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**Transcript:** AMA President, Dr Michael Gannon, with Ashleigh Gillon, SKY News, 23 August 2017

**Subject:** Drug Testing Welfare Recipients, Private Health Insurance, Asylum Seeker Health.

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**ASHLEIGH GILLON:** Welcome back to *The Latest*. Well, the southeast Queensland town of Logan has been named as the second site for the Government's trial of drug tests for welfare recipients. A spike in drug-related issues led the Government to Logan, with 2500 people expected to be tested.

[Excerpt]

**CHRISTIAN PORTER:** We've seen internal data inside the Department of Human Services which shows that the number of people in this catchment area who are using drug and alcohol problems and abuse as a reason for not turning up to important appointments like job interviews has, in two years, increased by 162 per cent. We've also seen a five-year trend of 77 per cent increase in the number of drug offences in Logan and surrounds.

[End of excerpt]

**ASHLEIGH GILLON:** For more on this, joining us live now from Canberra is the President of the AMA, Dr Michael Gannon.

Dr Gannon, appreciate your time. I know that you've written to the Minister, Christian Porter, to express your concerns about the Government's plan to drug test some welfare recipients. You've said there's no evidence that this strategy will work, but isn't that the whole point? That this is a trial. The Government's keen to test if this strategy has merit. Should we be holding off judgement until the trial's actually got underway?

**MICHAEL GANNON:** Well, not only is there no evidence that it would work. It's mean and it's unlikely to help. It's highly likely to further marginalise a group of people that are already struggling. Not many people choose unemployment. The ultimate aspiration that Minister Porter would have, that I think we'd all have, is that we create an environment where people on welfare are able to return to employment, to return to productive lives in one way or another, and I'm not surprised that there are higher rates of illicit drug use, I'm not surprised there are higher rates of alcohol use in groups like this, but I'm not sure that these measures will do anything to assist these people getting back into the workforce.

**ASHLEIGH GILLON:** If you're found to be wrong, and it's proven that these measures do help people get off drugs, the rehabilitation and support programs being offered for those who test positive, are you keeping an open mind for changing your view on this? Because health workers, of course, want more help for those with drug problems, and that's what the Government's promising.

**MICHAEL GANNON:** Well, certainly if the rehabilitation facilities are available, if the health care is available and people can be redirected in that way, then of course we would welcome it, but the truth is that services for drug and alcohol rehabilitation throughout the community are stretched, they're inadequate, and shaming people who are already struggling won't necessarily help.

**ASHLEIGH GILLON:** Those who test positive to drugs could have up to 80 per cent of their welfare payment quarantined on a cashless debit card if they do fail the test. What is the AMA's position on that cashless debit card that I know is already being used in some

Indigenous communities? Would you like to see it rolled out more extensively? Does it promote healthier living, in your view?

**MICHAEL GANNON:** Well certainly, these are complex policy issues and I don't claim to have the answer for all of these. What we do know is that for many people in Indigenous communities and in non-Indigenous communities, a significant proportion of disposable income goes on alcohol, on tobacco, on illegal drugs, and of course we would like to see that diminished. Where you draw the line in terms of the responsibility you give individuals, the freedoms you give them, that is a keenly contested area, but we do have concerns about this proposal. We want drug use, alcohol use to be treated more as health issues than punitive issues. We've stated this in our addiction policy earlier this year.

**ASHLEIGH GILLON:** Now, you are there in Canberra today because you delivered a speech to the National Press Club today. In that speech, you were warning that you think we're at risk of drifting towards a US-style health system where insurers hold too much power. What are your specific concerns?

**MICHAEL GANNON:** Very simply, we believe that the care that a patient should get should be the central consideration of the doctor-patient relationship. Whether someone needs surgery, some other form of treatment, whatever that might take, should be openly discussed between the patient and their doctor. We do not want to see a situation where it's a clerk in an insurance company which determines what level of care you're entitled to, if at all. So, preapprovals for surgery, exclusions of certain types of treatments, very expensive care; they are the hallmarks of the American system. The AMA will fight any move down that road.

**ASHLEIGH GILLON:** You said today that insurers publishing Uber driver-style customer ratings in relation to their doctors would be a bad move. Why, though? I mean, surely the more information that patients have the better. Doctors provide a service that patients pay for, why shouldn't they be able to see how previous patients have rated their level of care?

**MICHAEL GANNON:** Well, one of the things I said to the National Press Club today is that the insurers seek this additional power on the basis that they want to deliver more information on doctors' fees. Well, the statistics that have come out even in the last month show that 95 per cent of private episodes occur at a no-gap or known gap level, so that's a very easy fee to deliver to the patient. Over 88 per cent, the fee is zero. The insurers want to publish so-called quality data. Now, that might seem like a good idea, looking at complication rates, readmission rates, but we'd never want to see a situation where they are gamed, or that individual patients find themselves risked out of the private system because they're at higher risk of a blood clot, of an infection, of a readmission because of a drug and alcohol issue, or some other form of chronic disease. We never want to see these people denied care because doctors fear ending up on an insurance company's hit list.

**ASHLEIGH GILLON:** Now, one person who wasn't a big fan of your address at the Press Club today is the Greens leader Richard Di Natale. He's accusing you of having a political bias after you made some comments about the level of care provided to asylum seekers on Manus and Nauru. Just to clarify, do you think that the people there – these asylum seekers – are getting the level of health care that they deserve?

**MICHAEL GANNON:** When there's an allegation of inadequate health care for an asylum seeker or a refugee on Manus Island or Nauru, that information is often communicated to the AMA, and then we're in a position, once we have clearance from the patient, to talk about their confidential information to talk to the Chief Medical Officer of the Department of Immigration and Border Protection, and we have had many wins behind the scenes, very quietly, very carefully, without fanfare over the past 12 months or so. I value that relationship with Dr John Brayley, I value the relationship with the hardworking doctors, nurses, other health staff that are doing their best to provide care on these islands, and I don't intend to grandstand on it, and I'm disappointed with Senator Di Natale's comments.

**ASHLEIGH GILLON:** Dr Michael Gannon, the President of the AMA. I appreciate your time with us on *The Latest*.

**MICHAEL GANNON:** Thank you, Ashleigh.

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