Conference to express his appreciation for the medical profession.

After telling conference delegates that his Government was committed to delivering good health policy – and after outlining what he considered to be the best bits of what the Federal Budget had delivered for the health sector – he said doctors were committed to love.

"I know that all you – all of your years of academic training, all of your years of clinical experience, all of the science and studying that's dominated your lives – above all else what drives you is love for your fellow men and women. Love for your patients," he said.

"You've committed yourselves to a life of service – undiluted. A commitment. A compassion. We thank you for it."

The Prime Minister continued to leave his notes aside as he wound up his speech praising the state of Australia's medical workforce.

"Our health system is the envy of the world," Mr Turnbull said.

"Our skilled doctors, our nurses, all your allied professionals, work tirelessly to give the best possible care and your Government thanks you for that.

"Thank you for your dedication, thank you for your professionalism, thank you for your compassion.

"We will match you with a commitment to ensure that you have the resources at every level to continue to deliver the practical love that keeps Australians well."

The Prime Minister's speech was warmly received by a receptive audience. AMA President Dr Michael Gannon said it was indicative of the respect and influence the AMA has that the PM eagerly accepted an invitation to address the conference.

Peanut allergies in children

Earlier in his speech, Mr Turnbull committed a $10 million investment towards a research project for a new treatment for children with peanut allergies.

"That has the potential to benefit the people who deserve the highest level of support – our children," he said.

"The research will help develop a new therapy for our children with peanut allergies to help incorporate peanut products as a regular part of their diet.

"What a difference that will make to children everywhere. It's an example of innovative projects the Government is backing."

CHRIS JOHNSON

Shorten says Government trying to silence doctors

Dr Gannon thanks Opposition Leader Bill Shorten at the AMA National Conference

AMA President Dr Michael Gannon assured delegates to the National Conference the association is independent and not "reading from the script any political party".

His comments followed a conference address by Opposition Leader Bill Shorten, who suggested the staged thaw of the Medicare rebate freeze – as outlined in the Federal Budget – was the Government's way of offering "cash for no comment".

"If you like, it's the minimum they can get away with paying to keep people silent," Mr Shorten said.

"It's like cash for no comment.

"I believe the Government has got a calculus here. What is the minimum they can pay to make healthcare issues go away as an election point?"

The Opposition Leader insisted his comments were a swipe at the Government and not at the AMA or other medical groups.

But when asked about it in a subsequent panel session, Dr Gannon told the conference the AMA engaged with all political parties equally and was not influenced by policy announcements.

"They're in for a surprise if they think they can keep the AMA quiet," he said.

Health Minister Greg Hunt agreed that the AMA was independent and told reporters that if Mr Shorten was attacking the AMA it was a "vile" thing to do.

Greens leader Richard Di Natale, who also spoke at the conference and delivered his own veiled criticism over recent commentary around climate change, said Mr Shorten's remarks were directed at the AMA.

"How else would you construe it?" he told the media following his address.

"Now, I think the unfreezing of the rebate is happening way too slowly. But what the AMA does in response to Government policy is a matter for them."

The May Budget lifts the Medicare rebate freeze, which was introduced by Labor and extended when the Coalition came to office. But it does it in stages – starting this year with bulk-billing incentives for GPs, continuing with other GP specialist consultations in 2018, specialist procedures in 2019, and diagnostic imaging services in 2020.

Mr Shorten released to the conference new independent costings of the rollout, which he said amounts to $2.2 billion in Medicare cuts over four years.

He said the Parliamentary Budget Office analysis showed that by completely lifting the freeze across the board from July 1 this year it would have cost $3.2 billion.

Doing it the way the Budget outlines, costs less than $1 billion.

Shadow Health Minister Catherine King also addressed the AMA National Conference and repeated Labor's commitment to end the Medicare rebate freeze completely and all at once.

CHRIS JOHNSON

Caring for the carers partnership to be developed

Health Minister Greg Hunt will work directly with doctors to develop a mental health care package for the medical profession.

Addressing the AMA National Conference on May 26, Mr Hunt said a recent spate of young doctor suicides – including that of Deputy Chair of the AMA Doctors-in-Training Council Dr Chloe Abbott – has been a cause for great concern.

The Minister said that after speaking with AMA President Dr Michael Gannon and former President Dr Mukesh Haikerwal, he was determined to develop a mental health package targeting doctors.

"One of the main things we introduced in the Budget was prioritising mental health. For the first time, this has been raised to the top level as one of the four pillars of the long-term national health Plan," Mr Hunt said.

"And we were able to invest significantly in mental health, both in the election, but in particular, in the Budget as well. There's a very strong focus on suicide prevention with support for suicide prevention hotspots and an $11 million initiative, but also complementing that with the rural telehealth initiative for psychological services.

"Much of this is deeply important preventive health work on the mental health side and it goes with what has to happen in, I think, the medical work force. The case of Chloe Abbott was outlined and I'm aware that many people have been affected by Chloe's loss, as well as others.

"And Michael and I have been speaking this week, and also been speaking in recent weeks with Mukesh Haikerwal, and I am determined to offer a partnership with the Government and the AMA for us to provide new investment directly into caring for carers.

"And so I want to announce that we will offer a partnership going forward and we will develop the suicide prevention, mental health programs with the AMA and the broader medical work force for suicide prevention and mental health support, specifically for doctors and other medical work force professionals.

"One of the critical roles that you have is psycho-social services. There's the clinical work with those with mental health issues, but then there is the support services."

The Minister offered few details of the partnership, stressing that it was still in its conception stage.

But he was determined to take action.

Following his address to the conference, he spoke more to the media about the plan.

"There have been some terrible tragedies in the sector. Michael Gannon and other doctors, Mukesh Haikerwal, have talked to me about that," he said.

"What we'll be doing is developing a caring for carers package which will be assisting with specialist channels, because sometimes, and this is what's been explained to me, those who are doctors or nurses (a) will feel that they shouldn't be seeking help even though they're just the same as everybody, and (b) they might feel professionally uncomfortable. Even though they might be in the depths of despair they'll still feel that professional discomfort at reaching out.

"And so if they have some specialised services for them then they will feel more comfortable, we hope, and that's what's been proposed by the profession."

He did not know if the plan would address the mandatory reporting lines, where doctors might fear they would be reported to the Medical Board when they seek help.

He also promised funds to the partnership, but could not say how much at this stage.

"There's been no proposal put to me yet, but as I've said, in designing of this, what I really want to do is work with the AMA and the GPs," he said.

"What we're doing is we're designing together, and from that we'll have the outcome."

CHRIS JOHNSON

Funding to help tackle resistant bugs

Health Minister Greg Hunt addressing the AMA National Conference

Health Minister Greg Hunt used his address to the AMA's National Conference to announce a $5.9 million investment from the Medical Research Future Fund (MRFF) to help address the growing threat of superbugs.

With the number of microorganisms such as bacteria, viruses or parasites becoming increasingly resistant to standard medical treatments such an investment was warranted, the Minister said.

Resistance results in standard medical treatments such as antibiotics, antivirals or anti-malarials becoming ineffective, allowing infections to persist and possibly spread.

"Infections are becoming increasingly difficult to treat, leaving healthcare professionals with limited – or in some instances zero – treatment options," Mr Hunt told conference delegates.

"Australia has one of the highest rates of antibiotic use in the world and rates of resistance to some common antibiotics are increasing globally.

"Commercial returns on the discovery and development of new antibiotics is relatively low, so it is an area of research that doesn't attract sufficient private sector investment.

"The research will be consistent with the achievement of the objectives of the National Antimicrobial Resistance Strategy 2015-2019, which was developed by the Australian Government in partnership with States and Territories, academics, research organisations and industry."

The strategy will include a focus on knowledge gaps in relation to the development and spread of resistance; and the development of new products, including diagnostic technologies and therapies, policies and approaches to prevent, detect and respond to resistance.

"The Coalition's $20 billion MRFF provides a long-term sustainable source of funding for research that aims to improve health outcomes, quality of life and health system sustainability," the Minister said.

"This investment in critical antimicrobial resistance research is part of the $65.9 million in MRFF disbursements announced in the Budget.

"The Turnbull Government is committed to supporting Australia's talented researchers to find solutions to challenges that make a difference to patients' lives."

CHRIS JOHNSON

More coverage of the AMA National Conference 2017, including awards presented and a gallery of pics, will appear in the next printed edition of *Australian Medicine* on June 19.

AMA urges bipartisan approach to enshrining marriage equality in law

The Australian Parliament should legislate for marriage equality and end the divisive public debate over same-sex marriage, says AMA President Dr Michael Gannon.

The AMA has called on the Government and the Opposition to work together to bring about marriage equality in Australia.

The AMA has written to Prime Minister Malcolm Turnbull and Opposition Leader Bill Shorten, urging a bipartisan approach to the issue.

Releasing the *AMA Position Statement on Marriage Equality 2017*, Dr Gannon said that excluding same-sex couples from the institution of marriage has significant mental and physical health consequences for lesbian, gay, bisexual, transgender, intersex, and queer/questioning (LGBTIQ) Australians.

"Discrimination has a severe, damaging impact on mental and physiological health outcomes, and LGBTIQ individuals have endured a long history of institutional discrimination in this country," he said.

"This discrimination has existed across the breadth of society; in our courts, in our classrooms, and in our hospitals.

"Many of these inequalities have been rightly nullified. Homosexuality is no longer a crime, nor is it classified as a psychiatric disorder. The 'gay panic' defence is no longer allowed in cases of murder or assault, and same-sex couples are allowed to adopt children in most jurisdictions.

"However, LGBTIQ-identifying Australians will not enjoy equal treatment under Australian law until they can marry.

"It is the AMA's position that it is the right of any adult and their consenting adult partner to have their relationship recognised under the Marriage Act 1961, regardless of gender.

"There are ongoing, damaging effects of having a prolonged, divisive, public debate, and the AMA urges the Australian Parliament to legislate for marriage equality to resolve this."

Former AMA President, and long-time same-sex marriage campaigner, Dr Kerryn Phelps said the medical profession has carefully considered the health consequences of continued discrimination and has now made an "emphatic statement" that it should end.

"I think politicians now have a duty of care to the community to make sure marriage equality is introduced as soon as possible," Dr Phelps said.

While there is no definitive data on the number of Australians who identify as LGBTIQ, same-sex couples made up approximately 1 per cent of all Australian couples in the 2011 Census, and more than 3 per cent of respondents to a 2014 Roy Morgan survey identified as homosexual.

People who identify as LGBTIQ have significantly poorer mental and physiological health outcomes than those experienced by the broader population. They are more likely to engage in high-risk behaviours such as illicit drug use or alcohol abuse, and have the highest rates of suicidality of any population group in Australia.

"These health outcomes are a consequence of discrimination and stigmatisation, and are compounded by reduced access to health care, again due to discrimination," Dr Gannon said.

"The lack of legal recognition can have tragic consequences in medical emergencies, as a person may not have the right to advocate for their ill or injured partner, and decision-making may be deferred to a member of the patient's biological family instead.

"Marriage equality has been the subject of divisive political and public debate for the best part of the past decade.

"It is often forgotten that, at the core of this debate, are real people and families. It's time to put an end to this protracted, damaging debate so that they can get on with their lives.

"As long as the discrimination against LGBTIQ people continues, they will continue to experience poorer health outcomes as a result.

"LGBTIQ Australians are our doctors, nurses, police officers, teachers, mothers, fathers, brothers, and sisters. They contribute to this country as much as any Australian, but do not enjoy the same rights.

"It is time to remove this discrimination."

The AMA Position Statement on Marriage Equality 2017 is at https://ama.com.au/position-statement/marriage-equality-2017.

CHRIS JOHNSON

Advocating for the rights of our patients; core business

BY PROFESSOR BRAD FRANKUM, CHAIR OF THE AMA WORKING GROUP ON GENDER IDENTITY AND SEXUAL DIVERSITY/ PRESIDENT OF AMA (NSW)

"Get back in your box", "it's not your place", "look after your own backyard" are just a few of the responses slung our way when our position statements dare to venture beyond the biomedical realm. I like to see it as a sign of defeat; your critics cannot provide a rational rebuttal to your stance, so instead, they question your right to take it. I am sure that the AMA coming out in support of marriage equality is likely to elicit similar responses, and I, for one, am ready.

> "I do not pretend to know how much courage it takes to place your hand in the palm of your partner's and walk down the street, knowing full well that your simple display of affection may be met with absolute contempt or even violence."

I do not pretend to know how much courage it takes to place your hand in the palm of your partner's and walk down the street, knowing full well that your simple display of affection may be met with absolute contempt or even violence. I could never understand how exhausting it must be to have to censor your every word to ensure that one of the most significant parts of your identity remains concealed from relatives and colleagues alike. I have never had to fathom what it must be like to live and grow beside someone for decades without ever having the opportunity to formalise your commitment to them, with the full blessing of the law of the land and the people you love.

What I, and hopefully all Doctors, can understand is the tragic consequences of these realities. It is evident in the suicide rate of LGBTIQ people just as clearly as it manifests in the mental illness and substance abuse patterns among LGBTIQ populations. All of the evidence points to a need for change.

Many opponents of marriage equality question the significance of the impact of marriage denial, particularly when a civil union provides many of the legal benefits of a marriage. I cannot fully explain the reasons that the right to marry is so significant for LGBTIQ people, nor do I believe that it can ever be fully understood by somebody for whom marriage was a simple birthright.

The United States achieved marriage equality incrementally; initially deemed to be the responsibility of individual States, different jurisdictions arrived at marriage equality at varying points. The inconsistency in access to marriage rights for LGBTIQ Americans essentially laid the foundations for the perfect social experiment. We now know that health outcomes and access to healthcare improved significantly for LGBTIQ individuals who lived in states that had legislated for marriage equality. All things being equal, access to a simple piece of paper made the world of difference to thousands of LGBTIQ Americans.

Thankfully, the marriage equality social experiment in the United States came to an end in 2015 when the Supreme Court ruled that the US Constitution provides same-sex couples the right to marry. I have not travelled there recently but I hear that the sky has not fallen in.

I am proud that the AMA has taken a stand to support marriage equality and when the detractors come, I am armed and ready with a slew of peer-reviewed, empirical and anecdotal evidence to justify our reasons for doing so. LGBTIQ people are telling us that this is important to them, and we need to start listening before we lose any more young lives to suicide.

Increasing funding to improve outcomes for eating disorders

The Federal Budget allocated $80 million for Australians with a mental illness such as severe depression, eating disorders, schizophrenia and post-natal depression resulting in a psychosocial disability, including those who had been at risk of losing their services during the transition to the NDIS.

The Government also announced it will provide $9.1 million over four years to improve access to psychological services through telehealth in regional, rural and remote Australia.

Health Minister Greg Hunt has also freshly announced that eating disorders will be included in the 5th Mental Health Plan and that the current Medicare Benefits Schedule Review Taskforce investigate Medicare coverage for the treatment of those with an eating disorder.

The National Mental Health Commission described the funding announcement as timely.

"Timely that eating disorders will be recognised officially as serious and complex mental illnesses with serious physical consequences," said the Commission's chief executive Peggy Brown.

The Butterfly Foundation, which is the country's peak support organisation for people with conditions such as anorexia and bulimia, says that the current health system is failing people with an eating disorder.

Its chief executive, David Murray, said: "Too many times in the past 12 months Butterfly staff have sat vigil with families as the health system has failed."

"When suicide is up to 31 times more likely to occur for someone with an eating disorder, clearly the Government should address this problem with a dedicated focus."

According to the National Eating Disorders Collaboration (NEDC), an initiative of the Australian Government Department of Health, more than 1 million Australians suffer from eating disorders and represent the third most common chronic illness for young females.

The NEDC also cites research that shows anorexia has the highest death rate of any mental illness and carry a very high rates of mortality with one in 10 people who suffer from an eating disorder dead within 10 years.

Deaths associated with eating disorders are typically caused by medical complications (such as cardiovascular issues and multiple organ failure), suicide or complications relating to substance use.

A 2012 Deloitte Access Economics report examined the economic and social impact of eating disorders in Australia and found the total socio economic cost of eating disorders to be $69.7 billion per year. These costs can be reduced with early detection.

The Australian Medical Association believes that a greater focus is needed on ensuring appropriate access to early intervention and treatment services for young people especially in rural and remote locations. The AMA also believes that a nationally coordinated approach is necessary in order to develop effective and consistent practices in preventing and addressing the incidence of unhealthy body image and eating disorders.

If this article has raised concerns about eating disorders, please contact the Butterfly Foundation national hotline on 1800 33 4673; or visit www.thebutterflyfoundation.org.au for support and resources for eating disorder sufferers and their families and carers.

MEREDITH HORNE

13 Reasons Why – suicide the last taboo

13 Reasons Why is a Netflix TV drama about a troubled teenager who takes her own life, having beforehand recorded 13 tapes explaining the 'reasons' for her suicide. The show is based on a young adult best-selling novel by Jay Asher.

This TV show has generated controversy over its theme of teen suicide, depicting suicide 'method', and the graphic depiction of rape. Debate on the program content, and the reaction from suicide prevention and mental health organisations, has created an international furor. Headspace, the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds, issued a warning about the show's "dangerous content" and labelled the program irresponsible for depicting suicide methods. Headspace said it "exposes viewers to risky suicide content and may lead to a distressing reaction by the viewer, particularly if the audience is children and young people." A critic on *MamaMia*, Australia's largest independent women's website, described the show as "a suicide manual".

Other critics point out that *13 Reasons Why* does not conform to the guidelines on safe and responsible reporting on suicide. Mindframe, who provide information to support the reporting, portrayal and communication of suicide, said the TV drama "sends the wrong messages about suicide risk and the show does nothing to encourage help-seeking."

There is no question that *13 Reasons Why* is confronting viewing; with graphic messages and imagery of suicide methods. Most troubling for many suicide and mental health experts, it does not present options for troubled teens. This is the view of leading cultural magazine *Rolling Stone:* "Had *13 Reasons Why* showcased other forms of outreach, like therapy, teens watching it might realize that there is always an option that doesn't include self-harm."

In a *Vanity Fair* interview, scriptwriter Nic Sheff (who incidentally has spoken of his own suicide attempts) defended the show's direct approach: "Facing [suicide] head-on … will always be our best defense against losing another life. We need to keep talking, keep sharing, and keep showing the realities of what teens in our society are dealing with every day. To do anything else would be not only irresponsible, but dangerous."

Many websites discussing the pros and cons of this controversial series agree that it is leading to a wider discussion about teenage issues and how parents can talk with the children about suicide and self-harm. *The Sydney Morning Herald* reviewer described the show as an "unflinching but unexploitative portrayal … *13 Reasons Why* is extremely tough viewing at times … It's strong stuff that works hard to shatter pernicious assumptions." The *New York Times* commented: "The overall message — one that probably appeals to teenagers — is that it's possible to figure out why someone takes her own life, and therefore to guard against it happening to others." *The Guardian*, by contrast, deplored the series as "horrifying". The *New Yorker*, in a scathing assessment, raised a crucial issue, namely that the series does not address mental illness, and presents "suicide as both an addictive scavenger hunt and an act that gives … glory, respect, and adoration that was denied in real life."

The debate over *13 Reasons Why* is, in essence, whether teenage suicide is a subject matter to be graphically depicted in a popular teen drama, whether the modern appetite for 'binge' watching allows young viewers to properly understand and discuss the issues (and seek appropriate counseling and guidance), and whether a slick, glossy TV series can inadvertently present suicide as 'normal', even glamorous.

Conversely, as others have advanced, we shouldn't make suicide, especially youth suicide, a taboo issue. By bringing it out into the open (and the show is based on a popular book that caused few ripples when it was released) we open a gateway into a most confronting and all too real issue for young people.

It's too early to assess the impact of this show on young viewers, but it does appear that how we discuss youth suicide has been changed.

SIMON TATZ
DIRECTOR, PUBLIC HEALTH

Art and Medicine

How Vincent van Gogh can make professional development hours more intriguing and memorable

BY DR JIM CHAMBLISS

It is often said that a picture speaks a thousand words.

Contemporary medical technology provides incredibly intricate pictures of external and internal human anatomy.

However, technology does not communicate holistic representations of the social, behavioural and psychosocial impacts associated with illness and the healing process.

Studies have shown that increased reliance on reports from expensive laboratory tests, radiology and specialised diagnostic technology has resulted in inadequacy of physical examination skills; decline in patient empathy, and less effective doctor/patient communication.

Having commenced in May this year and continuing until July 8, continuing professional development workshops which explore and promote the value of art expression in the development of observation skills, human sensitivity and relevant healthcare insights will be presented at the National Gallery of Victoria exhibition of the original works of Vincent van Gogh.

The program will incorporate empirical research to illustrate the way neuropsychological conditions can influence art and creativity. The objectives of the workshops are to:

- advance understanding of the impact of medical, psychological and social issues on the health and wellbeing of all people;
- promote deeper empathy and compassion among a wide variety of professionals;
- enhance visual observation and communication skills; and
- heighten creative thinking.

Over the last 15 years, the observation and discussion of visual art has emerged in medical education, as a significantly effective approach to improving visual observation skills, patient communication and empathy.

Pilot studies of implementing visual art to teach visual diagnostic skills and communication were so greatly effective that now more than 48 of the top medical schools in the USA integrate visual arts into their curriculum and professional development courses are conducted in many of the most prestigious art galleries and hospitals.

The work of Vincent van Gogh profoundly illustrates the revelations of what it means to be uniquely human in light of neurological characteristics, behavioural changes and creative expression through an educated, respectful and empathic perspective.

The exact cause of a possible brain injury, psychological illness and/or epilepsy of van Gogh is unknown.

It is speculated by numerous prominent neurologists that Vincent suffered a brain lesion at birth or in childhood while others opine that it is absinthe consumption that caused seizures.

Two doctors – Felix Rey and Théopile Peyron – diagnosed Vincent with epilepsy during his lifetime.

Paul-Ferdinand Gachet also treated Vincent for epilepsy, depression and mania until his death in 1890 at the age of 37.

After the epilepsy diagnosis by Dr Rey, Vincent stated in a letter to his brother Theo, dated 28 January 1989: “I well knew that one could break one’s arms and legs before, and that then afterwards that could get better but I didn’t know that one could break one’s brain and that afterwards that got better too.”

Vincent did not, by any account, demonstrate artistic genius in his youth. He started painting at the age of 28 in 1881.

In fact, his erratic line quality, compositional skills and sloppiness with paint were judged in his February 1886 examinations at the Royale Academy of Fine Arts, Antwerp to be worthy of demotion to the beginners’ painting class. His original drawings and paintings were copies from others’ art, while his sketches in drawing class showed remarkably different characteristics.

Increased symptoms of epilepsy and exposure to seizure triggers (absinthe and sleep deprivation) ran parallel with van Gogh’s most innovative artistic techniques and inspirations following his move to Paris in 1886 to 1888.

Art and Medicine

... from page 12

These symptoms increased, accompanied by breathtaking innovation following his move to Arles, France in 1888 and his further decline in mental and physical health.

In Paris he was exposed to the works of many of the most famous impressionistic and post impressionistic painters, but so much of his new techniques and imagery were distinctly innovative in detail without traceable influences from others.

While in Paris his work transitioned from drab, sombre and realistic images to the vibrant colours and bold lines.

His ebb-and-flow of creative activity and episodes of seizures, depression and mania were at their most intense in the last two years of his life when he produced the greatest number of paintings.

His works are among the most emotionally and monetarily valued of all time. Vincent's painting of Dr Gachet (1890) in a melancholy pose with digitalis flowers – used in the treatment of epilepsy at that time – sold for $US82.5 million in May, 1990, which at the time set a new record price for a painting bought at auction.

Healthcare professionals and art historians have written from many perspectives of other medical and/or psychological conditions that impacted van Gogh's art and life with theories involving bipolar disorder, migraines, Meniere's decease, syphilis, schizophrenia, alcoholism, emotional trauma and the layman concept of 'madness'.

What was missing as a basis to best resolve disputes over which mental or medical condition(s) had significant impact on his life was a comprehensive foundation of how epilepsy or mental illness can influence art and possibly enhance creativity based on insights from a large group of contemporary artists.

Following a brain injury and acquired epilepsy I gained personal insight into what may have affected the brain, mind and creativity of van Gogh and others who experience neurological and/or psychological conditions.

The experience opened my eyes to the medical, cognitive, behavioural and social aspects of two of the most complex and widely misunderstood human conditions.

Despite having no prior experience or recognisable talent, I discovered that my brain injury/epilepsy had sparked a creative mindset that resulted in a passion for producing award-winning visual art.

I enrolled in art classes and began to recognise common topics, styles and characteristics in the art of contemporary and famous artists who are speculated or known to have had epilepsy, such as Vincent van Gogh, Lewis Carroll, Edward Lear and Giorgio de Chirico.

Curiosity for solving the complex puzzle of how epilepsy could influence art led me to pursue a Masters in Visual Art which included a full course exclusively about Vincent van Gogh.

I subsequently obtained the world's first dual PhD combining Visual Arts, Medicine and Art Curation at the University of Melbourne.

The PhD Creative Sparks: *Epilepsy and enhanced creativity in visual arts (2014)* was based on the visual, written and verbal insights from more than 100 contemporary artists with epilepsy and provided:

- objective and subjective proof that epilepsy can sometimes enhance creativity – supported by brain imaging illustrating how that can occur;
- a comprehensive inventory of the signature traits of neurological and psychological conditions that have significant interpretive value in healthcare practice and consideration in art history;
- the largest collection of images of the visual narratives from people with epilepsy;
- comparative data to distinguish epilepsy from other medical and mental conditions; and
- the Creative Sparks Art Collection and Website – artandepilepsy.com.

Interest in these research discoveries and art exhibitions provided opportunities for me to deliver presentations at national and international universities, hospitals and conferences. Melbourne University Medical School sponsored an innovative series of workshops through which to teach neurology and empathy by an intriguing new approach.

Jim Chambliss has a dual PhD in Creative Arts and Medicine and has explored the ways epilepsy and other health conditions can influence art and enhance creativity.

Information about his Art and Medicine Workshops involving Vincent van Gogh can be obtained by visiting artforinsight.com or artandepliepsy.com

INFORMATION FOR MEMBERS

AMA nomination sought for NHMRC committee

Expressions of interest are being sought for an AMA nomination for consideration as a member of the National Health and Medical Research Council's working committee reviewing its ethical guidelines on organ and tissue donation and transplantation.

The NHMRC has asked the AMA to nominate a member for the committee as it plans to start a review of the following ethical guidelines:

- Organ and tissue donation after death, for transplantation – Guidelines for ethical practice for health professionals, 2007;
- Making a decision about organ and tissue donation after death, 2007;
- Organ and tissue donation by living donors – Guidelines for ethical practice for health professionals, 2007;
- Making a decision about living organ and tissue donation, 2007; and
- Ethical guidelines for organ transplantation from deceased donors, 2016.

An integral part of this process will be the establishment of the Organ and Tissue Working Committee (OTWC) comprised of members who have experience or expertise in one or more of the following:

- Health ethics;
- Religion;
- The donation and transplantation of organs and tissues from living donors;
- The donation and transplantation of organs and tissues from deceased donors;
- The coordination of organ and tissue donation and transplantation;
- Community and consumer issues related to transplantation, donation and/or health ethics;
- Government policy regarding donation and transplantation of organs and tissues from living and deceased donors; and
- Aboriginal and Torres Strait Islander health issues.

The NHMRC is currently seeking nominations of persons for appointment to the OTWC for the period to 30 December 2019. The AMA has been asked to provide a nominee with experience or expertise in 'the donation and transplantation of organs and tissues from living and deceased donors'.

The NHMRC will consider nominations from a number of organisations and there is no guarantee the AMA's nominee will be appointed.

The NHMRC will seek formal declarations of interest, following initial consideration of all nominations. The NHMRC's Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee members. This policy can be found on their website at: https://www.nhmrc.gov.au/_files_nhmrc/file/about/committees/nhmrc_policy_disclosure_of_interests_committee_members_150513.pdf

The OTWC will be effective for the period 1 July 2017 to 30 December 2019.

Deadline for consideration as AMA nomination

AMA members should send their nomination, along with their Curriculum Vitae, to the Federal AMA Secretariat at ethics@ama.com.au by **COB Monday, 12 June.** Your personal information will be protected in accordance with the AMA's privacy policy which can be found on the AMA's website at https://ama.com.au/privacy-policy.

Federal Budget delivers – Medicare rebate freeze to be lifted

AMA President Dr Michael Gannon discusses the Federal Budget with Health Minister Greg Hunt

The AMA welcomes much of the health measures in the Federal Budget and commends the Government for taking action on the Medicare rebate freeze.

AMA President Dr Michael Gannon said the Coalition had won back much of the goodwill it lost with its disastrous 2014 Health Budget by this time handing down a Budget with numerous positive health measures.

Dr Gannon said the staggered lifting of the freeze on Medicare patient rebates was well overdue.

"This is a monkey that has been on the back of the Coalition Government since the 2014 Budget that cut significant dollars out of health. This is the chance to correct those wrongs," he said.

The freeze will be lifted from bulk billing incentives for GP consultations from 1 July 2017, from standard GP consultations and other specialist consultations from 1 July 2018, from procedures from 1 July 2019, and targeted diagnostic imaging services from 1 July 2020.

Federal Budget delivers – Medicare rebate freeze to be lifted

... from p3

The lifting of the freeze on Medicare rebates will cost the Government about $1 billion.

"The AMA would have preferred to see the Medicare freeze lifted across the board from 1 July 2017, but we acknowledge that the three-stage process will provide GPs and other specialists with certainty and security about their practices, and patients can be confident that their health care will remain accessible and affordable," Dr Gannon said.

"Lifting the Medicare rebate freeze is overdue, but we welcome it."

Dr Gannon also described many of the health policy breakthroughs in the Budget as a direct result of AMA lobbying and the consultative approach of Health Minister Greg Hunt.

"Minister Hunt said from day one in the job that he would listen and learn from the people who work in the health system every day about what is best for patients, and he has delivered," Dr Gannon said.

AMA advocacy has also seen, in this Budget, the reversing of proposed cuts to bulk billing incentives for diagnostic imaging and pathology services; the scrapping of proposed changes to the Medicare Safety Net that would have penalised vulnerable patients; the delaying of the introduction of the Health Care Homes trial until October to allow fine-tuning of the details; the moving to an opt-out approach for participation in the My Health Record; and recognising the importance of diagnostic imaging to clinical decision-making.

The AMA supports the Government's measures to increase the prescribing of generic medicines, when it is safe and appropriate and discussed with the patient, and preserves doctors' clinical and prescribing independence, with savings to be invested back into the Pharmaceutical Benefits Scheme.

"We also welcome the Government's allocation of $350 million to help prevent suicide among war veterans; the expansion of the Supporting Leave for Living Organ Donors Program, which allows donors to claim back out-of-pocket expenses and receive up to nine weeks paid leave while recovering; measures to increase the vaccination rate; and the ban on gambling ads during live sporting broadcasts before 8.30pm," Dr Gannon said.

Mr Hunt said the Budget delivered on the Government's commitment to guarantee Medicare and ensure Australia's health system continues to be one of the best in the world.

"It ensures the essential healthcare services Australians rely on," the Minister said.

"The 2017-18 Budget includes a $10 billion package to invest in Australia's health system and the health of Australians.

"The Government will establish a Medicare Guarantee Fund from 1 July 2017 to secure the ongoing funding of the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme, guaranteeing Australians' access to these services and affordable medicines into the future."

The Medicare levy will rise by 0.5 percentage points in two years' time, to help close the funding gap for the National Disability Insurance Scheme.

"This measure will collect $8.2 billion over four years for the NDIS," said Treasurer Scott Morrison when handing down his Budget.

Shadow Treasurer Chris Bowen said the Government had failed the Medicare test because it had delayed reversing cuts to Medicare for three years.

"Budgets are about choices and Prime Minister Malcolm Turnbull has made his choices tonight," Mr Bowen said.

"He has chosen multinationals over Medicare. He has chosen big business over battlers."

Dr Gannon said the Health Budget effectively ends an era of poor co-payment and Medicare freeze policies, and creates an environment for informed and genuine debate about other unfinished business in the health portfolio.

"We now need to shift our attention to gaining positive outcomes for public hospitals, prevention, Indigenous health, mental health, aged care, rural health, private health insurance, palliative care, and the medical workforce," he said.

"The thaw in the freeze is the beginning, not the end."

CHRIS JOHNSON

Government had to reassure Australians about Medicare

After almost losing last year's federal election over cuts to Medicare, the Government has used this Budget to display its commitment to the national health scheme.

It is setting up a Medicare Guarantee Fund and from July this year money from the Medicare Levy as well as from personal tax receipts, will be poured into the fund to cover the costs of Medicare and the Pharmaceutical Benefits Scheme.

(A 0.5 percentage point Medicare Levy rise in 2019 will help fund the National Disability Insurance Scheme.)

Labor hammered the Coalition during the 2016 election with its so-called Mediscare campaign, requiring a clear message on Budget night from the Government.

"Tonight, we put to rest any doubts about Medicare and the Pharmaceutical Benefits Scheme," Treasurer Scott Morrison said in his Budget address.

"We are lifting the freeze on the indexation of the Medicare Benefits Schedule. We are also reversing the removal of the bulk billing incentive for diagnostic imaging and pathology services and the increase in the PBS co-payment and related changes.

"The cost of reversing these measures is $2.2 billion over the next four years

"Tonight, I also announce we will legislate to guarantee Medicare and the PBS with a Medicare Guarantee Bill.

"This new law will set up a Medicare Guarantee Fund to pay for all expenses on the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme.

"Proceeds from the Medicare Levy will be paid into the fund. An additional contribution from income tax revenue will also be paid into the Medicare Guarantee Fund to make up the difference.

"The Bill will provide transparency about what it really costs to run Medicare and the PBS and a clear guarantee on how we pay for it."

But Shadow Health Minister Catherine King said the Budget was an insult directly from Prime Minister Malcolm Turnbull to every Australian who relies on Medicare.

She said instead of a staggered lifting of the rebate freeze, it should have been removed across the board immediately.

"When it comes to health, the Liberals haven't learned a thing. The Turnbull Medicare freeze remains in place across the health system for years to come," Ms King said.

"The failure to drop the freeze immediately will impact on many of Australia's most vulnerable patients – such as those needing critical oncology treatment, obstetric services, and paediatric treatment.

"Australians will have to wait more than 12 months for relief and will be left waiting more than two years for the freeze on specialist procedures and allied health to be lifted."

Greens leader Richard Di Natale described the Budget as a missed opportunity for health.

"The Medicare Guarantee Fund is a glorified bank account and ending the Medicare freeze just undoes a bad decision," Senator Di Natale said.

"We should be investing more in prevention and redirecting the Private Health Insurance rebate into the public health system."

Health Minister Greg Hunt said all Australians can be assured Medicare was not only here to stay, but will be strengthened into the future.

"This Budget includes a $2.4 billion additional investment in Medicare over the next four years," he said.

"Partnerships have been struck with the nation's GPs, specialists, pharmacists and the medicines sector. These are key to the Turnbull Government's initiatives that will support the long-term future of Australia's health system.

"As part of our compacts with Australia's GPs and specialists, the 2017-18 Budget restores indexation of the Medicare rebate at a cost of $1 billion, starting with GP bulk-billing incentives from 1 July 2017.

"With GP bulk-billing at a record high 85.4 per cent, more Australians are visiting the doctor without having to reach into their pockets. This Budget will help ensure that continues with our indexation commitment to GPs alone worth $543.1 million over 4 years and around $2.2 billion over ten years.

"Indexation of standard GP and specialist consultations will resume on 1 July 2018, and specialist procedures and allied health from 1 July 2019."

CHRIS JOHNSON

Budget 2017-18 from a public health perspective

Analyses of federal budgets are typically couched in clichés. Government's talk about jobs and growth, initiatives, priorities and investments; while oppositions and minor parties respond with the language of not enough, missed opportunities, disappointments and failures.

In regard to public health and health prevention, the 2017-18 Coalition Budget is all of these things.

There are many welcome and positive public health initiatives in the Budget. The Government has listened to the AMA and is investing $5.5 million into an immunisation awareness campaign. There is a further $14 million to expand the National Immunisation Plan to provide catch-up vaccinations to 10-19 year-olds who missed out on childhood vaccinations. These are measures the AMA has been advocating directly with the Government for.

New mental health funding is also welcome. There is $9 million for a telehealth initiative to improve access to psychologists for people living in rural and remote areas, and an extra $15 million for mental health research initiatives. The big ticket item is $80 million of additional funding to maintain community psychosocial services for people with mental illness who do not qualify for the NDIS. This is a very good measure and shows that Health Minister Greg Hunt has taken on-board concerns the AMA and others raised about people falling through the cracks that exist between the NDIS and State and Territory community services.

However, this funding is contingent on the States and Territories matching the Commonwealth's commitment. The Government said it will allocate the entire $80 million, even if some States or Territories do not sign up to the matched funding offer. In other words, the money will only go to those jurisdictions who offer a matched dollar-for-dollar commitment. What we don't know is how these funds will be allocated and what happens if a State or Territory does not sign up or provide new money for psychosocial services. Will the people in those jurisdictions be left with no psychosocial supports? I suspect that the Australian Health Ministers' Advisory Council (AHMAC), the advisory and support body to the COAG Health Council, may be the entity that negotiates this funding measure.

The mental health sector has been encouraged by this Budget and Minister Hunt's dedication to mental health reform. Preventative health didn't get the same attention as mental health in this budget. The Prime Minister told the National Press Club in February: "In 2017, a new focus on preventive health will give people the right tools and information to live active and healthy lives."

There was, therefore, an expectation that this Budget would deliver in key areas of preventative health, most importantly in tackling obesity. The AMA has been calling for a range of initiatives and measures that are urgently needed to address the rise in obesity, and in this respect the cliché of 'missed opportunity' is applicable.

There is a $10 million initiative to establish a Prime Minister's Walk for Life Challenge and a further $5 million for a GPs Healthy Heart partnership with the RACGP to support GPs to encourage patients to lead a healthy lifestyle. These are small but good measures. The AMA has been calling for a national obesity prevention strategy that recognises obesity as a complex problem that can only be addressed through a broad range of measures. The measures announced in the Budget are a start, but fall well short of the funding for community-based initiatives and restrictions on the marketing of junk food and sugary drinks to children that we say are needed to address obesity.

There was no National Alcohol Strategy or any measures that help Australians manage the misuse and abuse of alcohol, and the alcohol-fuelled violence that emergency department staff know all too well.

There were no measures or initiatives that address climate change and health.

The Government has indicated that there will be a 'third wave' of preventative health measures, possibly in the next budget. We hope so, because investment in preventative and public health initiatives is smart, cost-efficient and a benefit to future generations.

SIMON TATZ
DIRECTOR, PUBLIC HEALTH

Indigenous health measures welcomed, but more needed

The Indigenous Health Budget line for the next financial year has increased to $881 million, an $83 million increase that the Close the Gap Campaign, of which the AMA is a proud member, attributes mostly to population increases and indexation increases in the Indigenous Australians' Health Program.

The AMA welcomes many of the Indigenous health measures in the Federal Budget, while recognising that there is still more to be done.

The Indigenous Health Budget line for the next financial year has increased to $881 million, an $83 million increase that the Close the Gap Campaign, of which the AMA is a proud member, attributes mostly to population increases and indexation increases in the Indigenous Australians' Health Program. There was also a $2.4 billion increase in funding allocated to Medicare over the next four years, and a much welcomed early lifting on the freeze on Medicare rebates.

In particular, the AMA supports the Government's measures to strengthen and expand their commitment to address Rheumatic Heart Disease (RHD), something we have been strongly calling for. Last year the AMA released its 2016 Report Card on Indigenous Health that focused on the devastating effects of RHD, an entirely preventable disease that affects hundreds of Indigenous Australians each year. In our Budget Submission, the AMA called on the Government to commit to eradicating new cases of RHD, and we are pleased to see the Government heed these calls.

It is unacceptable that Indigenous Australians are still 20 times more likely to die from RHD than their non-Indigenous peers. This measure provides $7.6 million in new funding in addition to the $11.2 million already provisioned by the Government, and focuses on improving clinical care, and using education and training for health care providers, patients and their families to raise awareness to improve the prevention and treatment of RHD. The measure also includes funding for focused prevention activities in high-risk communities.

We also welcome the Government's allocation of $9.1 million to improve telehealth arrangements for psychological services in regional, rural and remote areas of Australia. Nearly one-third of Aboriginal and Torres Strait Islander adults report high levels of psychological distress in their lives – this is two and a half times the rate reported by other Australians. The AMA believes the mental health and social and emotional wellbeing of Aboriginal peoples should be given greater priority in the nation's health policy agenda.

As the Government has said, this measure will help remove significant barriers faced by those people unable to access psychological services because of where they live. They will no longer have the inconvenience, time and expense of having to travel to large regional centres to receive the help that they need.

The Budget also commits $400,000 over four years to ensure that eligible pharmacists continue to be appropriately renumerated for supplying medicines under the Pharmaceutical Benefits Scheme (PBS) for individual clients of Remote Area Aboriginal Health Services. This measures ensures that pharmacists will be paid the regular PBS dispensing fee for each item provided, instead of the lower bulk handling fee.

While the AMA welcomes much of these measures, the budget remained quiet on many other important areas in Indigenous health. The gap in health and life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians is still considerable, despite existing commitments to close the gap. However, Health Minister Greg Hunt indicated at the Health Budget Lock-up that there is going to be a 'third wave' of reform, which will include Indigenous health. The AMA looks forward to working with the Government in this process.

ALYCE MERRITT
INDIGENOUS POLICY ADVISER, AMA

More health measures in the Budget

The following is extracted from the Government's Budget overview document

Budget 2017-18 Guaranteeing the essentials for Australians

A healthy Australia

Providing affordable medicines and investing in mental health and public hospitals. Continuing to provide access to new medicines. Australians will continue to have affordable access to new medicines, with the Government meeting its commitment to list cost-effective medicines on the PBS. In this Budget, $1.2 billion will be provided for new and amended listings on the PBS, including more than $510 million for Sacubitril with valsartan (Entresto®).

Since 2013, the Government has listed more than 1400 new or amended medicines on the PBS averaging 32 new and amended listings a month. These new listings include breakthrough medicines to treat breast cancer, Hepatitis C, cystic fibrosis and severe asthma. Investing in mental health More than $115 million will be invested in mental health, including $80 million for psychosocial services, $9.1 million in funding for rural telehealth psychological services, $15.0 million for priority mental health research and $11.1 million to address suicide hotspots. The Government is providing further mental health support for veterans and their families, by investing $9.8 million to fund pilot programs to improve mental health services and support suicide prevention efforts for veterans.

The Government will also provide $33.5 million to ensure anyone who has served a single day in the fulltime Australian Defence Force can seek treatment for mental health conditions and $8.5 million to expand access to counselling services for veterans' families. Funding public hospitals Record levels of financial assistance will be provided to State Governments to deliver the public hospital services Australians need. Commonwealth payments to the States for public hospitals continue to grow strongly, from $13.8 billion in 2013-14 to an estimated $22.7 billion in 2020-21. On current Budget forecasts, an additional $7.7 billion will be provided to the States and Territories from 2016-17 to 2020-21 giving effect to the Heads of Agreement on public hospital funding signed by COAG on 1 April 2016. Medical Research In this Budget the Government has committed new funding for medical research, $65.9 million will be provided from the Medical Research Future Fund to support preventative health research, clinical trials and breakthrough research investments. In addition, $5.8 million will be provided for research into childhood cancer.

Full and sustainable funding for the National Disability Insurance Scheme

The Commonwealth will fully fund its contribution to the National Disability Insurance Scheme, giving Australians with permanent and significant disability, and their families and carers, certainty that this vital service will be there for them into the future. To help fund the scheme, the Government is asking Australians to contribute, with the Medicare levy to be increased by half a percentage point from 2 to 2.5 per cent of taxable income. This means that one-fifth of the revenue raised by the Medicare levy, along with any underspends within the NDIS, will be directed to the NDIS Savings Fund. The Government's decision to increase the Medicare levy from 1 July 2019 reflects the fact that Australians have a role to play, in accordance with their capacity, to ensure this important program is secure for current and future generations. The NDIS is on track to be fully rolled out from 2020. States and Territories will be expected to maintain their commitment and contribution to the NDIS and continue to support mainstream services for people with disability. More than $200 million will be provided to establish an independent NDIS Quality and Safeguards Commission to oversee the delivery of quality and safe services for all participants of the NDIS. The Commission will support NDIS participants to exercise choice and control, ensure appropriate safeguards are in place, and establish expectations for providers and their staff to deliver quality supports. The Commission will perform three core functions: regulation and registration of providers; complaints handling; and reviewing and reporting on restrictive practices.

The Government will also invest $33 million over three years to help existing service providers in the disability and aged care sectors grow their workforce. This package will deliver jobs for Australians in rural, regional and outer suburban areas that require strong workforce growth as a result of the NDIS roll out. The scheme's cost sustainability is being examined in the Productivity Commission's review of NDIS costs. Due to be released in September 2017, it will examine factors affecting costs and will help inform the final design of the full scheme.

Budget at a glance

Significant health measures in the Budget

1. Lifting the freeze on the indexation of the Medical Benefits Schedule.
2. National Disability Insurance Scheme to be fully-funded by a 0.5 percentage point Medicare Levy increase from 2019.
3. Legislation to guarantee Medicare and the PBS.
4. Hospital funding increased by $2.8 billion over four years.
5. $1.4 billion to be invested in health research over four years.
6. $1.2 billion in new medicines to be made available

Other big measures in the Budget

1. Levy on big banks' liabilities to raise $6.2b.
2. Negative gearing and depreciation changes to raise $2.1b.
3. First home buyers can get a deposit by salary sacrificing into super.
4. $300m to the Australian Federal Police to fight terrorism.
5. $10b to establish a National Rail Program.
6. Foreign worker levy to raise $1.2b over four years.
7. $18.6b for Gonski education funding.
8. $5.3b over 10 years for Western Sydney Airport Corp.
9. $8.4b for Melbourne to Brisbane Inland Rail Project.
10. $4b tax crackdown on multinationals.
11. $1b National Housing Infrastructure Facility for new homes
12. Federal Government to take control of Snowy Hydro
13. $90m to secure gas resources for domestic use

The Budget deficit is $29.4 billion in 2017-18, with the Government forecasting a return to surplus by 2020-21.

Medical Students say Budget missed opportunity for workforce investment

The Australian Medical Students' Association (AMSA) welcomes certain elements of the federal budget, but is concerned by the Government's lack of investment in medical education.

While the Budget will continue to fund the Specialist Training Program and support rural background recruitment, cuts to funding will impact quality of medical education.

AMSA President Rob Thomas said he was pleased to see there will be no increases in medical student places from new medical schools, and also that funding will continue for the Commonwealth Medical Internships Program.

"However, this Budget was a real opportunity for the Government to contribute to the future health workforce by increasing specialist training in regional and rural areas and ensuring medical schools are adequately funded," he said.

"AMSA has called for more places in the Specialist Training Program to be delivered in rural and regional areas, as this is required to ensure a sustainable rural medical workforce.

"The Budget delivers no net increase overall, and a marginally increased proportion from 39 per cent rural places currently to 45 per cent by 2021.

"This means that those who want to work rurally will continue to have to undertake the majority of their training in metropolitan areas, decreasing the likelihood that they will be rural doctors in the long-term."

Mr Thomas said AMSA was relieved university fee deregulation is off the table, but that the higher education reform announcement posed new concerns.

"According to the Medical Deans of Australia and New Zealand, funding for medical education falls short by $23,500 per student per year. This discrepancy places major strains on the training of future doctors in Australia," he said.

"By reducing Commonwealth base funding for medical education by 2.5 per cent in each of 2018 and 2019, this figure will only expand, impacting the quality of basic medical education."

AMSA welcomes the Government's commitment of $5 million over the next two years to Orygen, the National Centre of Excellence in Youth Mental Health, and a further $10 million to the Black Dog Institute and Sunshine Coast Mind and Neuroscience.

"With medical students facing a disproportionate burden of mental illness, the Government's increased funding for mental health research is to be applauded," Mr Thomas said

"We are hopeful that a proportion of this funding will be devoted to the research of university student mental health."

CHRIS JOHNSON

Research

Handgrip exercise can help with blood pressure

New research from the University of New England suggests a simple handgrip exercise might be a safe way to help people at risk of cardiovascular disease to manage blood pressure.

Those who can't perform the recommended levels of aerobic exercise could use an isometric handgrip (IHG) as an effective alternative method for lowering blood pressure.

Debra Carlson from the university's School of Science and Technology said the research found that simple exercises with isometric handgrip dynamometers were enough to lower blood pressure.

Reductions in systolic blood pressure after eight weeks were comparable to those seen in aerobic exercise studies.

Ms Carlson's team conducted a randomised trial involving 40 participants training at two different intensities of isometric handgrip exercise.

Participants attended three times a week for eight weeks to determine the effect on blood pressure during IHG, and after eight weeks of training.

Researchers took continual blood pressure measurements prior to participants starting the study, during IHG exercise, and again at the end to see the effect of the exercise on their blood pressure.

The study demonstrated that eight weeks of IHG exercise lowers blood pressure, with minimal effect on Rate Pressure Product in pre-mild hypertensive participants during the handgrip exercise.

"The participants sat in a chair and squeezed a hand dynamometer for two minutes and then would rest for three minutes, then squeeze again, until they had completed four isometric handgrip repetitions," Ms Carlson said.

"Rate pressure product during IHG wasn't as substantial as those seen during moderate and vigorous aerobic exercise in previous studies. The data does show that there is a positive relationship between blood pressure and intensity of isometric handgrip exercise.

"We would recommend for future research would be to conduct Isometric Resistance Training and aerobic exercise with participants to get a direct comparison in the two exercise modalities within the same cohort."

Cardiovascular disease remains the leading cause of death, representing about 31 per cent of global mortality. High blood pressure is the biggest risk factor, with almost 34 per cent of Australian adults having hypertension or taking anti-hypertensive medications.

CHRIS JOHNSON

Australian women's health needs awareness

A recent study published in *PLOS ONE* revealed the long-term health picture of Australian women to be deeply concerning.

About 80 per cent of women are not eating enough fruit and vegetables, 70 per cent are not getting enough weekly physical activity and more than half are overweight.

The ongoing Women's Healthy Ageing Project, undertaken at the University of Melbourne, obtained data on more than 20,000 women aged between 18 and 98 from around Australia for the published study.

Professor Cassandra Szoeke, the Director of the Women's Healthy Ageing Project, said there was a lack of awareness about women's health, even among women themselves.

"The recent Alzheimer's Association report showed that of all cases of dementia, two thirds are women," Prof Szoeke said.

"And last year the *Hidden Hearts* report showed heart disease was more common in women than men. Yet when asked, women most feared getting breast cancer despite the fact they had twice the lifetime chance of getting dementia – a terminal disease."

Research

... from page 23

The top leading cause of death in women is heart disease, followed by dementia. According to the Australian Heart Foundation, heart disease claims 24 female lives every day, more than three times as many women as breast cancer. Fifty Australian women have a heart attack each day.

The Heart Foundation believes that awareness is central to address the heart disease in Australian women. This can start with GPs.

They found in their own research that only 27 per cent of women have spoken to a GP about heart disease and are considerably less likely than men to have a heart attack check.

Other recent research also highlights the importance of raising awareness to women's long term health.

University of Queensland's research published in the journal of *Paediatric and Perinatal Epidemiology*, showed that years of gradual weight gain more than doubles the risk of blood pressure disorders in pregnancy.

The research suggests a gradual weight gain during a woman's reproductive years can more than double her risk of hypertensive disorders during pregnancy.

UQ Researcher Akilew Adane said this builds on earlier evidence that parents and clinicians should think of pre-pregnancy health across the entire reproductive stage of women's lives – "not just the year before starting a family".

"High blood pressure in pregnancy can progress to pre-eclampsia, a potentially fatal complication and one of the leading causes of pre-term birth and low birth weight due to intra-uterine growth restriction," Mr Adane said.

The research also showed that gradual weight change does have long-term consequences. Previously little was known about the relationship between hypertensive disorders and weight changes in the years leading up to pregnancy.

"We found that women who were obese just prior to pregnancy tripled their risk of developing hypertensive disorders (HDP) compared to women in the healthy BMI category," Mr Adane said.

"In the years leading up to pregnancy, women with moderate to high annual weight gains of more than 2.5 per cent of their body weight had a 2.3 times greater risk of developing HDP than those whose weight remained stable.

The good news is that women who lost more than 1.5 per cent of body weight between the ages of 20 to 24 years were 46 per cent less likely to develop hypertensive disorders.

MEREDITH HORNE

Malaria expert to head up WHO

Internationally recognised malaria researcher, Dr Tedros Adhanom Ghebreyesus from Ethiopia, will be the next Director-General of the World Health Organisation (WHO).

He will be the first African to lead the United Nations agency and will replace Dr Margaret Chan who steps down from the role at the end of June.

> "He has been elected to the Director-General's post after winning the most votes from WHO's 194 Member States during three rounds of secret ballots that began in January and culminated on May 23."

He will also be the first non-physician to lead WHO – holding a PhD in community health. His leadership of WHO is for a five-year term.

Dr Tedros, aged 52, was previously the Ethiopian Health Minister and the Foreign Affairs Minister, and was also the chairman of the Global Fund to Fights Aids, Tuberculosis and Malaria.

He has been elected to the Director-General's post after winning the most votes from WHO's 194 Member States during three rounds of secret ballots that began in January and culminated on May 23.

In a three-way face-off during the final vote, he first knocked off Pakistan's Dr Sania Nishtar then defeated Britain's Dr David Nabarro 133 votes to 50 (with some abstentions).

The agency has been criticised for its response to the Ebola epidemic in West Africa – particularly for missing warning signs of just how bad 2013 outbreak that went on to kill more 11,000 would be.

Before being elected, Dr Tedros committed WHO to responding to future emergencies more rapidly and effectively.

And he has promised to champion the health rights of the world's poor.

"All roads should lead to universal health coverage. I will not rest until we have met this," he said while campaigning for the role.

"(My vision as the new Director-General is of a) world in which everyone can lead healthy and productive lives, regardless of who they are or where they live.

"I promise I will get up every day, determined to make a difference. I am ready to serve."

The campaign was controversial at times, with Dr Tedros being accused of covering up cholera epidemics in Ethiopia – accusations that have been vigorously denied.

His candidacy was also greeted by Ethiopian opposition groups as an attempt to improve the country's profile and smooth over accusations of human rights abuses by its government.

Dr Tedros has listed his top priorities in the new role as: advancing universal health coverage; ensuring WHO responds rapidly and effectively to disease outbreaks and emergencies; putting the wellbeing of women, children and adolescents at the centre of global health and development; helping nations address the effects of climate change on health; and making the agency transparent and accountable.

CHRIS JOHNSON

International Harmonisation of Ingredient Names

Some active ingredient names used in Australia differ from those used internationally. The Therapeutic Goods Administration has updated more than 200 active ingredient names used in Australia as part of their International Harmonisation of Ingredient Names reform. A full list is available on the TGA website. About 90 of these changes affect medicines listed on the Pharmaceutical Benefits Scheme (PBS). These new names will be incorporated within the PBS during 2017.

While some of the changes to active ingredient names have already appeared in the PBS Schedule, the bulk of the changes to the Schedule are expected to be incorporated from July 2017. Changes will subsequently appear in prescribing and pharmacy dispensing software products that use PBS Schedule data.

Changes to medicine active ingredient names due to the International Harmonisation of Ingredient Names are not intended, of themselves, to trigger PBS pricing changes.

The Department and professional groups have developed a counselling tool on the ingredient name changes for pharmacists and other health professionals. A copy of the counselling tool (PDF 356KB) - (Word 26KB) is available for download.

The counselling tool provides a handy table of the most common changes that will be seen by consumers and health professionals during 2017. The tool confirms that while some ingredient names are changing, the actual medicine.

CHRIS JOHNSON

US health care costs more

The latest data confirms that the United States spends more on health care when compared to other countries, and points to the higher price for many procedures, diagnostic tests and drugs as being a main cause.

The International Federation of Health Plans (iFHP) used data from 2015 that examined detailing its annual survey of medical prices per unit. The federation annually surveys prices that are actually paid for selected health care goods and services in the different countries.

Health care costs are complicated and why the US spend is so high may not be easy to narrow down to a single cause but the iFHP data does highlight that a higher health spend is not always closely related to a higher supply of health human resources or to a higher supply of physical and technical equipment in health systems.

The report showed that Humira, a drug prescribed for rheumatoid arthritis has prices ranging from $552 in South Africa to an average $2,669 in the United States. OxyContin cost less than $36 in Spain but cost an average $265 in the United States.

Hospital costs vary dramatically within the United States, from between $17,358 to $1,494 but is an average of $5,220, only just behind Switzerland at $4,781. Australia came in at $765 per day.

It is interesting to note that the latest data from the Organisation for Economic Co-operation and Development (OECD) shows that the United States, has the level of spending on pharmaceuticals twice the OECD average, more than 35 per cent higher than in Japan, the next highest spender.

The US continues to spend much more on health per capita than all other OECD countries but is not in the top group in terms of the number of doctors or nurses per population.

The OECD also reveals in the United States, the gains in life expectancy over the past few decades have also been more modest than in most other OECD countries. While life expectancy in the United States used to be one year above the OECD average in 1970, it is now more than one year below the average. Many factors can explain these lower gains in life expectancy.

MEREDITH HORNE

World body upholds Australian law on tobacco plain packaging

Following a five-year legal battle, the World Trade Organisation (WTO) has upheld the landmark Australian law on restrictive tobacco packaging, better known as plain packaging.

Tobacco firms claimed their trademarks were being infringed, while Cuba, Honduras, Dominican Republic and Indonesia complained at the WTO that the rules constituted an illegal barrier to trade.

Australia was the first country to sign on to the World Health Organisation's (WHO) Framework Convention on Tobacco Control. Bipartisan support in the Federal Parliament enabled the introduction of legislation so that all tobacco products sold, offered for sale, or otherwise supplied in must be in plain packaging.

Evidence demonstrates that changes to tobacco packaging led to more than 100,000 fewer smokers in Australia in the first 34 months since implementation in 2012.

Former Australian Health Minister Nicola Roxon, who oversaw the introduction of plain packaging for cigarettes, said the decision should encourage other countries to follow suit.

"We've already seen a large number of countries introduce or take steps to introduce plain packaging, so it's a really significant international outcome," Ms Roxon said.

As laid out in the WHO Framework Convention on Tobacco Control, the plain packaging of tobacco products entails restricting or prohibiting the use of logos, colours, brand images or any promotional information other than brand and product names displayed in a standard colour and font.

The objectives of tobacco plain packaging as set out in the Tobacco Plain Packaging Act 2011 are to improve public health by discouraging people from using tobacco products, encouraging people to give up using tobacco products, discouraging relapse of tobacco use and reducing exposure to tobacco smoke.

The United Nations continues to advocate for the use of plain packaging of tobacco products in an effort to save lives by reducing demand for such products, which kill nearly 6 million people every year.

Six nations have legislated for and have implemented, or will shortly be implementing, plain packaging (Australia, France, UK, Norway, Ireland and Georgia) and more are set to follow.

Tobacco smoking is the single largest preventable cause of premature death and disease in Australia. Smoking contributes to more deaths and hospitalisations than alcohol and illicit drug use combined. While smoking prevalence in Australia has declined over time, the 2010 National Drug Strategy Household Survey found that 2.8 million Australians aged 14 years or older still smoke daily (15.1 per cent). Continued effort is therefore necessary to maintain the decline and reduce the social and economic costs of tobacco use to the community.

The AMA recognises that tobacco is unique among consumer products in that it causes disease and premature death when used exactly as intended. There is no safe level of tobacco smoking.

The AMA also believes that all forms of public promotion and marketing of tobacco products should be banned.

MEREDITH HORNE

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For enquiries please contact the AMA via email at indigenousscholarship@ama.com.au or phone (02) 6270 5400.

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