

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website: <http://www.ama.com.au/>



Transcript: AMA President Dr Michael Gannon, 2UE Sydney, 20 June 2016

Subject: Out-of-pocket surgery costs

BILL WOODS: Okay let's talk about something else quite extraordinary and that is the... I say this as a quote... concept of narcissistic surgeons charging cancer patients exorbitant fees for again quote flashy surgeries that is not disclosing the full financial burden of equally effective alternatives in the public health system. Now cancer researchers are claiming this and they've had a fair bit to say about it, that's a report that's been released today and the President of the AMA's Dr Michael Gannon, he joins us now, thanks for your time Doctor.

MICHAEL GANNON: Yeah good afternoon Bill.

BILL WOODS: First of all is there any basis to this? They reckon the practice extends across a lot of specialities from surgery to chemotherapy. It does suggest that prostate cancer patients were especially prone to being gouged for tens of thousands of dollars in additional medical costs. What do you think?

MICHAEL GANNON: Well of course, there are no rules on how much a surgeon can charge for an operation and if the Government wanted to bring in such rules, they'd face resistance from groups like the AMA. A very key ethical principle is that we believe in the rights of doctors to charge a reasonable fee. Now, I would use the word reasonable very carefully because I don't think anyone can justify bills of \$20,000 or \$30,000 for an afternoon's work. I think that those colleagues of mine who do things like this diminish all of us.

BILL WOODS: Yeah well, it says here the most brazen example was robotic surgery for prostate cancer. The professor in charge of this research claims it attracted out of pocket fees between \$15,000 to \$30,000 despite there being no evidence to suggest this kind of surgery offered the patient a better outcome.

MICHAEL GANNON: Well robotic surgery is very exciting. It's the new frontier, and prostate cancer surgery's probably one of the areas where there is some evidence that it does have a... that it is beneficial. I mean, one of the things that we worry about with men who have prostate cancer surgery is that the margins of even a few millimetres can be the difference between being continent and not being continent, and being impotent and not being impotent. Now obviously, they're really important things, and they would be the first things that I would ask if I was lining up to have prostate surgery for benign or malignant disease, and there is some evidence to suggest that the robot might be better. Now obviously, when you're talking about young men who are hoping for a cure but... hoping not only for that but to return to full function, they want the best, and out-of-pocket expenses for robotic surgery are a reality but I would encourage patients to ask questions, and it is horrible to think that patients are being pushed down a road of having surgery and facing bills that are, let's face it, out of reach for most ordinary Australians.

BILL WOODS: And I've discussed this before with various medical practitioners, not in this specific case but in others relating to the subsidy of the health system, and that is the problem with medical services... a lot of times the patients and their families are traumatised at the time of the consultation and they... it's not for them, like shopping for a car or you know, a fridge,

they don't... they forget to ask those questions don't they, and I guess it's hard to imprint that on them?

MICHAEL GANNON: Well you're exactly right, Bill too, and it's not the case of shopping around like buying a new TV, it's... the health system can't sustain it such that someone goes around and sees four different specialists and sizes them up and decides which one they like the most. It's incumbent on every individual doctor to think before they levy fees, to give patients appropriate informed financial consent and, when they are talking about gaps above and beyond what private health insurance will pay, to really be fair and reasonable in thinking about people's means. I've heard these stories in the past. I've got a very clear view that ethically it's appropriate that doctors are allowed to levy their own fees, but those doctors who charge amounts like this, unreasonable amounts, especially with desperate, anxious, scared cancer patients... I think they diminish themselves, and I think they diminish our profession as a whole.

BILL WOODS: You don't think there's too many of them?

MICHAEL GANNON: I would hope it's a small minority. I can't think of a single operation that's worth \$30,000 for an afternoon's work. I think that when we're talking about specialist doctors, surgeons, they are highly trained, highly skilled... I reflect on myself, I did 17 years of training to get to where I got. I hope that my skills and my time are worth a fair fee but, when you start talking five figures for an afternoon's work, I think that is unreasonable, and I wouldn't defend it.

BILL WOODS: Alright Dr Michael Gannon, I presume of course the AMA as part of its function, I don't know whether you call it policing but certainly encourages the genuine behaviour from its members, thanks for your time.

MICHAEL GANNON: Pleasure Bill.

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CONTACT: Kirsty Waterford

02 6270 5464 / 0427 209 753

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