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**Transcript:** AMA President, Associate Professor Brian Owler, ABC Radio The World Today  
 26 May 2014

**Subject:** GP co-payments

**ELEANOR HALL:** The newly elected president of the Australian Medical Association, Brian Owler, says he's determined to fight against the health measures in the federal budget.

Professor Owler says the Government's measures, including the co-payment, would have an alarming impact across the health system and indicate a massive shift in the universality of healthcare. And he says Australia's medical research future should not be funded by the sick.

He's speaking here to The World Today's Emily Bourke.

**BRIAN OWLER:** I think there's been a lot of focus on GP co-payments but people need to realise that it's not just about that.

I've used the example of a young woman that might present, for instance, with a breast lump. And if that's investigated and has follow-up in pathology, total co-payments add up to about \$63. So that's the sort of impact that this can have.

Now, the AMA's not against co-payments. The AMA has always said that doctors should charge the fees that they feel are appropriate for their services. And then, of course, the patient gets the Medicare rebate.

But what we're concerned about in this most recent proposal is that there is a cut of \$5 in the Medicare rebate and that there are many patients that can't afford to pay a co-payment.

And so we're most concerned about vulnerable patients in our society: particularly Indigenous Australians, those in aged care, the working poor and those with chronic disease.

**EMILY BOURKE:** The Federal Government points to a safety net. Are you not confident that that will be in place?

**BRIAN OWLER:** Well, the safety net is a limit of 10 co-payments for people with concessions and also people under 16 years of age. But there are many people that fall outside of that safety net, particularly those with chronic disease. And so even a total of 10 \$7 co-payments, \$70, for some people, particularly if there are a number of people in the family, is prohibitively expensive.

Also concerned that in terms of preventative healthcare, making people for instance who want to go and have vaccination, if you're putting up a financial barrier to do that, for them to go and see their GP, it goes against the grain of what we've been arguing about the importance of preventative healthcare.

**EMILY BOURKE:** So how will you go about challenging these proposals for co-payments which extend beyond general practice?

**BRIAN OWLER:** Well, we're going to speak to the Government. The Minister has indicated

that he is willing to talk about the issue of co-payments and we'll take him up on that opportunity.

Obviously there's been an indication from other members of the Senate that they will be blocking the passage of the legislation. We will talk to both sides of politics about the issue of co-payments and their response.

**EMILY BOURKE:** How do you rate your chances of getting a good hearing with the Government and maybe even being able to persuade the Government against these co-payments?

**BRIAN OWLER:** Well, I'm optimistic that the Government will listen to the AMA on these issues and that we will get a good hearing. I think the Minister has indicated his willingness to talk about these issues. And I hope, particularly for those people that I mentioned, the most vulnerable in society, that we can get the outcome that we need.

**EMILY BOURKE:** The \$7 co-payments will be used to bankroll a Medical Research Future Fund. Does that make a \$7 co-payment at all more palatable?

**BRIAN OWLER:** No. I think the issue of the research fund, obviously they're closely linked, but I think they need to be considered on their own merits.

Obviously the AMA is very supportive of research and I was pleased to see the research fund. As someone who's done a lot of research and knows the challenges of attracting funding for research, I think it's a good thing to do.

But it shouldn't be done on the back of people that are going to see a GP and it shouldn't be such that we're taking money out of primary healthcare, which we know is so important for keeping people well, and putting into tertiary level research.

**EMILY BOURKE:** How do you characterise this potential impost on the health system?

**BRIAN OWLER:** Yeah, it's a massive shift, a massive shift in the policy around healthcare, particularly around universality.

And I think, you know, to announce this sort of measure in the way that it has, without really going through a proper process of discussion about reforming primary healthcare and the ways that we might reform Medicare and its universality, it was a surprise to me in terms of the budget. And I think it's a surprise to many people.

**EMILY BOURKE:** Are you alarmed by the direction that health policy appears to be taking, particularly in light of the budget?

**BRIAN OWLER:** Yeah. I am also disappointed that the work that's been done to try and end the blame game between the Commonwealth and the states about funding, particularly of public hospitals, seems to have been turned up again.

We've had a commitment under the National Health Reform Agreement that the Commonwealth would fund 50 per cent of gross funding for our public hospitals. That seems to have now disappeared.

And even though the Government federally is putting more money into public hospitals, to fund a growth rate of CPI plus population is certainly well below the growth rate in the budgets for health for the states, which is usually around 6 or 7 per cent.

So it means that the states will have a shortfall; it's going to affect front-line clinical services;

it's going to affect the training of our young doctors that are coming through to be the GPs and other specialists that we need to maintain the sort of standards of health and quality of healthcare that we've all come to know and enjoy.

**ELEANOR HALL:** That's Professor Brian Owler, the new president of the Australian Medical Association, speaking to Emily Bourke.

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