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Transcript: AMA President, Dr Michael Gannon, Channel 7, *Weekend Sunrise with Michael Usher and Monique Wright*, Saturday 17 February 2018

Subject: Avoiding unnecessary medical procedures.

MICHAEL USHER: Well how many Australians are having surgery they don't really need? That's the question being asked again this week after another medical procedure was added to the list of unnecessary, wasteful and risky medical procedures.

MONIQUE WRIGHT: From now on doctors are being urged not to recommend spinal fusion to treat unexplained back pain, with statistics showing half of all such operations are actually unnecessary. This follows another report just over a week ago that shows thousands of Australians are undergoing unnecessary knee and hip replacements.

MICHAEL USHER: So what are the questions you should be asking to make sure you're getting the right treatment? Joining us to discuss this issue is Australian Medical Association Federal President Dr Michael Gannon, medical negligence lawyer Mal Byrne and NPS MedicineWise client relations manager Dr Robyn Lindner. Good morning to all three of you. First you, Michael, are some doctors deliberately advising patients to have surgery when there may be other treatment options available?

DR MICHAEL GANNON: Well, quite the opposite, I'd say, Michael. The reality is that every day thousands of patients are told by GPs that the answer's not in a packet of pills and certainly not in an operation. You used the example of spinal fusion surgery. GPs go mad telling patients they need to lose weight, do exercise, turn up to the physio. Spinal fusion is an operation that is rarely the answer. The important thing is that when it is appropriate the doctors maintain the freedom to recommend it to patients.

MONIQUE WRIGHT: Yep, okay, yeah. Hear what you're saying. Mal, you're a medical negligence lawyer. Have you seen many cases of doctors putting people under the knife when rehabilitation or pain management may have been better options?

MAL BRYNE: I have seen people who've had total knee replacements or total hip replacements who've had a bad outcome because something's gone wrong during the procedure or they were ill-advised to have the procedure in the first place. And they end up in more pain and with more restriction of movement, yes.

MICHAEL USHER: Robyn, your initiative Choosing Wisely aims to improve the quality of healthcare by eliminating unnecessary and sometimes harmful tests and procedures. What are the five key questions that you're urging patients to ask their GP or healthcare provider?

DR ROBYN LINDNER: So, Choosing Wisely Australia is really trying to encourage better conversations between health professionals and their patients. But we know that people don't always know the questions to ask. So the five questions that we're encouraging people to ask are, firstly: do I really need this test, treatment or procedure? What are the risks? Because we know there are risks and benefits to everything, so understanding those is really important. Are there simpler or safer options? So, sometimes a lifestyle change might be the best solution. What happens if I don't do anything? So, sometimes a bit of cautious, watchful waiting can be the best option in the first instance, to see how things progress. And then finally, understanding what the costs are. And that's not necessarily just out-of-pocket financial costs but understanding what the costs are with regard to things like your time, and the emotional cost in terms of taking a particular path.

MONIQUE WRIGHT: Yeah. Robyn, what about getting a second opinion? I just heard of someone yesterday that was saying that their child had been told by an ophthalmologist that they needed \$6,000 worth of work done. They then went off and got a second opinion from a university and had every test under the sun done and in fact nothing was needed at all. So how important are you saying a second opinion can be?

DR ROBYN LINDNER: Well, I think it's about unpacking those questions that I just mentioned and understanding what are the options and alternatives so that you really have a full picture about what is available to you. And so you can make an informed decision about those options, and understanding the risks associated with each one of those.

MICHAEL USHER: Michael, there was a report that said up to a third of medical procedures are being done unnecessarily. I'm a big believer in a good conversation with your GP. What's your response to that, what's your opinion?

DR MICHAEL GANNON: Well, the first thing I would say is that those questions put forward by Choosing Wisely are entirely appropriate. We're strong supporters of that. The reality is that patients leave doctors' rooms every day, GPs, other specialists, being recommended to have expectant management. A conservative, non-operative, non-drug-related plan. That's entirely appropriate. Doctors shouldn't be threatened by these questions and watchful waiting is often the answer.

MONIQUE WRIGHT: Mal, there seem to be a lot of lawyers who, like you specialise in medical negligence. What do you say to the accusation that it's in fact the fact that we're such a litigious society now that is really harming our healthcare system?

MAL BRYNE: Well, I can honestly say that I've never had anyone come to see me wanting to sue an orthopedic surgeon because the surgeon's recommending conservative management of a joint problem rather than surgery. They come to see me because the surgeon's recommended surgery and they've had a bad outcome. So if you reduce the number of unnecessary procedures taking place you'll reduce the number of people going to see lawyers.

MONIQUE WRIGHT: Michael, what do you say to that?

DR MICHAEL GANNON: Well, again, I would say that most doctors are conservative when it comes to recommending operative management. Often it's the case that patients themselves are pushing the idea. Again, we're talking here about osteoarthritis of the hips and knees. For so many people, physiotherapy, regular paracetamol, exercise, weight loss are the answer. But it's often patients who are driving the quick fix. And I'm not happy with any slur on my orthopedic surgeon colleagues. They provide a way back to full functioning, better functioning, both in the workplace, looking after grandkids, enjoying sports, every day in patients around Australia.

MICHAEL USHER: But Michael, it can't all be patients pushing surgery. There must be a section of doctors out there. And certainly Bond University, there's research there saying there is a fairly small group of doctors who do push unnecessary surgery and procedures.

DR MICHAEL GANNON: Well, I think the word unnecessary is in the eye of the beholder. And one of the things we must do is we must look at clinical guidelines, make sure the doctors are looking at those. When they recommend surgery we want the highest quality of surgical care.

But the care that a patient needs is best defined within the patient-doctor relationship. It's certainly not best defined by a clerk in a private health insurance office. We don't believe in managed care. We believe that the patient knows what they want and the doctor's usually in the best position to recommend the most appropriate form of treatment.

MICHAEL USHER: All right. Thank you all for joining us this morning on this contentious subject, I think it's fair to say.

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