AUSTRALIAN MEDICAL ASSOCIATION

(SOUTH AUSTRALIA) INC.

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SOUTH AUSTRALIAN WOMEN TO RECEIVE THIRD-WORLD CARE UNDER PROPOSED UTI PRESCRIBING EXPERIMENT

South Australian women must not be forced to tolerate sub-standard care because of a pharmacy push to be able to prescribe anti-biotics, the Australian Medical Association doctors warned today.

AMA(SA) President Dr Michelle Atchison said the interstate experiments that are allowing pharmacists to prescribe a range of medications were placing women's lives at risk.

The South Australian Parliament recently announced that a Select Committee, led by Jayne Stinson MP, would explore whether to allow pharmacists to prescribe antibiotics for 'simple' urinary tract infections (UTIs). This follows similar moves interstate, including in Far North Queensland, where pharmacists will be able to prescribe additional medications.

Dr Atchison said she and AMA(SA) Committee of General Practice Chair Dr Bridget Sawyer hoped to meet Ms Stinson and discuss AMA(SA) concerns.

'There is nowhere in Australia where medical experts have supported these experiments,' Dr Atchison said. 'There is also nowhere in Australia – or anywhere else in the world – where such a move has provided evidence that an experiment like this is safe.

'Instead, there is mounting evidence that allowing pharmacists to prescribe antibiotics for UTIs, without proper screening and consideration of women's clinical histories – risks missing indications of cancer and other serious conditions, and also pregnancies, during which medications should be considered very carefully.

'A survey of Queensland GPs found at least 240 cases where women had received antibiotics from pharmacists for presumed UTIs and later needed further treatment – including for cancer – and that 97 per cent were prescribed antibiotics, whether they needed them or not.

'Also In Queensland, the pilot is under investigation as posing a serious threat to patient safety, with the people delivering it having a financial conflict of interest in its results.

'This is not how we trial medical programs in this country in 2022. It is certainly not the basis for expanding the pilots into different jurisdictions and for more conditions and treatments.'

Dr Atchison said governments are justifying the introduction of pharmacy prescribing by citing limited access to GP appointments.

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'We understand that people are having difficulty in seeing their GPs in some areas,' Dr Atchison said. 'We want more funding to go to GP clinics so they can employ nurses and nurse practitioners to treat women who believe they have UTIs, where they can talk privately and discuss their concerns with health workers trained in diagnosis and under the supervision of a GP.

Dr Atchison said the 'access to care' argument did not take into account the cost of receiving a non-PBS prescription at a pharmacist – a cost that may discourage some women from seeking treatment.

'We also know that it is very rare for a woman who contacts their GP about a suspected UTI to not be seen very, very quickly.'

Dr Atchison said women deserve the security of a private space with a qualified health practitioner when discussing a suspected UTI.

'Pharmacists don't have the knowledge and pharmacies don't provide the opportunities to discuss the concerns of every woman who may come to them with a suspected UTI. On her website, Ms Stinson refers to some women having UTIs "very frequently". But this is an indication that there may be something seriously wrong, and being able to go from one pharmacist to another to grab a prescription for antibiotics, means there could be a very serious problem that is missed.

'Other women will be prescribed antibiotics when they're not needed or not the right solution – at the same time as medical bodies around the world, including the World Health Organization and the AMA – are describing growing resistance to antibiotics is one of the biggest threats to global health and development.'

Dr Atchison said doctors do not want to compete with pharmacies, but work with them to ensure all South Australians can access care.

For case studies and more information, including outcomes of the Queensland experiment, please see the attached factsheet.