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**Transcript:** AMA Vice President, Dr Tony Bartone, Doorstop, Melbourne, Wednesday 17 January 2018

**Subjects:** Medicinal cannabis; Private Health Insurance

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**JOURNALIST:** Dr Bartone, thank you very much for your time this morning. So today, the Victorian Government has announced it will expand its medical marijuana sector and make cannabis products more widely available to severely sick children. What's the AMA's position on this?

**TONY BARTONE:** The AMA's position on medicinal cannabis remains and continues to be one of support for the clinical trials to establish clinical guidelines, and then - and then only then - wider promulgation throughout the community if needs be. We need the evidence and we need the clinical guidelines and the validation of the local product in terms of dosages, formations, composition, to assist us in then determining where, when, and how its place will be. It's still early days, we're very much guided by international evidence but we need the local evidence to validate and further give us the information required to then determine its exact goal.

Evidence to date has been clearly that it is not going to be a first-line product. It has really got a specific niche in terms of some specialised neurological conditions, conditions involving the cachexia of chemotherapy, and of AIDS, of multiple sclerosis, and other neurological conditions. So, we're talking specific conditions and not as a first line, but more in terms of refractory cases or difficult cases, and that's what the clinical guidelines would give us information about. We're supportive of the trials, we're supportive of the fact finding, and then - and only then - as the evidence dictates will we then see a wider usage if it's deemed appropriate.

**JOURNALIST:** This particular trial that was talked about today involved 30 children. They say that they're going to be expanding that to 60, and they're saying that when the local products become more widely available, they'd like to further expand that to about 90. So, the way things are going at the moment, the focus that the Victorian Government is putting on medical marijuana; do you see this as being beneficial in the long-term? Where do you see this going?

**TONY BARTONE:** These trials will be very instructive in terms of the long-term usages and availability of medicinal cannabis in Australia, so it's important that these trials are completed and are resourced as appropriate. The announcements will then see those trials become more robust and more detailed, allowing further evidence and further information to be gleaned and obtained. It's a positive step, but it's still another piece of the puzzle that needs to be put together before we can significantly depend upon medicinal cannabis having a regular role in the treatment armamentarium in Australia.

**JOURNALIST:** So, the Victorian Government this morning has obviously been talking up the benefits of the treatment. This is for 30 children suffering severe epilepsy. They're saying that it does improve the quality of life and they'd seen significant changes in these cases. What specifically would you have to be put in front of you for you to be more supportive and more open to the usage of medical marijuana?

**TONY BARTONE:** Let's be very clear about this; what we want to see is the gathering of information, the evidence and the research to validate the clinical guidelines. As that is all obtained, as that's all put together, then we can establish a clear pathway in terms of the where, the when, and the how. And that's what we're about. Once the research is there, once it's really validated in terms of the conditions, the dosages, the local product, et cetera, then the clinical guidelines will be developed, and that's what we've said all along, and then there'll be a place for it in terms of the treatment scale, the treatment options for doctors in Australia. At the moment, we're still very much in its infancy, and these trials are about obtaining the information, the foundations on which to build the recommendations going forward.

**JOURNALIST:** Are you personally, as a doctor, seeing some of these results that have come out, do you agree that this does have the potential to improve the quality of life?

**TONY BARTONE:** Information obtained from around the world suggests that there's a role in certain difficult cases, of refractory cases, of paediatric epilepsy, of multiple sclerosis, the cachexia or the wasting that goes along with HIV and post-chemotherapy. So there are some roles for it, potentially, and what we need to do is rapidly try to get the information and the evidence to do that. What we've seen to date is that there is potential for it; we need to really validate and really build upon that potential so that we're very clear about when we can offer it and how we can offer it. Whatever the evidence dictates, whatever the evidence shows, is what you will see clinicians really then offer to their patients, because that's what they want to do: offer their patients the very best of care, and world-class care at that.

**JOURNALIST:** Epilepsy Australia have said that the treatment is basically like any other drug: what works for some may not work for others. They're calling this a development, but not necessarily a silver bullet. Is that accurate? Is that an accurate description?

**TONY BARTONE:** It's quite likely that, at the end of the day, medicinal cannabis will have a significant but very small role to play in a suite of options to offer. It won't be a first-line therapy for established conditions, but it's more where we've got difficult or what we call refractory cases, cases which have not responded to first or second or third line options. So, it's about understanding that it isn't going to be a magic option that we can use in any difficult case, but we're going to be guided by the evidence, and at this stage it's still working through that, and the indications are small and potentially not that expansive, but we'll be guided by what comes through the pipeline.

**JOURNALIST:** And the Government is now sort of pushing for these sorts of products to be introduced into the Pharmaceutical Benefits Scheme. Do you see that as likely to happen?

**TONY BARTONE:** The PBS offers the Australian public significant benefits in terms of access to world-class medicines at an affordable price. All the medicines on the PBS are guided by a significant amount of evidence, research, and clinical guidelines. We need the same to be available for any new medication that comes on that - not just medicinal cannabis, but any new medication. Health dollars are scarce, and we need to make sure that they're being used for the widest benefit of the entire community. When and how the information comes through will then determine what place it has on the PBS.

**JOURNALIST:** And finally, Dr Bartone, the Victorian Government is sort of pushing themselves as being the most progressive on medical marijuana. Do you see more States and more Territories sort of taking a more lenient approach to it and trialling it more widely?

**TONY BARTONE:** It's not a case of any government being more progressive or more ahead of the curve. It's about essentially the whole Australian regulatory community, and

governments need to come together and make sure that all Australians benefit. The Victorian Government may be leading the way on this at the moment, but it's important that all Australians get to benefit from any potential benefits from medicinal cannabis. So, the regulations and all the other regulatory regimes need to come together to ensure that whatever access is required, whatever needs to be developed, is uniform around the country and equitable in terms of any clinical guidelines that are shown to be of benefit to patients.

**JOURNALIST:** [indistinct] the AMA's position on the health insurance premiums?

**TONY BARTONE:** What we've seen today is the announcement of increases in private health insurance. It's concerning that these increases are not being matched by increasing value. Right along we've said that private health insurance needs to deliver more value to patients, more value to consumers, to make their products both affordable and attractive. Every day, Australians are making decisions to opt out of private health insurance. These increases will only bring that question even further into light. We need to ensure that Australians keep their private health insurance, because the private health system delivers significant benefits to the entire health system. It takes the pressure off the public health system, and any decision of Australians to continue to opt out of private health insurance will only put pressure on an already overburdened public hospital system.

**JOURNALIST:** What do you make of the industry calling for an increase to the Medicare levy, though, at the top end?

**TONY BARTONE:** Private health insurance is already the beneficiary of significant tax incentives by the Government. Further attempts to increase the taxation requirements or the taxation demand on Australians to support private health insurance is only going to deliver less of an attractive option.

Calling for an increase in the Medicare levy still avoids the issue at heart. The issue is one of value. We need a product that delivers more value to the Australian public, to the Australian consumer. Forcing them, by using a stick of an increase in the Medicare levy, is to miss the issue on the table. The issue on the table is that the product lacks value, it lacks clarity, and it lacks transparency. Consumers need more value, more transparency, more clarity in what they're purchasing, so that when they need their insurance and they make a call on their insurance, they know exactly what they're going to get and they're not left with a nasty surprise. That's the issue on the table. That's what needs to be clarified. Using a stick is to only create a further disincentive to maintaining the insurance that's required.

**JOURNALIST:** Who's going to hurt the most with these increases?

**TONY BARTONE:** Private health insurance is a significant cost. It's a significant cost for all families who are doing it very tough at the moment. And when you consider that increases are running ahead of inflation year on year, that puts on even further burdens. We know that Australians are opting out at significant rates, and any decision to continue to opt out will ultimately put stress on the system. People doing it tough, people on the margin, people who are average weekly wage earners will be maybe looking at their insurance, making a decision on whether to maintain that. They'll have to see whether the household budget can sustain these increases, and if you've got a product that's increasing in cost, but still delivering poor value, well the decision becomes an easier one for a family that's struggling.

**JOURNALIST:** But is it a positive sign that it looks to be less than a 4 per cent increase, that that's quite low compared to previous years.

**TONY BARTONE:** The increase is lower than previous years, but we need to remember that's significantly ahead of the rate of inflation. Consumers are doing it tough, families are doing it tough, wages are not growing, and in that environment there's cost pressures building in the average family budget. These costs, even though around 4 per cent, will still put an increased burden on people who are finding it difficult to make ends meet, especially if they have a product that's not delivering them any value; especially if they have a product that's too difficult to understand; especially if they have a product that's left them with a nasty out-of-pocket experience. At the end of the day, when they've made a call, or even worse still, left them not being covered for a condition they thought they were covered for after being years and years a member of their fund.

**JOURNALIST:** Can you just explain [indistinct] junk policy, and what health insurance companies are sort of selling these [indistinct] or aren't up to standard?

**TONY BARTONE:** Essentially, we believe that any policy that fails to deliver what you believe you're covered for and doesn't have the clarity or the information or transparency about what you've purchased, is a junk policy. There are a number of policies out there that only do no more than really, basically, cover you for public hospital treatment. We need to ensure that there is clarity. We need to know that there is also consumer information about the type of product - a premium, a middle of the road, and a basic product - that does more than just cover you for public hospital treatment. There needs to be information about restrictions and any exclusions. We don't support restrictions on policy, and it's important that consumers are fully aware of what they're covered for in any environment and in any situation when it comes to in-patient costs of any health treatment that they obtain.

**JOURNALIST:** What are you calling on the Government to do?

**TONY BARTONE:** There is currently a review committee looking at exactly this. We are calling on the Government to ensure that all parties, all stakeholders, sit down and try to improve and clarify for consumers, for the Australian public, both the types of policies, streamline the number of policies. There are far too many policies out there, in excess of tens of thousands of policies, with significant restrictions, caveats, exclusions, fine print. It's just too much. You need a degree to read those policies through.

It needs to be an opportunity for the average consumer to make informed decisions and to be able to compare policies. With so many thousands of policies, it's impossible to compare and still you may have a policy that doesn't cover you for what you really need in your particular phase of life. There's no point paying years and years of health insurance if, when you really need it, it isn't worth the paper it's written on.

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