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Transcript: AMA President, Dr Michael Gannon, SKY News, 10 August 2017

Subject: Australian B3 Research, Marriage Equality, Codeine.

ASHLEIGH GILLON: Joining us now live from Perth is the Australian Medical Association President, Michael Gannon, who is also an obstetrician. Dr Gannon, thank you for your time. How significant is this announcement? Do you expect we will now see a dramatic decrease in birth defects and miscarriages as a result of these findings?

MICHAEL GANNON: It might be a bit premature to say that there will be a dramatic fall in the number of miscarriages; 90 per cent of miscarriages roughly occur due to chromosomal abnormalities which are basically related to the age of the mother and her eggs, rather than any vitamin or mineral deficiency. But it is exciting news. It's another example of the fabulous medical research that gets produced in Australia and it gives great hope that we might be able to reduce the risk of at least some forms of serious birth defects.

ASHLEIGH GILLON: Will you now be advising your pregnant patients to take vitamin B3 supplements?

MICHAEL GANNON: I think it's a bit premature for that. Let's not forget that vitamin B3 is found all throughout nature and it's only a very small number of women that might be expected to be deficient in this. Having said that, I've heard the comparison made today with folate and that's a fair comparison because we recommend that women take doses of folate much greater than those available in a healthy diet. That, interestingly, was research- the proof that folate reduces the risk of neural tube defects is also research that substantively came from Australia - in fact, from here in Perth. It's a bit premature to say that women should be loading up on vitamin B3, but we look forward to the next level of studies to see whether that advice is appropriate.

ASHLEIGH GILLON: Dr Gannon, turning to the same-sex marriage debate, ballots, as well know, are yet to be sent out and already we're seeing the children of gay parents being described as the stolen generation among other things. Are you worried that there are going to be health impacts of this debate?

MICHAEL GANNON: Well, certainly that's one concern that the AMA has and you'll be aware that we've come out recently with a statement very much in favour of marriage equality. What we've been silent on is the politics of exactly how we get to that discussion. I mean, I reject the notion that the Australian people are not capable of having an honest debate. But it is inevitable that there will be some commentary that some people will find harmful. So I'm pleased to see there's been movement on the issue. I'm pleased to see that people will get their say. I do hold some fear that there will be some less than savoury commentary, but overall I would support the idea that the Australian people is allowed to have its say. And the overwhelming majority of Australians, I believe, are capable of conducting this conversation in a way that's respectful.

ASHLEIGH GILLON: Yesterday, the former Prime Minister, Tony Abbott, had this to say about children of same-sex parents. I'll just let you have a listen to this first before you react to it.

[Excerpt]

TONY ABBOTT: Single parents, same-sex parents obviously do the best they can for their kids but there is nothing wrong with saying that ideally, kids should have a mother and a father.

[End of excerpt]

ASHLEIGH GILLON: So, there's a suggestion that same-sex parents are not the ideal scenario for children. There have been other suggestions in other quarters that somehow it's unhealthy for children to be brought up by same-sex couples. Is it important, do you think, that our political leaders, that figures in the medical world like yourself call this out? I mean, my understanding on the studies on this - the evidence here - is that various studies have found quite the opposite; one major study finding that children of gay parents actually fared better in terms of health and wellbeing than kids in traditional family set-ups.

MICHAEL GANNON: Well, I think it's important to separate a couple of the issues here, Ashleigh. No-one here is debating the pros and cons of same-sex parenting. There are tens of thousands of children that have grown up in very loving, very stable homes where the parents are same-sex attracted. No-one here is arguing about access to in vitro fertilisation and other assisted reproduction for gay and lesbian people. That's not the debate. The debate here is about marriage equality. So I think it's important that we talk about what we're talking about. Now, I would defend the rights of the former prime minister to have his own view - I don't agree - but I think it's really important that people feel free to have their say, as long as they're saying what they're saying in a respectful way.

The majority of the medical evidence presented to Federal Councillors of the AMA, like myself, who came up with our marriage equality statement earlier this year, suggests that there's not evidence. What is undeniably the case is that a loving home is the right environment for a child to be brought up, and whether that's with one parent, two parents or, let's face it, some children grow up in a house effectively with four parents, with really close involvement of the grandparents. If it's a loving and stable environment, that child's given the best chance in life.

ASHLEIGH GILLON: Labor and the Greens have been warning that some in the LGBTI community may be so distressed by this debate that we could see hikes in depression rates, in suicide rates. Is that an overreach or is it actually a realistic outcome, do you think, if this debate does get uglier? I mean, critics of this argument are saying well, we haven't seen that sort of evidence on mental health impacts when this debate has been had in other countries like in Ireland recently, for example. What's your view?

MICHAEL GANNON: Well, I think the view is that the Australian people can be trusted to have their say on contentious issues. We are a compassionate people. We are a community that has, over the last generation, welcomed gay and lesbian people to be very open about their relationships. The reason why this issue was so important for the AMA is that we have so many members. Every day we work with nurses, with physiotherapists, with other people in hospitals and community health settings who are openly gay or lesbian. They are our brothers and sisters. They are our work colleagues. But equally, I reject the idea that people can't have their say. I've written a lot of letters - even as recently as today - to members who are unhappy with our statements. But the letters that have been written to me and my responses have been respectful in acknowledging that people can have different views in our community on potentially divisive issues. But no one opinion's more important than another.

ASHLEIGH GILLON: So, just again though, do you think it is an overreach to suggest that depression rates could go up and that this sort of debate during this postal plebiscite could see people actually taking their own life? Is that an exaggeration in your view?

MICHAEL GANNON: Look, I'd be horrified to think that was the case, and it could well be an overreach. I suspect that what will happen during this community debate is that there will be

a lot of positives, and there will be a lot of same-sex attracted people who might be nervous about coming out, who might realise that their choices in life are made very welcome. I think that the mood of the community has changed on this issue a great deal in the last five or 10 years. I reject the idea that the Australian people can't be trusted to openly discuss issues which are potentially divisive. Everyone should be allowed their say.

ASHLEIGH GILLON: Dr Gannon, on another matter that I know you've been focusing. We know that from February next year the TGA has decided that pharmacists will no longer be able to give out codeine without a prescription. It's going to affect drugs like Panadeine, Panadeine Extra, Nurofen Plus, along with some cough and cold medicines. The Pharmacy Guild is warning that this is going to lead to a black market for codeine, it could see GPs overloaded because patients will need extra appointments to get a prescription; and they argue that the TGA is being overly cautious. What do you make of the Guild's idea for a compromise, which could see pharmacists sell customers in acute pain small quantities of these sorts of products? Could that be a workable solution?

MICHAEL GANNON: I think this is an appalling intervention by the Pharmacy Guild, and they've just plain got the science wrong here. We know more and more that there are a significant proportion of the community where codeine-containing preparations offer no additional benefit over that afforded by the paracetamol or the anti-inflammatory drug. We also know that, due to differences in our metabolism, there are a lot of people who metabolise this drug in a way that it is every bit as potent as morphine or pethidine. And if you look worldwide, in the United States, Australia, there are increasingly more and more deaths due to codeine overdoses, and more and more it's leading people to heroin addiction. The guild is just plain wrong. This is a good change. They should listen to the umpire. The TGA has looked at the science, they have looked at this carefully, and I'd be horrified if State Parliaments acceded to any pressure from the Guild on this. The umpire's got it right; let's listen to their decision. These preparations need to be very carefully prescribed and dispensed.

ASHLEIGH GILLON: And this isn't just part of power play, a power war between pharmacists on one side and GPs on the other? I mean, it's pointed out that the majority of people do the right thing. Pharmacists are saying that they can be trusted to use some judgement about their customers and know who really needs codeine. They point out they do already have the ability to track the use of codeine as well through a national database. Surely that program could be extended to try to cut down on some of the fears that you just explained as to how this drug's being used.

MICHAEL GANNON: Look, if only that was the case. I have concerns about our ability to monitor prescription of drugs like codeine and benzodiazepines in real time. They are increasingly drugs of abuse. They are increasingly drugs that are trafficked. We need to do so much better. And the TGA - the Therapeutic Goods Administration - have a group of earnest scientists that have looked at the evidence, and the evidence has emerged that this is not the drug we thought it was. It's no exaggeration to say that codeine is a gateway to heroin use. Recently I saw a piece on its use in the United States, where opioid deaths are far more common than gun-related deaths. The umpire's looked at the evidence; this is a drug that's ineffective in many Australians and just plain dangerous in many more. It should be used judiciously. GPs need education on when to and when not to use it, and we look forward to the changes next year.

ASHLEIGH GILLON: Are you seeing- are we starting to see people stockpiling on codeine while they can before the February ban kicks in? And how worried are you that we could see a growing black market?

MICHAEL GANNON: Well, what I would say to people who are stockpiling codeine is to look at the evidence. The evidence shows that it does not add a great deal in terms of analgesic effectiveness. Now, a lot of people will question that because they've got very used to grabbing

for the Panadeine when they've the extra bad headache, or the extra bad ache or pain. But for the majority of them, it's not doing them any good, and for a significant minority, it's causing them a great deal of harm.

ASHLEIGH GILLON: Michael Gannon, the AMA President there, joining us

11 August 2017

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