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Family Doctor Week

Praise for local GPs, p3

INSIDE

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In this issue

Family Doctor Week highlights the value of local GPs

Local family doctors were celebrated during the last week of July as the AMA paid its special annual tribute to Australia's dedicated GPs.

AMA President Dr Michael Gannon spent much of the week of July 23-29 praising the hard work of the nation's 34,600 GPs and encouraging all Australians to build close relationships with their local family doctors.

He stressed that a trusting professional relationship with a family doctor was a key to good health through all stages of life.

"GPs are highly skilled health professionals and the cornerstone of quality health care in Australia," Dr Gannon said.

"They provide expert and personal advice and care to keep people healthy and away from expensive hospital treatment.

"General practice provides outstanding value for every dollar of health expenditure, and deserves greater support from all governments."

Eighty-six per cent of Australians visit a GP at least once every year, and the average Australian visits their GP about six times each year.

Family Doctor Week highlights the value of local GPs ... from page 3

"Your usual GP will be able to provide comprehensive care – with immediate access to your medical history and a long-term understanding of your health care needs, including things like allergies or medications," Dr Gannon said.

"Family doctors are the highest trained general health professionals, with a minimum of 10 to 15 years training.

"They are the only health professionals trained to diagnose undifferentiated conditions and provide holistic care from the cradle to the grave."

Dr Gannon said the best start in life began at pre-conception, and anyone thinking about starting a family or having another child, should seek advice from a family doctor to help them prepare.

"Good maternal health during pre-conception and pregnancy can have a lifelong impact on infant wellbeing," he said.

"For example, smoking, drinking alcohol, poor nutrition, or unhealthy weight levels can adversely affect foetal development and the mother's health.

"Your GP can advise you on recommended supplements to fortify the body before and during pregnancy to help protect the mother and baby during development and for the years ahead."

GPs are a reliable source of information to support parents with reproductive planning, lifestyle changes, child development, health screening pre and post baby, breastfeeding, immunisation, and preparing mentally and physically for the journey ahead.

With new mothers being discharged from hospital as early as six hours after giving birth, community-based care is becoming increasingly important and GPs are a crucial support.

The AMA also used Family Doctor Week to highlight the need for parents to keep up to date with their children's immunisations.

Recent outbreaks of measles highlight the need for parents who are hesitant about having their child vaccinated to talk to their family GP.

And while the World Health Organization officially declared Australia measles-free in 2014, there have been at least 23 confirmed cases of measles in NSW this year, including 16 locally acquired cases attributed to a traveller who contracted the potentially lethal disease in Bali.

"Measles kills 134,000 people every year globally, and is still common in many developing countries," Dr Gannon said.

"Pockets of Australia have had recent breakouts of measles, and we are also seeing a resurgence of diseases including mumps, whooping cough, tetanus, and diphtheria – diseases that many people thought had been consigned to history.

"Vaccination rates of 95 per cent are needed to protect vulnerable members of the community – infants, the elderly, and those with suppressed immune systems – from these highly transmissible, infectious diseases."

The family doctor is also a useful resource in helping people live healthier and longer lives.

Eliminating risky health habits and behaviours from daily routines is the key to longer and healthier lives, and the best advice on minimising health risks is available from a local GP.

Many Australians face the prospect of a premature death or lower quality of life through risky behaviours that are often commonplace, but are still very detrimental to their health.

Dr Gannon said many people may not even realise they are putting themselves, and sometimes others, at risk through everyday poor health habits and decisions.

These risky behaviours include smoking, consuming too much energy-dense and nutrient poor foods and drinks, spending too much time being sedentary and not engaging in the recommended amounts of physical activity, and drinking more than the recommended amount of alcohol.

"Modern life doesn't always encourage us to engage in healthy behaviours," Dr Gannon said.

"People are often overwhelmed by nutrition messages that are all about body image or instant weight loss, but which are not based on evidence.

"It can be very confusing and expensive – and bad for your health.

Family Doctor Week highlights the value of local GPs

... from page 4

"Local GPs can help people see through the hype and false claims of these products and programs, and set them on a path to a healthier life."

GPs also play an important role in looking after the mental health of their patients.

> "The established and trusting relationship that people have with their GPs allows patients to feel more at ease when discussing any mental health concerns."

The established and trusting relationship that people have with their GPs allows patients to feel more at ease when discussing any mental health concerns.

As the most accessible medical professional, the family GP is often the first contact point when a mental health issue emerges.

GPs are highly trained to detect and manage mental health issues and refer patients to more specialised care and advice when required.

The community is becoming more aware of the breadth and impact of mental illness, with one in five Australians experiencing a mental illness at some time in their lives.

"Mental illness comes in many forms, from mood disorders to psychosis," Dr Gannon said.

"Greater awareness is vital in helping to break down stigmas around mental health, and open up the lines of communication to speak openly and share concerns."

Almost nine in 10 Australians over the age of 65 have at least one chronic illness, making their relationship with their family doctor a vital one.

The AMA President used the final day of Family Doctor Week to stress the theme: "Your Family Doctor: all about you" and said that point was especially true of the role GPs play in the lives of older patients.

Evidence shows that continuity of care with a regular GP helps lower rates of ill-health, particularly with chronic diseases, and helps keep people out of hospital.

A family doctor can help older patients make good lifestyle choices that can significantly improve the quality of life in old age, whether it's quitting smoking, staying active, moderating alcohol intake, eating properly, or keeping your brain active.

"The relationship of trust between GP and patient is also vital during difficult periods, including bereavement, or getting bad news about our health," Dr Gannon said.

"When it comes time to have those difficult discussions about death and dying, including end of life options, your family doctor is there to listen to you, and help you put in place an advance care plan.

"Your family doctor can help ensure that your wishes are recognised in any decisions made on your behalf about your health care."

Family Doctor Week 2017 successfully emphasising the important role local doctors play in every community.

The issues highlighted throughout the week received significant community, media and political attention.

The week was a time to recognise GPs for the work they do, not only in keeping people out of hospital, but to conserve precious health resources.

Family doctors are leaders in preventive health care, early diagnosis and treatment, coordinated care, and chronic disease management.

"Our hardworking local GPs – our family doctors – are the key to better physical and mental health for all Australians," Dr Gannon said.

"They provide quality expert health advice and help patients navigate their way through the health system to achieve the most appropriate care and treatment for their condition."

CHRIS JOHNSON

Strong Medicare, strong healthcare system

AMA President Dr Michael Gannon has reaffirmed the AMA's strong support for Medicare, saying it is at the core of the nation's health system and only needed future-proofing.

Addressing a panel session of the Melbourne Institute's Economic and Social Outlook Conference, the AMA President said Australia's healthcare system was good but needed adjustments for the future.

"We have a system that, for the most part, works well. It is not perfect by any means, but we have the fundamentals right," Dr Gannon said.

"The way to make Medicare fit for purpose to meet future needs is all about getting the current settings right. Not starting from scratch."

The session, hosted by the Institute's Centre for Independent Studies, was titled *The Future of Medicare*, and Dr Gannon said the AMA would strive to be in the "sensible centre" of the ongoing debate.

"People continue to look overseas for solutions or alternatives, but these models do not translate easily to Australia," he said.

"It is tougher for us to deliver population-based universal health care, but we do pretty well.

"We have to constantly contend with our physical and political geography – the tyranny of distance; of small, sparsely populated rural and regional centres; and remote and small Indigenous communities.

"Providing equity of access is a hard task. Nevertheless, the AMA believes our system is among the very best in the world. We just need to look after it. Adapt it. Fund it. Support it."

Part of that support, he said, was devising a long-term plan for adequate and certain public hospital funding.

Describing public hospitals as an "everyday saviour" for Australian families, Dr Gannon said he could not stress enough how vital they are to the health system.

"In 2014-15, there were 10 million hospitalisations, including 2.5 million surgical procedures," he said.

"There were 7.4 million presentations to emergency departments, with 74 per cent of patients seen within recommended times for their triage category, and about 73 per cent completed within four hours.

"Future public hospital funding should be set by population growth and demographic change, and an indexation rate relevant to health care costs.

"Activity Based Funding is a good concept – but we need to ensure that it is a tool to improve performance and quality, not an instrument to be gamed, or to lock in chronic underfunding.

"Perhaps the unique strength of the Australian healthcare system is the delicate balance we have achieved between the public and private sectors.

"The AMA supports a system where the public and private systems work side by side to provide universal health care."

Dr Gannon noted the views of some commentators who want Australia to move towards the models of health care seen in Canada or Britain.

He cautioned against rushing towards such models, but kept his strongest criticism for the roller-coaster journey America is currently enduring over health care.

"Others, God forbid, think we should look to the United States for inspiration. The tumult our American cousins are suffering should serve as a reminder that it is not just about more money," he said.

"The United States spends a greater percentage of GDP on health than any other developed nation, yet lags behind on most metrics of successful health policy.

"I was in the UK again a few weeks ago. Their NHS is a national institution. It is also something of 'a sacred cow'.

"The NHS is hugely popular with the population, and supported and defended by my colleagues in the British Medical Association.

"But there are huge underfunding issues there at the moment – and a political and ideological battle about its future direction.

"We have those issues here, but nowhere near the magnitude of what is happening in the US and the UK."

Dr Gannon said the overwhelming majority of Australian doctors and hospitals understand the impact that fee gaps have on patients, and are doing the right thing by them.

Investing heavily in prevention programs is vital to strengthening the health system, he said, as is greater education and promotion of healthy lifestyles.

"We need the community to better understand the social determinants of health. And the intergenerational benefits that accrue from investing in the health of women and girls," he said.

"That's not necessarily Medicare, but it is the future of a sustainable, affordable health system."

CHRIS JOHNSON

AMA response to report on GP after-hours services

The AMA has provided its comments on the MBS Review Taskforce's preliminary report, *Urgent after-hours primary care services funded through the MBS.*

In its submission, the AMA acknowledges that access to after-hours GP services is a critical part of the health system, while recognising that poor models of after-hours GP care have the potential to fragment patient care, result in poorer outcomes for patients and incur additional costs to the health system.

In considering reform in this area, the AMA has emphasised that it is critical that services providing after-hours GP care, particularly those that operate exclusively in the after-hours period, adopt a collaborative model that complements the care provided by a patient's usual GP or through their regular general practice.

The AMA is pleased to see that the Taskforce has recognised within its report previous concerns raised by the AMA, particularly the fact that direct marketing and the promotion of after-hours home visits as being free and easy to access has driven much of the growth we have seen in the use of urgent MBS items, as opposed to genuine patient need.

Overall, the AMA submission agrees with the principles that underpin the report, and the logic behind its recommendations. However, the submission highlights concern that some of the recommendations will potentially undermine the viability of genuine medical deputising services (MDSs) and significantly impact on access to care for patients.

While agreeing that there is scope for some MBS savings through the better targeting of funding for urgent after-hours GP services, the AMA submission says extent of the likely financial impact of the Taskforce's approach is significant and this is not recognised or well addressed in its report.

The submission recommends more work is required to explore different funding arrangements for genuine MDSs, including a revised MBS item number structure for MDS doctors or, as suggested by the 2014 *Jackson Review of After-Hours Services*, the adoption of a blended funding model. In offering to work further with the Taskforce and the Government, the AMA recommends that this work should be guided by the following principles:

- Services remain highly accessible to patients, but based on clinical need, not convenience;
- Arrangements complement the services provided by a patient's usual GP or through their regular general practice;
- The value of services being provided to patients is appropriately recognised;
- Services are of an appropriate quality, including the infrastructure required for triaging, supervision, training as well as communication with a patient's regular GP;
- Unpredictable and uneven service demand is recognised; and
- MDSs have access to and utilise an appropriately skilled workforce.

While the Taskforce has been limited by its terms of reference to a review of existing MBS item numbers, the AMA believes that this only represents one component of the necessary reform to after-hours arrangements. While some of the concerns expressed to the AMA by members can be addressed to an extent by potential changes to MDS funding arrangements, the AMA emphasises that a broader package of reforms is required to ensure high quality and appropriately targeted services. These will need to address issues such as:

- MDS workforce skills, training and supervision;
- MDS accreditation arrangements;
- Patient triage processes;
- Direct to consumer advertising; and
- The necessary link between an MDS and a patient's usual GP or regular general practice.

While the AMA submission expresses reservations about the extent of the impact of some of the report's recommendations, as highlighted earlier, it agrees that MBS savings can be found and justified. In this regard, the AMA response highlights the significant funding pressures on general practice, including the lasting impact of the MBS freeze, and the critical need for any savings to be re-invested to support general practice.

CHRIS JOHNSON

Medical indemnity update

On July 26 the Department of Health released further details on a review into medical indemnity. The original announcement accompanied a $36 million cut to indemnity funding in the December 2016 Mid-Year Economic and Fiscal Outlook.

The AMA at the time condemned the move to cut funding from schemes that have provided much needed stability to the sector, and the decision to do so ahead of the review taking place or understanding of the potential impact.

> "Patients may have been faced with uncertainty that, in the rare case of an adverse event, there may no longer be financial support for their ongoing care."

This Commonwealth support for medical indemnity stems from the crisis of the early 2000s – specifically the collapse of HIH Insurance in 2001 and United Medical Protection in 2002.

At the pinnacle of this crisis, many practitioners faced uncertainty about the future of their practice, and/or insurance premiums that would have made their practice unviable.

Patients may have been faced with uncertainty that, in the rare case of an adverse event, there may no longer be financial support for their ongoing care.

It is no overstatement to say the lack of stability was crippling the provision of healthcare – even threatening the ability of doctors to turn up to work.

Medical indemnity crises are not unique to Australia. Many countries have experienced difficulties at various times since the early 2000s, with escalating claims and costs, hampering confidence in the healthcare system. Even now in comparable countries this instability is occurring. In recent weeks there have been private Obstetrics in the United Kingdom threatened by the withdrawal of the two major mutual insurers there.

Since 2003, however, the Australian Commonwealth has provided funding towards a number of support schemes, some of which subsidise indemnity insurance premiums for medical practitioners. The initiatives were a response to a market failure and intended to make the indemnity market more sustainable, giving doctors the certainty they need to continue practicing, and making medical indemnity cover more affordable.

These initiatives were designed after significant intervention by the AMA, in conjunction with the broader profession. The schemes are a public policy success, and should be celebrated. They provide ongoing stability in a sector that suffers turbulence in so many other areas – freezes on patient rebates, inadequate indexation of no-gap and known-gap private health insurance payments, other funding constraints, ongoing and often piecemeal reform.

It would appear some of the AMA's concerns have been heard by the Government.

As a result of direct advocacy by the AMA, the terms of reference and the preamble have moved beyond an ill thought out savings exercise. Instead they now look to better understand the success of the schemes, whether we can better support the schemes via improvements, and demonstrate an understanding of the link between Commonwealth support, and affordable, stable and universal health care provision.

Now the review is proceeding, the AMA is keen to ensure that the history behind the development of these successful schemes is not forgotten, and the ongoing stability they provide not downplayed.

There are two parts to the review: A First Principles Review of all the Commonwealth funded schemes under the Fund (including the Midwife professional indemnity schemes) and a Thematic Review of all the legislation underpinning the Fund's schemes.

The First Principles Review will examine whether the existing arrangements are "fit for purpose" for all parties or whether changes can be made that better support the ongoing provision of indemnity insurance.

The outcomes of the First Principles Review will inform future policy concerning support for professional indemnity insurance for doctors and eligible midwives in private practice and contribute to the development of an appropriate monitoring framework to assist in assessing how the schemes are contributing to affordable access to health care.

Medical indemnity update

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The terms of reference for the Review are to:

- examine to what degree, in the current environment, Commonwealth intervention has been successful in providing:
  - + stability of the medical indemnity insurance industry;
  - + availability of affordable indemnity insurance for medical practitioners and midwives and by extension, the affordability of healthcare for patients;
  - + viability for professions, and patients, where claims have a 'long-tail' or high costs;
- assess whether the schemes that comprise the IIF continue to be fit for purpose for all parties, and where improvements might be made; and
- consider the appropriate level of Commonwealth support needed to continue stability, affordability and accessibility of professional indemnity insurance for medical practitioners and eligible midwives.

The Thematic Review of the Commonwealth's medical indemnity legislation is currently underway. This is considering relevant indemnity legislation with a view to simplifying and streamlining the legislation. Anyone with an interest should contact the Department of Health for further information.

The Department of Health will contact stakeholders with further information about consultation mechanisms and timeframes.

It is critical that representative organisations engage in this Review. The success of the Australian schemes should not be downplayed, particularly in light of the significant turbulence other countries are experiencing with their indemnity schemes.

The AMA recently wrote to Presidents of the Colleges, Associations and Societies, encouraging them to keep a close eye for the Consultation Paper in mid-August and to respond.

More information can be found at:

http://www.health.gov.au/internet/main/publishing.nsf/content/medical_Indemnity_First_Principles_Review

For anyone seeking a well-written history behind the indemnity crisis and the resulting mechanisms put in place to provide stability, please see:

https://www.amansw.com.au/the-future-of-medical-indemnity/

As the peak body representing the entire profession across Australia, the AMA understands the importance of a stable medical indemnity industry to private medical practice and to universal healthcare. The indemnity industry is professionally run, well capitalised and largely doctor-owned. The AMA will be working hard in advocating for measures that protect and sustain the industry into the future.

JODETTE KOTZ
AMA SENIOR POLICY ADVISER

IMO approval raises risk potential awareness

Food Standards Australia and New Zealand (FSANZ) recently approved the use of Isomalto-oligosaccharide (IMO) as a novel food ingredient. IMO has a potential risk for people with congenital or acquired sucrose-isomaltase deficiency. IMO is typically used as an alternative sweetener and as a bulking agent and might be found in:

- Carbonated beverages;
- Sports and energy drinks;
- Milk based drinks, and soy- or nut- based milk alternatives;
- Meal replacement drinks and bars;
- Fruit juices;
- Fruit flavoured drinks;
- Breakfast bars; and
- Confectionery.

People with this digestive enzyme deficiency may experience a laxative effect after eating or drinking foods that contain IMO. Those who are concerned should check the list of ingredients on packaged foods. Further details can be found at: http://www.foodstandards.gov.au/publications/Pages/IMO.aspx

Encouraging organ donation

The rate of Australian organ and tissue donation is improving, but there remains plenty of room for improvement.

That is the message the AMA is keen to send to all Australians and it has used DonateLife Week to urge more people to register as donors.

With this year's theme being *Make Your Decision Count*, the DonateLife Week, July 30 to August 6, highlighted community awareness about the importance of organ and tissue donation.

In 2015, Australia ranked 20th nation in the world, with 18.1 donors per million population. In 2016, the Australian donation rate rose to 20.8 donors per million people, and resulted in 503 deceased organ donors donating to 1447 transplant recipients.

This represented a 16 per cent increase in organ donors.

AMA President Dr Michael Gannon said the major catalyst for increasing the rate was conversation and education.

"We have to get people talking more openly about the benefits of organ donation, and their personal wishes to be a donor," Dr Gannon said.

"People should make their choice regarding organ and tissue donation known to their family members and friends.

"Even if a person has registered as an organ and tissue donor, their family will be asked to confirm their wishes and give their consent.

"If a person is not registered, the family will still be asked to give their consent to donation, but evidence shows a significantly higher family consent rate where a person has registered to become an organ and tissue donor."

Research by the Organ and Tissue Authority shows that:

- 91 per cent of families agreed to donation when their loved one was a registered donor;
- 71 per cent of families agreed to donation when they knew their loved one's decision;
- the national average of family agreement to donation is 62 per cent; and
- 52 per cent of families agreed to donate when their loved one had not registered or discussed their donation wishes.

The OTA led the DonateLife Week with strong support from the AMA.

Dr Gannon said one organ and tissue donor can help more than 10 people by saving a life, improving the quality of life, and restoring bodily function.

"The AMA strongly encourages all individuals to consider becoming an organ donor, discuss their views with their family, and record their wish on the Australian Organ Donor Register," he said.

To access the Australian Organ Donor Register, go to: https://register.donatelife.gov.au/

CHRIS JOHNSON

Accessing unapproved medicines and devices for your patients – what's changed?

It is now easier for doctors to access unapproved therapeutic goods for patients who need them.

The Government schemes that allow doctors to access unapproved therapeutic goods, such as medicines, biologicals and medical devices that haven't been approved in Australia, have been simplified and streamlined.

Most therapeutic goods need to be evaluated for quality, safety and efficacy by the Therapeutic Goods Administration (TGA) before they can be supplied in Australia.

> "Since 3 July, two of the programs managed by the TGA – the Special Access Scheme and the Authorised Prescriber program – have become easier for doctors to navigate"

However, sometimes patients can benefit from therapeutic goods that have not been approved by the TGA. For example, there may be medicines that have been approved for use in other countries but not yet in Australia, or a manufacturer may not offer a particular device in Australia.

Since 3 July, two of the programs managed by the TGA – the Special Access Scheme and the Authorised Prescriber program – have become easier for doctors to navigate.

The biggest change is to the Special Access Scheme.

Health practitioners can now simply notify the TGA if they are planning to treat a patient with a therapeutic good which has an established history of use in a country similar to Australia. The TGA provides a list of which goods meet this criteria, along with their indications and the type of health practitioner authorised to supply them.

Separate lists for these medicines, medical devices and biologicals are available on the TGA's website and are updated regularly.

Health practitioners still need to apply to the TGA to access unapproved therapeutic goods that are not on the TGA's list. And health practitioners can still use the existing notification process when treating patients who are seriously ill with a terminal illness.

Detailed information about the Special Access Scheme, including user guides and a frequently asked questions section, are available on the TGA's website. You can also contact the TGA on 1800 020 653 and SAS@health.gov.au.

Changes have also been made to the Authorised Prescriber program to streamline the application process and increase the potential period of approval.

Under this program, the TGA can grant a doctor an authority to become an "Authorised Prescriber" of a specific unapproved therapeutic good (or class of unapproved therapeutic goods) to specific patients (or classes of patients) with a particular medical condition.

Doctors now no longer need to submit to the TGA, as part of their application, the clinical justification for evaluation because the TGA will accept the approval already granted by a human research ethics committee or endorsement by a relevant specialist college.

In addition, applications to become an Authorised Prescriber of therapeutic goods which the TGA considers have an established history of use, will be eligible for a longer authorisation period. The maximum authorisation period will increase from one year to two years for medical devices and from two years to five years for medicines and biologicals.

Detailed information about the Authorised Prescriber program including application forms and guides are on the TGA's website. You can also contact the TGA on 02 6232 8101 and eps@health.gov.au.

If you want more information about accessing medicinal cannabis, the TGA website provides detailed information.

GEORGIA MORRIS
AMA SENIOR POLICY ADVISER

Latest Medicines Australia 'transparency reports' coming soon

Another set of reports on health practitioners who receive payments from pharmaceutical companies will be published on 31 August this year.

Since August last year, details of such payments have been made publicly available every six months.

> "Since 1 October 2016, pharmaceutical companies have only been able to enter into relationships with health practitioners who consent to this information being published."

Since 1 October 2016, pharmaceutical companies have only been able to enter into relationships with health practitioners who consent to this information being published.

Medicines Australia member companies, which include innovative pharmaceutical companies such as Bayer, Pfizer and Janssen, published the first ever reports listing individuals and details of payments in 2016.

The current Medicines Australia Code of Conduct requires pharmaceutical companies to publish details of certain categories of payments made to registered health practitioners (such as medical practitioners, nurses and pharmacists).

The categories of payments that must be published include fees for speaking engagements, consultancies, board and committee attendance, and sponsorship or grants for educational activities.

The AMA fully supports these transparency measures.

During the first reporting period, individuals were able to withhold consent for their information to be made public in line with Australian privacy legislation. Around one third of practitioners receiving payments withheld their consent.

However, since 1 October 2016 that has no longer been possible.

A full list of the categories of payments publicly reported and the detail included in the reports is available on the AMA website at: https://ama.com.au/article/medicines-australia-new-code-conduct-what-it-means-medical-practitioners

Links to each company's first report are available on the Medicines Australia website at: https://medicinesaustralia.com.au/code-of-conduct/transparency-reporting/previous-transparency-reports/educational-event-reports/member-company-reports/

AMA Vice President Tony Bartone said he didn't believe that in Australia there was any adverse impact on prescribing behaviour arising from pharmaceutical company payments or educational events.

"Firstly, in Australia, unlike the US where most of the studies about pharma influence on doctor behaviour are conducted, there is a clear separation between prescribing and dispensing," Dr Bartone said.

"Doctors prescribe medicines but pharmacists dispense the medicines. Doctors get no financial benefit from prescribing one brand of medicine over another and there is no way for a pharmaceutical company to track which doctors prescribe which brand.

"Any financial benefit is gained by pharmacists who, with the patient's agreement, can substitute one brand of medicine with another. While doctors are able to tick the 'do not substitute box' on prescriptions, this occurs in less than 3 per cent of prescriptions.

"Secondly, the Federal Government, through Medicare, has a sophisticated audit and compliance system for determining whether or not a doctor is prescribing medicines according to listed indications (the circumstances under which a medicine can be prescribed to attract a PBS subsidy) and/or is prescribing differently to their peers.

"It has a strong financial incentive to control health care expenditure and investigate and act on inappropriate prescribing by individual doctors.

"And finally, medical practitioners are highly trained health professionals. They are trained to think independently and to make decisions in the best interests of the patient. They prescribe appropriate medicines based on the clinical needs of their patients."

In Australia, under the Medicines Australia Code of Conduct (which applies to pharmaceutical companies), payments for educational events are strictly controlled.

Latest Medicines Australia 'transparency reports' coming soon

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For example, all costs associated with meals provided to health professionals attending educational events must be publicly reported. The maximum spend allowed per head is $120, but over 10 years of public reports show that the actual average spent is only around $45 a head.

"It is illogical to believe that attending an hour-long pharmaceutical company educational event where some sandwiches are served has sufficient influence to overturn years of a doctor's medical training, as well as the ethical imperative to put patients' needs first," Dr Bartone said.

"It is in the best interests of patients that medical practitioners are fully informed about new or improved medicines. The AMA supports the delivery of this information by pharmaceutical companies.

"New and improved medicines save lives and improve the quality of life for Australians with illness.

"Legitimate and ethical relationships between pharmaceutical companies and individual medical practitioners provide a public benefit.

"The AMA actively participated in the development of Medicines Australia's current Code of Conduct which regulates the behaviour of pharmaceutical companies and which provides substantial transparency of relationships by publicly reporting on payments made to individual health practitioners."

CHRIS JOHNSON

Kristine Whorlow AM retires as CEO of National Asthma Council

The National Asthma Council Australia's inaugural chief executive officer Kristine Whorlow AM has retired.

NAC Chair Dr Jonathon Burdon said Ms Whorlow's decision to retire caps a remarkable career of continuous service to the asthma community, both in Australia and internationally, including the Asia Pacific region.

"Kristine is a leader in her field and her expertise has established the NAC as the leading authoritative body for asthma in Australia with a considerable global reputation," Dr Burdon said.

"We thank Kristine for her important contribution to improving asthma management in Australia. Her achievements are many, including facilitating asthma's recognition as a national health priority and leading the ongoing development of asthma's national treatment guidelines.

"Kristine has generated Australian Government program funding for asthma since 2001 and recently acquired Government funding for the fifth National Asthma Strategy now in the final stages of the AHMAC process."

Dr Burdon also announced the appointment of the NAC's new CEO, Siobhan Brophy, effective from August 1.

Ms Brophy was the NAC's strategy and communications manager.

The NAC's purpose is to reduce the health, social and economic impacts of asthma throughout Australia including free education workshops for GPs and allied health professionals funded by the Australian government through our Asthma & Respiratory Education Program.

Australia's Institute for Health and Welfare's data shows one in nine Australians have asthma– around 2.5 million people, based on self-reported data. The data also reports one in five people aged 15 and over with asthma have a written asthma action plan.

MEREDITH HORNE

Attending the House of Delegates meeting of the American Medical Association

BY AMA SECRETARY GENERAL ANNE TRIMMER

The annual meeting of the House of Delegates (HOD) of the American Medical Association (AmMA) is the only event in which all of "organised medicine"

in the United States physically comes together at the same time and place.

The program for the annual HOD meeting is immense. There is a mix of open sessions and committee sessions in the lead in the HOD meeting itself. Eight committees meet over the course of two days to work their way through a comprehensive agenda of reports and resolutions that amend existing policy or introduce new policy. The result of the committees' work is then caucused by the participating representative societies and associations in preparation for debate on the floor of the HOD.

The HOD opens with a formal speech by the President (who completes a one-year term at the close of the HOD meeting) and another by the CEO. The meeting then opens to debate on the reports and resolutions that have come forward from the committees. This takes two days and can continue into a third day of the business isn't completed.

As an international guest at this year's meeting in June, I was invited to observe all proceedings and I made the most of the invitation by attending an open forum of the Council on Ethics and Judicial Affairs, two committee meetings, and the HOD meeting.

The conduct of the debate is democracy in action. The Speaker and Deputy Speaker control the debate with great deftness and humour. Speakers line up, as they do at the AMA National Conference, waiting to be recognised to speak.

There were several recurring issues that resonated. The first, and most pressing, was that of access to health care, even more so with legislation introduced by the Trump administration to wind back the Affordable Care Act (ObamaCare) which would have the result that 23 million Americans would lose cover. The legislation (the American Health Care Act or AHCA) is causing deep concern within the AmMA about the likely outcome.

Delegates debated the acceptability of per capita caps under federal Medicaid funding, which are a key element of the AHCA and are being considered for incorporation into the Senate version of the legislation that is still being drafted. The delegates rejected any proposal for caps on the basis that they would weaken States' ability to respond to enrolment changes, greater care needs or breakthrough treatments.

The tactics of health insurers to deny cover for patients, or to create delays for physicians in trying to secure approval, were raised on many occasions. One of the more interesting debates focused on a resolution for AmMA to advocate for a public option to provide health cover where no insurance cover exists. This aspect of the original ObamaCare legislation was removed as a compromise to get the majority of the legislation through the Congress. AmMA voted to support the inclusion of a public option. The Australian health system was cited in debate as an exemplar of a system where there is public cover but also a right to choose private cover.

The networks established by the insurers are shrinking, often with the result that patients lose the physician they have had all of their lives. The provision of out of network care carries significant cost for patients who are not covered if they need care at a hospital that is not within their insurer's network. This has an impact on emergency doctors who won't turn patients away if they present at an out of network emergency department. At times the patient may not even be aware that they are out of network.

The resulting "surprise bills" come about either because the patient has presented out of network or because the cover they have is inadequate for the procedure that is undertaken. Delegates were critical of "outlier" medical colleagues who levied significant bills in these circumstances, attracting the ire of patients and media.

This has led to consideration in several States of a "fair minimum benefit". However as States have been ratcheting down the benefits paid under Medicare, doctors are concerned that any benefit that is tied to Medicare will be inadequate for the service that is provided. Delegates discussed the potential for an independent database to be used as a reference point for charging (which sounds not dissimilar to the AMA Fees List).

Another example of egregious insurer behavior occurs in emergency departments where the insurer withdraws cover on the basis that the reason for presentation is not an emergency. To overcome this the patient is forced to seek pre-approval.

The issue of physician health was raised on several occasions. The concern is with burnout, exacerbated by the frustrations of dealing with the health insurers in seeking pre-approval for

Attending the House of Delegates meeting of the American Medical Association

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patients, and the electronic health record. Speakers referred to the extensive delays created by the system. Reference was also made to depression and suicide among doctors.

The open session of the Council on Ethics and Judicial Affairs provided a forum for the AmMA to obtain member feedback in the development of a new policy on euthanasia and physician assisted suicide. Among the speakers from the floor were physicians from the five States where it is already legal for doctors to prescribe end of life pharmaceuticals. In California, for example, physicians can choose to opt into the process with 18 per cent currently doing so. The legislation provides multiple safeguards.

> "Notwithstanding that euthanasia is legal in some States, the debate emphasised the need for a better understanding of the role of palliative care and the place of hospice care. Patients at the end of life were often ignorant of the benefits of palliative care."

Colorado is the most recent State to introduce euthanasia. The State medical society undertook a two year consultation before changing its policy to accommodate the change. In that State a patient must be able to self-administer the medication. However the cost of effective medication can be a barrier to a patient carrying out the euthanasia.

In the State of Oregon where euthanasia has been legal for 20 years, the State medical society has maintained a neutral position.

Notwithstanding that euthanasia is legal in some States, the debate emphasised the need for a better understanding of the role of palliative care and the place of hospice care. Patients at the end of life were often ignorant of the benefits of palliative care.

The address by the outgoing President of the AmMA, Dr Andrew Gurman, highlighted the big issues faced by the AmMA over the previous 12 months. These included the requirements of the health insurers for pre-authorisation of drugs and medical devices before they could be prescribed or utilised in surgery; gun control as a public health issue; the defeat of proposed health fund mergers which would have further reduced access to health care; and physician burnout.

Dr Gurman highlighted what he described as "advocacy at its most basic, human level" when he met with medical trainees who had grown up in the US but now feared deportation under proposed changes announced by the Trump administration.

The Executive Vice President and CEO, Dr James Madara, highlighted that the AmMA recently celebrated its 170th birthday, having been established in 1847. He identified three strategic areas for current focus in the work of the AmMA:

- Practice satisfaction and professional practice;
- Medical education; and
- Patients with pre-diabetes.

This last point relates to the fact that a staggering 83 per cent of health services in the US are for chronic conditions.

Unsurprisingly an opinion poll released while I was in the US has health as the number one issue for the electorate.

The AmMA's work on medical education centres on online learning to provide tools and resources to physicians, including the recent release of an online education program on best use of electronic health records. This is part of a project entitled health 2047 (for the 200th birthday of the establishment of the AmMA) which aims to return to the physician one hour per day of the working week. Many speakers identified that navigating the current EHR system currently consumes up to two days each working week.

The AmMA is also working to protect patients at risk of losing their health cover by expanding meaningful coverage and including safety nets.

Resident mental health is now mandated as part of every residency program.

The contributions from the medical students were among the most compelling. The medical student section put forward a motion calling on the AmMA to be a leader in advocacy on the

Attending the House of Delegates meeting of the American Medical Association

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social determinants of health. The National Academy of Medicine established a framework in 2016 to better understand the social determinants. As several delegates pointed out, without understanding the social context of a patient there may be impacts on the care that is given. Examples provided were a patient living in accommodation with no running water, or with no access to transport to attend a pharmacy to have a prescription filled.

Another significant public health issue that attracted debate is the opioid epidemic in the US which has arisen as a result of the over-prescribing of pain medication.

The organisation

The AmMA's revenue in 2016 was $323.7 million with a profit of $13.6 million.

The House of Delegates is the supreme policy making body and elects the office-holders, including the President-elect who then becomes President the following year. It also elects the members of the Board of Trustees.

The Board of Trustees is the principal governing body and takes actions based on the policy and directives of the HOD. It exercises broad oversight and guidance with respect to management systems and risk through the oversight of the Executive Vice President (the CEO). It has 21 members who have fiduciary responsibility for the organization and select and evaluate the CEO. The members include a student, a resident, a young physician, and a public member.

The eight Councils are standing, domain based, expert bodies. They are:

- Council on Constitution and Bylaws
- Council on Ethical and Judicial Affairs
- Council on Legislation
- Council on Long Range Planning and Development
- Council on Medical Education
- Council on Medical Service
- Council on Science and Public Health
- American Medical Political Action Committee.

The Sections and Special Groups represent the constituent groups and provide a channel for outreach and member insights. They are as diverse as the Advisory Committee on LGBT Issues, the International Medical Graduates Section, the Medical Student Section, and the Organised Medical Staff Section.

The HOD draws representation from the State and territorial medical associations (260 delegates) and national medical specialty societies (205 delegates). It has 528 delegates and the same number of alternate delegates. With Past Presidents and observers there are approximately 1200 attendees at the HOD annual meeting.

The rules for participation of a national medical specialty society are complex and are based on the number of its members who are members of the AmMA at the rate of one delegate per 1,000 AmMA members with every eligible national medical specialty entitled to at least one delegate. Similarly every State/territory is entitled to at least one delegate.

In addition delegates represent Federal Services (Air Force, Army, Navy, Department of Veterans Affairs, and the US Public Health Service); AMA Sections; other national societies; and professional interest medical associations.

AmMA represents approximately 25 per cent of American physicians. However as the umbrella body representing the entire profession it is the voice in Washington DC that speaks for all physicians.

Each policy that is put before the HOD has a fiscal note on the likely cost of the proposal if adopted. This is a good discipline in either reducing or refining some resolutions.

Every policy is recorded in PolicyFinder which is an electronic database available online and updated after each meeting of the HOD.

As a final note, every resolution or policy that is put forward is framed as 'our AMA' undertaking the specified action. This engenders a sense of ownership and pride in the organisation's advocacy.

INFORMATION FOR MEMBERS

Specialty Training Pathways Guide – AMA Career Advice Service

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

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

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

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

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

Information on the new website includes:

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

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

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

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

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

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

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

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

Processed meats need a closer look

BY DR ALPHONSE ROEX AND DR HELEEN ROEX-HAITJEMA

Dr Alphonse Roex

Dr Heleen Roex-Haitjema

In October 2015, the authoritative International Agency for Research on Cancer (IARC) confirmed that processed meat causes cancer and red meat is a probable carcinogen (Table 1.[1,2]).

The IARC assessed more than 700 epidemiological studies regarding red meat and more than 400 provided data on processed meat. The IARC estimates that worldwide the consumption of diets high in processed meat results in approximately 34,000 deaths annually and diets high in red meat in 50,000 avoidable cancer deaths per year. Eating an extra portion of 50 grams of processed meat daily increases the relative risk of colorectal cancer by 18 per cent.

The strength of evidence that processed meat is a carcinogen is comparable with tobacco smoking and asbestos[3,4]

Diets high in animal protein show a 75 per cent increase in total mortality, a 500 per cent increase in diabetes, a 400 per cent increase in cancer risk, and produce significantly higher levels of IGF1, a potent cancer-promoting hormone.[5]

Chronic diseases are responsible for considerable human suffering and contribute heavily to the burden of disease nationally. Australia's ever increasing total healthcare expenditure has in 2016 for the first time surpassed 10 per cent of its Gross Domestic Product. It is estimated that 55-60 per cent of this total is spent on chronic disease management.

Nearly two years have passed since the World Health Organization's report on the categorisation of processed animal products as carcinogenic. The time has come that we doctors take the initiative to inform our citizens and create systems, processes and policies to protect our patients and communities from further harm from such known carcinogens. We were finally moved to show united leadership 60 years ago in regards to smoking. Ultimately, after roughly 7000 scientific publications showing the relationship between smoking and lung cancer, healthcare providers became advocates for the best available medical evidence trumping the lures of a treasured habit for many of their patients (and indeed, fellow colleagues).

The American Medical Association in the USA has led the way by calling on hospitals there to improve the health of patients, staff and visitors by (1) providing a variety of healthful food, including plant-based meals that are low in fat, sodium and added sugars, (2) eliminating processed meats from menus and (3) providing and promoting healthful beverages.[6,7,8]

Springmann et al. estimated the effects of consuming less – or no – animal products on global population health should a transition to a more plant-based diet be made leading up to 2050. Conclusions reached were a reduction in premature deaths, abundant economic benefits and reduced greenhouse gas emissions. Table 2.[9]

IARC Carcinogenic Classification Groups	Likelihood to cause cancer in human	Type of meat	Examples
1	Causes cancer	Processed meats	Bacon, ham, sausages, hot dogs, hamburgers, ground beef, mince, corned beef, beef jerky, canned meat, offal and blood
2a	Probably causes cancer	Red meats	Meat from mammals: pork, veal, beef, bull meat, sheep, lamb, horse meat and meat from hunting: wild boars, deer, pigeons, partridges, quail and pheasants

Table 1. Based on the IARC's data on the carcinogenicity of processed meat and red meat.[1,2]

Processed meats need a closer look

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Healthier diets compared to present omnivorous diet	Characteristics diets	Human health benefits: million of premature deaths avoided	Economic valuation: value-of-statistical life approach. Money saved per year in trillion or 1012AUD
Healthy Global Diet (WHO)	Less meat and sugar; More vegetables and fruit	5.1	27.6
Vegetarian	Minimal animal products: dairy and eggs only	7.3	36.8
Vegan	No animal products: plant-based only	8.1	39.4

Table 2. Human lives and money saved in 2050 if the world population would adapt more healthful diets. Based on publication M Springmann et al.[9]

We understand that our AMA is aware of the issue and we are engaging with its Public Health team.

The time for compassionate action and leadership on this important issue by the Australian medical profession has arrived. All medical administrators, procurement officers, caterers and doctors (in association with registered dietitians) should then feel encouraged, empowered and supported to play a role in implementing the elimination of processed meats in medical institutions.

Views expressed in the above Opinion piece are those of the authors and do not reflect official policy of the AMA.

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International presenter on Nutrition and Health.

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Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Parliamentarians scrutinise health issues from around Australia

The Australian Senate is continuing its inquiry into the number of women in Australia who have had transvaginal mesh implants, having had to extend the date for submissions has been extended until 30 June 2017. The reporting date is 30 November 2017. The committee will examine the types and incidence of health the Committee plans to hold public hearings at locations around Australia.

The inquiry will scrutinise problems experienced by women who have had this surgery, and the impact this has had on their lives. The committee will also examine the information available to patients and doctors about this surgery; any incentives offered to medical practitioners in relation to the use of transvaginal mesh implants and the role of the Therapeutic Goods Administration's role in regulating and monitoring the use of transvaginal mesh implants.

The Senate is also responding to the reported incidents in the Makk and McLeay Aged Mental Health Care Service at Oakden in South Australia, by examining the current aged care quality assessment and accreditation framework in the context of these incidents. The reporting date of this inquiry is 18 February 2018.

The House of Representatives is using the committee process to look into the use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia.

Committee chair Trent Zimmerman MP, said: "In recent years the use of e-cigarettes has grown rapidly and governments have taken very diverse approaches to dealing with their emergence."

"Internationally e-cigarettes have been regulated either as consumer, tobacco, or medicine products and the Committee will be investigating these different international regulatory approaches," Mr Zimmerman said.

A House of Representative Committee adopted an inquiry in March this year into how Australia's federal family law system can better support and protect people affected by family violence. Hearings are currently being conducted around Australia and will hear evidence from those with personal experience at the intersection of family violence and the family law system, including Rosie Batty, 2015 Australian of the Year.

Committee chair Sarah Henderson MP said family violence was an issue which required a response from all sections of the community, and across all levels of government.

"We must ensure that the family law system provides adequate support and protection in cases where family violence has occurred," Ms Henderson said.

"In carrying out the inquiry, the Committee will consider what has been done so far—and what more can be done—to meet the needs of vulnerable people in family law proceedings."

Other parliamentary inquiries looking into special health issues include hearing health and wellbeing; delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities; and value and affordability of private health insurance and out-of-pocket medical costs.

The AMA advocates to the Australian Parliament on many issues and submissions can be found at: https://ama.com.au/advocacy/

MEREDITH HORNE

Research

Bush foods, a growing asset

Researchers at the University of Adelaide are building a so-called bush tucker bible to help highlight natural and unique products.

Professor Andy Lowe, Director of Food Innovation at the University, said the research aimed to preserve and evolve Australian food culture into a sustainable industry making the most of Indigenous traditional knowledge while also benefiting Indigenous communities.

Professor Lowe believes that with more than 30,000 plant species native to Australia, the opportunities are endless.

"There is reason why bush tucker ingredients like warrigal greens, rosella flowers, seablite and munyeroo could not become part of our food source stream," Professor Lowe said.

"There's a range of native greens that we could start consuming on a large scale that can be grown much more effectively in Australia."

Native Australian foods are also being studied as an effective way to increase the health of Aboriginal and Torres Strait Islander people.

The latest data from the Australia's Institute in Health and Welfare shows indigenous Australians are five times more likely than non-Indigenous Australians to die from endocrine, nutritional and metabolic conditions (such as diabetes), and three times as likely to die of digestive conditions.

Wild yams and fish, traditional bush medicines, Aboriginal herbal remedies and even sand massages are all part of a holistic health program designed to address chronic disease in north-east Arnhem Land in the Northern Territory.

The Hope for Health project was started by volunteers and Aboriginal Yolngu people on Elcho Island, aiming to tackle chronic health problems by incorporating traditional health practices and knowledge with western medicine.

After crowdfunding $90,000, the group held its first health retreat camp on the island last year and started a journey to better health, returning to traditional foods, like shellfish and other foods found around the island.

Hope for Health said 85 per cent of participants showed a reduction in waist circumference, almost two-thirds had improved kidney function, and four in five people had reduced their blood pressure.

Adrian Bauman, a professor of Public Health at the University of Sydney said: "The results among those 25 participants are impressive: they lost a clinically useful amount of weight, they had improvements in kidney function, blood sugar and blood pressure levels."

Yolngu participant Valerie Bulkunu said the experience helped her make long-term changes, such as swapping two-minute noodles and cordial for more wholesome home-cooked food.

Hope for Health's Kate Jenkins said the project's success was also due to the hands on support provided in the local language, and the fact the project was driven by the community and guided by Yolngu leaders.

MEREDITH HORNE

Heart disease and suicide killing more methamphetamine users

A national seven-year study has found that the number of methamphetamine-related deaths in Australia doubled between 2009 and 2015, with heart disease and violent suicide identified as prominent causes of death.

The study, undertaken by the National Drug and Alcohol Research Centre was published in the journal *Addiction*.

It analysed 1649 cases of methamphetamine-related death retrieved from the National Coronial Information System (NCIS) and found that in a fifth of cases (22 per cent) death was attributed to natural disease in conjunction with methamphetamine toxicity.

The most frequent natural disease was cardiac and/or cardiovascular disease and stroke.

Lead author Professor Shane Darke said the results were indicative of a major public health issue and highlighted a hidden problem.

"To see such large and significant increases in mortality rates over the study period indicates a major methamphetamine problem," Professor Darke said.

Research

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"With so much public attention focused on violence, many users may be unaware that heart disease is a major factor in methamphetamine-related death.

"Without increased awareness of the connection between methamphetamine use and cardiac and/or cardiovascular disease we could expect to see a significant increase in cases of this kind in the coming years."

Suicide accounted for 18 per cent of methamphetamine-related deaths, with specific characteristics around methods and gender. Studies of suicide in the general population have consistently shown that males predominately use violent means and females self-poisoning.

Professor Darke urged health professionals to be aware of the prominent role of violent suicide and take appropriate steps to monitor methamphetamine users.

"The impulsivity and disinhibition associated with methamphetamine intoxication may be a factor," he said.

"In this series, suicide by violent means – most prominently hanging – was the main method used by both genders."

Other findings of the study include: nearly half of cases occurring in rural and regional locations; the most common manner of death (43 per cent) is accidental drug toxicity; and even modest amounts of methamphetamine may provoke cardiac arrhythmia.

The research also noted that there were 245 deaths from traumatic accidents, including 156 where the person was driving a car or motorbike.

The AMA is very concerned about the health impacts crystal methamphetamine has on users, their families, and the health system. The AMA's Position Statement on methamphetamine can be found on their website here: https://ama.com.au/position-statement/methamphetamine-2015

MEREDITH HORNE

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

Trump can't get his way on health care

> "Republicans (and in particular President Trump) were hoping the Arizona Senator would be the saviour of the repeal bill, but instead he joined with two others GOP senators to vote no. If McCain had voted with his party, the repeal bill would have passed."

US President Donald Trump can't seem to win a trick when it comes to replacing his predecessor's universal healthcare system.

His promised repeal of Obamacare is dead in Congress for now after the Senate refused to cooperate with the President.

His own Republicans could not muster enough votes to kick out the healthcare system put in place by President Barack Obama.

They lost the on the floor by one vote – their own Senator John McCain casting his vote against them.

Republicans (and in particular President Trump) were hoping the Arizona Senator would be the saviour of the repeal bill, but instead he joined with two others GOP senators to vote no. If McCain had voted with his party, the repeal bill would have passed.

But his move killed it.

And according to reports coming out of Washington, Senate Republicans have no plans to revive attempts to repeal Obamacare.

Senator McCain is now being treated for an aggressive brain tumour, taking him out of action in the Senate.

But the 50th Senate vote Trump needs to pass his bill still seems out of reach.

The President's frustration is evident in his continued erratic tweeting – calling his own GOP senators "fools" and "total quitters" if they totally abandon his healthcare plan.

But the Republicans appear unmoved, with a growing number openly saying it is time to move on.

"Until somebody shows us a way to get that elusive 50th vote, I think it's over," South Dakota Senator John Thune is reported to have said.

"Maybe lightning will strike and something will come together but I'm not holding my breath."

Senator Roy Blunt, a member of the GOP leadership team, has openly said the party should only revisit health care once it can "put some wins on the board" in other areas.

"Tax reform, infrastructure are the kinds of things we ought to be looking at," he said.

The phrase "move on" is being increasingly bandied around by the Republicans.

But President Trump seems less inclined to give up on his major campaign promise.

The White House appears ready to take other moves to gut the existing healthcare laws.

Trump has used Twitter to suggest he might follow through on his threat to end subsidies to health insurers – effectively throwing the insurance market into chaos.

"If a new HealthCare Bill is not approved quickly, BAILOUTS for Insurance Companies and BAILOUTS for Members of Congress will end very soon!" he Tweeted on July 30.

Denying the cost-sharing subsidies has been under consideration for some time, and has been referred to as "Trump's nuclear option" that could see insurers lose billions of dollars – potentially sending America's whole healthcare system into further decline.

But as the Trump administration continues its frantic downward spiral, many around it are suggesting a "nuclear option" might the frustrated President's way to address a number of controversial issues.

CHRIS JOHNSON

Speak into the microphone please doctor

Patients in the United Kingdom and United States are increasingly taking their smart phones out of their pockets, placing them on doctors' desks and pressing record during medical consultations.

Even more are secretly recording their visits.

Laws vary according to national and State jurisdictions, but generally in those countries patients have the right to record clinical visits while doctors also have the right to terminate consultations if they don't want them recorded.

According to a research paper recently published in the American Medical Association's medical journal *JAMA*, the growing practice should not necessarily be a concern.

Some health clinics even offer patients recordings of their visits.

"Many clinicians and clinics have concerns about the ownership of recordings and the potential for these to be used as a basis for legal claims or complaints," the authors noted.

"Administrators and patients are unclear about the law and are concerned that recording clinical encounters might be illegal, especially if done covertly. The law is inconsistent: recording is allowed in certain situations and is illegal in others."

The research found, however, that for most patients wishing to record consultations, the motivation was reasonable.

"Patients want a recording to listen to again, improve their recall and understanding of medical information, and share the information with family members," the report says.

"As healthcare continues to make significant strides toward transparency, the next step is to embrace the value of recording clinical encounters.

"The clinician can choose to continue, accepting that the conversation is being recorded, or terminate the visit.

"Using the recording to harm or damage the reputation of the clinician recorded could lead to legal action."

A survey conducted among the general public in the UK found that 19 of 128 respondents (15 per cent) indicated they had secretly recorded a clinical visit, and 14 of 128 respondents (11 per cent) were aware of someone covertly recording a clinic visit.

A subsequent review identified 33 studies of how patients used recordings of their clinical visits. Across the studies, 72 per cent of patients listened to their recordings and 68 per cent shared them with caregivers.

Patients who recorded their consultations reported greater understanding and recall of medical information.

In parts of the US, clinicians as well as patients report benefits in having sessions recorded. Liability insurers in America even insist that the presence of a recording can protect doctors.

CHRIS JOHNSON

Tracking the impact of climate change on health

The World Health Organization (WHO) has launched the second round of its Climate and Health Country profiles – providing updated national level evidence on health risks and opportunities, and tracking progress.

The WHO UNFCCC Climate and Health Country Profile Project aims to provide country-specific, evidence-based snapshots of the climate hazards and health risks facing countries.

The project has strengthened the linkages between climate and health communities; promoted innovative research on national climate hazard and health impact modelling; and engaged an inter-ministerial network of climate and health focal points to develop, advance and disseminate the findings.

Climate change undermines access to safe water, adequate food, and clean air, exacerbating the approximately 12.6 million deaths each year that are caused by avoidable environmental risk factors.

Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress, and billions of dollars in direct damage costs to health.

WHO works with countries across the world to protect the most vulnerable populations from the health effects of extreme weather events, and to increase their resilience to long-term climate change.

At the same time, the policy decisions and polluting energy sources that are causing climate change are also causing direct health impacts, most notably contributing to the 6.5 million deaths each year from air pollution.

Through the 2015 Paris Agreement on climate change, countries have made commitments to cut carbon pollution, for example through promoting cleaner energy sources, and more sustainable urban transport systems, that will also protect and improve the health of their own populations. WHO is supporting countries to assess the expected health gains from their Paris commitments, and to promote policy choices that bring the greatest benefits both to health, and the environment.

The Lancet has called climate change: "The biggest global health threat of the 21st century."

The Lancet's report *Managing the Health Effects of Climate Change*, states that the effects of climate change on health will affect most populations in the next decades and put the lives and wellbeing of billions of people at increased risk.

The next series of WHO's climate and health country profiles will be released in 2019.

The just released list can be found at: http://www.who.int/globalchange/resources/countries/en/

The AMA's Position Statement on Climate Change and Human Health can be viewed at: https://ama.com.au/position-statement/ama-position-statement-climate-change-and-human-health-2004-revised-2015

MEREDITH HORNE

Maxigesic licensing expands to 124 countries

AFT Pharmaceuticals has added to its existing agreements in concluding an alliance with private European pharmaceutical company Amicus SA Switzerland.

The agreement is for licensing of the product line of its patented combination painkiller Maxigesic in three regions: the Baltics (Latvia, Estonia and Lithuania); Central Eastern Europe (Czech Republic, Hungary, Bulgaria, Romania and Slovakia); and most of the Balkans (Croatia, Slovenia, Serbia, Montenegro, Bosnia and Macedonia).

"We had previously disclosed our target to sell Maxigesic in 100 countries in our product disclosure statement," said AFT chief executive officer Dr Hartley Atkinson.

"This agreement, together with other recent out-licensing agreements, means that Maxigesic is now licensed in 124 countries around the world. Getting these agreements in place shows that we are expanding on our planned pathway to deliver on our sales targets."

Currently Maxigesic is sold in eight countries, including Australia and New Zealand. AFT has previously informed the market that it anticipates registration and product launches covering existing agreements will occur on a phased basis in these countries according to the following approximate schedule: around one-third in the 2018 financial year, around one-quarter in both the 2019 and 2020 financial years, and the balance in the 2021.

Maxigesic consists of a patented, fixed ratio of ibuprofen for anti-inflammation management and paracetamol (also called acetaminophen) for pain management. Maxigesic products covered by this new agreement will include tablet, sachet, oral liquid, fast-dissolve and dry powder sticks.

Amicus chief executive officer Jean-Michel Lespinasse commented that: "Amicus was honoured to be selected by AFT as its long-term licensing partner across a large central European territory. We are excited to be able to roll-out a novel pain reliever with both an efficacy and safety claim,"

In May, AFT Pharmaceuticals announced an agreement with a French pharmaceutical company to out-license the product line of Maxigesic to France, Monaco, Andorra and some French dependencies.

At that time, French labour laws prohibited AFT from disclosing the name of the French company. In compliance with French law, AFT can now inform the market that the agreement is with the French pharma company Laboratoires Expanscience headquartered in Courbevoie, France.

The New Zealand regulatory agency Medsafe, through its Medicines Classification Committee, is currently also considering a proposal to harmonise New Zealand regulation with Australia by up-scheduling codeine-based painkillers to prescription-only based on the risks of misuse and addition.

CHRIS JOHNSON

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Learning.doctorportal.com.au

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

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

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

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