

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, 2GB, *Sydney Live with Ben Fordham*, Tuesday 30 January 2018

Subjects: Productivity Commission Report on Government Services, Codeine Upscheduling

BEN FORDHAM: Well, emergency departments are being clogged by thousands of patients who should be seeing a GP instead. The Productivity Commission report shows there are 3000 patients arriving in emergency departments every day who should, in fact, be going to see a local doctor or going to the chemist. The data also shows an increasing number of people who are unable to go to their GP or buy medication, because they simply can't afford it. Michael Gannon is the President of the Australian Medical Association. He joins me on the line.

Michael, good afternoon.

MICHAEL GANNON: Good afternoon, Ben.

BEN FORDHAM: I feel for the people in those emergency departments. I've been in there before, and you've got people coming in and they've taken drugs, or they've drunk too much alcohol, and they think it's an emergency.

MICHAEL GANNON: Well, the Productivity Commission report's found a lot of things. You're right. Too often, my colleagues, the doctors, nurses, other staff that work in EDs, are picking up the mess from too much grog on a Friday or Saturday night.

The report also refers to the significant number of people that would be better served by going to GPs. It's not a particularly efficient use of the health system. It doesn't recognise that GPs and emergency physicians have different skillsets. In an ideal world, the right patient would go to the right place.

BEN FORDHAM: If you've got 3000 people turning up unnecessarily to emergency departments every 24 hours, the net effect of all of that, Michael Gannon, must be that there must be people who lose their lives unnecessarily, too, because you've got the doctors and nurses dealing with these cases they shouldn't be worrying about.

MICHAEL GANNON: Look, the reality is that the triage, the sorting mechanisms in emergency departments, are highly sophisticated. So category one, category two, category three patients; those things are measured and audited, and I think those things work particularly well. But what's happening is that a lot of category four patients – so the people of the least priority, a lot of whom do belong in those emergency departments – are waiting a lot longer.

There's a lot of people who could be much better served by not only the expertise of a general practitioner who's trained to look after some of these lower acuity presentations than my emergency physician colleagues, but they're also waiting a lot of time. This shows the imperfections in the health system, it shows problems with health literacy – it's not a particularly efficient way to deliver health care.

BEN FORDHAM: I know that you're for these changes to the codeine purchasing laws. I worry that you're going to have more people who are going to be heading to emergency departments after those changes come in in a couple of days' time, because they want pain relief and they think, alright, well if I can't see a doctor straight away, I'll just go to the ED.

MICHAEL GANNON: Look Ben, I think you're right that we're potentially going to have some challenges in coming weeks with the changeover. I fully support the decision. This is based on the TGA looking at the evidence from overseas. It's following on from 25 other countries that have already done it, but it will be an issue in coming weeks.

One of the problems we've got is that there are armies of people out there, even if they don't realise it, who are dependent on codeine. Now, that's going to be very difficult for those people in the first few days. I would remind your listeners that nothing's changing in terms of those drugs where you've always required a prescription for codeine. Nothing's changing there, it's just the lower dose codeine preparations now will require a prescription.

BEN FORDHAM: Okay. Don't go clogging up those emergency departments. Thanks for your time, Michael.

MICHAEL GANNON: Alright Ben. Good to talk to you.

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CONTACT: John Flannery 02 6270 5477 / 0419 494 761
 Maria Hawthorne 02 6270 5478 / 0427 209 753

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