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**ATLAS IDENTIFIES VARIATIONS IN HEALTH CARE BUT NOT THE CAUSES**

AMA President, Dr Tony Bartone, said today that the *Third Australian Atlas of Healthcare Variation* provides a statistical, wider-population overview of the health system that, when considered along with the many other variables at a local level, has the potential to lead to improvements in clinical decision-making and the allocation of medical services.

Dr Bartone said the Atlas series identifies high-level variation in health care use by region, but does not satisfactorily explain the causes or offer solutions.

“The reasons for any observed variation in health service utilisation reflect regional differences in people’s health care needs, variation in the patient’s treatment preferences, or other factors that require further examination,” Dr Bartone said.

“Some variation in patterns of health care utilisation should be expected.

“Once any variation is identified, the next step is identifying good variation from bad variation, and investigating the cause.

“It is very important for policymakers to be clear what the Atlas data is and isn’t. It is good at highlighting variation in health utilisation at the regional level, but it is not good at explaining why.

“The Atlas must be considered a statistical guide only, and is definitely no substitute for clinical experience and expertise.

“For example, it is important for health care providers to be aware of the latest evidence guiding the optimal gestation period for newborns. But it is also important to remain measured when interpreting the hospital data.

“In reporting variations in caesarean sections, the Atlas claims that up to 60 per cent are being performed before full term without a medical reason.

“There is an implication that these are ‘sinful’ caesareans done before 37 weeks for no good reason.

“In fact, the most recent available data from the Australian Institute of Health and Welfare (AIHW) estimates that only about 1.6 per cent of births in Australia are truly maternal-request caesareans.

“The same data shows that less than 9 per cent of caesarean sections are performed before 37 weeks, and these are almost always because of problems such as hypertension, breech labour, or bleeding.

“About one third of caesareans performed before 37 weeks are emergency cases.

“The real-life, real-time patient experience is a better clinical indicator than statistics in many areas of medical practice.”

Dr Bartone said the AMA fully supports efforts to continually improve the level of safety and quality, and the delivery of evidence-based, high-value care.

“Clinical stewardship is a core tenet of the AMA Code of Ethics,” Dr Bartone said.

“But clinicians must always retain the autonomy to exercise professional judgement in the care and treatment of their patients.

“The analysis in the Atlas typically analyses the utilisation levels of a single health care service in isolation.

“Patients are more complex than this, and rarely have a single condition or health care need. Patients frequently present with multiple conditions with multiple causes.

“A treatment that is high value for some patients might be low value for others. Clinician-led care takes the whole patient into account before advising treatment options.

“This does not mean there is no room for improvement. Governments must acknowledge, however, that the greatest successes in boosting evidence-based care and reducing low-value care are clinician-led, based on reliable patient data.”

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