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The Final Word

Health leaders make their pitch for votes, pp 5-6

Inside

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IN THIS ISSUE

NEWS

SPECIAL FEATURE

REGULAR FEATURES

Campaign capers

It has taken three weeks, but we have finally witnessed the first big bids in the health policy auction of the 2013 election campaign.

The major parties last week both played their big cards – and they were targeted at opposite ends of the health system spectrum.

Labor came out firing first and, in keeping with Kevin Rudd's style in his first stint as PM, the focus was very much on public hospitals.

The Labor package for the week comprised a $357 million fund for hospital and medical treatment facilities, with Sydney's Westmead Hospital topping the charts with $100 million towards its major redevelopment (the hospital needs at least $800 million); a $250 million Medical Research Innovation Fund ($125 million Government money); a Family Payment incentive to boost vaccination rates; $50 million for Medicare Locals to provide stroke care; a $15 million cancer care package for rural Australia; and changes to pharmaceutical pricing policy that will ultimately save $125 million on the price of medicines.

While the package appears big and bold, a lot of the funding and announcements have been released before or funding already existed in the Budget.

Nevertheless, it is a bold pitch. But the missing link is primary care – more specifically general practice.

And that is where the Coalition policy presents a stark contrast. The priority is primary care and general practice. Hospitals hardly rate a mention.

By Tony Abbott's own admission it is modest on spending, but it is all about better targeting of health spending. The Opposition Leader said the Coalition would maintain the current system of health funding but the theme would be 'maximising health services, minimising health bureaucracy'.

The Coalition policy responds directly to AMA lobbying in key areas. The AMA has welcomed funding for GP infrastructure grants, 100 new intern places a year, a doubling of the practice incentive payment for teaching in general practice, and a welcome review of Medicare Locals. There is also funding for bowel cancer screening and a diabetes strategy.

The Coalition policy ticked quite a few boxes in the AMA's Key Health Issues document.

Meanwhile, the AMA has welcomed policy from The Greens to ban alcohol advertising in children's television viewing times, restore MBS indexation, and the earlier pledge to establish an independent health panel to monitor asylum seeker health.

Given the enormous expectation in the electorate about health policy, we expect more health policy from all sides in the final two weeks of the campaign. It would be wise for the major parties to fill the obvious gaps in their policies.

Here is a summary of the Labor announcements:

- $100 million for the first stage of a comprehensive redevelopment of Westmead Hospital, the major hospital servicing Sydney's western suburbs.
- $12 million for construction of a medical research and education facility for the Westmead Millennium Institute which focuses on conditions including cancer, diabetes, cardiovascular disease, major infectious and immune diseases and liver, eye, kidney and psychiatric diseases.
- $10 million for the Children's Medical Research Institute (CMRI) Westmead redevelopment project, one of Australia's leading medical research institutions. This will allow CMRI to expand its work, including a project to identify molecular components of an enzyme that 85 per cent of cancers depend on for their growth.
- $6 million for a full Medicare license for the MRI machine at Mt Druitt Hospital giving patients in Sydney's west faster diagnosis of medical conditions.
- $10 million for a new linear accelerator and mammogram machine at Nepean Hospital.
- $22 million announced last week to build another stage of the vitally needed St George Hospital redevelopment that will provide an additional floor on top of the emergency department and a rebuilt vascular surgery unit.
- $15 million to develop a new neonatal care unit and hospice facilities at the Flinders Medical Centre in South Australia.
- $10 million for a new statewide multidisciplinary cancer care team in Western Australia, including oncologists and radiotherapists, which will be expected to provide patient care in regional centres such as Kalgoorlie and Geraldton.

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Campaign capers

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- $10 million for critical cancer treatment infrastructure at Royal Princess Alexandra, Royal Brisbane and Prince Charles Hospitals in Queensland, delivering a significant number of chemotherapy chairs.
- $890,000 for a cancer care nurse coordinator and a dedicated Aboriginal and Torres Strait Island nurse coordinator for the Alan Walker Centre in Darwin.
- $49 million for Tasmanian private, non-government and public health sectors which will support better access to palliative care services across the state.
- $100 million announced last week towards a significant redevelopment project to modernise the Victorian Eye and Ear Hospital, which will allow it to better meet the need for surgery and to reduce outpatient waiting times.
- $12 million announced last week towards the development of a new complex care unit at the Epworth Geelong Hospital, which will allow residents of Geelong and Western Victoria to receive first class health care close to their homes.
- The $250 million McKeon research package.
- Vaccination incentives.
- $50 million Medicare Locals stroke care.
- $15 million Rural cancer care package.

The Coalition promises that its *Policy to Support Australia's Health System* will:

- Deliver greater community involvement in the management and responsibility of local hospitals.
- Restore the independence of the Pharmaceutical Benefits Advisory Committee (PBAC) and restore integrity to the Pharmaceutical Benefits Scheme listing process so that medicines can get to patients faster.
- Provide the Health Minister with authority to list medicines recommended by the PBAC that do not cost more than $20 million in any of the first four years of its listing.
- Bring forward the proposed roll-out of the National Bowel Cancer Screening Program.
- Develop a new National Diabetes Strategy as well as provide $35 million to find a cure for Type One Diabetes.
- Restore the Private Health Insurance Rebate as soon as we responsibly can.
- Deliver a more efficient funding model for hospitals through activity-based funding.
- Strengthen primary care by providing $52.5 million to expand existing general practices for teaching and supervision and invest $119 million to double the practice incentive payment for teaching in general practice.
- Provide 500 additional nursing and allied health scholarships for students and health professionals in areas of need as well as $40 million for 400 medical internships.
- Review the Medicare Locals structure to ensure that funding is being spent to support frontline services.

John Flannery

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The Final Word – Health Minister Tanya Plibersek

Labor is building a stronger health system

On taking office in 2007, Labor knew that radical measures were needed if we were to avoid a looming crisis in our health system.

Unless we invested billions of dollars reforming the health and hospitals system, we would be spending tens of billions in the future simply to treat illness and diseases that could have been prevented.

The health system Labor is building is one with a much greater focus on primary and preventative care, aimed at keeping people well and out of hospital.

A locally responsive system is now in place through Local Hospital Networks and Medicare Locals.

Medicare Locals look at the whole of primary health care in their regions.

They find the gaps in health services and they fill them.

They make sure our universal health system is truly universal by ensuring people who have been missing out because they're poor, or live a long way from medical services, or find it difficult to navigate a complex range of health services, can get the care they need.

Tony Abbott would abolish Medicare Locals.

This would mean cutting $1.8 billion out of the health system, shutting down health services and sacking around 3000 frontline health workers.

This Government has also refurbished, redeveloped and built health and hospital infrastructure. We've invested around $8 billion for about 1300 new projects.

Labor is building a smarter health system

Our investment in e-health, the Personally Controlled Electronic Health Record system – and in telehealth – has been about building a better and smarter health system for the future.

We now have about 750,000 patients and around 5000 health organisations signed up, and about 50 million Medicare documents uploaded. And this is growing all the time.

Since 2008, the Australian Government, through the National Health and Medical Research Council, has provided $3.6 billion for ground-breaking medical research across Australia.

And just last week, the Prime Minister and I announced the new Medical Research Innovation Fund - $250 million to help our world class researchers turn their great ideas into better treatments for patients and new high tech jobs for Australia.

Labor is building a fairer health system

This includes a best-practice cancer care system. Our five-year survival rates for cancer are now up to two thirds of all people diagnosed — now the best in the world - the envy of many other countries.

Since coming to office, we have invested $4.1 billion in cancer care, including the establishment of 26 regional cancer centres across the country, meaning Australians living in regional areas can be treated closer to home.

By 2007, good dental health had declined, especially among children, so the Government launched the *Grow Up Smiling* scheme meaning 3.4 million kids will soon find it as easy to go to the dentist as it is to go to the doctor.

As well, we have made record investments in the public dental system to make it easier for low-income adults to see a dentist when they need treatment.

Under our Government, Medicare bulk billing rates have hit record highs of over 82 per cent – compared to 67 per cent when Tony Abbott was health minister.

And since 2007, the Government has approved or listed $6 billion worth of new medicines on the PBS.

I doubt there is a single Australian family that has not been touched by what the Federal Government has done over the past six years.

Labor is proud to be delivering a stronger, smarter, fairer health system for every Australian.

TO COMMENT CLICK HERE

The Final Word – Shadow Minister for Health and Ageing Peter Dutton

The Coalition's health policies for the future

The Coalition's health policies are policies for the future.

The Coalition's *Policy to Support Australia's Health System* will tackle chronic diseases, provide faster access to newly approved medicines, invest in Australia's medical workforce and help prepare the health system for the demographic changes ahead.

I understand, and Tony Abbott understands, that a healthier Australia means a stronger and more productive Australia.

The last Coalition government invested significantly in our health system underpinned by a growing, strong economy.

The Coalition has the experience and plan to deliver a sustainable and strong health system into the long term.

The Coalition's *Policy to Support Australia's Health System* will:

- Strengthen primary care by providing $52.5 million to expand existing general practices for teaching and supervision;
- Invest $119 million to double the practice incentive payment for teaching in general practice;
- Secure greater certainty for our future health workforce by providing $40 million for 400 medical internships;
- Provide 500 additional nursing and allied health scholarships for students and health professionals in areas of need;
- Restore the independence of the Pharmaceutical Benefits Advisory Committee (PBAC) and restore integrity to the Pharmaceutical Benefits Scheme listing process so that medicines can get to patients faster;
- Provide the Health Minister with authority to list medicines recommended by the PBAC that do not cost more than $20 million in any of the first four years of its listing;
- Develop a new National Diabetes Strategy as well as provide $35 million to find a cure for Type One Diabetes;
- Provide biennial bowel cancer screening for all Australians between 50 and 74 by 2020 through the National Bowel Cancer Screening Program;
- Restore the Private Health Insurance Rebate as soon as we responsibly can;
- Deliver a more efficient funding model for hospitals through activity-based funding; and
- Support greater community involvement in the management and responsibility of local hospitals.

My approach to health, if the Coalition is elected, will be careful, collegial and consultative.

We will work with the States and Territories in delivering a world-class health system.

This will be a stark contrast to Labor's chaotic approach to health.

With demand for health services expected to grow, we want to direct more resources to the frontline and remove unnecessary bureaucracy.

By cutting waste, streamlining bureaucracy and providing strong and competent leadership, we can provide much-needed resources to support frontline services and build our health and medical workforce.

The Coalition has a proud record of strong and capable leadership in health.

It is my firm belief that the Coalition's reforms can deliver Australians the high quality health system they deserve into the future.

By shifting the focus to patient outcomes from bureaucracy, we can deliver for all Australians.

TO COMMENT CLICK HERE

Health Reform or Alphabet Soup?

BY AMA VICE PRESIDENT PROFESSOR GEOFFREY DOBB

The early phase of Mr Rudd's first government was marked by a focus on health reform. This followed an election commitment to 'fix health'.

Mr Rudd and his then Health Minister, Nicola Roxon, travelled the length and breadth of the country describing their goals and meeting clinicians. No Prime Minister before or since could have made a greater effort to meet the clinicians at the coalface of health care.

The talk was of ending the 'blame game' and increasing transparency and accountability, increasing hospital bed capacity, managing the waiting lists for elective procedures and building a better health system for all. Lots of announcements suggested a frenetic pace of health reform to come: HPAs, IHPA, HWA, PCEHR, NHPA, ACSQHC, AOTA and more.

Plenty of acronyms and authorities. Lots of vision statements and values. But has access to health care actually been improved, the quality of healthcare increased or a more robust framework for healthcare and its planning resulted from all this activity?

The HPAs – Health Partnership Agreements – have covered some important areas of health care: Indigenous health through 'Closing the Gap', mental health and preventive health. The aim is clearly to improve the efficiency of program delivery by establishing partnerships between the Commonwealth and States and at the same time reduce the 'blame game'. This should be a strong model for Commonwealth-State collaboration, as long as the programs come with lean overheads and deliver on their outcomes. The uncertainty around the ongoing Commonwealth funding for the 'Closing the Gap' program illustrated the fragility of these complex arrangements.

IHPA – the Independent Hospital Pricing Authority –has the task of determining the NEP (National Efficient Price) per WAU (Weighted Activity Unit) within a system of ABF/ABM (Activity Based Funding and Management). Even before the IHPA many states were moving to ABF or had already introduced it. Nevertheless, the nationally consistent approach has some merit and was probably overdue. It will be interesting to see how the funding drivers produce winners and losers – you just don't want to be a health consumer for a service that is a consistent loser. Getting ABF right for subacute care and mental health will be particularly challenging but is a work in progress for IHPA.

ANPHA – the Australian National Preventive Health Agency – is there to assist all governments in tackling 'the increasingly complex challenges associated with preventing chronic disease'. Its targets include reducing the incidence of smoking, harmful alcohol use and obesity – all priorities for the AMA's Public Health Committee – and mean the AMA supports its objectives. But this is a crowded space with many NGOs very active in preventive health, some supported by ANPHA, but potentially duplicating some of ANPHA's work.

HWA – Health Workforce Australia – had undoubtedly filled a big gap in health workforce intelligence and planning. Its reports on the current and future health workforce represent a huge and important piece of work. Now all jurisdictions need to work together to get the gains Australia should get from record numbers of students in health care professions. Health workforce isn't just about filling our universities. Health professions need the graduate programs, internships and further training needed to develop the skills our health system needs. Coordinated policies and action are the only answer. For medicine this means we need HWA to get its sums right and persuade the jurisdictions that they need to step up to the mark, not just with intern positions but also the vocational training positions to produce the specialists of the future.

The NHPA – National Health Performance Authority – has the task of monitoring and reporting on the performance of Local Hospital Networks, Medicare Locals and hospitals, including maintaining the MyHospitals website. A lot of this information is also available on State health department websites or from the Australian Institute of Health and Welfare but at least there is now some consistency in reporting and a one-stop-shop.

The ACSQHC – Australian Commission on Safety and Quality in Health Care – has developed nationally agreed standards against which health care facilities are assessed.

AOTA – the Australian Organ and Tissue Authority – has led reform in organ and tissue donation. As Mr Rudd acknowledged in the speech when he stood down as Prime Minister, this has been a success with a significant increase in organ donors.

There is much more to the Government's health reform agenda than these organisations (see www.yourhealth.gov.au), and a lot more alphabet soup: PCEHR, GPSCs, MLs, LHNs, NHFP, NHFB and more.

The reforms doctors want to see are more hospital beds, improved access to health care, the resources to deliver higher quality care and robust workforce planning with implementation that ensures Australia's future needs are met.

All doctors can make their own judgement on the extent to which the alphabet soup of health reform has made a real difference.

Disclosure: Prof Dobb represents the AMA on several committees of organisations mentioned and is a member of the AOTA Advisory Council.

TO COMMENT CLICK HERE

The view from the hustings

BY AMA SECRETARY GENERAL ANNE TRIMMER

Election 2013 is off and running, coinciding with my start at the AMA as Secretary General.

The first two weeks of campaigning were a health policy-free zone with very few commitments, other than those announced by the Greens. The Greens' policies have ranged across several issues of interest to the AMA including rural health and Medicare reforms, but without the funding to support the expenditure.

Week three saw a bit more life on the health policy front.

The first major health commitments by Labor included $100 million for the first stage of redevelopment of Westmead Hospital in western Sydney - nowhere near enough to complete the required works but a good start.

Labor also announced funds for other hospital upgrades and capital equipment, again with a significant focus on western Sydney but also recognising south-eastern Queensland, Melbourne and Adelaide.

During last week Labor also announced funding for stroke care and cancer care support attached to Medical Locals.

The AMA was pleased to see Labor also commit $250 million to a medical research innovation fund – with $125 million from the Government and $125 million from private investors.

Meanwhile, Minister Plibersek challenged Peter Dutton to a debate on health issues, which is now happening at the National Press Club on Tuesday 27 August. We can expect Coalition health policy announcements ahead of and during the debate.

One possible announcement is support by the Opposition for the establishment of a medical school at Curtin University in the marginal Perth seat of Swan. The Federal AMA and AMA WA do not support the establishment of any additional medical schools until training places can be guaranteed and have made this position very clear to the Opposition.

On a positive note, the Government announced an additional $8 million package to fund 60 intern places next year in regional and rural hospitals.

Despite several polls showing that health is a number two or three priority for voters (depending on which poll you read), neither of the main political parties has presented any significant health policies for consideration by the voters.

Much of the campaign to date has focused on the personalities, the opinion poll results, and diversions. The voters are looking for sensible policies that outline a clear vision for the next government, notwithstanding that both major parties are working within fiscally constrained budgets.

One of the landmark projects of the current Government came under fire (again) last week following the resignation of Dr Mukesh Haikerwal as head of clinical leadership and stakeholder management with the National Electronic Health Transition Authority (NEHTA). Dr Haikerwal's resignation, together with those of other clinical leads, reinforced longstanding AMA concerns about clinical input to decision-making in the implementation of the Personally Controlled Electronic Health Record (PCEHR).

"I look forward to working with Australia's diverse doctor population and to ensure that doctors and their patients remain central to Australia's public policy considerations"

The AMA has argued that the success of the PCEHR depends on how it meets clinical needs and will commit to working with the Government to ensure that clinical utility is addressed as a priority.

On a personal note, I am delighted to have the opportunity to contribute to the health policy debate in my role as Secretary General.

I look forward to working with Australia's diverse doctor population and to ensure that doctors and their patients remain central to Australia's public policy considerations.

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AMA talks up social determinants

Earlier this month, AMA President Dr Steve Hambleton joined other health and social sector leaders at a Forum to discuss and promote a greater government and community focus on the social determinants of health.

Dr Hambleton explained the link between doctors, medicine and the social determinants.

"It is simple," Dr Hambleton said.

"Doctors don't just treat people who are sick or injured or advise people how to stay healthy. If people are ill, we want to know what made them ill.

"What are the factors that contributed to their sickness or poor health? How can we address these problems?

"The social determinants are the social and environmental conditions in which people live and work every day of their lives. These conditions affect our lives in many ways, including our health.

"The physical environment affects our health – air quality, temperature, the weather, the vegetation, and the water, among other things.

"Our housing affects our health. For many people it is a lack of housing, or the poor quality of housing.

"Employment affects our health. Being out of work, especially for long periods, can have a serious impact on both physical and mental health of a person, and the people around them.

"Education is a major factor in maintaining good health. Knowledge and health literacy and a hunger for learning – all-important factors in staying healthy.

"This is why the social determinants are so important to doctors."

Dr Hambleton said that, while medical doctors may not be experts or authorities on these social factors, and how to fix them, they see them and confront them daily.

"We can see what these factors do to the health of our patients and we can see the effect they may have on their families," Dr Hambleton said.

"The social and economic costs of inaction on these social determinants are compelling.

"In Australia – as elsewhere – health expenditure is growing at a faster rate than gross domestic product.

"The context of an ageing population, burgeoning chronic disease burden, and rising health care costs pose fundamental challenges to our health system and the sustainability of health care expenditure.

"If Australia is to meet these challenges, we need to rethink our approach to health, and redesign our policies and systems to tackle the root causes of ill health.

"Tackling the social determinants of health is a public policy imperative. The AMA has been doing its bit, and we will continue to do so.

"We have a strong policy on climate change and health. We have made submissions to inquiries on air quality. We have concerns about possible health effects from coal seam gas mining.

"We support government action to stop people smoking – plain packaging and higher tobacco excise are good policies.

"We stand against the irresponsible use of alcohol, and have called for tighter controls on the marketing of alcohol to young people.

"We have policy on the health of people in detention, including in prison. We have called for an independent panel to monitor the health of asylum seekers.

"And we have a long and proud history of working to improve Aboriginal and Torres Strait Islander health outcomes.

"Health is about much more than hospitals and medical practices. It is also about the promotion of wellness.

"Just as the AMA is a champion in public health, we aspire to be a champion on the social determinants of health."

The full text of Dr Hambleton's speech to the Forum is at https://ama.com.au/media/ama-president-dr-steve-hambleton-social-determinants-health-alliance-public-forum-13-august

John Flannery

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Labor promises 60 intern places

The AMA welcomed the Government's $8 million package to fund 60 intern places next year in regional and rural hospitals.

AMA President Dr Steve Hambleton said the one-off package by the Commonwealth provides certainty for some graduates but all governments have more to do to ensure that the long-term medical training pipeline is guaranteed.

"The AMA has warned for some time that some graduates from Australian medical schools could miss out on an intern place in 2014 because of growing medical graduate numbers," Dr Hambleton said.

"The new places announced by Minister Plibersek are very welcome as another step in reaching the medical training targets that are necessary to meet future community health care needs.

"All State and Territory Governments must work cooperatively with the Commonwealth so that the expected 3500 students graduating from medical schools across the country this year are able to access essential intern training in 2014.

"We are yet to see a comprehensive long-term policy on medical workforce training from either party during this election campaign.

"The Commonwealth has invested heavily in the expansion of medical school places, with more than 3800 graduates expected each year by 2016, but we now need a firm plan to meet demand beyond that period.

"All the major parties must commit to a plan to address the shortfall in prevocational and specialist training places projected by Health Workforce Australia (HWA)."

As part of its health policy announcement last week, the Coalition announced funding for 100 new intern places a year in private hospitals and non-traditional settings. The bidding war has commenced.

John Flannery

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Something in the air

The AMA has commended the Senate Community Affairs Reference Committee report, *Impacts on health of air quality in Australia*, which responded strongly to community concerns about the health effects of air pollution.

AMA President Dr Steve Hambleton said that a number of the report's recommendations were consistent with AMA policy on air quality and health.

"Air quality can affect people's health," Dr Hambleton said.

"Current air quality standards have failed to keep pace with scientific evidence, and many hazardous pollutants are not subject to routine or independent monitoring.

"The enforcement of existing standards is poor and fragmented.

"We need stronger regulation and monitoring of emerging industries, such as coal seam gas extraction and other non-conventional mining operations, that affect the environment.

"Health assessments should be conducted before new mining operations commence, and the same strict air quality standards should be applied to current conventional practices, including the transport of coal in uncovered wagons.

"To this effect, we welcome the report's recommendation for health impact assessments for new developments, and other recommendations for air quality monitoring, research and data collection."

In May this year, the AMA Federal Council passed the following resolution:

That Federal Council adopts the policy resolution urging governments to ensure that:

- *all existing coal seam gas extraction projects are regularly monitored for any health impacts and the presence of air and ground-water pollutants in their local environment; and,*
- *all future proposals for coal seam gas mining are subject to rigorous and independent health risk assessments, which take into account the potential for exposure to pollutants through air and groundwater and any likely associated health risks. In circumstances where there is insufficient evidence to ensure safety, the precautionary principle should apply.*

John Flannery

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Haikerwal resignation puts focus on PCEHR

The recent resignation of Dr Mukesh Haikerwal, head of clinical leadership and stakeholder management, from the National Electronic Health Transition Authority (NEHTA) raises serious concerns about clinical input to decision-making in the implementation of the Personally Controlled Electronic Health Record (PCEHR).

The resignations of Dr Haikerwal, a former AMA President and NHHRC Commissioner, and other clinical leads, including Dr Nathan Pinksier, came amid reports that the Department of Health and Ageing (DoHA) was taking over engagement with the medical profession and IT industry over the design of the PCEHR.

AMA President Dr Steve Hambleton said that the AMA has long advocated that the success of the PCEHR depended on how it met clinical needs.

"The PCEHR simply will not be effective if doctors – the people who patients trust most with their health care – do not have a say on what goes on the electronic medical record and how that information is accessed and used, and by whom.

"This has been a sticking point for the medical profession all along.

"That is why the AMA has pushed for a more consultative approach to the PCEHR implementation with priority to be given to ailments, treatments, tests, and medications.

"This is the sort of expertise that Dr Haikerwal and his colleagues brought to NEHTA and the whole e-health sector.

"Mukesh has been a passionate advocate for e-health in this country, on behalf of doctors and patients, for more than a decade.

"The AMA is proud of his direction and leadership in this important area of medicine, and we are disturbed that he has chosen to resign.

"There is still much more work to be done to refine the e-health systems as they are developed and rolled out - clinical guidance and input remains crucial to a successful implementation.

"There are still some fundamental aspects of the design that means the PCEHR is not useful from the medical practitioners' perspective.

"If the system is not being used by clinicians, we need to know why, and then make the necessary changes.

"We cannot afford to lose the significant investment that the nation has made in this important health infrastructure."

In a promising development, the Secretary of the Department of Health and Ageing, Jane Halton, called an urgent meeting with Dr Hambleton to discuss the ongoing PCEHR development and implementation in the wake of the resignations.

Dr Hambleton was told that frontline clinical input was vital to the success of the PCEHR, and that the Department and NEHTA would consult closely with the AMA on electronic health programs, including the PCEHR.

Dr Hambleton said that while the resignations of key clinical people was regrettable, they will not be in vain.

"The resignations have been a catalyst for immediate meaningful engagement on the way forward," Dr Hambleton said.

John Flannery

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Greater vaccination incentives

Australia's vaccination rates should increase under new rules proposed by the Government.

Under the new rules, only parents who fully immunise their children would have access to the Family Tax Benefit Part A. The only exemptions would be on medical or religious grounds.

Dr Hambleton said it is appropriate to provide incentives to parents who respond to the calls for full immunisation.

"We need to provide more information and education for parents whose children are not vaccinated or only partly vaccinated.

"It is important, too, that governments and health authorities continue their efforts to control groups that circulate lies and misinformation about the benefits to the community of vaccination.

"The science is in - vaccination saves lives.

"The AMA strongly supports policies that will increase Australia's vaccination rates," Dr Hambleton said.

The Coalition has given in-principle support to the changes.

John Flannery

Medical research 'on a promise'

AMA President Dr Steve Hambleton said that the medical research sector would benefit greatly from the Government's pledge to deliver a $250 million medical research innovation fund, if re-elected.

The fund – comprising $125 million from the Government and $125 million from private investors – is part the Government's initial response to the April 2013 recommendations of the McKeon Strategic Review of Health and Medical Research.

Dr Hambleton said that a robust program of health and medical research is essential to an efficient and properly functioning health system.

"The Government's McKeon Research Package is welcome and it must be built upon," Dr Hambleton said.

"Increased support for health and medical research in areas such as child health, chronic disease, primary care, clinical trials and basic epidemiological and laboratory research is vital if Australia is to gain the maximum benefit from the medical and scientific expertise that exists in our hospitals, universities, and the community.

"Science and medical research must be above politics.

"All governments should remain committed to making a more substantial investment in health and medical research to make Australia an international leader in this field.

"The Coalition is on the record with guaranteed certainty of funding for medical research, and the Greens have made a commitment to medical research in their science and research policy."

In its 2013 Budget Submission, the AMA called on the Government to increase its support for health and medical research by at least 10 per cent each year over the next four years to provide additional funding to:

- enable the National Health and Medical Research Council to provide stronger support for research to address rising rates of conditions such as diabetes, cancer and dementia, and to build workplace productivity and address population ageing;
- build health research infrastructure and increase program and project grant funding to improve the evidence base for heath care, and to ensure that high quality evidence is implemented as an integrated component of routine clinical care. This is essential to the evaluation of health reforms, and will provide evidence to drive excellence and continuous improvement in the health system;
- support an arrangement where groups conducting research that produces cost savings for the community can share in a proportion of those savings in order to fund future research;
- provide stronger support for clinical trials to capitalise on the results of basic research. This would be best achieved by central infrastructure support for the non-cancer clinical trials group of the same type that is provided to the cancer clinical trials groups coordinated by Cancer Australia;
- increase funding to enable innovative ideas and new technologies from Australia to be marketed internationally in an environment where the available venture capital support is discordant with the quality of publicly funded science; and
- reform tax and other relevant arrangements to provide an environment for greater and more effective philanthropic contributions to medical research.

Funding of research within hospitals is often lost because it is not separated out from the cost of clinical care (and can be used to fund clinical care). Funding for research is also not appropriately coordinated across areas of need when it is allocated at hospital level.

To avoid these problems, the Government must:

- expicitly identify the research component within the cost of health care, and
- establish a health system-wide process for distributing such funding so that it has maximum impact.

You can read the full Labor policy at http://d3n8a8pro7vhmx.cloudfront.net/australianlaborparty/pages/1097/attachments/original/1376962917/FactSheet_McKeonResearch.pdf?1376962917

John Flannery

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Labor focus on hospital infrastructure

The AMA welcomed the Labor promise to provide $346 million of new funding for Australia's health and hospital system as part of its health policy pitch for the September election.

AMA President Dr Steve Hambleton said that the public hospital system is overstretched and under constant pressure and this funding would allow hospitals to build capacity to meet growing patient demand.

"We have an ageing population and more people with complex and chronic conditions who may require care in a hospital," Dr Hambleton said.

"There is a shortage of public hospital beds. New funding would allow the hospitals to move patients through the system more quickly and free up emergency and high care beds.

"With appropriate funding, public hospitals are better equipped to reduce waiting times for emergency and elective surgery and provide a well-resourced environment in which to train the next generation of doctors.

"The next graduating class of interns will soon be entering the health system and we need to ensure the resources are there to deliver the medical workforce Australia needs.

"The AMA calls on the Opposition to at least match this funding promise for public hospitals."

Dr Hambleton said the AMA also welcomed the Labor commitment to provide new funding for cancer care services around the country, but would like to see a complementary commitment to primary care infrastructure.

"It is important that we reduce the pressure on our hospitals by keeping people well and out of hospital – and the key to that is providing more support to general practice."

You can read the full Labor policy at http://www.kevinrudd.org.au/latest4_180813

John Flannery

TO COMMENT CLICK HERE

AMA wants all-party blitz on booze ads to kids

The AMA last week welcomed the Greens' policy to ban the promotion of alcohol during kids' television viewing times and urged the major parties to adopt similar policies.

Dr Hambleton said it was unacceptable that young children are exposed to a barrage of ads for alcohol during programs that are broadcast in the timeslots that are traditionally set aside for kids' viewing.

"Young people in Australia are exposed to an unprecedented level of alcohol marketing," Dr Hambleton said.

"While there are current regulations in place that provide some protections, live sports broadcasts during the day currently allow advertisers to promote unhealthy or addictive products, including alcohol.

"Alcohol marketing is a pervasive and dangerous presence in the lives of our young people.

"Being exposed to advertising that glorifies alcohol at an early age can shape attitudes and behaviours in later years.

"Studies show that 12 year olds who are heavily exposed to alcohol advertising are 50 per cent more likely to start drinking in the following year than those lightly exposed.

"There is no place for advertising that promotes and glorifies alcohol during programs that appeal to kids and are broadcast in times traditionally set aside for kids, and the same goes for ads that promote gambling and junk food.

"Let our kids be kids and keep adult advertising for unhealthy products and practices out of their television viewing times."

In September 2012, the AMA released a report, *Alcohol Marketing and Young People: Time for a new policy agenda*, which is available at http://ama.com.au/node/8188

In *Key Health Issues for the 2013 Federal Election*, the AMA highlights the health of Australian families as a priority for the next Government.

The AMA believes that the health of Australian families would be enhanced by a range of measures, including:

- curbs on alcohol marketing to young people, and appropriate minimum pricing for alcohol products; and
- measures to improve environmental health, including better standards for clean air, greater preparedness for the effects of climate change, and greater controls and monitoring of non-conventional gas mining projects.

The AMA believes that better health can also be achieved through measures that help families make healthier choices in the food and drinks they consume. The AMA calls on the next Government to:

- support the 5-star food labelling system that has been agreed upon by Australia and New Zealand food ministers, as well as health, consumer and food industry bodies, which will give consumers simple at-a-glance information about the healthiness of packaged food; and
- take steps to control the exposure of children and adolescents to energy drinks that contain caffeine and other stimulants, and drinks with high levels of sugar.

John Flannery

TO COMMENT CLICK HERE

AMA IN THE NEWS

Your AMA has been active on policy and in the media on a range of issues crucial to making our health system better. Below is a snapshot of recent media coverage.

Print/Online

Chiros must stop claims over jabs, *Canberra Times*, 9 August 2013

Chiropractors will be forced to stop making anti-vaccination claims in a crackdown on poor operators from the profession's governing board. AMA President Dr Steve Hambleton said the announcement was excellent.

Our Failing Health, *Sunday Canberra Times*, 11 August 2013

Commonwealth healthcare expenditure has not been front and centre of either the Liberal or Labor Agenda. Dr Hambleton said Australians have not felt the full effects of budget cuts announced by Labor in the 2013 budget.

Patients slow to join eHealth, *Sunday Canberra Times*, 11 August 2013

Less than 3 per cent of Australians have signed up for e-health records in the year since the PCEHR launch. Dr Hambleton said most of those records would be blank because GPs and hospitals could not easily access and enter information in the system.

Doctors warn of excessive eating, *Adelaide Advertiser*, 13 August 2013

Doctors have called for mandatory cooking classes in schools and warned that Australians' belts will get wider unless people are sent back to the kitchen. Dr Hambleton said everyone in school should be taught how to prepare and cook food.

Labor accused of social injustice, *The Australian*, 13 August 2013

An alliance of social and health groups met to highlight the Government's failure to act on the recommendations of social factors that create serious health consequences.

Doctors quit over eHealth, *Courier Mail*, 16 August 2013

The Department of Health has admitted only 5427 e-health patient records have been provided by doctors. Dr Hambleton said there is less than a 0.5 per cent chance that doctors or hospitals will find something of clinical relevance if they consult these records.

Disability scheme to result in cuts to costly legal action, *Sunday Canberra Times*, 18 August 2013

Dr Hambleton said the national disability insurance scheme will reduce the number of expensive claims lodged after bad births or pregnancies.

Numpties with a mistrust of science spread the crazy vaccination theories, *Adelaide Advertiser*, 20 August 2013

The Government is giving families an incentive of more than $2000 to give their kids potentially life-saving vaccinations but they will not be able to fill out an online exemption form to collect the money. Dr Hambleton said that means there is still a loophole.

Radio

Dr Steve Hambleton, 612 ABC Brisbane, 13 August 2013

The AMA said people are spending less time preparing home cooked meals and it is making them fatter.

Pete Evans, 3AW Melbourne, 13 August 2013

Pete Evans agrees with AMA President Dr Steve Hambleton's statement that one reason many Australians are overweight is because they can no longer cook.

Dr Steve Hambleton, 666ABC Canberra, 14 August 2013

The US disease panels which make changes to the diagnostic definitions of common conditions found 75 per cent have links to major medical companies. Dr Hambleton said it is common for key researchers to have pharmaceutical company links as companies invest in research.

Dr Steve Hambleton, Radio National Canberra, 19 August 2013

The AMA supports the Government's plan to withhold payments from families who do not vaccinate their children, but said the Government should ban unvaccinated children from childcare centres.

Dr Steve Hambleton, 666 ABC Canberra, 19 August 2013

Di-Gesic is a pain relief drug which was banned around the world last year when it was found that it could cause death for patients with kidney conditions. The AMA is telling doctors to stop filling prescriptions for Di-Gesic.

TV

Dr Steve Hambleton,ABC1 Hobart, 9 August 2013

After pressure from the AMA the governing body for chiropractors has moved to ban practitioners from giving unbalanced advice when it comes to vaccinations.

Dr Steve Hambleton, Channel 9 Sydney, The Today Show, 14 August 2013

Dr Hambleton discussed his call for mandatory cooking classes in schools. He said a quarter of children are overweight or obese by the time they leave school and they turn into 60 per cent of our adults.

Dr Steve Hambleton,ABC1 Sydney, Catalyst, 15 August 2013

Dr Hambleton said the sale of energy drinks should be restricted and warning labels should be made to appear larger.

Dr Steve Hambleton, SBS Sydney, 17 August 2013

Australian health experts are preparing for a late peak in the flu season and recommending immunisation for vulnerable groups.

TO COMMENT CLICK HERE

AMA in action

Dr Hambleton with Greens' Sentaor Larissa Waters (right) and Dr Sandra Bayley

Dr Hambleton with the other speakers at the Social Determinants of Health Public Forum

AMA President Dr Steve Hambleton has had a busy fortnight. He spoke at the Social Determinants of Health Public Forum in Sydney about the links between doctors, medicine and social determinants of health. While in Sydney, Dr Hambleton was interviewed by Sky News about election health promises or the lack thereof.

He attended the launch of the Greens' Medicare policy in Alderley in Brisbane with Greens' Senator Larissa Waters.

Dr Hambleton spent the rest of his time in Canberra talking with a variety of health organisations and Government officials. Dr Hambleton held a meeting with ASMOF President Dr Tony Sara, AMA ACT President Dr Andrew Miller and ASMOF ACT President Professor Peter Collingnon to discuss collaboration between the two organisations.

Dr Hambleton met with the Secretary of the Department of Health and Ageing Jane Halton to talk e-health and with the Head of Health at Telstra Shane Solomon, as well as Jamie Snashall and Sarah Abbott also from Telstra.

TO COMMENT CLICK HERE

Dr Hambleton with the Head of Health at Telstra Shane Solomon, Jamie Snashall and Sarah Abbott

Dr Hambleton with ASMOF President Dr Tony Sara, AMA ACT President Dr Andrew Miller and ASMOF ACT President Professor Peter Collignon

Dr Hambleton preparing for an interview on Sky News

Dr Hambleton with DoHA Secretary Jane Halton

The AMA – making heads turn this election

It took more than two weeks for the major parties to start dribbling out health policies in this election campaign.

Poll after poll was showing that voters rated health consistently in their top three issues, but this was not being reflected in the campaign set pieces.

With The Greens leading the way early in health policy announcements, many of them reflecting AMA policy, we decided to take some action to get people talking about health.

We wanted to turn heads – literally. So we sent our intrepid *Australian Medicine* photographers out on the road to snap catchy pics of the AMA election cap in places of note to send some strong signals to the major parties to get on with the job.

The pictures were posted on *Facebook* and *Twitter*. It worked. As you will read in this edition, there has been a flood of health policy announcements. Health is back in the headlines!

We present a selection of the best shots …

King Wally Lewis caps off a great career.

Gnomes seeking garden variety health policies.

AMA caps are making news in the Press Gallery.

Hanging out with an arty pair of pears.

Canberra art. A cap-ital idea!

A health policy just for ewe.

A surprising new exhibit at the National Gallery of Australia. A vote Turner.

Old time politicians with health on their minds.

Everybody is looking for health policies....

Library caps. The 'suppository' of wisdom?

My Precious! Gollum makes a discovery in his quest for election health policy announcements.

Mirror, mirror on the wall, who's the fairest election cap of all?

Putting the focus on men's health.

Socks used to be Dobby the house elf's favourite clothes, but not now.

Outside the National Museum. Caps making exhibits of themselves.

This is one cap that the AMA definitely does not want scrapped.

Two AMA caps in the fountain. Better than three coins.

INFORMATION FOR MEMBERS

Can I prescribe ...?

Most doctors know what the rules are for prescribing medicines in Australia. Or do they?

AMA members frequently ask whether they are able to prescribe in certain circumstances. The most common questions are:

- Can I prescribe for myself?
- Can I prescribe for my family?
- Can I prescribe for someone who isn't directly my patient (a third party)?
- Can I backdate prescriptions?

It is understandable that doctors are uncertain, because there is no simple answer.

Prescribing in Australia is regulated by a range of laws.

For a medicine to be prescribed in Australia, the Therapeutic Goods Administration (TGA) must approve it for sale.

However, each State and Territory has its own laws regulating the prescription of medicines.

These laws determine who can prescribe, which medicines, in what circumstances, in what manner and for what purpose. In addition, specific conditions must be met to prescribe certain classes of medicines, such as some with Schedule 4 and Schedule 8 classifications.

These laws vary in each jurisdiction, so doctors must be careful they understand and comply with the laws in force where they practise.

A further layer of compliance is added for patients to receive a government subsidy under the Pharmaceutical Benefits Scheme (PBS) when they purchase prescribed medicines. Doctors must comply with requirements and restrictions under Commonwealth laws in order to prescribe under the PBS.

Finally, all doctors are bound by the Medical Board of Australia's code of practice – *Good Medical Practice* – as a condition of their registration to practise in Australia.

So can doctors self-prescribe, prescribe for family or for a third party?

Here's what the different laws say:

- Commonwealth, NSW, Queensland, Tasmanian and South Australian laws do not appear to prohibit self-prescribing, prescribing for family or for a third party.
- Doctors practising in Victoria cannot prescribe any S4 or S8 medicines for themselves or for a third party.
- In the Northern Territory, it is slightly more complicated. Doctors cannot self-prescribe S8 medicines or certain restricted S4 medicines, and cannot prescribe for a third party unless the third party is the partner of a patient being treated for Chlamydia who is also likely to have Chlamydia.
- In the ACT, doctors are only prohibited from prescribing for themselves if they are still an intern, or the medicine is a restricted medicine.
- WA law simply prohibits prescribing for the purpose of self-administration.

Good Medical Practice cautions against prescribing for self, family, friends or "those you work with".

It recommends "seeking independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self-treatment".

It also advises doctors to "avoid providing medical care to anyone with whom you have a close personal relationship … because of the lack of objectivity, possible discontinuity of care, and risks to the doctor and patient".

No State or Territory law appears to specifically prohibit backdating of prescriptions. Interestingly, neither does Commonwealth law. While the PBS website states that prescriptions must be not backdated, in fact neither the *National Health Act* nor the *National Health (Pharmaceutical Benefits) Regulations* provide any power to enforce this.

However, all prescribing-related laws require that the prescriber signs and dates prescriptions. It is likely that the intention, while not enforceable, is that the date is contemporary with the signature.

In summary, it is important that you understand the laws in force in the State or Territory in which you practise. Don't rely on hearsay (or this article), because laws change or can be misinterpreted without legal expertise.

If in doubt, check with the drugs and poisons unit in your State/Territory. The TGA maintains up-to-date contact details on its website at: www.tga.gov.au/industry/scheduling-st-contacts.htm.

Information about PBS prescribing rules is available at www.pbs.gov.au.

Good Medical Practice is available at: www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx.

The AMA's website also maintains a summary of prescribing rules information and links to other sources at https://ama.com.au/node/12303 or you can go to the 'resources' tab on our homepage and look under 'FAQs'.

Doctors investigated over AFL doping scandal

The Australian Crime Commission has launched a major review of doctors linked with former Essendon sports scientist Stephen Dank.

The Commission has referred up to five doctors who have been associated with Dank to the Australian Health Practitioner Regulation Agency.

The drug at the centre of the AFL doping scandal, AOD-9604, has not been approved by the Therapeutic Goods Administration, or any other health authority in the world, for human use, and is therefore banned by the World Anti-Doping Agency (WADA).

Australian registered doctors can legally prescribe AOD-9604 with prescriptions made up by a compounding pharmacy. However, it can not be legally imported without a special permit under the strict Special Access Scheme (SAS), which requires a doctor to apply to the TGA for permission to treat a particular patient with the drug, including describing the specific clinical need.

A TGA spokeswoman confirmed to *The Age* that "there have been no applications under the SAS for AOD-9604".

The ACC and the Australian Sports Anti-Doping Authority (ASADA) have found evidence suggesting medical professionals have been issuing prescriptions improperly.

Essendon doctors Bruce Reid and Brendan DeMorton are understood not to have prescribed any drugs used in the Essendon supplement program.

One doctor is accused of ordering blood tests and prescriptions for Essendon players without consulting them in person and another apparently arranged for 22 players to be given substances through intravenous drips.

It is not clear whether players were told what they were being given. Investigators were originally told the substances were simply vitamin infusions in quantities within anti-doping rules.

Dank says he only ever injected players with vitamins that were within WADA guidelines, but had admitted to using AOD-9604 on players, and claims that he was advised by ASADA in 2012 that this was legal. ASADA denies the claim.

Kirsty Waterford

TO COMMENT CLICK HERE

Enriching yet humbling – Aussie surgeons transform lives of poor

When plastic surgeon James Leong flew into Western Samoa 10 years ago he was hoping to use his medical skills to make a difference – little knowing that the experience would change him as well.

Dr Leong worked for nine days in Western Samoa as part of a team of volunteers from Interplast Australia and New Zealand, a non-profit organisation that, in the past 30 years, has provided life-changing medical care for thousands of disadvantaged people across south-east Asia and the Pacific.

One of Interplast's main aims is to provide treatment for those who have been diagnosed with congenital and acquired health care conditions.

On a typical mission, volunteer medical teams will treat people suffering cleft lips and palates, burn scar contractures, tumours, growths, as well as providing other reconstructive medical care.

Experienced reconstructive surgeons, anaesthetists, nurses and similar specialists are sent to various developing countries to perform the procedures.

As well as providing treatment, each medical procedure functions as a training opportunity for the local community, helping to develop the skills and knowledge of local practitioners to provide safer and more suitable treatment.

The scale of care provided is impressive.

In the past 30 years, more than 600 volunteers from Australia and New Zealand have provided 32,000 medical consultations and performed 21,000 surgical procedures.

Dr Leong, 46, first got involved with Interplast from a desire to participate in surgical life-changing missions, and has remained involved. Since his first eye-opening trip in 2002, Dr Leong has undertaken a further nine life-changing medical projects in a number of locations including Western Samoa, Tonga, Lombok, Bali and the Philippines.

On each visit he has been able to transform lives as well as contribute to improving systems of health care.

These are the experiences he treasures, and which have changed him as a person.

Dr Leong describes his time working with underdeveloped countries as, "very enriching, fulfilling and yet humbling as what I get out of doing such trips is enormous. I rarely would let such a great opportunity go astray."

While the experience is enriching, it is not without its difficulties.

Dr Leong said that working in an environment with limited resources can be very challenging.

Typically, there is no air conditioning, electricity supplies are erratic and unreliable, local sterilisation services are often rudimentary or non-existent, and providing even basic post-operative care can be very difficult.

However, Dr Leong said, "all this is compensated for by the willingness of the local medical staff who help us, and the chance and ability to change patient lives and rebuild their broken bodies.

"The joy, thankfulness and gratitude from the patients and the families after the surgical treatment is amazing, and often brings a tear to my eyes."

He believes in the work Interplast does, and is proud of what it has been able to achieve.

To find out more about volunteering for Interplast, or supporting its work, visit: http://www.interplast.org.au/

Sanja Novakovic

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

AMA Careers Advisory Service

From graduates preparing their first resume to experienced doctors seeking to carve out a new career path in the Commonwealth public service, the AMA Careers Advisory Service has been on hand to provide practical advice and information.

Since the Service was launched in September, AMA Careers Consultant, Kathryn Morgan, has handled dozens of inquiries from members looking for help and advice on advancing their careers, both within medicine and beyond.

The Careers website, which is at: http://careers.ama.com.au/, gives members access to both general and specific careers advice and information. In addition to direct links to external websites and specific sources of information, the Service also offers practical advice for medical professionals as their medical careers advance.

The Careers Service provides information and support relevant to all stages of an individual's career, from medical students looking for assistance preparing internship applications - particularly writing resumes and covering letters - through to doctors in training who want to brush up their interview skills to give them a competitive edge at all-important medical college interviews.

But the Service is not only there for those in the early stages of their medical careers. It has also helped qualified medical professionals looking to apply their skills and expertise in jobs beyond medical practice. Among these have been those looking for non-clinical roles in Commonwealth and State public services that take advantage of their skills and experience.

The Service is constantly updating content on its website, including listings of career-related events being staged across the country, and uses feedback from members to help add and develop resources.

Members are encouraged to visit the website, if they haven't done so already, and we welcome feedback, which can be submitted via the online feedback form on the website.

There will be further updates on developments in the Careers Service in coming months as we develop more ways to assist members along their medical career path.

If you or your colleagues would like to convene a skills workshop facilitated by Kathryn, please contact her at:

Phone: (02) 6270 5410
1300 884 196 (toll free)

Email: careers@ama.com.au

Hand transplant patient doing well

After two years of gruelling rehabilitation and daily doses of immunosuppressants, the recipient of Australia's first hand transplant is doing well.

The 67 year-old Victorian man can now write, feed himself and put on his own prosthetic limbs. The man had all four of his limbs amputated in 2006 after he developed pneumococcal sepsis, following a splenectomy 32 years earlier, which led to progressive gangrene.

The transplant was a nine-hour operation involving 10 surgeons, with a hand donated from a brain-dead male multi-organ donor. The hand was attached in 2011 to what remained of his right hand, which had been amputated distal to the carpometacarpal joint.

Prior to the transplant, surgeons fashioned a semi-functional faux thumb on his left hand.

There were some concerns about post-transplant immunosuppression because of the patient's age and his impaired glucose tolerance, osteoporosis of the left hip, and a number of solar keratoses. However, despite these issues, a decision was made to perform a unilateral hand transplant.

Dr Karen Dwyer, a transplant physician at St Vincent's Hospital in Melbourne who was involved in the case, said the patient had done extremely well in integrating his new hand both functionally and psychologically.

"He's really applied himself to the rehabilitation and essentially achieved all the goals that he set himself," Dr Dwyer said. "The whole transplant process has been remarkable. It's been a pretty extraordinary case to be involved in."

More than 70 hand transplants have been preformed worldwide since 1998 with recipients having mixed results.

In 1998, A New Zealand man had a transplant preformed in France but the hand only lasted for 29 months. However, the recipient of a transplant preformed in the US in 1999 still has functionality of their hand more than 14 years later.

Kirsty Waterford

TO COMMENT CLICK HERE

Inside Radiology

The Federal Government and the Royal Australia and New Zealand College of Radiologists (RANZCR) have teamed up to create an online radiology health resource called *InsideRadiology*.

The aim of this website is to inform Australians about radiology. This includes providing reliable and consistent medical imaging information for health professionals to refer to their patients.

Health professionals will be able to read about specific professional recommendations such as indications, contra-indications, post procedural care and alternative tests.

As well as health professionals, the website is also there for everyday consumers to learn more about radiology and to provide up-to-date information on commonly used imaging procedures.

Their focus on detailed content and straightforward navigation has paid off by attracting over 50,000 visits per month.

All content found on the website is written by expert radiologists and other health specialists to provide accurate and credible information, while a group of professional consumer writers edit the content to make it easier for everyone to understand.

They have also directed their focus towards creating a new relationship between referrers and consumers. With *Dr Google* providing patients with inaccurate information, this site helps patients comprehend what the doctor is saying in face-to-face consultations.

InsideRadiology outlines not only the benefits of radiology procedures, but also the risks for each procedure, which many other sites purposely leave out.

Several new topics have been developed for the website such as content regarding men's health – *MRI of the Prostate, Nuclear Medicine and Screening Mammography.*

These topics were published because of demands from a consumer, which prompted the team to provide a response based on advice given by health professionals.

The content available on the website is constantly being developed with a number of important topics currently being written. This includes the review of *Radiation Risk of Medical Imaging for Adults and Children*.

The team behind the *InsideRadiology* website is dedicated to providing the most reliable and current radiology information to help health experts and patients understand the benefits and risks of radiology procedures.

Their aim is to stop people from using Google as their main resource and direct them to a credible radiology website.

Sanja Novakovic

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

Essential GP tools at the click of a button

The AMA Council of General Practice has developed a resource that brings together in one place all the forms, guidelines, practice tools, information and resources used by general practitioners in their daily work.

The GP Desktop Practice Support Toolkit, which is free to members, has links to around 300 commonly used administrative and diagnostic tools, saving GPs time spent fishing around trying to locate them.

The Toolkit can be downloaded from the AMA website (http://ama.com.au/node/7733) to a GP's desktop computer as a separate file, and is not linked to vendor-specific practice management software.

The Toolkit is divided into five categories, presented as easy to use tabs, including:

- online practice tools that can be accessed and/or completed online;
- checklists and questionnaires in PDF format, available for printing;
- commonly used forms in printable PDF format;
- clinical and administrative guidelines; and
- information and other resources.

In addition, there is a State/Territory tab, with information and forms specific to each jurisdiction, such as WorkCover and S8 prescribing.

The information and links in the Toolkit will be regularly updated, and its scope will be expanded as new information and resources become available.

Members are invited to suggest additional information, tools and resources to be added to the Toolkit. Please send suggestions, including any links, to generalpractice@ama.com.au

Grant application under investigation

Queensland University of Technology (QUT) researchers were investigated after admitting to incorrectly filling out a grant application.

The National Health and Medical Research Council (NHMRC) is examining the circumstances under which QUT was awarded a $275,000 grant to fund research into stem cell cultivation.

The researchers were working on developing a product to safely grow cells in the lab without the use of risky animal proteins. However, university insiders accused the researchers of exaggerating results.

QUT's Vice Chancellor Professor Peter Coaldrake said it was alleged that some data in the grant application had been falsified. QUT held their own inquiry and cleared the researchers involved.

"A series of errors… resulted in the final version of the grant not containing the latest data set. [But], it was hard to conclude that the error was misconduct," Professor Coaldrake told the *Courier Mail*.

The QUT inquiry panel found errors the researchers were unable to explain and rejected the researchers' claims that they were minor. They also found it "very surprising" that such groundbreaking work had later been abandoned.

The panel cleared the researchers of misconduct, concluding the mistakes were "believed to be inadvertent rather than fraudulent" but recommended that lab practices be tightened.

The NHMRC, however, is not satisfied with some of QUT's investigative procedures and wants a review by the Australian Research Integrity Committee.

NHMRC recently wrote to a researcher involved in highlighting the mistakes in the grant application asking for their cooperation in an external review of the way QUT conducted its investigation.

"NHMRC had considered the information provided by QUT and formed the view there [are] questions about certain procedural steps taken by QUT during the investigation," NHMRC wrote.

The journal, *Stem Cells and Development*, which published the original research, has since retracted the article.

In addition to the grant from the NHMRC the QUT researchers also received $225,000 from then premier Peter Beattie. While QUT has informed the NHMRC and the Crime and Misconduct Commission about the errors in the application it has not told the State Government.

QUT Registrar Shard Lorenzo told the *Courier Mail* that the University had not informed the State Government about the allegations because the researchers advised that the grant was not related to the research in the retracted paper.

"This grant was about making chimeric proteins that are different from the chimeric protein in the retracted paper," Ms Lorenzzo said. "No publications have yet resulted from this work therefore the State Government has not been informed about the retracted publication."

Kirsty Waterford

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

HEALTH PROFESSIONALS' CONFERENCE
(formerly known as the Doctors' Health Conference)

DATE: 3rd - 5th October 2013

VENUE: Sofitel Brisbane

The Health Professionals' Health Conference will be held at the Sofitel Hotel in Brisbane from 3rd to 5th October 2013.

The conference recognises the enormous benefits for doctors, nurses, dentists, physiotherapists, pharmacists and other allied health professionals who engage collaboratively in the creation of a healthier workforce.

International speakers from Ireland and Canada and UK will provide insights into how health professionals manage their health across the globe.

There will be preconference workshops on bullying, compassion fatigue and burnout, as well as a session to teach doctors to treat the doctor-patient.

Engage in an interactive inter-professional forum on Mandatory Reporting in Australia with legal and medical experts.

There will also be an interactive session, the Carefactor Workshop for students, with a special student rate available.

beyondblue will also present the results of their mental health survey of doctors and medical student– the latest Australian research on doctors' health.

For more information visit http://www.hphc2013.com.au/

It's Time ... to advocate for our patients

BY **DR BRIAN MORTON**

"The next Government must also act quickly to ensure there are enough GPs to meet future health needs by boosting training places"

A few weeks ago the suspense finally ended when the Federal Election was called for 7 September.

As I write, the election coverage is being dominated by the economy and jobs. Surprisingly, major health reform has been largely left out of the policy debate so far.

Hopefully this state of affairs will change. My patients are certainly telling me that the cost of medical care and access to quality treatment are important issues for them as voters in the upcoming ballot.

On a positive note, the Government's recent decision to defer the introduction of the proposed $2,000 cap on work-related self-education expenses until July 2015 was very gratifying for the AMA and the Scrap the Cap Alliance that lobbied against this ill-informed measure.

Hopefully, the common sense shown on this issue will extend to informed decisions on health post-election, regardless of who forms the next Government.

The decision on the cap shows how effective a well-targeted lobbying campaign can be.

And there is perhaps no better time to lobby and advocate for our patients and profession than during an election contest.

There are quite a few things on my election wish list.

One of them is better care for our patients with chronic diseases by giving them more time with their GPs and improving coordination of health and support services.

The AMA's Chronic Disease Plan: *Improving Care for Patients with Chronic and Complex Care Needs* sets out ways we can improve the treatment of people with complex and chronic disease in primary care. It's certainly worthy of the next Government's consideration.

All GPs know that the indexation of Medicare rebates has not kept pace with the rising costs of providing care, pushing more of the health care cost onto doctors and our patients. Proper and realistic indexation of Medicare rebates is urgently needed.

The next Government must also act quickly to ensure there are enough GPs to meet future health needs by boosting training places.

Access and affordability, general practice infrastructure, PBS authority … I could go on.

Lobbying local candidates on issues such as these during the election campaign can help the AMA's efforts to ensure the best outcomes for our patients. It is an opportunity to inform and educate the present and next group of Federal parliamentarians on the type of health system that we want.

Here's how you can get involved during the election campaign to make sure the issues affecting you and your patients are given high priority by all sides of politics.

Get feedback from your patients on what's concerning them. Organise a meeting with your local member and the other candidates. Send a letter to the editor of your local newspaper. Get in touch with the local media. Attend public campaign events in your electorate.

The ABC election website has lists of electorates and standing candidates: http://www.abc.net.au/news/federal-election-2013/guide/

To support you in these activities, the AMA has developed a campaign kit that provides our members with background information on the key general practice issues for the election, talking points for lobbying, a sample letter to the editor, and handouts for candidates.

These resources are available at: https://ama.com.au/election-campaign-kit-gps

You can also ask your State/Territory AMA branch to help you arrange direct face-to-face meetings with sitting members and standing candidates.

I urge all GPs to get out there and be amongst it during the final weeks of the campaign. No matter if your electorate is marginal or safe, speak to your local candidates, have your voice heard, and advocate for your patients.

TO COMMENT CLICK HERE

Membership is like herd immunity

BY **VANESSA GRAYSON, CHAIR AMAQ COUNCIL OF DOCTORS IN TRAINING**

I have developed a love for documentaries after having downloaded ABC iView and SBS on demand. I enjoy the escapism that they offer away from the hospital environment. I am particularly fond of documentaries with cute animals, breathtaking landscapes and the soothing tones of David Attenborough. However, there are some shows that as a medical professional I find myself compelled to watch.

Jabbed is an Australian made documentary that examines the history of vaccination and re-emergence of preventable conditions as parents across the world are skipping their children's shots to avoid vaccine reactions.

Australia has a robust childhood vaccination program. Whenever I see a child in the emergency department, one of the questions I always ask is "Are your child's vaccinations up to date?" In my personal experience, reassuringly the answer is more than often "yes".

However, it is difficult to ignore the reported re-appearance of childhood diseases such as measles, mumps and whooping cough. The reliance on the concept of herd immunity has resulted in decreasing vaccination rates and a resurgence of disease even in adult populations.

Interestingly, as I become more involved with the AMA, I find myself asking colleagues a similar question "Is your membership up to date?". The response I often hear is, "No. What's the point in being a member?".

Gone are the days when people would join the AMA to be a part of their professional organisation. We live in a consumerist society where people want bang for their buck. Given that some Doctors in Training (DiT) pay a small fortune in courses, college memberships and exam fees, it is no surprise that they are hesitant to sign up to any additional expenses.

The AMA is best known for their advocacy work. The President, Council and Secretariat relied on a number of colleagues volunteering their personal time to attend meetings and functions to improve working conditions, rights within the workplace and protect the interest of patients. The difficulty with this work is that there is no tangible benefit that can be delivered directly into the hands of the members.

This lack of tangible benefit is compounded by the fact that the advocacy work AMA conducts is on behalf of the entire medical profession, irrespective of whether doctors are members or not. So why should you pay money to be a member of the AMA, if you get the benefits of their representation for free?

After watching *Jabbed*, the answer for me is clear – herd immunity. The more people we have as members of the AMA, the stronger we are as an organisation. This could not be truer for our DiT population. We represent the largest numbers of doctors but have proportionally the smallest number of members. If we can increase our DiT membership base, the louder our voice, the more power we have to influence policy and effect change.

In the wake of the national intern crisis, workforce pressures on the training pipeline, and now the $2000 self education tax cap, there has never been a more important time to be a part of the AMA.

So I leave with one question, "Is your membership up to date?"

Vanessa Grayson

Follow Vanessa on Twitter (@_grayV) or Facebook (http://www.facebook.com/amacdt)

Previously published in *DoctorQ*.

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EWC policy work – some key submissions

BY **DR STEVE HAMBLETON**

A major focus for EWC's considerations at its July 2013 meeting was the issue of public reporting of pharmaceutical company payments to medical practitioners.

Reporting of payments to individual doctors in some form will be a reality in Australia by 2015 through the next iteration of Medicines Australia's Code of Conduct.

Medicines Australia, the national body representing many innovative pharmaceutical companies operating in Australia, submits its Code of Conduct to the Australian Competition and Consumer Commission (ACCC) for authorisation. The ACCC has stated that it expects the next version to reflect public expectations for greater transparency around payments to individual doctors.

The AMA has been an active participant in the public debate on the transparency of relationships between doctors and the pharmaceutical industry. EWC is playing a key role in formulating the AMA's position.

Building on its discussions at previous meetings, EWC focused consideration at its July meeting around specific principles that will help inform the AMA's ultimate position and its submission to Medicines Australia.

This included the need for strong governance arrangements to put public reporting of individual payments on a sound and sustainable footing. Information should also be presented with key contextual information that enables patients to understand the clinical context and make informed choices. Without good design and implementation, public reporting could mean patients choose not to go to a particular doctor for the wrong reasons.

EWC also considers policy in relation to activity based funding (ABF) and the Pricing Framework for Australian public hospitals, as developed by the Independent Hospital Pricing Authority (IHPA). The AMA is actively engaged with IHPA on hospital pricing and the implementation of ABF. IHPA's Chief Executive, Dr Tony Sherbon, attended EWC's May 2013 meeting and briefed the Committee on these issues. Discussion with Dr Sherbon helped inform two recent submissions from the AMA to major IHPA consultation documents.

The AMA submission on IHPA's draft Work Program for 2013-14 noted the particular needs and timing pressures to address quality, teaching, training and research (TTR) and classification development issues within Activity Based Funding (ABF). It also recommended that IHPA make specific provision for 'user testing' of the new mental health services classification.

In relation to the Pricing Framework 2014-15, the AMA's separate submission noted IHPA has generally sound approaches to developing classifications systems, but should road test new and problematic elements of the framework with clinicians and/or clinical units to get a 'reality check' on how they will operate in practice. IHPA should also publicly report the impacts of the new framework on an ongoing basis and there should be clear mechanisms to identify and secure future funding arrangements for any services that are determined not to be covered by the framework and ABF.

AMA submissions on matters such as public reporting of pharmaceutical company payments, or the implementation of ABF, are important policy processes. They help to directly influence the outcomes of government and other key processes and they also help to develop and align the AMA's thinking and approach in these important areas.

EWC, and the other AMA policy committees, play a critical role in this important work.

TO COMMENT CLICK HERE

Winning the war on tobacco

BY **PROFESSOR STEPHEN LEEDER & ASSOCIATE PROFESSOR JIM GILLESPIE**

"This is a good-news story with holes. But we can take courage from the achievements and promote new ways of achieving better health – for all Australians"

Tobacco, according to Michael Daube, an eminent advocate for tobacco control in Australia, accounts for the deaths of one million Australians since 1950. Tobacco is surely one of humanity's great follies. Yet recently, the UK government declined to introduce plain packaging of cigarettes. The tobacco war is by no means over yet.

My research interest in tobacco goes back to 1970s. In 1974-5, I worked with eminent epidemiologists John Colley and Walter Holland at St Thomas Hospital in London examining the effects of parental smoking on the respiratory health of children aged 0-5 years. This was a rare privilege: both men had already raised the likely effects of parental smoking in a paper in *The Lancet*. My task was to work with them and other colleagues to refine the estimates of effect and to separate it from the consequences of cough, induced by smoking and other factors, in the parents.

This we were able to do with the help of expert statisticians. In consequence we were able to publish the first dose-response relationship – the more the parents smoked the greater the risk to the child – linking parental smoking to serious respiratory illness in young children. The work has been hugely amplified since then and the health effects of secondary smoke are widely appreciated. Concerns about passive smoking have motivated tobacco control strategies in many countries and have become important motivators to reduce tobacco consumption, not for the sake of the smoker alone, but also of those around them.

Strong advocacy in relation to tobacco, involving a mighty army of people of talent, goodwill and concern for the health of the nation, led by public health giants such including Nigel Gray, David Hill, Simon Chapman, Mike Daube, Rob Moodie, Michelle Scollo and the late Konrad Jamrozik, has positioned Australia at an eminent position in the tobacco war, with population prevalence of around 17 per cent. As Simon Chapman wrote in a paper that addressed the value of individual components of the anti-tobacco campaign, it is not possible to say whether prohibiting advertising or upping the tax or advocacy groups defacing billboard ads for Marlboro had a quantifiable effect of tobacco consumption, but we know that the composite of these efforts, operating in complex ways, is profound.

In a recent editorial on tobacco control over the past 40 years in Australia in the *Australian and New Zealand Journal of Public Health*, Mike Daube, who comes from the Public Health Advocacy Institute at Curtin University in Western Australia, paid tribute to health groups such as the Public Health Association of Australia, Cancer Councils, the Heart Foundation and the AMA that have 'worked well as coalitions…both Labor and Liberal governments around the country have supported action on tobacco. The recent moves to introduce plain packaging showed us politicians at their best… including Nicola Roxon's outstanding leadership with Dr Mal Washer's unequivocal statements [of support]."

Daube makes the further point that though average population levels of smoking have fallen, 15 per cent of Australians still smoke and that disadvantaged groups are disproportionately represented. Among those most at risk are psychiatric patients and our Indigenous population, where smoking prevalence rates remain high and life expectancy is a decade or more less than average. Plain packaging of cigarettes has been a distinctly Australian victory. E-cigarettes, Daube suggests, pose a special hazard because of the ability of tobacco companies to market them by circumventing national limitations on advertising, price and packaging.

Can we anticipate a day when tobacco will be gone? Let's hope so. Nor should we, Daube argues, take 40 more years for 'serious action on the remaining big [two] epidemics – obesity and our modern drinking culture.'

This is a good-news story with holes. But we can take courage from the achievements and promote new ways of achieving better health – for all Australians.

TO COMMENT CLICK HERE

Members' Forum

Here's a selection of what AMA Members have been saying about the latest issues affecting the profession:

Populations are ageing and the incidence of chronic and complex disease is rising. Dr Morton says he sees plenty of evidence of this in his own practice. One reader thanks Dr Brian Morton for his hard work.

I suspect Brian you would find that the RACGP position is very similar to the AMA. Rather trying to be involved in discussions rather than being left out of them in order to keep the primacy of the General Practitioner as central to Primary Care.

Nobody I have talked to (so far) wants capitation and the difficulties of rigidly applied medical home concepts. Voluntary it must be. Thanks for the hard work on behalf of Primary Care.

Submitted by Karen Price (not verified)

The policy agenda at AMSA's most recent Council Meeting was huge. Their burgeoning global health arm, in particular, had put in an enormous effort to update existing policy and draft more besides. One of these was an extension of AMSA's support for the health and human rights of asylum seekers and refugees. One reader shares his view.

Good article Ben. Would be interesting to have Christine Milne at the debate to remind the population of their responsibility of basic humanity. This policy would have been more appropriate coming from Pauline Hanson.

Submitted by Bob Vickers (not verified)

AMA President Dr Steve Hambleton has vowed to continue the fight to get the $2000 cap on tax deductions for work-related self-education expenses scrapped despite the Federal Government's decision to defer the tax change until mid-2015. AMA members express their opinion on the $2000 cap.

Most of rural doctors are majority IMGs. We are asking to dumb down training by offering tax cap. Risking practising safe and evidence-based practise.

Submitted by Gabrielle Fairfield (not verified)

Gabrielle Fairfield's submission doesn't quite add up for me "Rural doctors are majority IMGs" presumably means that IMGs represent a majority in rural practice. They are no more or less likely to require ongoing CME than are the rest of us - but in their more remote situations will have already used up most of their 'allowance' just getting to the venue to receive CME. The cap is an insane revenue grabber, and in typical Labor party mode assumes only the 'wealthy' will be affected. As a specialist in Far North Queensland ANY meeting requires at least $500-700 airfares to go anywhere, let alone accommodation, meeting fees etc.

Submitted by Chris Jelliffe (not verified)

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INFORMATION FOR MEMBERS

PBAC nominations invited

AMA members are invited to nominate to a specialist position on the Pharmaceutical Benefits Advisory Committee (PBAC).

This is a challenging and stimulating position that provides the opportunity to contribute directly to pharmaceutical benefits policy in Australia.

PBAC is an independent expert committee that advises the Minister for Health on medicines in relation to the Pharmaceutical Benefits Scheme. PBAC is required to consider the clinical effectiveness, safety and cost effectiveness of a medication compared with existing therapies. Members must be able to interpret the comparative outcomes of therapy involving a drug and appraise evidence.

The AMA has been asked to nominate a range of potential candidates, particularly those with expertise in epidemiology. The AMA's Federal Executive Council will assess nominations prior to forwarding them to the Minister for potential appointment.

PBAC meets for three, three/four-day meetings a year and may hold up to three additional one-day meetings. PBAC members currently receive an annual salary of $36,750 and all travel costs are reimbursed. Appointments are for four years.

Further information about PBAC can be found on the DoHA website at www.health.gov.au.

To nominate, please forward a curriculum vitae no longer than 2 pages (Click here [https://ama.com.au/system/files/sample_cv.pdf] for an example) to cmoylan@ama.com.au **by Tuesday, 20 August 2013**. If you have any questions, please contact Georgia Morris on 02 6270 5466.

Your AMA Federal Council at work

What AMA Federal Councillors and other AMA Members have been doing to advance your interests in the past month

Name	Position on council	Activity/Meeting	Date
Dr Beverley Rowbotham	Pathologist Craft Group nominee	Meeting with the Royal College of Pathologists of Australasia	24/07/2013
Dr Steve Hambleton	AMA President	Meeting with the Royal College of Pathologists of Australasia	24/07/2013
		Meeting with Chair of the Medical Board of Australia and AHPRA CEO	8/8/2013
Dr Richard Kidd	Queensland are nominee	NEHTA Stakeholder Product Consultation Group	25/07/2013
		CMO Roundtable on sudden cardiac death in young people	30/07/2013
Dr Robyn Langham	Victorian area nominee	Medicines Australia Code of Conduct Review Panel	8/8/2013
Dr Mukesh Haikerwal	Former AMA President	PCEHR - Advance Care Consultation Group	13/08/2013

INFORMATION FOR MEMBERS

Free tool to track registration requirements

The AMA has developed a free online tool to help doctors to keep track of the information they need to meet the Medical Board of Australia's annual continuing professional development CPD requirements.

Each September, practitioners, when renewing their Medical Board registration, may be required to provide evidence they have complied with the Board's CPD requirements.

The AMA CPD Tracker has been developed to enable doctors to progressively gather and organise the information needed to substantiate declarations made to the Board about CPD, so that evidence can be quickly and easily produced on demand.

The AMA CPD Tracker can be used to:

- List courses completed, including the organisation that accredited the CPD activity;
- Store all certificates of completion;
- Keep a log of practice-based reflective activities, including clinical audits, peer reviews and perfomance appraisals; and
- Log hours spent on online learning, reading journals, teaching and other activities.

The system keeps a tally of hours, enabling practitioners to keep track of what needs to be completed before the end of the registration year.

The Tracker has been developed taking full account of the requirements set out in the Medical Board's Continuing Professional Development Registration Standard.

The service is free to AMA members. Non-members can subscribe for an annual fee of $250.

To register for the product, please sign up here.

Research

Autism breakthrough

Researchers in the United States have identified gene networks involved in abnormal brain growth in autism, as well as a breakthrough genetic 'signature' of autism in babies just 12 months old, leading to the development of a simple diagnostic blood test, a conference in Adelaide has been told.

The breakthrough was announced by Professor Eric Courchesne, Director of the Autism Centre of Excellence at the University of California, San Diego (UCSD) when he addressed the Asia Pacific Autism Conference in Adelaide.

"We have identified several gene networks that are a common thread in autism," said Professor Courchesne.

"During the fourth, fifth and sixth months of pregnancy, they disrupt the production of brain cells, producing too many, or in some cases too few, and how the cells are organised and connected.

"We've also identified four gene networks that are a 'biological signature' of autism in babies as young as 12 months. A blood screening test is being developed. At this stage it's looking very promising that the blood screening test will have high accuracy, specificity and sensitivity for children at risk of autism."

Professor Courchesne and his research partner Dr Tiziano Pramparo and their team have spent the past six years on this specific piece of work.

They scanned the brains and analysed the blood of more than 600 babies and toddlers aged from 12 months to four years.

"This discovery really changes the landscape of our understanding of causes and effective treatments," Professor Courchesne said. "This is going to lead to much better treatments at a much earlier stage and a large percentage of children having an excellent outcome.

"People have been looking at individual genes. What we've found is that it is how these genes combine in networks and how these networks disrupt brain growth that is a common pathway in autism."

Professor Courchesne said the discovery further firms his belief that autism is caused by genetic and non-genetic factors.

The UCSD centre says its mission is to discover an early behavioural and biological signature of infants at risk for autism.

To achieve this, the centre uses state of the art methodology, including functional and structural brain imaging, eye gaze tracking, and detailed genetic tests that map early development in a wide range of babies, including those at risk for autism as well as those who are developing normally.

"The ultimate goal of our program is to help families by establishing reliable biomedical indicators that will translate into rapid identification and early treatment for all children who need it," the centre says on its website.

Debra Vermeer

TO COMMENT CLICK HERE

Chronic health down to the wire

Telephone coaching can help people with chronic diseases to self-manage their conditions and may be particularly useful in targeting vulnerable and disadvantaged populations.

New research has found that telephone coaching can be used to address the impact of some of the health workforce shortages in Australia, particularly in areas where people with chronic disease may not have direct access to many health services.

The study reviewed literature on telephone-based coaching services to determine their effectiveness in assisting in the management of patients who had one or more chronic diseases.

The review found that most coaching services targeted patients with complex needs who had one or more chronic diseases. Several studies reported improvements in health behaviour, self-efficacy, health status and satisfaction with the service. Both planned and unscripted telephone coaching interventions were found to be effective for improving self-management skills in people from vulnerable groups. The planned telephone coaching services had the advantage of regular contact and helping people develop their skills over time, whereas the unscripted services allowed the coach to tailor support for the patient's needs.

Lead researcher Dr Sarah Dennis from the University of New South Wales said more than a third of the papers reviewed focussed on vulnerable people and telephone coaching was found to be effective.

"In fact, often the vulnerable populations had worse control of their chronic condition at baseline and demonstrated the greatest improvement compared with those with better control at baseline," Dr Dennis said.

"Health coaching to develop self-management skills including behaviour change, goal setting and empowerment can assist in reducing the burden of chronic disease on the healthcare system."

However the researchers warned about making assumptions about the cost of coaching relative to other forms of care, saying the study found that in most cases it did not reduce health care costs and, in some cases, costs could increase.

Kirsty Waterford

TO COMMENT CLICK HERE

Research

Epilepsy gene mutations found

An international study has discovered new genetic mutations that cause some of the most severe childhood epilepsies, opening the way to help find treatments.

The global study, led by the University of Melbourne and Austin Hospital, Duke University and the University of California, San Francisco, used advanced gene technology known as exome sequencing to identify new genes that cause severe childhood epilepsies.

Exomes essentially represent all of a person's genes. Their DNA sequences provide the instructions for constructing all the proteins made by the body.

In one group of patients, the researchers discovered two new genes and 25 epilepsy-causing mutations, suggesting there will be common pathways to target epilepsies with drugs and other therapies.

The study, published in *Nature*, was part of a larger research project analysing 4000 genomes from epilepsy patients around the world.

Study co-leader, Professor Sam Berkovic Director of the Epilepsy Research Centre at the University of Melbourne and Austin Hospital, said it represented a major advance in how we analyse epilepsies, helping researchers to better identify their genetic causes and improve treatment options.

"These findings will help to fast track discoveries of the genetic causes of some of the most devastating childhood epilepsies, many of which had been previously unknown," he said.

The study was part of a $25 million worldwide project, funded by the National Institutes of Health (NIH), called Epilepsy 4000 (Epi4K).

Epi4K's mission is to use the latest genetic techniques to sequence and analyse DNA from 4000 epilepsy patients and their relatives.

The researchers in this study compared exome sequences of 264 children with the sequences of their parents who do not have epilepsy. Differences in the sequences were analysed using a number of statistical tools to identify potential disease causing mutations.

Dr David Goldstein, Director of the Human Genome Variation Center at Duke University Medical Center and a leader of the study, said the research opened up new paths for further exploration.

"This moderately-sized study identified an unusually large number of disease-causing mutations and provides a wealth of new information for the epilepsy research community to explore," he said.

A co-chief investigator on the study, paediatric neurologist Professor Ingrid Scheffer of the University of Melbourne and the Florey Institute, Austin Hospital said "solving the cause of these children's epilepsy is a huge step forward in understanding why they are sick and the beginning of the development of targeted therapies".

The researchers estimated that up to 90 genes could carry epilepsy-causing mutations and that many of the mutations implicated in the risk of epilepsy had been previously associated with other diseases such as autism.

"These promising results highlight the strength of supporting large international research teams devoted to studying the genetics behind highly complex neurological disorders," said Dr Story Landis, Director of the NIH's National Institute of Neurological Disorders and Stroke.

Debra Vermeer

TO COMMENT CLICK HERE

New breed of mosquito may carry viruses

A mosquito, which is active all year round, rather than just in the warmer months, is raising concerns about the role it may play in the transmission of viruses in Australian cities, new research shows.

The research has also prompted warnings to local authorities that by increasing underground water storage in our cities, they could be creating new habitats for the mosquito pest.

A three-year study by University of Sydney researchers has been looking at the *Culexmolestus*, more commonly known as the 'London Underground Mosquito'.

Dr Cameron Webb, from the University's Department of Medical Entomology and Pathology said the mosquito was named for its ability to feast on Londoners who took shelter in the underground train network during the bombings of the city in World War II.

"One of the most important findings of this study was that an analysis of weekly mosquito trapping over a 13 month period indicated that the mosquito remains active over cooler months, whereas almost all other mosquitos disappear during winter," Dr Webb said.

"The mosquito is unique in that it prefers to live in underground environments but there are now concerns regarding the role this mosquito may play in the transmission of mosquito-borne viruses in Australian cities.

"We normally think of mosquitos being a problem in the tropical regions of the world but as the outbreak of West Nile virus in North America last year showed us, temperate regions of the world are at risk too.

"It is a common misconception that mosquito-borne diseases in Australia are limited to our northern states. Disease caused by Ross River virus and Barmah Forest virus are commonly reported from southern states and, increasingly, at the fringes of cities such as Sydney, Melbourne and Perth."

...CONTINUED ON PAGE 36

Research

...CONTINUED FROM PAGE 35

Dr Webb is the team leader of the study which has been published in this month's edition of the *Australian Journal of Entomology*.

The research shows that the mosquito has been collected in more than 230 locations across Australia. However, no specimens have been reported from Queensland or the Northern Territory.

Dr Webb said populations of this mosquito had not been the focus of substantial research in Australia for more than 50 years.

"The project was designed to address the gaps in our knowledge of this species with a view to assisting in the assessment and management of mosquito-borne disease risk in our cities," he said.

"Genetic analysis of specimens from throughout Australia, as well as Asia, Europe and North America, indicate that the species was most likely introduced from Japan."

It has long been suspected that the mosquito hitched a ride to Australia with military movements into Victoria during WWII.

"The results of this study support that theory. This research project has filled some gaps in our knowledge of this often overlooked and unusual mosquito," Dr Webb said.

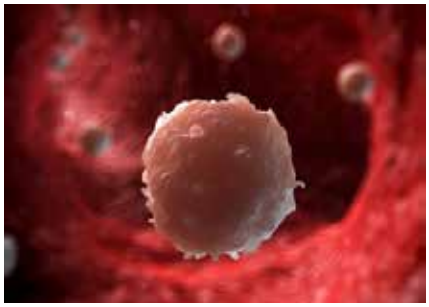
"The implications from this research are that local authorities must be mindful of this mosquito's ability to exploit unexpected underground habitats. As we increase water storages in metropolitan regions of Australia, we must be careful not to create new underground habitats for this pest mosquito.

Much of the work for the project was conducted by PhD candidate Nur Abu Kassim who was awarded a scholarship from the Ministry of Higher Education Malaysia and Unversiti Sains Malaysia to undertake her PhD in Australia.

Debra Vermeer

TO COMMENT CLICK HERE

New cancer treatment



A breakthrough medical treatment that causes cancer cells to collapse in on themselves like a demolished building looks to be effective against every type of cancer cell and could be available in clinical trials as early as 2015.

A whole new class of drugs has been developed that, for the first time, targets the structure of the cancer cell.

It could lead to a new type of chemotherapy, which could have more positive outcomes for hard-to-treat cancers and have fewer long-term side-effects for survivors.

University of New South Wales researchers made the discovery while investigating the deadly childhood cancer neuroblastoma. In animals, they found that the treatment is also effective against melanoma in adults.

The results were published in the *Cancer Research* journal.

Lead study author, Professor Peter Gunning the Head of the Oncology Research Unit in the UNSW School of Medical Sciences, said the drug appeared to work against every type of cancer cell.

"It is much like what happens when you see a building collapse on the TV news," Professor Gunning said.

"Our drug causes the structure of the cancer cell to collapse – and it happens relatively quickly.We've been surprised and excited by the potential of this treatment."

Dr Justine Stehn, the first author on the paper, also from the Oncology Research Unit, said that attacking the architecture of the cancer cell has long been an obvious target.

"But until now, attempts have failed because the building blocks of the structure of the cancer cell are also used to build the heart and muscle, so the toxicity was unacceptable," she said.

However, the team recognised there was a second "building block", the protein tropomyosin, in the cancer cell structure that was sufficiently different from those in the heart and muscle, which could be safely targeted.

Toxicity had been a major stumbling block in earlier research, making possible funders scarce. Professor Gunning paid tribute to The Kids' Cancer Project for its financial support.

Kids' Cancer Project CEO Peter Neilson said the results of the research would have far-reaching consequences.

"This research opens up a door on something the pharmaceutical industry and science gave up on 25 years ago," he said.

"We will continue to invest in this and we are determined to see it going into clinical trials in children with hard-to-treat neuroblastoma. Normally, it would go into adults and it would take 7 to 8 years to be trialled in kids."

The first clinical trials are expected in 2015.

Dean of UNSW Medicine, Professor Peter Smith, who is also Chair of the Research Advisory Committee of The Kids' Cancer Project, said research was crucial for finding new ways of tackling childhood cancer.

"Cancer in children is not the result of

...CONTINUED ON PAGE 37

Research

...CONTINUED FROM PAGE 36

lifestyle issues, so you're relying on medical research to see any improvement in survival rates," Professor Smith said.

Childhood cancer is the single greatest cause of death from disease in Australian children, with three children a week dying from the condition.

"In the 1960s, less than 10 per cent of children survived cancer and now it's 80 per cent," he said.

The research project was also supported by the National Health and Medical Research Council, the Cancer Council NSW, the Cancer Institute NSW and the Office for Health and Medical Research, NSW Ministry of Health.

Debra Vermeer

TO COMMENT CLICK HERE

New model to calculate risk of cancers

Researchers in the United States have produced a new tool to calculate a woman's risk of developing breast, ovarian and endometrial cancer over a 10 and 20 year period.

The statistical model uses easy-to-obtain risk factors like weight, alcohol use, the number of times a woman has given birth, and use of contraceptive pills or hormone therapy at menopause.

It was produced by scientists at the National Cancer Institute (NCI) in Bethesda and the study was published in the journal *PLOS Medicine*.

Dr Ruth Pfeiffer, senior investigator at the NCI, and her team developed the tool after compiling data from two large population-based studies.

They found that risk factors for women getting breast cancer included drinking alcohol, being overweight, having children later in life, having used menopausal hormonal therapy, and having a family history of breast cancer.

The risk factors used in the endometrial and ovarian cancer models include age at menopause, weight, menopause status, smoking history, use of oral contraceptives and menopausal hormonal therapy. Family history is also included as a risk factor for ovarian cancer.

Depending on exposure to these factors, the risk of getting breast cancer over a 10 year period ranged from 1.5 per cent to 22 per cent. The risk for endometrial cancer was 0.4 per cent to 10.5 per cent, and the risk for ovarian cancer was 0.3 per cent to 0.96 per cent.

Dr Pfeiffer said the models could help doctors when assessing patients' cancer risk and identify patients who could benefit from early treatment and intervention.

"These findings show that breast, ovarian and endometrial cancer can all be predicted using information on known risk factors for these cancers that is easily obtainable," she said.

"Absolute risk prediction models are useful in the design of cancer prevention trials and can also help women make informed decisions about cancer prevention and treatment options.

"For example, a woman at high risk of breast cancer might decide to take Tamoxifen for breast cancer prevention, but ideally she needs to know her absolute endometrial cancer risk before doing so, because Tamoxifen increases the risk of this cancer.

"Similarly, knowledge of her ovarian cancer risk might influence a woman's decision regarding prophylactic removal of her ovaries to reduce her breast cancer risk."

"Importantly … these well-calibrated models should provide realistic information about an individual's risk of developing breast, ovarian or endometrial cancer that can be used in clinical decision-making and that may assist in the identification of potential participants for research studies."

Dr Pfeiffer said the while there were already some breast cancer risk models available, up until now there were few such models for ovarian cancer and none for endometrial cancer, despite the three cancers sharing several key characteristics.

"In 2008, just three types of cancer accounted for 10 per cent of global cancer-related deaths," she said in the PLOS report.

"That year, about 460,000 women died from breast cancer (the most frequently diagnosed cancer among women and the fifth most common cause of cancer-related death). Another 140,000 women died from ovarian cancer, and 74,000 died from endometrial (womb) cancer, the 14th and 20th most common causes of cancer-related death respectively.

"Although these three cancers originate in different tissues, they nevertheless share many risk factors. For example, current age, age at menarche (first period) and parity (the number of children a woman has had) are all strongly associated with breast, ovarian and endometrial cancer risk.

"Because these cancers share many hormonal and epidemiological risk factors, a woman with a high breast cancer risk is also likely to have an above-average risk of developing ovarian or endometrial cancer."

The data used to build the model was drawn from white, non-Hispanic women and Dr Pfeiffer and her team warned that it may not accurately predict cancer risk for women of other ethnicities.

Debra Vermeer

TO COMMENT CLICK HERE

Buying a "new" car? How "new" is "new"?

BY **DR CLIVE FRASER**

This column marks my tenth anniversary as AMA motoring writer.

Over the years I've received just as many brickbats as bouquets and one learns to firm up and not shy away from telling it like it is.

I have noticed that doctors who disagree with what I've written may even accuse me of not even driving their beloved model.

By way of example I thought I'd accurately described that holding onto the steering wheel in a previous Mercedes model was like dancing with a fat lady, but a colleague thought I'd gone too far with that analogy.

Just for the record, I did drive the car, and I have danced with a fat lady!

And for those that do disagree there has always been the option of a letter to the editor.

One of my IMG colleagues aptly pointed out to me that was exactly why he chose to live in Australia, because it is a country of free speech, at least outside of Queensland and if the Murdoch-owned press agree with your views.

So at the risk of offending a whole nation of car dealers, I'm going to spill the beans on what it means to buy a not so new, "new" car.

A doctor called me last week and asked me to take a close look at a new 1.6 litre turbo-diesel Volvo C30 that he'd found at a great price on the Internet.

The RRP for that vehicle is currently $36,990 + ORC.

Whilst it was listed at $28,990 drive-away on the internet, the dealership had $29,990 on the windscreen so there already looked like there'd be some room for negotiation.

My colleague was particularly asking that I check the build date on the car's body.

On closer inspection it seemed that this particular vehicle left the Belgian production line in February 2012.

By my calculations that made it 18 months old, and not so new after all.

On the inside I wasn't greeted by that new car smell one comes to expect and there was a lot of dusty debris inside which I'm sure would have been removed at pre-delivery.

Under the bonnet there was more debris indicative that the vehicle had spent its whole life outside and in the harsh sun-light.

Not so good if you're fortunate enough to have undercover parking for your own car.

There was also a lot of corrosion on all the alloy bits under the bonnet some of which I'm sure would wipe off, but some of which was pitting the surfaces.

And while the dealership would insist that the engine oil should be changed every 12 months regardless of how many kilometres travelled to maintain the warranty, I would be surprised if this vehicle had already had a service.

So is a discount of about 28 per cent off the RRP too good to pass by on an 18 month old "new" car that has only done 68 kilometres.

My colleague wasn't sure.

He offered the dealership $26,000 (cash, no trade).

The salesman feigned indignation and said they wouldn't go lower than $28,000.

My colleague walked.

Just as well, because the next day he bought a new and some would argue better 2.0 litre turbo-diesel Opel Astra for $21,700 drive-away.

Safe motoring,

Doctor Clive Fraser
doctorclivefraser@hotmail.com

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