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Transcript: AMA President, Dr Michael Gannon, ABC Radio Newcastle, *Drive*,
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Subject: Overseas drug rehabilitation services

ROSEMARIE MILSOM: Do you know someone who's travelled to Bali or Thailand for dental work or some cosmetic surgery? I know a friend of mine saved a fortune on dental work by making a couple of trips. We regularly receive warnings about doing so, and there is always that occasional horror story when things go wrong.

But did you know that Bali and Thailand have also become destinations for addicts wanting rehabilitation? Recently, that includes Aussie sportspeople - rugby league star Mitchell Pearce is one, he's been to Thailand when he was playing with the Roosters and making headlines for his behaviour before he came over to the Knights. And in an interview with Barry Toohey in the *Newcastle Herald* this week, former NRL player Paul Carter spoke about his struggles. He's also been to rehab in Thailand as well.

But is the option of heading to Southeast Asia as enticing as it is? Is it the right one medically? Dr Michael Gannon is the President of the Australian Medical Association, he joins me now. Thanks for your time, Michael.

MICHAEL GANNON: It's a pleasure.

ROSEMARIE MILSOM: Have you noticed that there's been an increase in the number of people seeking rehabilitation in Southeast Asia?

MICHAEL GANNON: Well, certainly what we do know is that the services provided here in Australia could be better. There are people who find that the wait to get this kind of treatment, especially those with lesser means, is an issue. You know, fabulous if you're a wealthy professional sportsperson that you can pack up your life and spend often a significant amount of money going overseas to do it. But that's not the reality for most people. And often the people facing drug and alcohol addiction are amongst the most vulnerable people in our community. I would say this is a call to do better with services here in Australia.

ROSEMARIE MILSOM: Does the AMA have any concerns about the quality of rehabilitation in these countries?

MICHAEL GANNON: Look, we've got to be very careful when we look, at a distance, at the quality of all healthcare services in other parts of the world. I'm a member of the Ethics Committee of the World Medical Association and I can assure you, when I go there for meetings, I don't spend time asserting to my colleagues that we're so much better in Australia.

ROSEMARIE MILSOM: Well, I definitely think when it comes to drug rehabilitation, I think we could boast about that.

MICHAEL GANNON: Yeah, certainly when it comes to the medical tourism you're talking about for elective surgery and dental work, we have huge concerns about that. But in this area, we are very conscious of the substantial market that exists in countries like Thailand for rehabilitation. The Thais are wonderful, gentle people; there's something about the spirituality of that country that maybe assists people in their recovery.

Of course, most people battling drug and alcohol addiction in our society are still trying to keep their jobs, or trying to keep their family together. To go and take a sabbatical in another part of the world for three weeks or six weeks is not only financially beyond people's means, but it's not realistic.

ROSEMARIE MILSOM: When a famous sportsperson does go overseas to rehab, what kind of message do you think- does it send a message to people? Does it say, you know, I need privacy? Is that one of the main reasons that- and I know you can't speak for these people, but- or does it advertise that, I don't know, the services aren't that great here; I need to go to another country to get adequate treatment.

MICHAEL GANNON: Look, I think it's a fair example you make about elite sportspeople, but they are unique. They are extremely well paid; they're a group of people that have a lot more time in, perhaps, the off season or just- with shorter seasons. The only reason we know about them is because they are public figures, and for that same reason they may seek the privacy of a clinic overseas.

So they represent a unique example. The truth is that there are thousands, tens of thousands of Australians with drug and alcohol problems, mental health problems, and our system is failing them. Perhaps these stories should present an opportunity to talk about improving the services available for people who are managing these problems, at the same time trying to function in their employment, trying to keep their family together.

ROSEMARIE MILSOM: My guest is Dr Michael Gannon, who's the President of the Australian Medical Association. And we're just talking about- we all know people are going to Bali and Thailand for dental work and cosmetic surgery, but this trend of, particularly well-known sportspeople, going to Southeast Asia to get treatment for possibly drug addiction or even anger issues. I mean, there seem to be sometimes quite complex issues; it's not necessarily straightforward.

Would the AMA have a message if someone was considering doing this? What are some of the things that, if you were considering going to Thailand because you were seeking rehabilitation, what- you know, should they be looking at certain things, what type of services, is there any- obviously, you can't moderate what's happening in these other countries, but buyer beware?

MICHAEL GANNON: Look, I think that's true of anything, and we're obviously talking about substantial amounts of money in some circumstances. I suppose, perhaps the only comment I would make, being outside my specific clinical expertise, is that when you are placing yourself in a completely artificial environment, you might not be developing the coping mechanisms you need when, hopefully, you resume your life here in Australia.

So, although a retreat away from the hustle and bustle of our mainly metropolitan lives, away from stressors in your employment or in your personal life, wherever else they exist, away from the temptations of your local illicit drug merchant, of the local liquor store; if you take yourself out of that natural environment, you might not necessarily be armed with what you need to cope on return to what you might call normal life.

But look, these are desperate people, and some people have the means to access very special services in retreats like this - they do exist in Australia - but of course some people will avail themselves of services in other parts of the world.

ROSEMARIE MILSOM: Yes, and I imagine, too, if you're on a waiting list it is very tough. I've done interviews previous here; there's a local GP who's very involved with drug

rehabilitation and, I mean, he's spoken about the delay in getting treatment and the pressure that puts on people who are desperate, that, you know, being told you have to wait two months or three months when they're at that critical point of wanting to act and get help. It just must be quite frustrating.

MICHAEL GANNON: Well, you're exactly right, and we do have a problem in terms of, in some circumstances, relatively new and novel services, like pain specialists, like addiction medicine specialists, like psychiatrists- those services are difficult to obtain for many Australians, and the reality is that most of the burden falls on general practitioners.

We've created for ourselves a health system where we have an expectation that GPs will bulk bill us. I can tell you, it's very, very hard to get your teeth into a major drug and alcohol problem, even for a long consultation which, in their wisdom, the Government values at about \$60. The health system is not set up to look after these people. The fact that people need to go overseas means that we need to do better with our services in the public system, and we need to support GPs as the people who do the lion's share of this kind of work day by day in our community.

ROSEMARIE MILSOM: Thanks for your time, Michael. It's interesting, because I thought you'd be- you know, being part of the AMA, you might get on and say don't go overseas, don't- you know, I think that your acknowledging we do have a problem here is quite significant.

MICHAEL GANNON: Yeah, that's right, and we understand why people choose to go overseas for dental work and for elective surgery. I wouldn't recommend it. If things go wrong in Australia, you've got the ability to have any complications addressed specifically. You've even got - dare I mention this one - redress to the regulator in the courts.

So if it all goes wrong in Southeast Asia or Latin America, good luck. And sadly, of course, the burden then falls on the public hospital system in Australia. So I think we're talking about two different issues here. We've always got to try and promote the best possible services here at home.

ROSEMARIE MILSOM: Thanks for your time, really appreciate it. That's Dr Michael Gannon, who is the President of the Australian Medical Association. Really interesting. I honestly thought that, being a doctor, he would have strong views about not going overseas for that, but, you know, acknowledging that we do have a problem in this country.

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