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Wait Times Lag as ACT Budget Slips into Deficit

The latest Australian Institute of Health and Welfare data show further disappointing results in the ACT's waiting times for both emergency presentations and elective surgery.

At the same time, the ACT Government has announced that the forecast $43m budget surplus for 2019/20 has turned into a deficit of $118m.

With an election due in October 2020, the Barr Government and Health Minister Rachel Stephen-Smith are faced with difficult choices about what they can do to resolve the immediate problems and the increasing pressures on the ACT public healthcare system.

Elective Surgery

The ACT has made some minor improvements in waiting times for elective surgery, on a year-on-year basis but remains the third worst performing jurisdiction overall. Patients in the 50th percentile have a median wait time of 48 days for their surgery. Only NSW on 56 days and Tasmania on 57 days perform worse.

Emergency Wait Times

The ACT saw a total of 148,153 emergency presentations in 2018/19, a one percent increase over the previous year. Canberra Hospital saw 90392 presentations and Calvary some 57761.

ACT median wait times continue to be the worst in the country and have increased from 37 minutes in 2014/15 to 50 minutes in 2018/19. During the same period, median wait times in most other jurisdictions have remained about the same.

Canberra Hospital does somewhat worse than Calvary but overall the ACT lags far behind.

While the ACT's performance held up in the resuscitation and emergency categories, only 32% of urgent patients were seen on time. The slide in category 3 wait times has been the most marked with 50% of urgent patients being seen on time as recently as 2016/17.

Minister's Response

Minister Rachel Stephen-Smith has responded to the AIHW data by pointing to additional staff at Canberra Hospital and the significant expansion of Calvary's Emergency Department.

When subsequently pressed on the issue, the *Canberra Times* reported that the Minister also pointed to higher demand for emergency services and the fact that more complex patients were presenting.

In addition, Minister Stephen-Smith cited the SPIRE Centre as a key government initiative to address the issue.

Bed Block a Problem

AMA (ACT) President, Dr Antonio Di Dio, responded to the Minister's claims by saying that the problem is one of inadequate resources both in terms of people and facilities, "while we welcome additional infrastructure, including the SPIRE Centre, it's not going to resolve the immediate problem. More resources need to be allocated to health and we're ready to go into bat for a greater share of the ACT budget."

He said that 'bed block' was a significant part of the problem and that more hospital beds were needed in order to clear the backlog of patients in emergency departments waiting to be admitted to Canberra Hospital.

Dr Di Dio also called on the Minister to produce evidence that the ACT patients were more complex than other jurisdictions, saying "I think it's a distraction and, in any event, it's not appropriate to blame patients and say they shouldn't be going to EDs."

ACT Budget in Deficit

Shortly after the AIHW released the waiting times data, the ACT Government announced its projected $43m surplus for 2019/20 had suffered a 'negative turnaround' of $161m and the ACT was now headed for a $118m deficit. The 2020/21 result is also projected to be a deficit before the following two years see the ACT Budget return to surplus.

The 2019/20 projected deficit comes at a difficult time for the Barr Government with pressures being felt in the health portfolio and competing budget priorities including in relation to the planned Stage 2 of the light rail.

Analysis done by former ACT Treasury Official, Dr Khalid Ahmed and former ACT Chief Minister, Jon Stanhope, show that the ACT Government has systematically prioritised spending on transport over spending on health.

Ahmed and Stanhope point to the period from 2017 where they claim that the compound annual growth rate for the transport portfolio has been 7% while health has been 4.1%. If this analysis is correct, then the challenge for the current government, and their successors, is to successfully marshall the available resources to ensure proper funding of the ACT public healthcare system.

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President's **Notes**

WITH PRESIDENT, DR ANTONIO DI DIO

Our Answer to TED Talks – for Relaxing Summer Entertainment

Well begorrah and land sakes, I say, but who has finally had enough of the TED Talk? Like every person with a modem and best mate who's a radiologist (or similarly chronically underemployed individual who spent a recent afternoon goofing off online) I got introduced to a life changing TED talk some years ago. Six weeks later it happened a second time, a month later a third.

My life changed so many times that Dr Saffron at the office diagnosed emotional whiplash and advised me to sit still for an hour and remember any valuable lessons I learned in my yoof from truly life changing people like parents, family, teachers, and moustachioed Sisters of Mercy. Worked a treat, too – the values and ethics underpinning my life are all back on track.

Occasionally since then I've been exposed to the dread TED, and emerge ready to build a bridge to Mars out of recycled Coles bags or heal the problems of my patients by realigning their chakra, but in general, a good healthy dose of reality from my Band Practice mates at the Kingston Hotel will restore my levels of Guarded Optimism back to 'safe-with-only-mild--cynicism' levels.

It's easy to be cynical about the whole life-changing industry. There are plenty enough ads extolling courses that will develop YOUR Ted talk for YOUR message so you can CHANGE PEOPLE'S LIVES FOREVER while Boosting YOUR CAREER. Gosh, why did they reduce the maximum PPI dose? Pass me a bucket of Nexium and don't skimp on the bile.

PosTED

What next? I look forward the FED talk, when Alan Greenspan and Roger Federer go toe on toe on the causes of the GFC and how no amount of quantitative easing will help you beat Rafa on clay.

Perhaps the JED talk, where Obi-Wan and Yoda interview the West Wing's infuriatingly wonderful president Bartlett, who explains how he suffered the humiliation of impeachment while being as honest (mostly . . . .) as any President since George Washington fessed up the unfortunate tree chopping incident. The CRED talk is presented on Foxtel nightly already, and the WALKINGDEAD talk is, I understand, a perfectly reasonable Podcast about zombies and their dubious contribution to society.

RED talks is a fascinating set of analyses of how dictators failed as teenagers to read Animal Farm to the end before setting up their respective regimes. In a collaborative piece with DEAD talks the Red Talker interviews a most apologetic Karl Marx, who reports being terribly sorry about the all the trouble and it was just all a big misunderstanding.

BED talks made me blush and I just put my repressed little fingers in my ear and crossed my legs till it was over. LEAD talks will, in my dreams at least, feature Peter Brock and Alan Moffatt endlessly arguing about who was the greatest Australian racing car driver of the seventies. It will be playing in heaven, along with the collected wit and wisdom of Ian Chappell and every moustachioed sporting hero (and nun) of that golden era.

Folly aside, it is good to hear differing voices, distilling their experiences into palatable aliquots of wisdom for the rest of us. I am willing to learn from anyone how to live life better, but so far not many of the cognoscenti have improved on the lessons of those decent people back home, suggesting we rely forever on kindness and humility as life paths, not short term strategies to a selfish goal. Purpose is service, motivation is love. Anything else and you need to ask if somebody is trying to sell you something.

Thank you all

Anyway, enough of my incurable foolishness – let's look at the AMA ACT labours stuff – we are collaborating, supporting , arguing and negotiating with Federal and State agencies for the benefit of our members (and non-members – as always!) in hospitals, VMO and general practice contexts. Our tiny team does the work of ten and I communicate with our members and teams every day more often than my teenager hits Instagram, and as ever it is my incredible privilege to serve. From all of us to all of you, let me wish you the compliments of this wonderful special time of the year, when everybody else treats people the way doctors do for 365 days – with empathy and caring, compassion and hope.

Finally, on those inspiring Ted talks – remember that life changing experiences are truly rare, and, in my opinion, are usually bestowed upon us slowly by people we journey with for many years, like drops of water on a pebble. See a mum fishing with her kids, a dad introducing his young ones to a Hitchcock film, or even more subtle and powerfully, just going to work every day and doing their best, day after day, living a life.

It wouldn't be Christmas if such thoughts did not come to mind, and I'm hoping that whoever it is that made you who you are, is someone you get to hug these holidays. Wishing you and your loved ones the very best for the season – regards, Antonio

Dr Katherine Gordiev
Orthopaedic Surgeon
Shoulder and Upper Limb
MBBS (Honsl) FRACS FAOrthA

Dr Gordiev specialises in Arthroscopy, Reconstruction, Replacement and Trauma of the Shoulder and Upper Limb. This includes arthroscopic and open shoulder stabilisation, shoulder replacement, rotator cuff repair, elbow, wrist and hand surgery. She has practiced in Canberra since 2005.

Dr Gordiev undertook Orthopaedic training in Sydney and Canberra and further specialised for 18 months at the Cleveland Clinic in the USA. She regularly attends local and overseas conferences concerned with developments in the surgical treatment of shoulder, elbow, wrist and hand disorders. Dr Gordiev participates in the teaching of Orthopaedic registrars through the AOA training program.

Dr Gordiev seeks to ensure that her patients are well informed about all treatment options available to them and to offer a high standard of operative treatment and aftercare. Please visit her website or call her practice for advice or more information.

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AMA (ACT) Welcomes New Graduates

Dr Antonio Di Dio, AMA (ACT) President has welcomed the new ANU Medical School graduates at the AMA (ACT) Graduation Breakfast held at the Hotel Realm. In welcoming the graduates to the medical profession, Dr Di Dio congratulated them on their achievements and wished them well for the upcoming year.

This year we were fortunate to have one of Australia's leading endocrinologists, Professor Tim Greenway, address the graduates. Prof Greenway has been involved in undergraduate and post graduate medical education for more than 30 years, and a member of the AMA for more than 25 years.

Prof Greenway's address is reproduced in this edition of the *Canberra Doctor*.

Family and Friends

The Graduation Breakfast is a great event for family and friends and an opportunity to celebrate the graduates' achievements. Family and friends had not only come from across Australia but also from beyond our shores, in itself a reflection of the diverse backgrounds and experiences represented at the ANU Medical School.

Many thanks to our sponsors for the day – Specialist Wealth Group, Avant, National Home Doctor Service, Rolfe BMW, Hotel Realm and Jirra Wines.

Graduates who joined AMA (ACT) at the Breakfast were eligible to go in the draw for a series of prizes and the winners were:

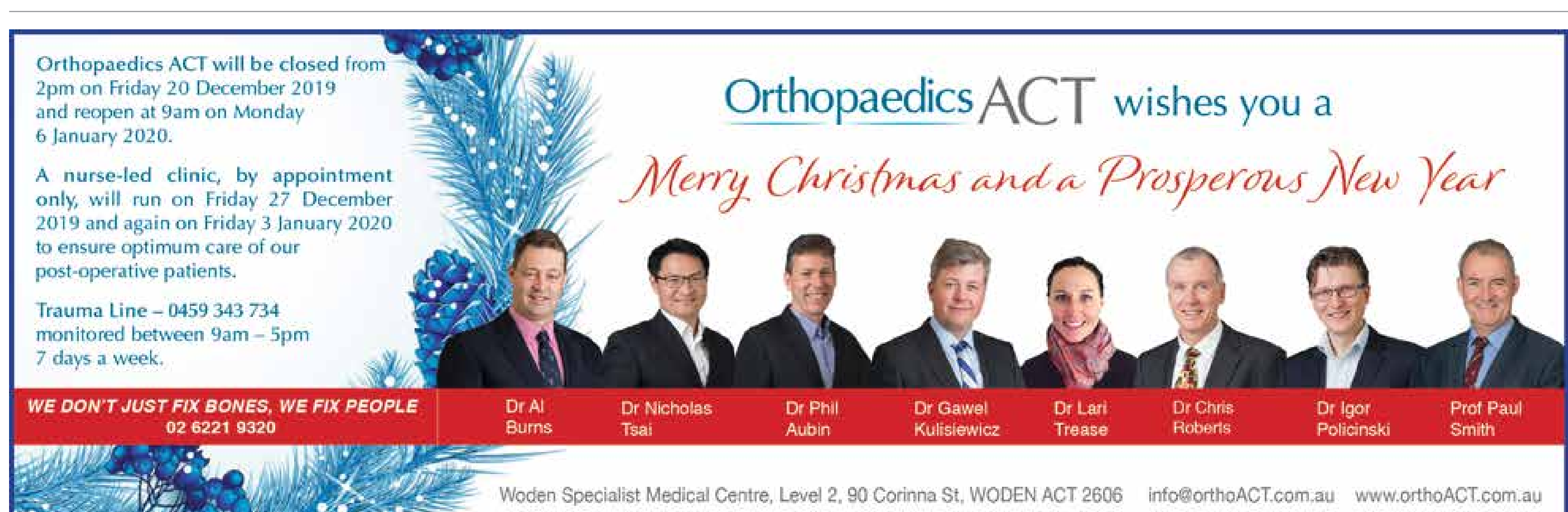
Lamisa Siddique – Hotel Realm High Tea for two.

Nunzio Franco – Selection of Jirra Wines courtesy of Dr Colin Andrews.

Sarah Forsyth – BMW 3 Series car for a weekend and lunch for four at Four Winds Winery.

AMA (ACT) President, Dr Antonio Di Dio.

Prof Tim Greenway addresses the new graduates.



Welcome to the New Graduates

Prof Tim Greenway* delivered the following address to the new ANU Medical School Graduates at the AMA (ACT) Graduation Breakfast on Friday, 13 December 2019:

Congratulations Graduates and welcome to the profession.

The definition of a profession is *"an occupation in which professed knowledge of some subject, field or science is applied; a vocation or career, especially one that involves prolonged training and a formal qualification."*

Profession can also mean a declaration, promise or vow.

You are entering our profession in the centenary year of the death of William Osler. As I'm sure most of you would know, Osler is considered by many to have been the father of modern medicine for his efforts to place clinical medicine on a rational foundation and for his transformation of medical education to include critical, hospital-based teaching. Osler famously believed in what he termed "the singular beneficence" of medicine. He saw the medical profession as a global force for human betterment.

In this light I think it is appropriate to reflect upon the Declaration of Geneva which was adopted by the General Assembly of the World Medical Association in 1948. This has been amended subsequently on several occasions, most recently in 2017, but it remains a declaration of a physician's dedication to the humanitarian principles of medicine. The following pledges are included:

- The health and well-being of my patient will be my first consideration;
- I will respect the autonomy and dignity of my patient;
- I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
- I will share my medical knowledge for the benefit of the patient and the advancement of healthcare; and
- I will not use my medical knowledge to violate human rights and civil liberties, even under threat.

Are such considerations of patient autonomy and the socio-political context of healthcare delivery relevant and necessary to medical practice in 2019?

Of course, they are. As practising doctors, you will have to deal with socio-political dilemmas – issues such as access to safe abortions, voluntary assisted dying and the gross inequality in health outcomes between rich and poor in Australia and globally spring to mind.

Three current examples of how the social and political dimensions of medicine can impact adversely on patients include:

- The disturbing and ongoing disparity between access to health care and health outcomes for Aboriginal and Torres Strait Islander Australians and the rest of our community;
- The unconscionable repeal of the Medevac legislation by the Australian Government (which had nothing at all to do with protecting the health of asylum seekers and everything to do with domestic politics); and
- President Trump's global gag rule – also known as the expanded Mexico City Policy – which was issued on January 23, 2017. This bans foreign NGOs which receive US Government assistance from using funds *from any source* to provide abortion services. There are currently estimated to be 25 million unsafe abortions performed annually (97% of which occur in developing countries) – 1/3 of which result in maternal complications. An estimated 8% of all maternal deaths are due to unsafe abortions. The US Government's policy has resulted in thousands of unnecessary deaths since its implementation and again it is the vulnerable and poor, those without a voice, who are suffering.

Prof Greenway addressing the new graduates.

Personal Observations

I want to change tack briefly. If you will forgive the indulgence, I would like to make a couple of (hopefully relevant – or at least mildly interesting) observations after 37 years of clinical, academic and professional medical practice.

When my grandfather (who was an eminent physician) learnt that I was going to study medicine, I remember him taking me aside and saying to me something along the lines of, "My boy, I don't know what medicine will look like when you finish your career but I do know it will be quite unrecognisable to you from what it is when you start." He was of course correct.

To give just one example from my own area of endocrinology, as a medical student in the diabetic clinic at Royal Prince Alfred Hospital in 1980, it was my job to test the clinic patients' urine for glucose. Based

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on this one semi-quantitative urinary glucose reading, the clinic physicians (my father among them) would then adjust the patients' doses of porcine or bovine insulin.

Now I'm not going to bore you with the physiology of glucosuria, nor mention the marked inter- and intra-patient variability of this parameter, nor even comment on the vagaries of bladder urine dwell time and the effect on glucose levels. Suffice to say I thought then that the treating physicians must have had the collective wisdom of Solomon to have had any idea what to do.

Contrast this to my experience this week in clinic. I saw a young woman with type 1 diabetes who was "looping" – using bespoke software algorithms based on real-time non-invasive glucose monitoring to control the continuous delivery of an analogue insulin – if you will, she was using an artificial beta cell. Such treatment is now becoming commonplace but was unimaginable even a generation ago.

Lifelong Learning

You are entering the profession at a time of great change, of personalised medicine, of treatments targeting individual genes or the products of those genes. I'm sure you realise that medicine really is a career characterised by lifelong learning. You have not finished studying medicine – you have been given a licence to start learning. Embrace it! And yet amidst such scientific and technological advances there remains the need for doctors to consider such things as population health outcome measures, equity and equality, the social determinants of health and the cost effectiveness of our interventions.

As medicine continues to advance, as medical research brings more and more remarkable innovations to us, the tenets of the Declaration of Geneva will become even more apt.

Follow Your Interests

I do not know where your career paths lie – I suspect you may not know either. But I do know that your graduation has opened the door to so many career choices for all of you. If I could give you one piece of advice, it would be the advice my father gave me at about the time of my graduation – choose something that you like doing and that challenges you – because you will be doing it for a long time!

Look After Yourselves

And, finally, I wanted to say a couple of words about your health and well-being. You will be working long hours often in stressful circumstances. Look after yourselves and each other. Talk to more senior colleagues, they have been where you are and can help. Take time to exercise and relax away from medicine. Invest in your partners, your family and your friends. And trust the AMA – it is the one organisation that represents doctors at all levels and from all areas. It is the most effective advocate a junior doctor can have.

New graduates, friends and families at the Graduation Breakfast.

With that I'd like to end where I began by congratulating all of you.

May I wish you all a merry Christmas and a happy and safe holiday season.'

**Prof Tim Greenway is one of Australia's leading endocrinologists and has been actively involved in undergraduate and postgraduate medical education for more than 30 years. A member of the AMA for more than 25 years, Prof Greenway was President of AMA Tasmania before moving to Canberra in 2016. He is currently Director of the Department of Endocrinology and Diabetes at the Canberra Hospital.*

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ANU Medical School Graduates...

From left, Peter Somerville, AMA (ACT) CEO, Dr Denise Kraus, Dr Suzanne Davey and Dr Balaji Bikshandi.

Sarah Forsyth, winner of a BMW 3 Series car for the weekend and lunch for four at the Four Winds Winery with BMW representatives, Tabish Ali and Bill Burnett.

Dr Suzanne presents Lamisa Siddique with her prize of a Hotel Realm high tea for two.

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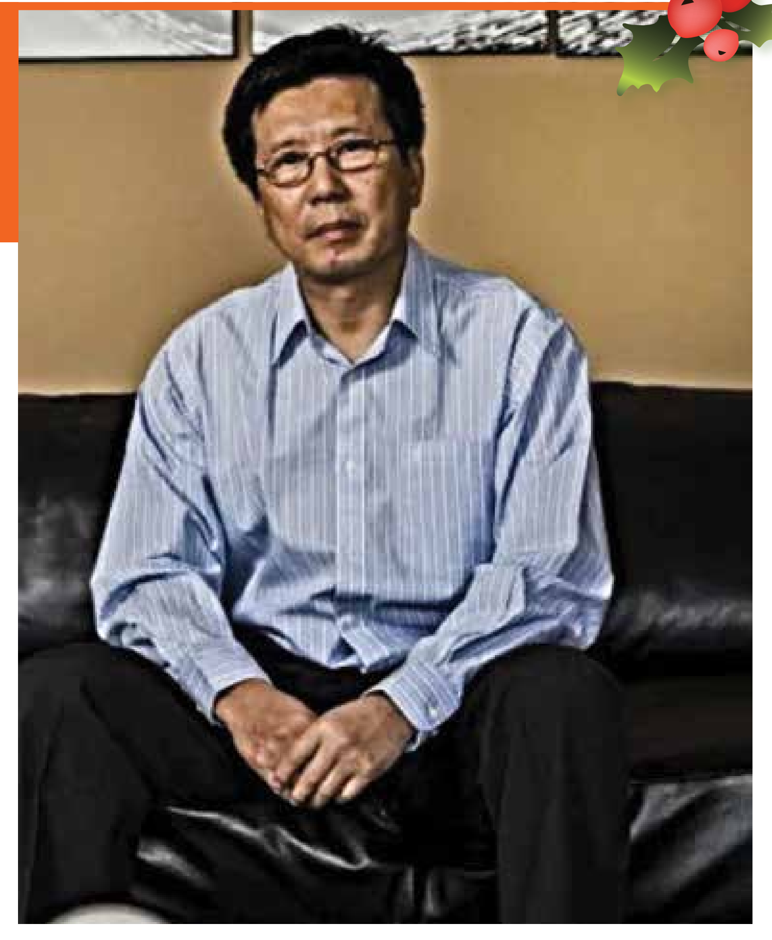
IMG's Discrimination Fight Ends after 6 Years

In January 2015, the ACT Civil and Administrative Tribunal (ACAT) decided that a Chinese-born doctor, Dr. Qinglin Wang (Dr. Wang), who applied for an internship with Canberra Hospital for the 2014 internship year, was discriminated against by reason of his race under an ACT policy that prioritized candidates for internships. Dr Wang was awarded $40,000 by way of compensation.

This decision was subsequently overturned in July 2019, by the ACT ACAT Appeal Tribunal.



Dr Qinglin Wang: fight over

The Regulatory and Training Background

The *Health Practitioner Regulation National Law* establishes the Health Practitioners Regulation Agency (AHPRA). AHPRA consists of several boards including the Medical Board of Australia (MBA) which is responsible for the registration of medical practitioners. Graduates from Australia and New Zealand must obtain provisional registration and complete 12 months supervised training before becoming eligible for unconditional registration.

In order to work as health practitioners in Australia, international medical graduates (IMGs) must have their qualifications formally recognized and be registered by the MBA.

The ACT Government implemented a priority system for allocating internships which saw ANU medical graduates preferred over medical graduates of other Australian Universities and that, in turn, preferred Australian medical graduates over international medical graduates.

Dr Wang's Predicament

At the time of his internship application, Dr Wang was a permanent resident of Australia and held a medical undergraduate degree and masters-level degree in neurology from Tianjin Medical University in China. His qualifications had been formally recognized by the relevant authorities in Australia and he had satisfied all of the requirements for registration as a medical practitioner in Australia, except for the completion of a one-year internship. He had applied to the Canberra Hospital and other Australian hospitals for an internship.

In 2014 at the time of Dr. Wang's application, Dr Wang complained that his allocation as a 'category 8' unlawfully discriminated against him as an IMG on the basis of nationality.

ACAT's Decision of January 2015

In his January 2015 decision, ACAT single member Anforth, rejected the ACT Government's submissions and found that Dr Wang had been discriminated against by reason of his race in contravention of section 8(1)(a) and 8(1)(b) of the *Discrimination Act 1991 (ACT)*, and ordered that Dr Wang be considered on his merits for the next internship intake.

Tribunal Decision Appealed

The ACT Government appealed MR Anforth's decision and on 15 July 2019, some 4 years after the decisions, and almost 6 years after Dr. Wang's original application for an internship, the original decision was overturned.

The ACT ACAT Appeal Tribunal, comprising of ACAT President Neate and Senior Member Spender, stated in part;

"There is nothing on the face of the priority list or the categories that makes any reference to national origins".

The Appeal Tribunal determined that there was no evidence that allows the Tribunal to find that the administration of the Policy had the effect of disadvantaging people of Chinese national origin or non-Australian national origin. The Appeal concluded that the Original Tribunal erred in finding that ACT indirectly discriminated against Dr Wang under section 8(1)(b) of the Discrimination Act.

Dr. Wang's complaint was dismissed and the original orders made by the Tribunal were set aside.

DOCTORS' HEALTH RESOURCES ONLINE

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http://dhas.org.au/resources/resources-for-junior-medical-officers.html

AMSA students and young doctors:
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http://mentalhealth.amsa.org.au/keeping-your-grass-greener/

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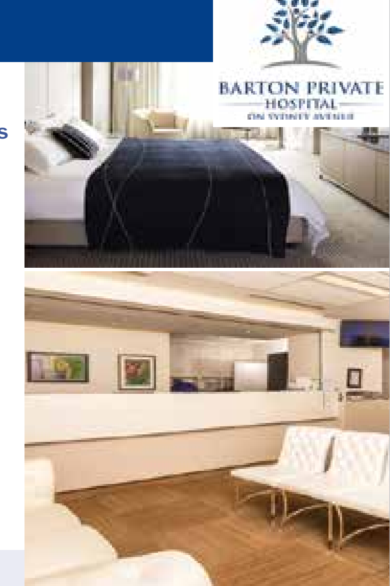
> The Barton Private Hospital Medical Advisory Committee is actively involved in making sure that safety is on the top of our list.
> A newsletter with the latest updates and news is available to read online on our website and as a hard copy at the hospital.



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Google Reviews*

All negative online reviews can be confronting, but none more so than those tied directly to your business page listing.

It can take a minimum 12 years of education and training to become a plastic surgeon, but seconds to ruin a doctor's online reputation.

Reputational damage and the legal responsibility of review platforms to monitor and respond swiftly to complaints of allegedly defamatory material are the broader issues being examined by the NSW Supreme Court.

In a landmark case, a Sydney plastic surgeon is suing Google for defamation over business reviews which, according to his statement of claim, indicated he had "butchered" patients, was "incompetent", a "fraud", an "illicit drug user" and had "no morals".

The surgeon, whose name is suppressed, claims negative reviews appeared on his Google listing for more than a year and reduced the number of people clicking on his website.

In early July 2019, he secured an injunction against Google and a judge ordered a contempt charge be considered after a series of negative reviews remained online. However, a second judge decided that the contempt proceedings not go ahead in light of evidence about the timing of requests to remove the offensive material.

Justice Desmond Fagan commented on the "mental gymnastics' required to figure out how to make a removal request, given that Google operates in different countries. While requests to remove comments were made to its subsidiary Google Australia, the removals are handled by Google LLC in the US.

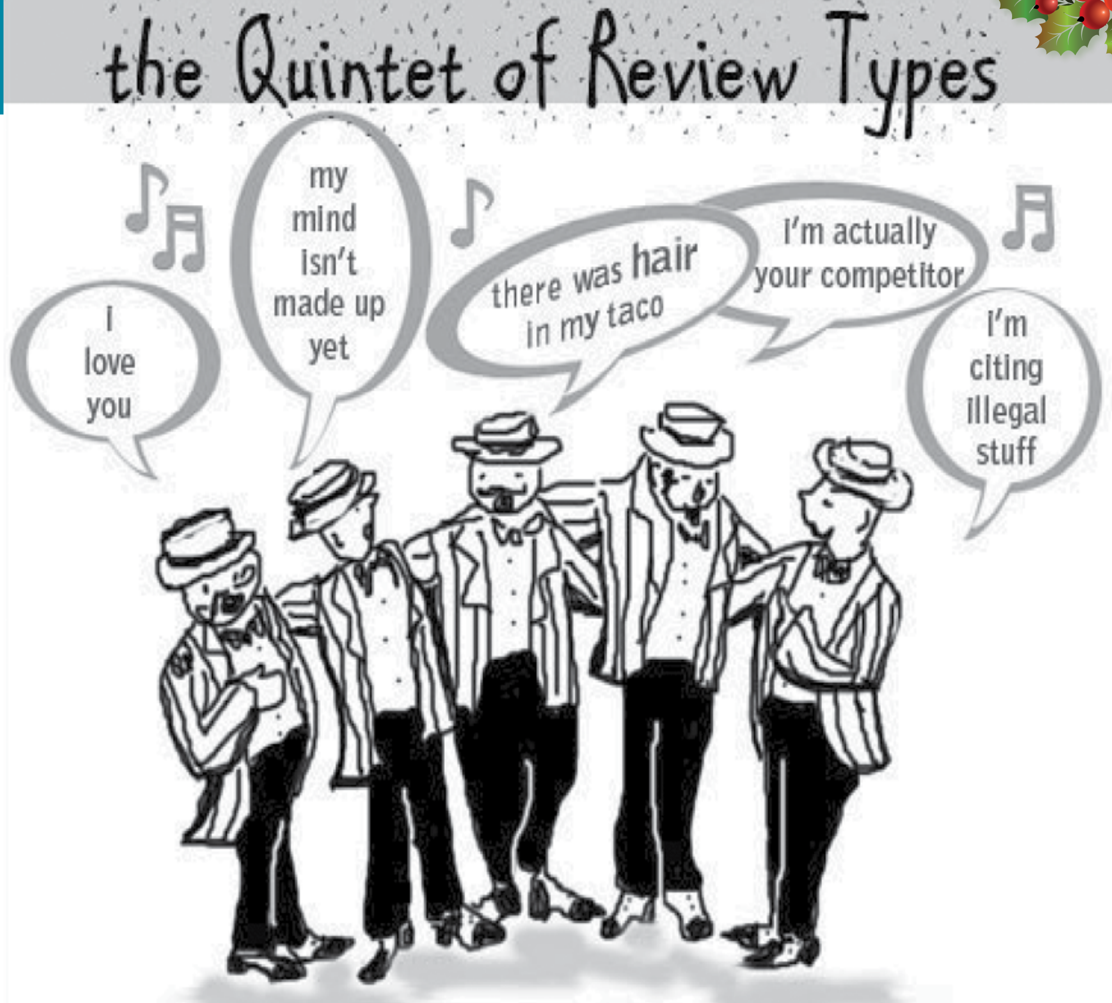
AMA (NSW) Takes Members Complaints to Google

AMA (NSW) has received similar complaints from members regarding negative Google reviews. As business reviews are linked to a medical practitioner's business listing they can have a more direct impact on the doctor's reputation than those hosted on third-party doctor ratings websites.

AMA (NSW) members cite the professional damage and distress negative reviews can cause and the lack of consequence for those who are responsible for such comments.

In both May and July, AMA (NSW) wrote to Google to outline our significant concerns with the platform's mandatory business review function.

AMA (NSW) highlighted that doctors are limited in their ability to respond to negative reviews. They cannot 'balance' negative reviews with positive testimonials from patients, as this is strictly prohibited by advertising rules under the Health Practitioner National Law.



While it's acknowledged that medical professionals have the option of asking Google to remove a review if they believe the comment breaches Google's reviewing policy, this does not alleviate the reputational damage and distress caused in the interim.

Consequently, AMA (NSW) has suggested there be a mechanism for medical practices to disable Google reviews from their listing, as the potential for professional harm outweighs any benefit the public might derive from the business review.

The response from Google was disappointing and their suggestions did not resolve the problem of false negative reviews being posted and the time and effort it takes to bring them down.

AMA (NSW) continues to advocate on this issue on behalf of its members.

** This article first appeared in the 'NSW Doctor' November/ December 2019. We thank AMA (NSW) for permission to reproduce the article.*

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Ahpra Advertising Rules and Google Reviews*

As the case before the NSW Supreme Court illustrates (see article on 'Google Reviewsí), the only way for a doctor to remove reviews from their Google listing is to flag the defamatory comment with Google, at which point it is up to Google to determine whether they will remove the review.

UNDERSTANDING
AHPRA's Advertising Guidelines
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But not all reviews are bad. In fact, evidence suggests the vast majority of online doctor reviews are positive. A look at 33 doctor rating websites found 88% of comments were positive, 6% were negative and another 6% neutral.

But given Google reviews are linked to your business page listing, is there any potential these reviews could be considered testimonials and therefore put your business in breach of AHPRA's advertising rules? The short answer is no.

AHPRA and Advertising

Practitioners need to ensure that their advertising complies with the National Law and advertising. It is important to note that compliance is linked to whether the doctor controls the review.

In general terms, if a practitioner can edit reviews or disable the review functionality (such as how Facebook currently functions) then they are in control of the reviews. If a practitioner has no control over the review functionality (such as with Google or Whitecoat reviews) then those reviews would not be considered to form part of the practitioner's advertising.

Practitioners are not required to attempt to remove reviews – whether they are positive or negative – that are not within their control.

However, if a doctor responds to a review on a third-party site or reproduces the review on another platform or site that they use for advertising, this may be considered a contravention of the National Law.

Responding to a Review

While it is not necessarily a contravention of the National Law to respond to a review left on a third-party platform (such as a practitioner's Google listing), doctors should proceed with caution.

A response to a review may contain information that causes the review (and/or response) to be considered a testimonial.

By responding to a review, the practitioner is then considered to be using that review in their advertising, and therefore the prohibitions around testimonials become relevant.

Under the National Law, a testimonial includes recommendations, or statements about the clinical aspects of a regulated health service. Accordingly, a response to a review could be considered a testimonial or advertising a regulated health service if, for example:

- the review being responded to is a positive statement or recommendation about the clinical aspects of care,
- the response itself includes information about the clinical aspects of care, or
- the response changes the context of the review into a positive statement or recommendation (whether considered by itself or in addition to the review).

If you're unsure whether responding to a review would mean that the review becomes a testimonial and subsequently contravenes the National Law, you should refrain from responding to the review until you've sought independent advice.

If a third-party site contains testimonials in breach of the National Law, where these testimonials are outside the control of the individual practitioner, AHPRA may decide to raise these concerns with the third-party platform owners themselves.

Since 2017, under the Advertising Compliance and Enforcement Strategy, AHPRA has dealt with over 2500 practitioners across all professions who have had low and moderate risk advertising breaches. According to AHPRA, all of these registrants have acted to make their advertising compliant when the matter was raised with them, either immediately or in response to proposed regulatory action.

Further information about testimonials and the National Law can be found at www.ahpra.gov.au/Publications/Advertising-resources and Guidelines for advertising regulated health services.

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The PM's 2019 Summer Reading List

Each year the Grattan Institute publishes a summer reading list for the Prime Minister. This year's is:

From Secret Ballot to Democracy Sausage: How Australia Got Compulsory Voting

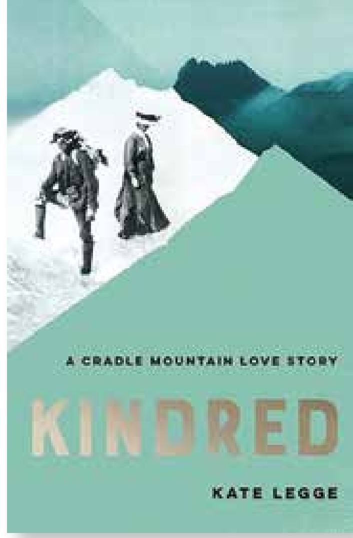
Judith Brett
(Text Publishing, 2019)

Trust in politics might be at a low ebb in Australia, but one aspect of our democracy remains enviable: the electoral system. In this uplifting history, Judith Brett tells how our elections became a festival of democracy, celebrated in school classrooms fitted out with cardboard polling booths complete with pencils secured by string, and all accompanied by cheery fundraisers featuring the great Australian sausage sizzle.

Brett's latest work adds to our understanding of the foundations of Australia's democracy. 'Australia was born not on the battlefield but in the ballot box,' she declares. We need more than the Anzac story to understand our success. This story – from inventing the polling booth for the secret ballot to pioneering preferential voting, from rapidly giving women the vote to requiring everyone to vote – is told with a deft touch and discerning eye. Not everything is a cause for pride, of course. Brett is unforgiving in her account of the 'shameful' fact that it was not until 1983 that enrolment was made compulsory for Indigenous Australians.

The hero of Brett's story is compulsory voting. Noting that we are among only 19 of the world's 166 democracies to have compulsory voting, Brett argues that it keeps disillusioned voters in the tent and ensures Australian elections are won and lost in the centre. 'Policies pitched only at the comfortable won't fly,' she writes. 'Without compulsory voting, for example, the Liberal Party would likely have abolished Medicare long ago, relying on the fact that those who needed it most were least likely to vote.'

Australians are, as the title of the last chapter suggests, good at elections. As Brett urges, we should celebrate that achievement. This book should get the party started.



Kindred: A Cradle Mountain Love Story

Kate Legge
(Melbourne University Publishing, 2019)

One-hundred years ago, Australia was a wilder place. A few people had the imagination to learn more about it and make it more accessible. One of them was Kate Cowl, the only woman to present a paper to the Field Naturalists Club of Victoria in 1903. Gustav Weindorfer heard Kate's talk. Austrian-born, he was a naturalist whose enthusiasm for bushwalking left all but the most energetic trailing behind.

Kindred is their seemingly inevitable love story. Kate might have been 11 years older, but it is hard to imagine two people with more in common: a love of walking, of Australia's wilder places, and of documenting a flora and fauna still exotic to European eyes.

Three years later they were married in Tasmania. The newlyweds bought a farm at Kindred, within striking distance of the enticing Cradle Mountain. They had soon hiked to the top, bringing home hundreds of pressed specimens, and a vision to open up for others the wonders of the wilderness.

They built the first chalet in the region, Waldheim, and entertained their first guests in 1912. Tragically, the venture together did not last long – Kate died in 1916. Gustav had to campaign without her to create a national park, eventually persuading three Tasmanian Ministers to stay at Waldheim. Soon everyone was claiming credit for the Cradle Mountain and Lake St Clair National Park. In 1916 there were 38 guests at Waldheim; in 2017 280,000 people crossed the Pencil Pine bridge.

Kindred is first and foremost a love story. It will probably inspire many more to go to Cradle Mountain. It's an easier trip than when Kate and Gustav entertained their first visitor. But thanks to their efforts, the view hasn't changed.

The Testaments

Margaret Atwood
(Chatto & Windus, 2019)

If a religious fundamentalist regime intent on oppressing women took over the United States, what would be the result? That of course was the premise of Margaret Atwood's 1985 The Handmaid's Tale – long-beloved of readers and more recently TV viewers.

Atwood pitched the book as an inoculation against the possibility of such an oppressive regime: 'if this future can be described in detail, maybe it won't happen', she explained. As aspects of the tale began to look less dystopian vision and more reality, Atwood was convinced to write the sequel. The focus of The Testaments is quite different. Set 15 years on from the conclusion of The Handmaid's Tale, it is the story of the unwinding of the Gilead regime beset with hypocrisy, power struggles, and economic deprivation.

This novel is ultimately about power and the moral compromises people make to gain and retain it. But for all the ugly brutality dis-

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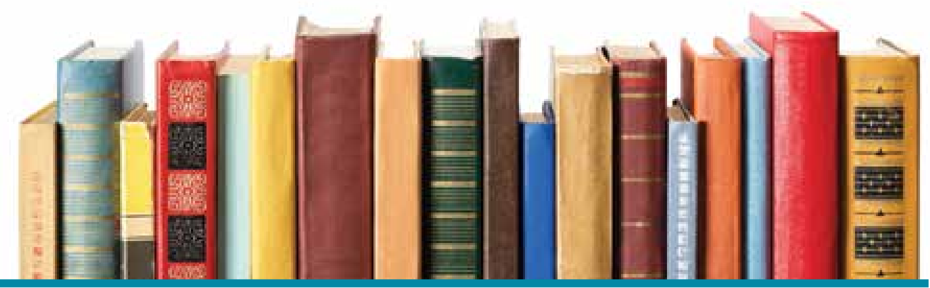
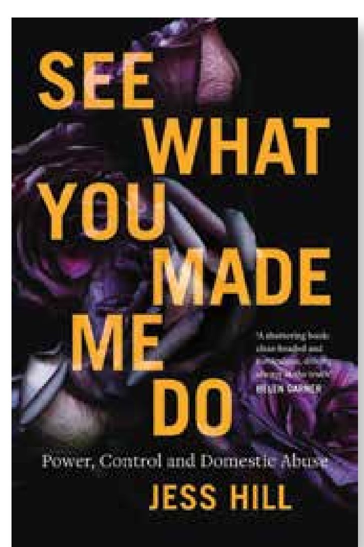


played by some characters, there are moments of humanity and bravery: the friendship between two young women and the sacrifice one makes for the other; the people-smugglers in Canada finding inventive ways to help people escape the confines of the regime; and the decision by one of its leaders to ultimately destroy what is rotten from within.

A barrelling plot and Atwood's highly engaging style make The Testaments unputdownable. But one question ultimately nags the reader: what choice would you make?

See What You Made Me Do: Power, Control and Domestic Abuse

Jess Hill
(Black Inc., 2019)



Every week in Australia, a woman is killed by a man she was intimate with. And many more women live with the well-founded fear that they, or their children, will be the next victim of domestic abuse. Police are often powerless to help victims, because much abuse is not criminal. It's not a crime to control the purse strings, so that a woman has to beg for money. It's not a crime to convince her she's worthless. It's not a crime to cut her off from friends and family.

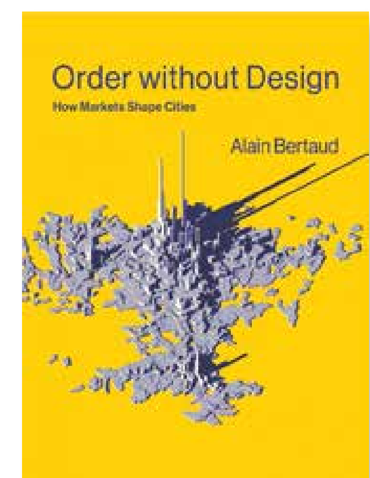
But this type of 'coercive control' is often the most painful part of the abuse, as well as being a 'red flag' for murder. As Jess Hill identifies, abusers instinctively use techniques frighteningly similar to those used to break down prisoners in POW camps in the Korean War.

See what you made me do combines hard data with heart-breaking stories of trauma to expose the underlying causes of domestic abuse. Steering away from victim-blaming tropes of 'Why didn't she leave?', Jess Hill looks into the perpetrator's mind, and asks 'Why did he abuse her?'

It's often because the abuser feels deep shame, a profound emotion that can be suppressed with brief displays of power. Gender inequality and patriarchal power structures play a role in abuse. But these structures only change slowly, and individual psychology also matters.

Governments should respond to these insights. The book describes successful community-led programs in which local police, victim advocates, and social service providers have worked together, with both victims and abusers, to identify and prevent likely escalations of abuse.

Passionate, distressing, and clear-sighted, See what you made me do will open readers' eyes to what we can do about domestic abuse.



Order Without Design: How Markets Shape Cities

Alain Bertaud
(MIT Press, 2018)

v

The Strange Death of Tory Economic Thinking

Stian Westlake
(Medium.com, 2019)

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Interchange Health Co-op Up and Running

Earlier this year, Health Minister Rachel Stephen-Smith opened the new Interchange Health Co-operative located in Tuggeranong. The Co-op was a response by Dr Clara Tuck Meng Soo OAM and her staff to the problems of running a bulk billing general practice that saw a large number of Canberra's most vulnerable patients while, at the same time, trying to maintain financial viability.

Dr Clara Tuck Meng Soo OAM.

Although the old Interchange General Practice in Civic has now closed, the new Interchange Health Co-op has emerged, albeit in Tuggeranong, to look after many of the same patients.

Dr Soo says that the new Co-op is a response to balancing the needs of a vulnerable group of patients against the expensive, time consuming and specialized services the Interchange Health Co-op's GPs provide.

When questioned about the legality of charging a joining fee, Dr Soo said she had approached Medicare and was told it was not an issue.

"The interpretation by Medicare was that the money from charging a co-op fee was used to help run the practice and was not directly used to subsidise consultations," she said.

Opening Speech

The following is an edited version of the speech given by Dr Clara Tick Meng Soo at the opening of the new Co-op.

'To me, the presence of so many partner organisations here today speaks volumes about the high-quality medicine and teaching that the Interchange General Practice had provided for many years and the Interchange Health Cooperative will continue in this tradition as well as continuing our ethos of non-judgmental care.

I have been extremely fortunate that I have a very special group of doctors, many of whom are here today, who assisted me in providing that care.

The Interchange Health Cooperative is seen as the place to refer patients who fall into the 'too-hard' basket. There are a lot of patients with 'chronic pain' in the community who really have an opioid dependency. Working with patients in this category requires a lot of patience and understanding and time; they need to feel safe and supported if we are going to implement behavioural change or at least keep them safe.

The reason why we are here today in Tuggeranong is because we found that the mixed billing model that we practiced at the Interchange General Practice was no longer viable.

Fortunately, we were awarded a grant from the ACT Government under the Bulk Billing General Practices Grant Fund to set up a new practice in Tuggeranong. The Interchange Health Cooperative will continue in the tradition of the Interchange General Practice of providing high quality, comprehensive and holistic general practice care.

Non-judgmental Care

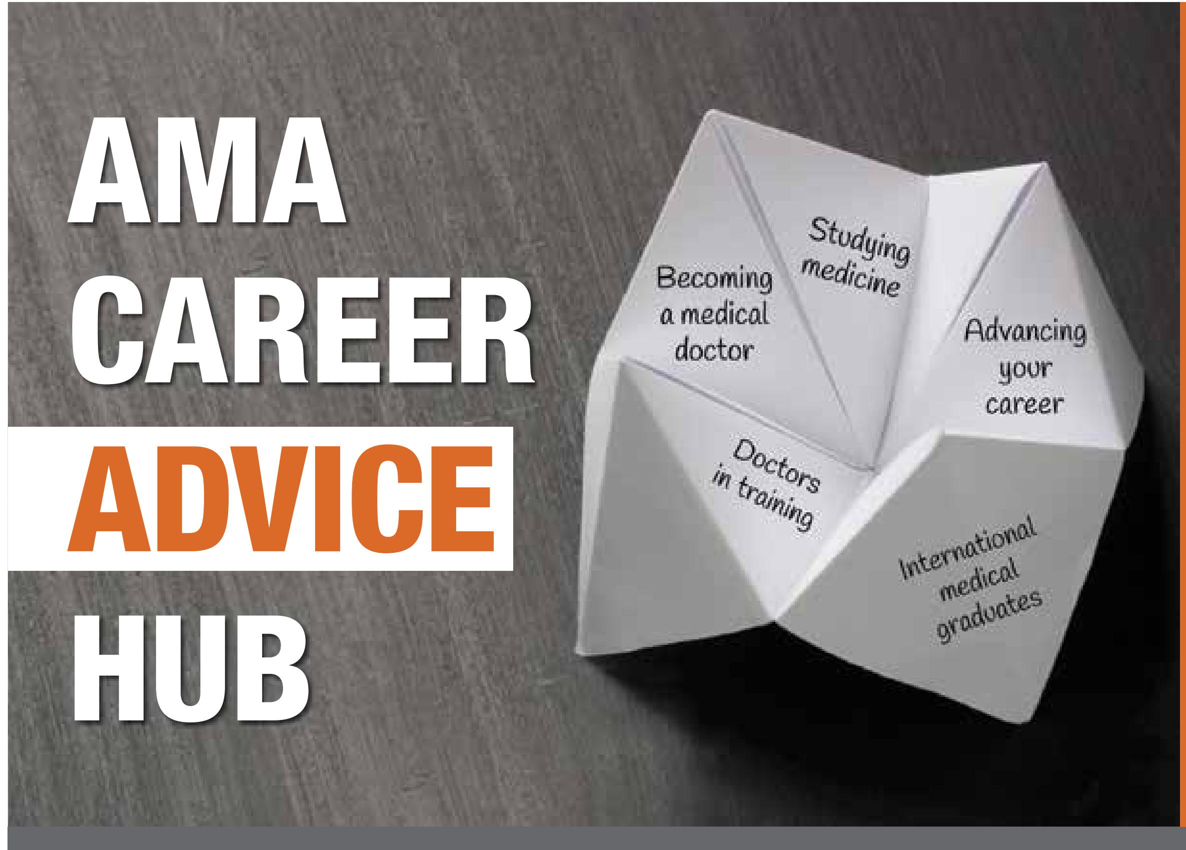
We will also continue the ethos of the Interchange General Practice of a non-judgmental approach to health care. We will be having further talks with some of our partner organisations like Justice Health, Mental Health Services and the Alcohol and Drug Program about how to better streamline our arrangements with each other and better care for the population we serve.

While the Interchange Health Cooperative will have an additional stream of funding from our membership fees to help pay for the running of the organisation, it is widely acknowledged that Medicare fee-for-service is an imperfect way of supporting the care of people with chronic illness.

Care in the Community

This is even more of an issue with our patients who come from extremely socially disadvantaged background. It is important that care for these patients stays in the community.

Given the choice and with adequate support, that is where the vast majority of patients prefer to receive their care and time and time again, research has shown that well-supported pri-



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I am already having discussions with ACT Health about how general practice can be supported to help manage these patients in the community. I would like to acknowledge that the ACT government has recognised the special character of the patient population that the Interchange General Practice served and will provide a grant to pay for the first year of annual membership for up to 300 people who are on opiate replacement treatment who had attended the Interchange General Practice and will attend the Interchange Health Cooperative and to date, in our first two weeks of operation, we have signed nearly 70 people on this scheme.

However, opiate replacement treatment is the tip of the iceberg. Opiate replacement therapy works best when it is provided in an environment where a non-judgmental and health-based approach is practised so that all the people who are not yet on opiate replacement treatment or who are using other dugs or who have "chronic pain" can come and know that they will receive care. I look forward to the opportunity to meet with the Minister to discuss these issues further and to find solutions that meet the needs of the ACT community and work for the ACT government.

Thank you to all of you again for coming to our official opening and I look forward to your assistance to making this health co-operative a success.'

Dr Soo (left) with ACT Health Minister, Rachel Stephen-Smith.

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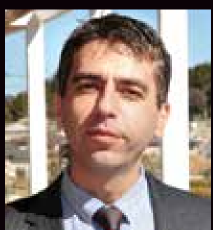

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Dr Anandhi Rangaswamy

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Dr. Anandhi Rangaswamy is a Pain Specialist and Anaesthetist. She completed her Pain Fellowship and Anaesthetic Fellowship from Nepean Hospital Sydney and then went on to do Paediatric Pain Fellowship from Westmead Children's Hospital Sydney.

Dr. Rangaswamy believes in a whole person's approach to pain management. She works with a multidisciplinary team to get the best outcome for her patients. Her area of interest includes Back pain, Neuropathic pain, CRPS, Pelvic pain, Paediatric and Adolescent pain management. She also offers evidence based interventional pain management to her patients where appropriate.

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Please refer to:
- Dr. Elizabeth Gallagher
- Dr. Omar Adham

Specialist Services Medical Group
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What is income protection and why do I need it?

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What are the odds?

60% — You have a more than 60% chance of being disabled for more than 1 month during your working life [1]

1 in 3 — And a 1 in 3 chance of being disabled for more than 3 months [1]

1 in 5 — people aged 16- 85 have experienced a mental disorder at some time in any 12 month period.[2]

1 in 2 (MALE) / **1 in 3** (FEMALE) — The risk of being diagnosed with cancer before the age of 85 will be 1 in 2 for males and 1 in 3 for females.[3]

Why use us to secure your income protection?

- Specialist Wealth Group are the preferred provider for AMA NSW and ACT
- We offer specialist advice to medical professionals
- We have access to all Insurers
- There is no extra cost for using Specialist Wealth Group
- If you need to make a claim we act as your advocate
- Cover for HIV, Hepatitis B & C
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- Not aligned or licenced by any other bank or insurance company
- Free claim service

Simply contact us on 1300 008 002 to book your free appointment.

1. Interim Report of the Disability Committee, Institute of Actuaries of Australia 2000. 2. Australia's Health 2015, Australian Institute of Health and Welfare, 2015. 3. Cancer in Australia, an overview, Australian Institute of Health and Welfare, 2014-2015

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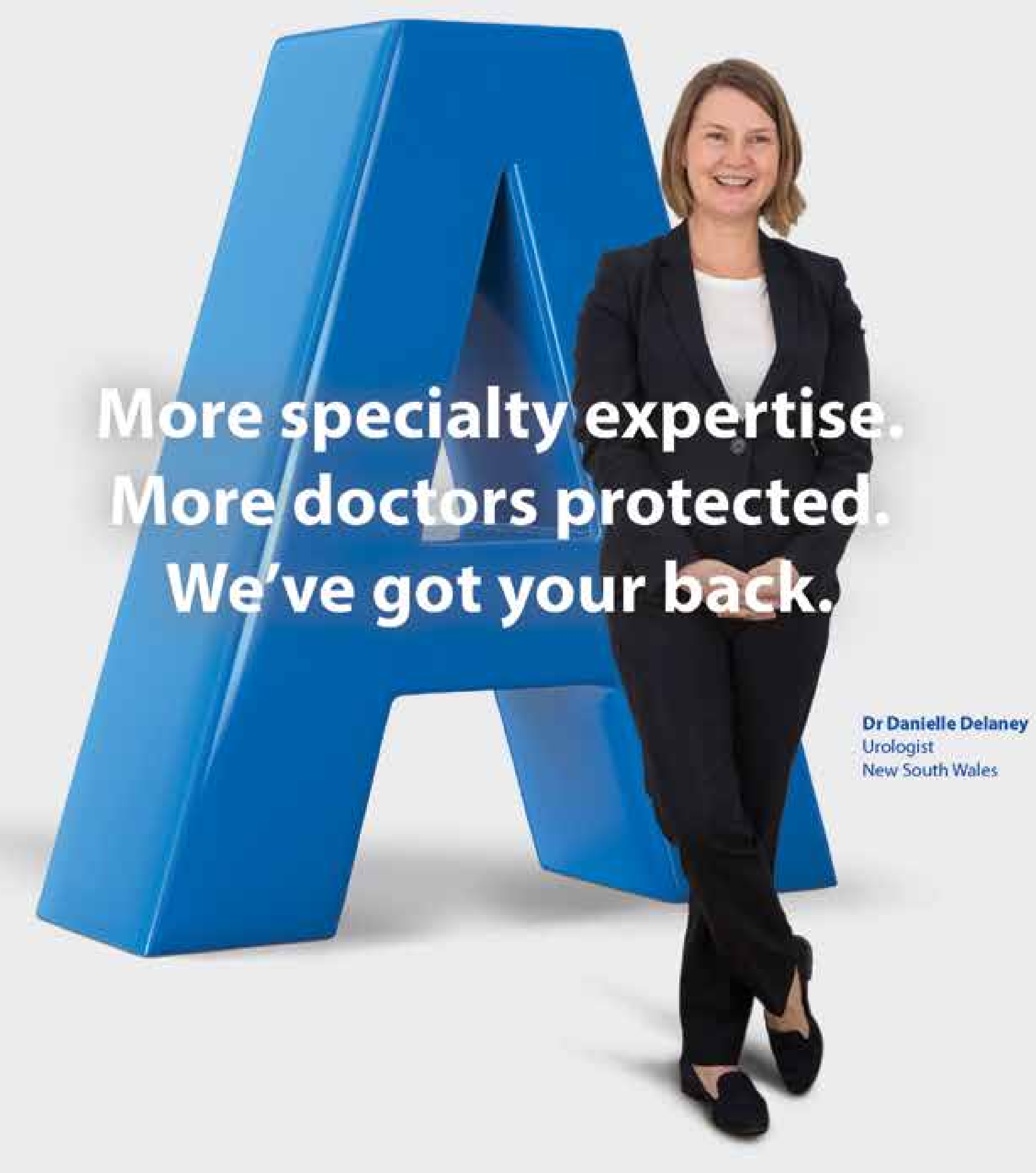

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