

A U S T R A L I A N

# Medicine

The national news publication of the Australian Medical Association

## Indigenous health, an AMA priority

Australian Indigenous Doctors' Association conference, p7



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**Medicine**

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## AMA LEADERSHIP TEAM



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Dr Michael Gannon



**Vice President**  
Dr Tony Bartone

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Cover pic: AMA President Dr Michael Gannon with Vinka Cummins-Barunga, Bianca Howard, Ngaree Blow and Ian Lee at the Australian Indigenous Doctors' Association conference.

# Former Presidents support marriage equality



Professor Brian Owler, Dr Steve Hambleton, Professor Kerry Phelp, Dr Bill Glasson, Dr David Brand, and Professor Brad Frankum at the rally in support of marriage equality.

Seven former Federal AMA Presidents, dating back to 1998, have gone public to support the AMA *Position Statement on Marriage Equality*, and to campaign for a Yes vote in the postal ballot on the basis that marriage equality is a health issue.

The high profile medical leaders – Dr David Brand [AMA President 1998-2000], Professor Kerry Phelp AM [2000-2003], Dr Bill Glasson AO [2003-2005], Dr Mukesh Haikerwal AO [2005-2007], Dr Andrew Pesce [2009-2011], Dr Steve Hambleton [2011-2014], and Professor Brian Owler [2014-16] – all recorded personal messages for a video that is being strongly supported on social media and YouTube by doctors and medical students and members of the public.

Dr Brand, Professor Phelp, Dr Glasson, Dr Hambleton, and Professor Owler followed up their video messages by leading the AMA Doctors' Rally for Marriage Equality in Martin Place, Sydney,

on 16 September.

The former Federal Presidents and AMA NSW President, Professor Brad Frankum, took turns to tell the rally of more than 200 doctors and medical students why they supported marriage equality.

Professor Frankum said it is an issue of human rights and inclusiveness.

“But it is certainly a health issue. Discrimination in any form has health consequences,” Prof Frankum said.

Dr Glasson said we should have acceptance of diversity.

“We are a diverse country in terms of sex, religion, social ideology. And that diversity should remain and make us stronger. And so, on this issue, this will even make our country even stronger and bind us closer together,” Dr Glasson said.



# Former Presidents support marriage equality

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Doctors and medical students rally in Sydney in support of marriage equality.

A long-term campaigner for marriage equality who was forced to marry her partner, Jackie, overseas, Professor Phelps also stressed it was a health issue, and shared her own experiences of campaigning for equality for more than 20 years.

“It’s something that is important to us as a profession, and to the health professions generally. Marriage equality is an issue for ourselves, our colleagues, our patients, our friends, our families,” Professor Phelps said.

The love of family and respect for colleagues were at the heart of the message conveyed by Dr Hambleton.

“This is all about all sorts of people we engage with every day. This is about friends I went to uni with. It is about our colleagues at work. It is about our neighbours. It is about our brothers and sisters. And sometimes it is about our children,” Dr Hambleton said.

“My own daughter has found her life partner and hasn’t been able to stand up in front of her family and friends and colleagues and make that commitment publicly.”

Dr Brand said that some would argue that social issues are not something that doctors should be involved in, “which is just crazy”.

“Unemployment, homelessness, education, even climate change, are all social issues that are going to have an impact on health over time. We need to see marriage equality as a really crucial, important issue for a marginalised and picked-on part of our community,” Dr Brand said.

Rounding out the speeches, Professor Owlser told the crowd that marriage equality is all about freedom from the negative health impacts of discrimination, bigotry, and hatred – something the LGBTQIT community is all too familiar with.

“It is about the freedom of two people to declare their love for each other, to have it celebrated by their family and friends. This is about freedom to have that love accepted by the community and for that love to be recognised under Australian law,” Professor Owlser said.

Dr Haikerwal and Dr Pesce could not attend the rally, which was organised by AMA NSW, but sent messages of support. AMA NSW also provided the resources and personnel to produce the video of the former Presidents’ messages.

JOHN FLANNERY

## Over 45s report positive experience with health system

Australians over the age of 45 generally enjoy good experiences with the nation's health system, according to the findings of a recent survey.

The Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) released data in September from the *Survey of Health Care, Australia, 2016*.

The survey explored the experiences of people aged 45 years and over who had seen a GP in the previous 12 months.

The survey's focus was on coordination of health care, including information transfer between GPs, specialists and hospitals in Australia.

Results showed most people in that age group believed they were well-informed about their health care.

But Louise Gates, Director of Health at the ABS, said there were varying levels of satisfaction reported.

"Almost all Australians (98 per cent) aged 45 years and over who had seen a GP in the previous 12 months had a usual GP or a usual place of care," she said.

"Nearly two thirds (65 per cent) of these people had long relationships with their GPs – having seen them for five years or more.

"Also, around nine in ten (88 per cent) reported that their usual GP or others in their usual place of care involved them in decisions and explained test results in a way they could understand.

"Overall, the majority of people believe they are well-informed about their medical care or treatment but there are differing levels of satisfaction."

Coordination of care is important for quality health care and has been shown to improve people's health outcomes.

Dr Lynelle Moon, Head of the Health Group at AIHW commented: "Most people (92 per cent) reported they had received enough information, or did not need information, about their care or treatment from a health professional.

"People also reported on the level of information transfer between their usual GP and specialist doctors.

"More than three quarters (76 per cent) said their usual GP or others in their usual place of care seemed informed of the care they received from a specialist, but nine per cent said their GP or usual place of care did not seem informed or did not know about the specialist care until the patient told them.

"In comparison, information transfer wasn't as strong following a visit to the emergency department. More than three in five people (62 per cent) felt their usual GP or others in their usual place of care seemed informed about their follow up needs or medication changes after their most recent visit to the emergency department, while 19 per cent did not."

The survey, which forms part of the broader Coordination of Health Care study was funded by the AIHW and conducted by the ABS.

All information in the survey is about persons aged 45 years and over who had at least one appointment with a GP in the 12 months between November 2014 and November 2015.

The full ABS survey can be found at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4343.OMain+Features12016?OpenDocument>

CHRIS JOHNSON

### 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](mailto:generalpractice@ama.com.au)

# Indigenous Health Minister meets with AMA taskforce



L-R: Dr Lara Wieland, Dr Paul Bauert, Dr Tony Bartone, Dr Tim Senior, Prof Robyn Langham, Ms Patricia Turner, The Hon Ken Wyatt MP, Dr Kane Vellar, Dr Michael Gannon, Dr Noel Hayman, Dr Kali Hayward, Dr Dana Slape, Mr Craig Dukes, Mr Rob Thomas, Prof Ian Ring, Dr Nadeem Siddiqui

The AMA continues to work towards achieving improved health and life outcomes for Aboriginal and Torres Strait Islander people, guided by the knowledge and expertise of its Taskforce on Indigenous Health. Chaired by AMA President Dr Michael Gannon, the taskforce identifies, develops and recommends Indigenous health policy and strategies for the AMA. It has representation from AMA Federal Council, AMA members and Indigenous health organisations, including the National Aboriginal Community Controlled Health Organisation and the Australian Indigenous Doctors' Association.

Recently, the taskforce met in Canberra for its second meeting of the year. The taskforce was joined by Indigenous Health Minister Ken Wyatt, who was invited to provide an insight into the current Aboriginal and Torres Strait Islander health priorities and actions of the Federal Government.

Mr Wyatt also held an open dialogue with the taskforce about some prominent Indigenous health issues, including: the growing incidence of type 2 diabetes amongst young Indigenous people – with some children as young as five being diagnosed with this condition – renal disease, dialysis, health service delivery gaps, preventable hospital admissions and deaths, the flat lining of Indigenous mortality rates and the use of the Medicare Benefits

Scheme and the Pharmaceutical Benefits Scheme by Aboriginal and Torres Strait Islander patients.

While the AMA recognises that work is being done to address the scourge of type 2 diabetes in Indigenous communities, the taskforce took the opportunity to highlight to the Minister the importance of focusing on early-childhood interventions. The statistics of type 2 diabetes among Indigenous people are alarming, with Indigenous women in the Northern Territory being more than ten times more likely than non-Indigenous women to have diabetes. This has significant impacts on health outcomes for Indigenous children, with the in-utero period and first five years of life being critical in regards to long-term risk of chronic diseases. Indeed, research shows that foetuses exposed to high blood glucose as a result of maternal diabetes have a much higher risk of developing type 2 diabetes later on in life.

The AMA acknowledges the importance of the Council of Australian Governments' *Closing the Gap* strategy to improving the health and life expectancy of Aboriginal and Torres Strait Islander people, however, the taskforce is concerned about increasing evidence that shows mortality rates across all age groups within the Indigenous population have remained in a state of plateau since 2008. The taskforce highlighted to the Minister that this indicates the need for a new approach and a much more vigorous plan of action.

The taskforce also discussed the fundamental issue of racism within the health system in Australia. The high percentage of Indigenous patients and health care professionals who frequently experience racism and discrimination within the health system remains unacceptable. The taskforce recognised the vital need for more programs and strategies that create structural change to ensure that racism is eradicated from the entire health workforce.

In the face of unacceptable inequality and only modest gains in health outcomes for the Indigenous population, the AMA's Taskforce on Indigenous Health will continue to work with Aboriginal and Torres Strait Islander representative bodies to raise public awareness of these critical issues and ensure that adequate and sustainable Indigenous health policies are pursued.

CHRIS JOHNSON

## Indigenous health, an AMA priority



Dr Jeff McMullen, Dr Michael Gannon, Charles Davison, and Karl Briscoe

The Federal Government needs to broaden its thinking when it comes to addressing the healthcare needs of Aboriginal and Torres Strait Islanders, because the current situation is unacceptable, according to AMA President Dr Michael Gannon.

Addressing the Australian Indigenous Doctors' Association (AIDA) conference in the Hunter Valley in September, Dr Gannon said Indigenous doctors were vital to the health of Indigenous Australians.

"The AMA has said time and again that it is simply unacceptable that Australia cannot manage the health care of the first peoples, who make up just three per cent of our population," Dr Gannon said.

"When it comes to Indigenous health, the Federal Government needs to broaden its thinking.

"For too long now, people working in Indigenous health have called for action to address the social issues that affect the

health of Aboriginal and Torres Strait Islander people.

"Education, housing, employment, sanitation, clean water, and transport – these all affect health too.

"This is clearly recognised in the Government's own *National Aboriginal and Torres Strait Health Plan 2013-2023*, yet we continue to see insufficient action on addressing social determinants.

"One message is clear – the evidence of what needs to be done is with us. There is a huge volume of research, frameworks, strategies, action plans and the like sitting with governments – and yet we are not seeing these being properly resourced and funded. We do not need more paper documents. We need action.

"The AMA recognises that Indigenous doctors are critical to improving health outcomes for their Aboriginal and Torres Strait Islander patients.



## Indigenous health, an AMA priority ... from page 7



Dr Michael Gannon addresses the AIDA Conference

“Aboriginal and Torres Strait Islander doctors have a unique ability to align their clinical and cultural expertise to improve access to services, and provide culturally appropriate care for Indigenous patients.

“But there are too few Aboriginal and Torres Strait Islander doctors and medical students in Australia.”

AIDA used its conference to celebrate the organisation’s 20th anniversary and had a conference theme of Family – Unity – Success.

Dr Gannon congratulated AIDA on the anniversary, noting that it had “come a long way”.

He said Aboriginal and Torres Strait Islander people face adversity in many aspects of their lives.

“There is arguably no greater indicator of disadvantage than the appalling state of Indigenous health,” he said.

“Aboriginal and Torres Strait Islander people are needlessly sicker, and are dying much younger than their non-Indigenous peers.

“What is even more disturbing is that many of these health problems and deaths stem from preventable causes.

“The battle to gain meaningful and lasting improvements has been long and hard, and it continues.

“I am proud to be President of an organisation that has for decades highlighted the deficiencies in Indigenous health

services and advocated for improvements.

“While there has been some success in reducing childhood mortality and smoking rates, the high levels of chronic disease among Indigenous people continue to be of considerable concern.

“For the AMA, Aboriginal and Torres Strait Islander health is a key priority. It is core business.

“It is a responsibility of the entire medical profession to ensure that Aboriginal and Torres Strait Islander people have the best possible health.

“It is the responsibility of doctors to ensure that patients – all patients - are able to live their lives to the fullest.”

This year, the AMA’s *Report Card on Indigenous Health* – to be released in November – will focus on ear health and hearing loss.

Aboriginal and Torres Strait Islander people in Australia suffer from some of the highest levels of ear disease in the world, and experience hearing problems at up to 10 times the rate of non-Indigenous people across nearly all age groups.

Hearing loss has health and social implications, particularly in relation to educational difficulties, low self-esteem, and contact with the criminal justice system.

The report card will be a catalyst for Government action to improve ear health among Aboriginal and Torres Strait Islander people.

Dr Gannon told the conference that at every opportunity, the AMA highlights the issues of housing, clean water, transport, food security, access to allied medical services, and other social determinants that contribute to chronic disease and act as barriers to treatment and prevention.

And he said the AMA will continue advocating for an increase in the number of Indigenous doctors in Australia.

“The AMA has been a persistent, sustained, and powerful voice on Indigenous health for decades,” he said.

CHRIS JOHNSON



# Remote NT patients at risk due to high staff turnover

Half the staff working in a remote Northern Territory healthcare clinic leave after four months on the job, two-thirds leave remote work altogether every year and any one clinic can see a 128 per cent turnover of staff each year, putting patient health at risk, new research shows.

Released on the 10th anniversary of the United Nations Declaration on the Rights of Indigenous Peoples, the study raises concerns about how the rights to health of Aboriginal and Torres Strait Islander people living in remote communities are compromised by an unstable remote health workforce.

“...there was considerable anecdotal evidence about the difficulties remote communities faced attracting and retaining suitably skilled health staff and their increasing reliance on agency nurses.”

The study’s chief investigator Professor John Wakerman, Associate Dean Flinders Northern Territory, said there was no one simple solution to this issue.

“The work to date suggests a number of possible strategies. These include increased investment in recruiting and retaining local Aboriginal Health Practitioners and consideration of utilising remote nurse practitioners where there are no doctors to provide higher level care and to stabilise the nursing workforce,” Professor Wakerman said.

“We can also learn from successful strategies used for training and retaining doctors and apply them to nursing and allied health professionals.

“This would entail prioritising remote and rural origin and Aboriginal students in undergraduate courses, early exposure and training in remote areas and developing clear career pathways for these remote area health professionals.”

Lead author of the report, Dr Deborah Russell of Monash University, said there was considerable anecdotal evidence about the difficulties remote communities faced attracting and retaining suitably skilled health staff and their increasing reliance on agency nurses.

“This is a landmark study that actually measures turnover from the perspective of a particular remote health service,” Dr Russell said.

“It shows extreme fragility of the remote workforce, confirming that there is a heavy reliance on agency nurses to provide primary health care in Northern Territory remote communities.

“Lack of continuity of care has serious implications for both patient health and staff safety in remote communities across Australia.”

“Constantly having to recruit and orient new staff is also a serious drain on resources and can make it very difficult for these health services to participate in quality improvement.”

The study was a collaboration between Flinders University, Monash University, Macquarie University, the University of Adelaide, the University of Sydney and the NT Department of Health. It is part of a larger program of research investigating the impact and cost of short-term health staffing in remote communities to determine whether fly-in fly-out is the cure or the curse.

The study looked at data provided by the NT Government payroll and account system from 2013 to 2015 covering 53 remote clinics.

While the study looked specifically at NT health services, the authors say that extremely high turnover and heavy reliance on short-term agency nurses for supply has important implications for remote health services anywhere in Australia.

“There’s good evidence that primary health care is critically important for achieving equitable population health outcomes,” said Dr Russell.

“A chronic lack of continuity of care sees people less likely to access primary health care in a timely way and to disengage from their health care altogether.

“And, ultimately, that results in poorer health outcomes.”

The paper *Patterns of resident health workforce turnover and retention in remote communities of the Northern Territory of Australia, 2013-2015* published in *Human Resources for Health* is available at: <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0229-9>

CHRIS JOHNSON

# AMA Indigenous Medical Scholarship

*Tax Deduction on your Donation*



## For the cost of a cup of coffee you can put an Indigenous medical student through university

The AMA Indigenous Medical Scholarship supports Aboriginal and Torres Strait Islander students to study medicine and achieve their dream of becoming doctors.

Each year, the AMA offers one Scholarship to an Aboriginal and/or Torres Strait Islander student studying medicine at an Australian University, but with the help of your tax deductible donation, we can increase the number of Scholarships offered each year and help grow the Indigenous medical workforce.

Indigenous doctors have a unique ability to align their clinical and sociocultural skills to improve access to services, and provide culturally appropriate care for Aboriginal and Torres Strait Islander people. Yet, Aboriginal and Torres Strait Islander doctors comprise less than 1 per cent of the entire medical workforce.

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

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

If you are interested in making a contribution, you can do so by downloading the donation form at: <https://ama.com.au/donate-indigenous-medical-scholarship>. Further information about the Scholarship go to: <https://ama.com.au/advocacy/indigenous-peoples-medical-scholarship>.

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

**Donate to the AMA's Indigenous Medical Scholarship Today!**





# Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

## New boss for Health Department



Glenys Beauchamp

Prime Minister Malcolm Turnbull has appointed career public servant Glenys Beauchamp the new Secretary of the Department of Health.

She took up the post on September 18, following the resignation of former Health Department chief Martin Bowles.

Ms Beauchamp has had an extensive senior-level career in the Australian Public Service and was most recently the Department of Industry, Innovation and Science Secretary.

Her roles before that included: Secretary of the Department of Regional Australia, Local Government, Arts and Sport (2010–2013); Deputy Secretary in the Department of the Prime Minister and Cabinet (2009–2010); and Deputy Secretary in the Department of Families, Housing, Community Services and Indigenous Affairs (2002–2009).

She has more than 25 years' experience in the public sector and began her career as a graduate in the Industry Commission.

Ms Beauchamp has also held a number of executive positions in the ACT Government, including Deputy Chief Executive,

Department of Disability, Housing and Community Services and Deputy CEO, Department of Health. She also held senior positions in housing, energy and utilities functions with the ACT Government.

In 2010, she was awarded a Public Service Medal for coordinating Australian Government support during the 2009 Victorian bushfires.

She has an economics degree from the Australian National University and an MBA from the University of Canberra.

Mr Turnbull described Ms Beauchamp as a highly experienced departmental Secretary.

CHRIS JOHNSON

## Hearing health for Indigenous Australians a crisis

The *Still Waiting to be Heard: Hearing Health Report* has been presented to Federal Parliament and provides sobering reading – particularly in relation to Indigenous children.

The Australian Parliament's Health, Aged Care and Sport Committee received more than 100 written submissions and held over 11 public hearings around the country to examine the hearing health and wellbeing of Australia.

The report found improving hearing health across the whole Australian community required greater prioritisation by Government.

Implementing the actions recommended in the report, it found, would improve the hearing health and wellbeing of Australians across all demographics.

Hearing loss is estimated to cost the Australian economy \$33 billion per year.

Chair of the Committee Trent Zimmerman MP said: "For those who experience hearing loss, the most profound impact can be the effect on their everyday lives and relationships with family, friends, and work colleagues.

"Among working age Australians hearing loss can make





# Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 11

it difficult to find or retain a job, and among older people hearing loss may lead to social isolation and has been linked to an increased risk of cognitive decline and dementia.”

One point stressed in the report was that it is “no exaggeration” to describe the level of hearing loss among Aboriginal and Torres Strait Islander children as at a crisis.

The report made 22 recommendations including the development of a national strategy to address hearing health in Aboriginal and Torres Strait Island communities and a significant increase in the provision of hearing services to remote Aboriginal and Torres Strait Islander communities.

Also recommended was increased support to hearing impaired Australians of working age who are unemployed or earning a low income.

A prohibition on the use of sales commissions in hearing aid clinics taking part in the Australian Government’s Hearing Services Program was another recommendation.

The implementation of a universal hearing screening program for children in their first year of school was also seen as beneficial by the committee.

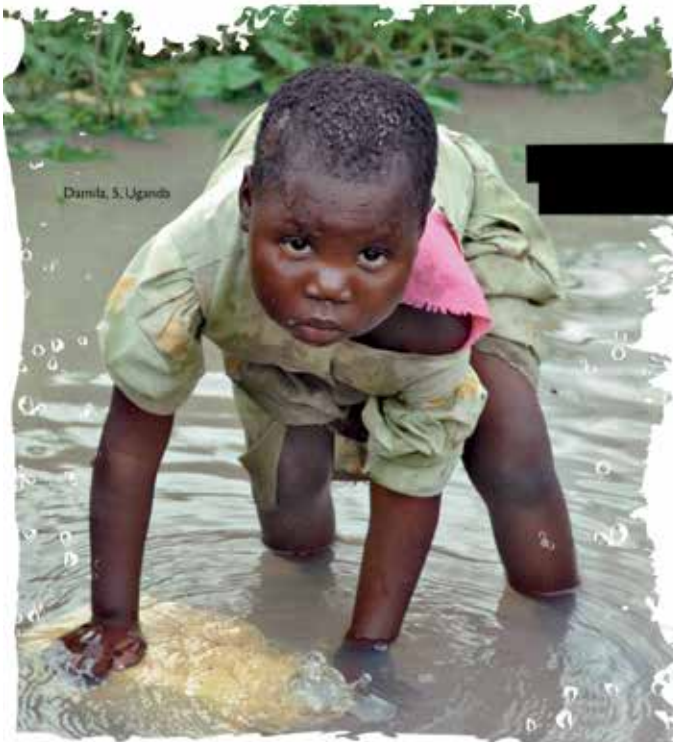
The Report is available at:

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Health\\_Aged\\_Care\\_and\\_Sport/HearingHealth/Report\\_1](http://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/HearingHealth/Report_1)

The AMA urged the Committee to examine the existing, and expert, evidence on Indigenous hearing loss and hearing health problems and to support the evidence-based recommendations on best-practice responses. The AMA’s submission to the inquiry can be found here:

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Health\\_Aged\\_Care\\_and\\_Sport/HearingHealth/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/HearingHealth/Submissions)

MEREDITH HORNE



Damila, 5, Uganda

## Don't let her drink dirty water

World Vision

**malaria, cholera, diarrhoea, intestinal worm infection,**

**... dirty water can kill.**

6,000 children are dying every day – and it’s because they don’t have clean water. So they’re forced to drink water that could make them sick with diarrhoea, cholera and typhoid.

**The good news is, problems like dirty water can be solved.** You can help children access clean water through World Vision’s Water Health Life program by providing practical and effective solutions.

From \$39 a month your support will help drill boreholes, protect water sources and provide health and hygiene training. You’ll be helping communities to make long-term changes that ensure a clean water supply and basic sanitation.

**Stop dirty water killing children, support Water Health Life:**  
visit [worldvision.com.au](http://worldvision.com.au) or call 13 32 40.

**Water Health Life**

Basic Needs. Permanent Solutions

World Vision Australia is a Christian organisation pursuing freedom, justice, peace and opportunity for everyone in the world. ABN 28 004 778 081 Ref# 5199 C10215 A561 R27



## Genetic program helps with understanding brain disease

Research results recently published in the journal *eLife* explain a genetic program that controls how and when brain genes are expressed at different times in a person's life to perform a range of functions.

Researchers say the timing of the genetic program is so precise they can tell the age of a person by looking at the genes that are expressed in a sample of brain tissue.

The study was funded by the Medical Research Council, Wellcome Trust and the European Union Seventh Framework Program.

Scientists analysed existing data that measured gene expression in brain tissue samples from across the human lifespan – from development in the womb up to 78 years of age.

They found the timing of when different genes are expressed follows a strict pattern across the lifespan.

Most of the changes in gene expression in the brain were completed by middle-age.

The gene program is delayed slightly in women compared with men, the study found, suggesting the female brain ages more slowly than the male.

The biggest reorganisation of genes occurs during young adulthood, peaking around age 26. These changes affected the same genes that are associated with schizophrenia.

The research team said that finding could explain why people with schizophrenia do not show symptoms until young adulthood, even though the genetic changes responsible for the condition are present from birth.

The findings could hold clues to new treatments for schizophrenia and other mental health problems in young adults. The next step for the researchers is to study how the genetic program is controlled, which could potentially lead to therapies that alter the course of brain aging.

Professor Seth Grant, Head of the Genes to Cognition Laboratory at the University of Edinburgh, said: "The discovery of this genetic program opens up a completely new way to understand behaviour and brain diseases throughout life."

Dr Nathan Skene, Research Scientist at the University of Edinburgh's Centre for Clinical Brain Sciences, said: "Many people believe our brain simply wears out as we age. But our study suggests that brain aging is strictly controlled by our genes."

CHRIS JOHNSON

## SIDS and serotonin link confirmed



A new Australian study has confirmed abnormalities in serotonin, a common brain chemical, are linked to sudden infant death syndrome (SIDS).

SIDS is the leading cause of infant death (between the ages of one month and one year) in Australia and most of the developed world.

University of Adelaide's Medical School conducted the Australian first study, investigating 41 cases of SIDS deaths, and found there were striking abnormalities in chemical serotonin within the brain. The study has been published in the *Journal of Neuropathology & Experimental Neurology*.

Dr Fiona Bright, the primary researcher, said the study was significant because it confirmed abnormalities in serotonin in the brain are most definitely linked to cases of SIDS.

"Our research suggests that alterations in these neurochemicals may contribute to brainstem dysfunction during a critical postnatal developmental period," she said.

"As a result, this could lead to an inability of a SIDS infant to appropriately respond to life-threatening events, such as lack of oxygen supply during sleep."

Her work builds on research conducted in the United States at the Boston Children's Hospital and Harvard Medical School, where Dr Bright was based for 18 months during her combined studies.





# Research

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The Sudden Infant Death Research Foundation Inc., now known as Red Nose, estimates that annually, 3,200 Australian families experience the sudden and unexpected death of a baby or child. They have been quick to welcome the results of a University of Adelaide study.

Risk reduction still remains the key preventer of SIDs. This includes evidence-based safe sleeping public health program. Since risk reduction campaigns began in 1989, the rate of SIDS in Australia has decreased by 80 per cent. Red Nose believes that an estimated 9,450 lives have been saved.

Dr Bright's research also reinforces that risk factors are central to managing SIDS.

"Notably, the SIDS cases we studied were all linked to at least one major risk factor for SIDS, with more than half of the infants found in an adverse sleeping position and having had an illness one month prior to death," Dr Bright says.

"Ultimately, we hope that this work will lead to improved prevention strategies, helping to save baby's lives and the emotional trauma experienced by many families."

For information on how to sleep baby safely to reduce the risk of sudden unexpected death in infancy, including SIDS and fatal sleeping accidents, visit <https://rednose.com.au/section/safe-sleeping>.

MEREDITH HORNE

## Sugar tax might be the sweetener to change behavior

The sugar tax concept has divided opinion in Australia, and both major political parties have rejected the idea of introducing the tax.

However, sales of soft drinks within a Melbourne hospital dropped by more than a quarter during an Australian-first trial of a sugar tax, monitored by researchers at Deakin University's Global Obesity Centre.

The trial, carried out at a convenience store in The Alfred over 17 weeks, increased the cost of sugary drinks by 20 per cent.

The results, recently published in the *Journal of the Academy of Nutrition and Dietetics*, showed sales of the sugary drinks dropped by 27.6 per cent by the final week of the trial, while sales of water increased by almost the same amount.

The team behind the research believe there had, up until their trial, been limited real-world evidence of how an increase to the

price of sugar sweetened beverages would change purchasing behaviour in Australia.

Lead researcher Miranda Blake, Associate Research Fellow at the Global Obesity Centre in Deakin's School of Health and Social Development, said that the trial shows that an increase to the cost of sugary drinks can have a significant impact on lowering consumption.

"Sugary drinks are considered a good target for price manipulation because of their association with increased risk of health issues like obesity and dental decay, their minimal nutritional benefits and the apparent responsiveness of purchases to price changes," Ms Blake said.

"Voluntary changes by retailers, which make healthy choices relatively more attractive and affordable, may be particularly appealing to retail outlets in community health promotion settings like hospitals, healthcare centres and sports and recreation facilities."

Project supervisor Dr Kathryn Backholer, a Senior Research Fellow at the Deakin centre, said researchers interviewed customers and staff to get their perspective on the price increase, as part of the trial.

"About a third of the customers surveyed said the price difference had changed their purchasing decision, or would have changed it. Nearly two thirds of those surveyed said they agreed with intervention," Dr Backholer said.

The World Health Organization (WHO) last year said that a tax of 20 per cent or more results in the drop of soft drink sales, which they say would also cut healthcare costs if it succeeded in improving health outcomes.

The Grattan Institute has suggested a tax of 40 cents per 100 grams of sugar, and calculated that obesity costs Australians \$5.3 billion a year. The savings they have projected would mean an extra \$500 million for the Budget.

And a study led by researchers from the Australian National University, performed in Thailand, suggested that thousands of cases of type 2 diabetes could be prevented every year by cutting out sugary drinks.

The AMA believes a sugar tax sends a message to parents of children and other consumers that there is a problem with these drinks. While acknowledging a sugar tax is not a magic bullet, it is time start sending the message that highly sugared carbonated drinks are a part of the problem with a growing obesity epidemic.

MEREDITH HORNE

# Emergency department use in developed countries

A global study undertaken by George Washington University has evaluated the use of emergency departments in seven developed countries and has identified areas where efficiencies are needed.

The study, conducted with Royal Philips researchers, found that Australia has a low use of emergency departments when compared to Canada, the US, the UK, the Netherlands, Switzerland and Germany.

This finding points to Australia's strong access to primary care resulting in less frequent use of emergency resources.

The paper, *Acute unscheduled care in seven developed nations: a cross-country comparison*, compares the similarities and differences across nations with a focus on care delivery and the impact of socio-economic factors.

The research from Philips and the GWU School of Medicine and Health Sciences reveals unsustainable ED use in some developed nations.

Better access to primary care can result in lower ED use.

The findings of the report show Germany (22 per cent) and Australia (22 per cent) as having the lowest ED use, likely resulting from better and faster access to primary care — nearly two-thirds of Australians (58 per cent) and three-quarters of Germans (72 per cent) were able to make same or next day appointments with their primary care physicians (PCPs) compared to less than half of Americans (48 per cent) and Canadians (41 per cent).

"In looking at the way emergency departments are used around the world, we were able to obtain valuable new insights to help improve care delivery," said Jesse Pines, from GWU.

"Because of research findings presented in this report, all emergency departments, no matter their location, have the opportunity to efficiently improve the way care is delivered in emergency department settings."

Kevin Barrow, managing director of Philips Australia and New Zealand said the research shows Australia ranked relatively well when it comes to hospital emergency department admissions.

"And (for) the cost of health care for both government and

individuals, in comparison to other countries surveyed, reflecting the relative ease of access to primary care in our country," he said

"However, the findings also identified a need to improve departmental efficiencies and increase activities to minimise the burden on acute care facilities, by continuing to focus on preventive care, chronic disease management and the education of patients on the appropriate care for their health needs."

Data has been formulated into a list of key areas researchers say impact the way care is delivered in emergency settings, and the broad differences in available treatments across countries.

They include:

- Social determinants (smoking, eating, violence, substance abuse and poverty) have a strong impact on the use of EDs;
- Reduced access to health insurance results in poorer population health; placing a greater strain on emergency departments;
- Sick patients do not make the most efficient decisions about when and where to seek medical care;
- Extensive provider training is mandatory for effective delivery of acute unscheduled care; and
- Quality measures for EDs are immature and not standardised.

"There's a belief that easy access to primary care can result in lower emergency department use," said Mark Feinberg of Philips North America.

"However, as a result of this report, it is clear that even if people have easy access to primary care and full healthcare coverage, there is no guarantee the patients will make economically prudent decisions to seek the most appropriate medical care setting."

The complete report can be accessed at: [www.healthsystems.philips.com/acute-unscheduled-care](http://www.healthsystems.philips.com/acute-unscheduled-care)

CHRIS JOHNSON

# China increases commitment to world health



The People’s Republic of China has agreed to an enhanced relationship with the World Health Organization (WHO), collaborating to reduce the impact of health emergencies around the globe.

WHO Director-General Dr Tedros Adhanom Ghebreyesus recently completed a three-day official visit to China and said the meetings held there had paved the way for more strategic alliances on delivering universal health coverage.

While in Beijing, Dr Tedros met privately with Premier Li Keqiang for high-level discussions on how China can expand its international health security cooperation. Dr Tedros also met with Vice Premier Liu Yandong, Vice Chairman Han Qide of the Chinese People’s Political Consultative Conference (CPPCC), and National Health and Family Planning Commission Minister Li Bin.

During the meeting with Minister Li Bin, China signed a memorandum of understanding with WHO for an additional voluntary contribution of US\$20 million in support of WHO’s global work. WHO and China agreed to enhanced collaboration to reduce the impact of health emergencies; build stronger

health systems to deliver universal health coverage; and focus on the well-being of women, children and adolescents at the centre of global health efforts.

“China’s health reforms show it’s possible to implement far-reaching, quality transformations in a short time,” Dr Tedros said.

“Its success in providing 95 per cent of its population with access to health insurance is a model for other countries in how to make our world fairer, healthier and safer. We can all learn something from China.”

In addition to official government meetings, Dr Tedros met China’s next generation at an event in Beijing with more than 200 young health leaders. He encouraged the young leaders to inspire their peers and loved ones to make healthy choices, telling them: “You are the future, it is true. But you are also the present. Your ideas and actions matter now, and I believe in you.”

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CHRIS JOHNSON



# 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](http://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](http://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](mailto: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.

# World Medical Association calls for more nations to sign treaty against nuclear weapons

The World Medical Association has issued a plea to all nuclear armed and nuclear dependent States to sign the Treaty on the Prohibition of Nuclear Weapons.

The treaty, which prohibits the development, testing, production, possession, stockpiling, use, or threatened use of nuclear weapons was signed in July by 122 non-nuclear weapon States.

The WMA is now urging all those States that have nuclear weapons, or rely on the nuclear weapons possessed by others, to also sign the treaty.

“Even a limited nuclear war would inflict a substantial death toll as well as causing cancers, chronic diseases, birth defects, and genetic damage.”

It opened for further signatures at United Nations in New York on September 20.

Other organisations joining the WMA in the call include the International Physicians for the Prevention of Nuclear War, the International Council of Nurses, and the World Federation of Public Health Associations.

All of the groups signed a joint statement welcoming the landmark treaty as “a significant forward step towards eliminating the most destructive weapons ever created, and the existential threat nuclear war poses to humanity and to the survival of all life on Earth”.

WMA President Dr Ketan Desai said: “Even a limited nuclear war would inflict a substantial death toll as well as causing cancers, chronic diseases, birth defects, and genetic damage.

“In addition, it would bring about catastrophic effects on the earth’s ecosystem. This could subsequently decrease the world’s food supply and would put a significant portion of the world’s population at risk of famine.

“We share the treaty’s conclusion that the elimination of nuclear

weapons is the only way to guarantee that nuclear weapons are never used again under any circumstances.

“The States that currently possess nuclear weapons or rely on the nuclear weapons possessed by others can and must completely and irreversibly dismantle the warheads, nuclear weapons programs and facilities, and cease all nuclear weapons related activities which threaten the security of everyone, including their own citizens.”

Two days before the treaty opened for further signatures, the WMA marked its 70th anniversary and World Medical Ethics Day.

The WMA was founded on September 18, 1947, just one month after the war crimes trial of German doctors in Nuremberg.

After the experiences of World War II, representatives of the medical profession decided it was necessary to establish a new international medical organisation to develop medical ethics and to cooperate globally.

The WMA was founded with 27 countries and held its first annual General Assembly in Paris in 1947. Today the Association has a membership of more than 100 national medical associations as constituent members from around the world. It has become the global platform to develop medical ethics, the rules of the profession.

Since 1947 it has developed ethical standards that are reflected in many national laws, international regulations and treaties.

In 2003 the Association decided to mark its anniversary by holding an annual World Medical Ethics Day on September 18 to promote the presence of ethics in medicine. Since then, national medical associations have celebrated the day with various activities.

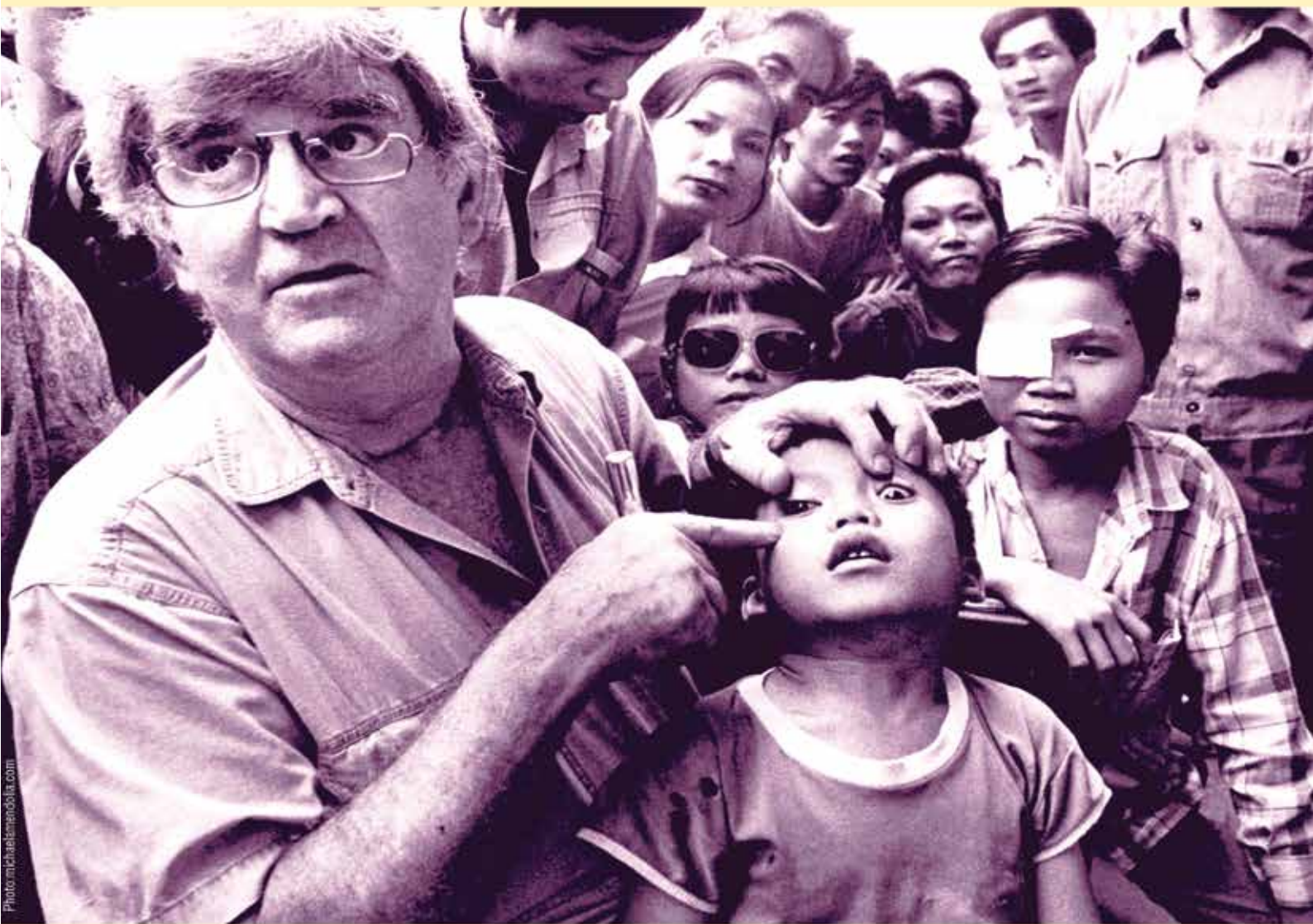
Dr Desai said the achievements of the WMA over the past 70 years had been enormous in promoting the highest standards of medical ethics in the profession.

Membership has grown significantly and the WMA’s many statements have become a central part of health policy around the world.

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CHRIS JOHNSON

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# AMA Member Benefits

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

AMA members requiring assistance can call AMA member services on **1300 133 655** or [memberservices@ama.com.au](mailto:memberservices@ama.com.au)



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



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



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



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



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



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



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

[www.ama.com.au/careers](http://www.ama.com.au/careers)



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



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