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Transcript: AMA Vice President, Dr Tony Bartone, Sky News, 10 July 2017

Subjects: Over-prescription of antibiotics

CAROLINE MARCUS: Australian GPs are prescribing antibiotics at up to nine times the recommended levels – a trend that could see the emergence of deadly super-bugs. New research published in the *Medical Journal of Australia* found as many as five million patients could have been prescribed antibiotics inappropriately. Joining us live now is Dr Tony Bartone, Vice President of the Australian Medical Association. Thank you for your time, doctor. Why is the over-prescription of antibiotics a problem?

TONY BARTONE: Good morning. The over-prescription of antibiotics is a problem because, world-wide, we've seen the emergence of what we call anti-microbial resistance – that is, resistance by bacteria to antibiotics, life-saving antibiotics in the past. And now with this emerging resistance, it's becoming more and more difficult to treat these resistant bacteria, and we've all got a role to play in trying to reduce that incidence and that spread.

CAROLINE MARCUS: So what conditions are antibiotics appropriate for, and which conditions are really- you wouldn't recommend antibiotics?

TONY BARTONE: So, antibiotics are essentially best used when we have a bacterial infection. So if we're talking about the common cold or the common winter illnesses, they're usually viral or respiratory-based infections, and antibiotics do not have a role in those infections.

But clearly, where there is a bacterial cause for either respiratory conditions or any other skin or other condition, of course it makes sense to use those antibiotics wisely and judiciously, because they are now becoming a very precious resource and commodity, and we need to consider that the pipeline of developing antibiotics is becoming smaller. We need to conserve the really good ones that we have and ensure that resistance doesn't spread across bacterial strains.

CAROLINE MARCUS: So doctor, this research found that Australian doctors are prescribing antibiotics at four to nine times the recommended rate. Why do you think it is that they're so prepared to do that?

TONY BARTONE: It's important to see that this study was between 2010 and 2015, and largely predates a lot of the initiatives that we've put in place from a Government and public health perspective to try and reduce that rate.

But if we look at reasons why it might be occurring, it could be any number of reasons. Sometimes we give a prescription as a delayed prescription, so if any one of a certain number of conditions occurs, that's when you start to take the antibiotics. Because we're such a busy society and people find it difficult to get to the surgery and what have you, or they're presenting at the end of the day, they've just picked up their little child from crèche and they've got the night ahead, and they don't want to be left with that fear or that concern - with a prescription that if this, or this, or this happens, it's a wise and informed decision to make in that two-way relationship with our patients.

We have this conversation and this discussion, where we try and give as much information and allow that with joint decision making as well and provide the information to give the patient some buy-in and some control over how the management plan needs to be effected.

CAROLINE MARCUS: So what is your advice to patients when they're seeking medical help? Even if a doctor prescribes them antibiotics, do they hold off, do they listen to whatever the doctor says, do they challenge that advice? What do you think people should do?

TONY BARTONE: It's important - as I said, health literacy is really nine-tenths of the plan. It's important to understand what role the antibiotics play, what is the condition, what is the likely cause of your condition, and what are the steps that you need to take, and then have an informed step-by-step process about, if you need to, or what other measures are much more likely to produce an evidence-based result? Often we know that it's just fluids, rest, and time will cure the vast majority of respiratory conditions, especially in the winter time.

TOM CONNELL: Tony, you're being quoted today as saying that doctors are afraid of missing infection, which is part of this over-prescription. We've been talking about this issue for a while; it doesn't seem to be going away. I'm curious, do doctors need to almost be bold enough to let a possible infection go, have a patient deteriorate, but then if it does get to that point step in? Is that the sort of measure we need to do and be comfortable with?

TONY BARTONE: I don't think that's what we're advocating here. If we look at other parts of the world where they take a much more interventionist approach, there's often more investigations done to prove or disprove that it's viral or bacterial – swabs, blood tests, et cetera.

We tend to try and make a timely and informed and a considered decision with the patient, based on both the appropriate use of our scarce health resources, but also the time constraints of the patient. Often we would say, 'look, if it's no better in the morning, bring the child back', but that doesn't work for a lot of parents or other people in the community because of their busy lifestyles, or their inability to get back, or a number of other factors.

So I don't think we can just be bold and blasé about, you know, wait for it to get really worse before starting to intervene. But, you know, it's a very, very clear point you make. We do need to ensure that, especially in this day and age when information is king, we do seek to cover all likely possibilities and give the information to cover anything else that may eventuate.

TOM CONNELL: Well, you mentioned mothers not being able to come back the next day, I guess. Does that open the door to something that I know you're not a huge fan of? You might have an initial consultation with the doctor in person, the next day you can see someone online in the morning, it hasn't gotten any better, get a prescription, rather than just go, 'well, we're short of time, have the antibiotics' the first time you see them.

TONY BARTONE: What it does open up is that there might be a conversation the next morning with the doctor that you saw with the practice that you attended, because it's about continuity of care. We don't want to fragment that care because that's when problems occur, that's when things are missed, and that's when things fall through the cracks.

So perhaps, in the future, an online consultation with your GP the next morning, or a phone call at this stage, relaying back the information overnight – the temperature, what's happened, what are the symptoms – and it might be then that, again, that two-way conversation that leads to the introduction or the starting of those antibiotics.

CAROLINE MARCUS: Dr Tony Bartone from the Australian Medical Association, thank you for your time and advice this morning.

TONY BARTONE: My pleasure, thank you.

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