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**Transcript:** AMA President, Dr Michael Gannon, ABC 24, Saturday 6 January 2018

**Subjects:** Road Safety, Specialists' Fees, Codeine Up-Scheduling

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**MIRIAM COROWA:** Returning home now, and the Australian Medical Association believes that there should be tougher penalties for drivers caught texting or using their mobile phone while behind the wheel.

**ANDREW GEOGHEGAN:** It comes after a horrifying Christmas road toll, with many crashes involving multiple fatalities. To discuss this, and some other topics, we are talking with the President of the Australian Medical Association, Dr Michael Gannon, in Perth. Michael Gannon, welcome.

**MICHAEL GANNON:** Good morning Andrew.

**ANDREW GEOGHEGAN:** Harsher penalties - are they the best way of modifying driver behaviour?

**MICHAEL GANNON:** Well, certainly, it should be part of a suite of measures to address driver inattention as one of the human factors contributing to the carnage on our roads. So certainly we would like to see more driver education, people brought to an understanding of exactly how dangerous it is to take your eye off the road. And one emerging factor in this is the use of smartphones. They have become so much a part of people's lives, they don't realise that it is time to stop using it if you are in charge of a motor vehicle.

**ANDREW GEOGHEGAN:** So you believe driver behaviour is the biggest issue behind the road toll this Christmas?

**MICHAEL GANNON:** About 90 per cent of road crashes involve human factors. So certainly when it comes to road design, identifying black spots, there's a role for Government to fix that. But we need to look at the human factors at play, and too often it is driver inattention - things like speed, fatigue, drug and alcohol use that are contributing to the carnage on our roads.

**ANDREW GEOGHEGAN:** Vehicles are becoming safer, and certainly the Deputy Prime Minister, Barnaby Joyce, is looking at cutting some tariffs on imported vehicles, which perhaps are safer than locally-sourced vehicles. Would you support that, and perhaps going a step further, and mandating vehicle safety devices?

**MICHAEL GANNON:** Well, this is the future. The future is to make our cars safer, to control those factors. And of course, many of the human elements are already being taken out of the potential trauma on our roads. Driverless cars are the way of the future, and that is something that we will have to monitor over the years, in terms of our statements. But there is no question that those automated devices overall will be good news for the road trauma burden that we currently see.

**ANDREW GEOGHEGAN:** Do you have an explanation for the slight rise in the road toll? As I understand it, the figures are telling us that from 2000 to the last couple of years, the road toll was in decline, but it has since plateaued and perhaps we have seen a slight increase. Any explanation for that, do you think?

**MICHAEL GANNON:** Well, I think what we saw 10 or 15 years ago were some extremely effective shock tactics in television and other forms of the media. What we know from shock tactics is that over time they wane.

The other reality is complacency. Sadly, it has just become the norm that people accept that more than 1000 Australians die each year on our roads. They accept that tens of thousands of people are injured, sometimes permanently. And we see that in driver behaviour every day. The road is a near unique example, that people are given charge of a one- or two-tonne piece of machinery, allowed to hurtle it down at maybe as little as little as 50 or well over 100 kilometres per hour. It is dangerous unless you are paying attention. And too often, those individuals, their loved ones, other motorists, pedestrians, cyclists, pay the price.

**ANDREW GEOGHEGAN:** Michael Gannon, I just wanted to move on to some other issues of concern as far as the medical community is concerned, also people in the health system. Now, the Health Minister, Greg Hunt, has described large out-of-pocket medical expenses, in particular those involving specialists, as a considerable community concern. Do you share those concerns?

**MICHAEL GANNON:** I very much share the Minister's concerns, and I very much am interested in working with the Minister going forward to look for solutions. But the answer to why out-of-pocket increases have occurred is in Government policy. We've had a freeze on the rebates that patients get back when they see a doctor for seven years now. I can tell you from personal experience that running a private specialist practice involves fixed costs like utilities and power, it includes paying wages to staff. All of those costs have to come back from the money that patients pass over to you. So inevitably the costs of running a practice have increased, and what a lot of doctors have done is they've had to increase their costs even though the patient rebate's gone down.

Private health insurers have frozen or under-indexed their schedules as well. They are the two main drivers for the out-of-pocket costs. Government and the insurers need to take the lion's share of the blame.

**ANDREW GEOGHEGAN:** Do consumers need to be better informed? The Consumers Health Forum is advocating a public listing of individual medical fees. Is that realistic?

**MICHAEL GANNON:** Certainly, it's realistic that that compliance burden might fall on doctors. But whether it helps patients is an entirely different matter. I think we should encourage an environment where patients are emboldened to politely ask questions about fees. Patients are allowed to ask the cost of a first appointment when they make an appointment. They are allowed to ask that cost before they make the appointment.

The most important question that a patient should also ask a private specialist is: are they a no-gap or known gap provider? We know that 89 per cent of procedures are provided at a no-gap level. Doctors are not the problem in the affordability of private health care, but that's a really good question to ask. And if a doctor says that out-of-pocket expenses are going to extend towards five or 10 or 15,000 dollars, I think we should encourage patients to ask why, and then they can make their own informed choice. Or they might look for doctors who use one of the no-gap schedules or charge a more modest out-of-pocket expense.

**ANDREW GEOGHEGAN:** And Michael Gannon, on February the first, a ban on over-the-counter codeine products will come into effect. How effective is this likely to be, particularly over the concern about Australians' use or misuse of opioids?

**MICHAEL GANNON:** We hope it will be very effective. It will be difficult to start with, because codeine-containing preparations have become a part of many people's lives. Now, we've consistently supported Minister Hunt's decision on the up-scheduling of codeine. He has taken the advice of his independent experts at the TGA.

The important elements to this story are that the scientific proof is there: low-dose codeine preparations are no more effective than the drugs that contain paracetamol alone or non-steroidal anti-inflammatories alone. So that's a good education opportunity. When patients present to a pharmacist, they should tell them that. Higher doses of codeine have always required a prescription. We're learning more and more about codeine. It's not a particularly effective analgesic. There are superior opioids for acute pain, and codeine and many other opioids have a very limited role when it comes to managing chronic pain -

**ANDREW GEOGHEGAN:** [Interrupts] Sorry, I was just going to say, are you concerned with reports that some people may be stockpiling codeine products? In fact, from personal experience, I was in a pharmacy just a couple of days ago and noticed that people had come in asking for codeine and the pharmacy had in fact sold out and wasn't reordering. Are you concerned about those reports?

**MICHAEL GANNON:** I'm not concerned about those reports to the extent that there is now an opportunity, maybe before 1 February, for those people to get a better medication. If they've got chronic pain, codeine is not the drug. If they're getting acute pain, there's an opportunity for pharmacists to educate the patients that there are better options. It's not as if we're leading the world on this change. Something like 25 countries around the world did this years ago, some more than a decade ago. It's an overdue change and we fully support the TGA and the Minister on their move.

**ANDREW GEOGHEGAN:** AMA President, Dr Michael Gannon, thanks very much for joining us.

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