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**Transcript:** AMA Vice President, Dr Chris Zappala, ABC Television, *News Breakfast with Virginia Trioli and Paul Kennedy*, Thursday, 30 May 2019

**Subject:** Over-the-counter oral contraceptive pills

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**PAUL KENNEDY:** Now, a new study has found that making oral contraceptives available over the counter could lead to billions of dollars in savings.

**VIRGINIA TRIOLI:** The study was commissioned by the Australian self-medication industry and conducted by Macquarie University. For more, we're joined from Brisbane by Dr Chris Zappala, Vice President of the AMA. Chris Zappala, good morning. Thanks for joining us.

**CHRIS ZAPPALA:** Good morning.

**VIRGINIA TRIOLI:** Now, I can understand that the Australian self-medication industry would want to see this, because they always want to see what they call downshifting of drugs that are actually on the schedule, and you have to get a prescription for, to be made over-the-counter. They've got a commercial interest there. But what's the medical interest?

**CHRIS ZAPPALA:** Well, I think there's a few things to say there. One is that you can currently get a script for a year, and that is enough time for your medical history to change, for the medications you're taking - including over-the-counter medications to change - and so it's worth having an opportunity to discuss that with a trusted, known, family general practitioner and also look at other contraceptive options.

The second thing is that many GPs use what might, in some ways, be a brief consultation as an opportunity for preventive health. So, a skin check, a breast examination, a pap smear, and that opportunity really is very precious in people's otherwise busy lives, and in busy general practice.

And the third thing is that you really shouldn't probably be just handing out a pill and a contraception like that without having some sense of people's sexual history and understanding, for example, their STD risk. And so, for example, in that same trial that you quoted, there was an estimate that there would be an increase in the sexually transmitted disease rates because people would shift away from barrier contraception methods, such as condoms. So, all those things need to be discussed, and your family GP is the best person to do that with.

**VIRGINIA TRIOLI:** So, is the AMA saying that you don't like this idea, you don't agree with the Australian self-medication industry saying that the pill should be available over the counter?

**CHRIS ZAPPALA:** Anything that shifts patients away from GP-centred care is not a good idea. I mean, GPs are the cornerstone, the custodians of high-quality medicine, and we really need patients to be fully engaged with them and to have a trusted and known family general practitioner. Anything that splinters them away from that is not a good idea.

You think of all the other messages that we have around complex disease, preventing readmissions, you know, risk factor modification, preventive health - we're never going to do that if we take people away from seeing their general practitioner. So, we're very firm that that is the cornerstone of our medical system and it needs to be protected because we do have a good system.

**VIRGINIA TRIOLI:** Look, I would expect the AMA to be saying exactly what you're saying this morning, so it doesn't surprise me. But I guess for people sitting at home, they might be entitled to think this just looks like a turf war. You've got the self-medication industry saying look, when they're downshifted, these drugs, when they're safe and they're readily available over-the-counter, it costs you less, you don't have to pay for a GP visit, it's better for the consumer. And then you've got doctors seen to be protecting their turf. How is the consumer supposed to navigate that minefield?

**CHRIS ZAPPALA:** Look, I think we- most of the cost saving in the trial was because of an expected reduction in the live birth rate, and so whether that's wanted or not wanted is another thing. But the point is, it's an economic modelling that was done so I think we need to be a little bit careful about interpreting it.

And in fact, in the same issue of the journal - the *PharmacoEconomics* journal that published this - it showed that the main reasons, when women were surveyed, that they choose their contraceptive method is based on the risks to them, the side effects and so on and how it might affect them, but also the frequency with which they must take it. And there are some methods of contraception that only need to be renewed or replaced every year or three years, and for many women that is something that is more convenient.

So, it's actually not about- we agree that there needs to be access to good-quality health care, of course there does. But you can't just give out a pill and expect that that's actually good medical care. It's the conversation and knowing that individual properly that makes it good medicine, and that's why the AMA is very much opposed to this. We need to keep people having those conversations with their general practitioner.

**VIRGINIA TRIOLI:** Good to talk with you this morning. Thanks so much for your time.

**CHRIS ZAPPALA:** Good morning.

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