

A U S T R A L I A N

Medicine

The national news publication of the Australian Medical Association

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AMA LEADERSHIP TEAM



President
Dr Tony Bartone



Vice President
Dr Chris Zappala

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New publishing approach from *Australian Medicine*

Australian Medicine will increase its online presence in 2019 by reducing the number of its print editions. The journal will still be published online fortnightly with more content. Four bumper print editions will be produced and distributed over the next 12 months – one each quarter. This is a change from one print edition each month. All editions will be published online.

AMA front and centre in election year



With a Federal election due the first half of this year – and could be announced any time – the AMA is determined to keep health at the forefront of political debate.

Advocacy on policy issues is being escalated, with the AMA leadership starting 2019 committed to ensuring political decision-makers are left in no doubt as to what is needed in the health arena.

AMA President Dr Tony Bartone said this year's election will be crucial for health policy, and the AMA will work tirelessly to keep it front and centre throughout the campaign.

"We will be prosecuting the case of the importance of health as a significant issue for all Australians, and we will be making sure all political parties understand just how important health is when it comes to people casting their votes," Dr Bartone said.



AMA front and centre in election year

“What we will be focussing on will firstly be key election health issues around general practice and the importance of primary care and being properly funded; significant issues across public hospitals, especially in terms of waiting lists; and having a sustainable system when it comes appropriately funding and resourcing Medicare to provide the equity and access that underpins the system.

“As well, we need to ensure we have a very robust and sustainable private health insurance system, but one that allows the public system to function efficiently and effectively for those who rely on it.

“But that’s just the beginning. We will be on the front foot across all the other issues concerned with health – everything from prevention to the social determinants of health.

“I think all the parties recognise health as an important issue, however, they may not fully grasp the complexities and the intricacies of what that means. Health is much more than just bulk billing rates and hospital beds. It’s much more complex than that.

“We as a collective will ensure that it is kept bubbling along in the media space; we will continue to make representations to all sides of politics, including the crossbenches; we will visit key stakeholders and all the movers and shakers to make sure they understand our position.

“And have no doubt – we will hold all sides to account. We will critique and analyse each of their policy positions and we will produce an election score card. We will show no fear or favour.”

Dr Bartone said the election provides the ground to address numerous weakness in the health system, and a time for politicians to step up. Health funding needs to be improved and positive strategies implemented.

“We’re at a crossroads,” he said.

“We’ve had multiple task forces, multiple inquiries, multiple submissions and all we’ve seen is waiting lists grow, performance not improve in the public sector, primary care funding go backwards in real terms, and private health insurance become more and more unaffordable.

“We’re approaching a perfect storm where access to health care will be challenged if we do not have a long-term approach to improving it.

“There needs to be a strategy and a vision communicated, and a road map of how to get there. We need to ensure we don’t continue to play the argy-bargy of Federal/State politics or the uncertainty of a three-year election cycle. Health is far too important to be held hostage to those factors.

“We have one of the best healthcare systems in the world and we have achieved outcomes second to none. But all those hard-won gains are at risk and the system is at risk of going backwards.

“That’s why this election is so important.”

CHRIS JOHNSON

Let’s give pill testing a go at music festivals

As Australia’s music festival season continues throughout summer, the AMA has stressed its alarm and concern over the number of drug-related deaths at the events.

Five young people have died at music festivals in NSW in the past three months from what is thought to be drug overdoses or the ingestion of lethal substances contained in the drugs.

Some arrests have already been made. The NSW Coroner is holding an inquest into the deaths.

But the NSW Government has so far refused to allow pill testing at the music festivals. There is growing public sentiment against the Government for not introducing a pill testing trial. Political will is lacking across the nation for the introduction of pill testing at music festivals.

But AMA President Dr Tony Bartone said a pill testing trial should be considered as part of a wider harm minimisation strategy for the festivals.

“Let’s have the trial, let’s have it under close and particular scrutiny, and then use it as part of an overarching strategy of harm minimisation,” Dr Bartone said.

“Not just supply reduction, which we’ve tried for a long period of time with criminal penalties. But we know that people are still using drugs.

“We’ve got to get serious about a problem that’s consuming all parts of our society.”

CHRIS JOHNSON

Timely reminder to keep children vaccinated



A measles outbreak in NSW has led to renewed calls for parents to have their children vaccinated against the infectious disease.

Eight cases since Christmas have been traced to two children whose parents chose not to vaccinate them. A health warning has been issued by authorities.

The children flew into Sydney with their parents after a stay in Sri Lanka.

AMA President Dr Tony Bartone said the outbreak shows there is still a high need to be vigilant when it comes to ensuring vaccinations are kept up to date.

“What we’ve had in this situation is two cases, or two children with measles in its evolving state – that is, before it became symptomatically clear that the children did have measles – being on the plane,” Dr Bartone told Radio 2GB.

“Children who weren’t vaccinated... or other adults who didn’t have their vaccination status up to speed, up to scratch, were obviously at risk of contracting a very highly contagious viral illness.

“We know that especially in the confines of something like an aircraft it is very, very likely to create that opportunity for spread and infection especially, obviously, if you don’t have your vaccination status up to date.”

Dr Bartone said all Australians needed to remember that measles is a viral illness that, previous to immunisation, had been present for many decades.

It can be very severe and even fatal in some cases.

“If we look around the world right now, one of the leading causes of death in children is measles,” Dr Bartone said.

“That’s in the larger, wider world, where vaccination status isn’t as prevalent as in the Australian population. It is extremely likely to be associated with significant complications and, indeed, mortality. If your vaccination status is up to date, you’re not at risk of catching it and obviously do not run that risk.

“We’ve become complacent because largely – from an endemic point of view – Australia has been free of measles because of our very, very effective vaccination campaign.

“However, because now we live in a global society and we are prone to travel in increasing numbers and increasing amounts, the opportunity to bring back measles into the country is significant.”

Dr Bartone said that was especially the case if travelling unvaccinated to and from areas where measles is endemic.

“It’s a message that the only safe way to prevent measles is to be vaccinated,” he said.

“To not vaccinate is to leave yourself prone to catching measles, especially from someone either travelling from an area where they’ve picked it up or bringing it back in.

“For every 10 people that are unvaccinated and that are exposed to the measles virus, nine will catch it. So, it’s extremely contagious. It’s spread by droplet infection, either sneeze or cough, or from contaminated surfaces.

“And the virus can live for many, many hours on those surfaces. So, we’re looking at a situation where we’ve got a highly contagious virus.”

CHRIS JOHNSON

Healthcare sector can address carbon emissions

The inaugural *MJA-Lancet Countdown on Health and Climate Change in Australia* has been released. The Countdown was initiated last year and tracks international progress on health and climate change against a set of 40 indicators. The efforts of a robust panel of Australian experts meant that Australia was the only country in which a national report was released, measuring progress (or lack thereof) on the project's indicators.

The report's subtitle, *Australian policy inaction threatens lives*, gives a none-too-subtle indication of its assessment. There are some hints of progress, such as the Bureau of Meteorology's work to establish health warning systems for heatwaves and thunderstorm asthma events.

However, in general, Australia lags behind other high-income countries, and has even moved backward on some indicators, particularly in terms of the carbon-intensiveness of our economy. The report quantifies the health impacts of climate change in Australia, including increasing mortality from heatwaves, increasing vector-borne disease capacity, and a strong association between hotter days and suicide rates.

Although many of the indicators sit outside the control of the health and medical professions, one indicator that provides a clear opportunity for action is healthcare sector emissions. The report finds that Australia's healthcare sector contributes seven per cent of total annual carbon emissions, with hospitals contributing approximately half of this footprint. Seven per cent might not sound like a lot – but to frame it in another way, it is the equivalent of the total emissions by South Australians in one year. The healthcare sector can therefore play an important role in reducing emissions by adopting more sustainable practices and moving towards renewable energy.

This idea has been recognised and progressed in recent years by the Global Green and Healthy Hospitals (GGHH) Network. GGHH is an international network comprising 1035 members – including hospitals, health organisations and healthcare facilities – which are committed to reducing their environmental impact. Overall, GGHH members represent more than 32,000 health facilities worldwide. Forty-five GGHH members, representing more than 900 health facilities, are located in Australia and New Zealand.

The GGHH network sets out a ten-goal framework, which encompasses: environmental leadership; safer chemicals; reduced waste, energy efficiency, reduced water consumption, improved transportation; sustainable and healthy food;

appropriate prescription of pharmaceuticals; sustainable design and use of buildings; and purchasing of sustainable products. Membership of the network allows for the sharing of best practice approaches and solutions, as well as access to discussion forums, guidance documents, webinars and data management tools.

In Australia, GGHH network members have achieved real successes in reducing emissions – and it isn't just the environment that's benefitting. A range of energy efficiencies implemented at KooWeeRup Regional Health Service, like installing solar panels for hot water, light sensors and reflective paint, has saved 38 tonnes of carbon emissions and reduced maintenance and energy costs. The Community Energy Efficiency Program implemented by UnitingCare across 27 health facilities in Queensland reduced energy consumption by 37 per cent, saving 100 tonnes of carbon emissions and almost \$100,000 in costs.

Internationally, England's National Health Service (NHS) provides a strong example of effective sustainability measures in healthcare facilities. Since 2007, the NHS has implemented a series of reforms, spearheaded by their Sustainable Development Unit. Co-ordinated reforms across the sector, particularly in energy, waste and water, have reduced greenhouse gas emissions by 11 per cent between 2007 and 2015, even with an 18 per cent increase in healthcare activity. This has also resulted in an estimated saving of 90 million pounds (\$155 million AUD) annually.

Climate change will have – and is already having – dangerous impacts on human health. This, along with the logistical challenges of more frequent inclement weather, will increase pressure on our health care facilities. With policy inaction threatening lives, it's time to consider what role the healthcare system can play in decreasing emissions.

BY VIRGINIA DECOURCY
AMA POLICY ADVISOR

More information on joining Global Green and Healthy Hospitals is available on the Climate and Health Alliance website: http://www.caha.org.au/globalgreen_healthyhospitals

The MJA-Lancet Countdown on Health and Climate Change in Australia can be accessed at: https://www.mja.com.au/system/files/issues/209_11/10.5694mja18.00789.pdf

End of Life Law for Clinicians: A new training program about end of life law in medicine

“If I give my terminally ill patient medication for pain relief and she dies, will I have assisted her death?”

“If my patient is close to death and his family demands treatment, do I have to give it?”

“My elderly patient needs urgent treatment to save her life but refuses to go to hospital. What do I do?”

“My patient’s family is arguing about whether to consent to treatment. Who can make the decision?”

These are just some of the legal issues confronting clinicians who care for patients at the end of life. Often the answers are not clear cut, and knowing what to do, particularly in an urgent situation, can be challenging.

While research shows that doctors have significant knowledge gaps about end of life law, most doctors believe law has a place in clinical practice and decision-making, and want to learn more about the law.

To address this need, a team of researchers from the Queensland University of Technology recently launched End of Life Law for Clinicians (ELLC), a national training program for clinicians and medical students about the law at end of life. This freely available program, which is funded by the Commonwealth Department of Health, comprises ten 30-minute online modules.

Topics include capacity and consent to medical treatment, withholding and withdrawing treatment, Advance Care Directives, substitute decision-making, providing palliative medication, futile or non-beneficial treatment, emergency treatment, end-of-life decision-making for children, and managing disputes.

The training commences with a module about the role of law in end of life care, a topic more relevant to clinicians now than ever before. The past few years have seen significant legal reforms across Australia which have implications for the medical profession, including the Victorian Government’s reforms to laws on medical treatment decision-making. High profile cases like Charlie Gard in the UK have also renewed debate about futile or non-beneficial treatment, and where we should draw the line when it comes to providing treatment to critically ill patients. Legislators, the medical profession, and the broader community are grappling with some of the most complex ethical, moral and legal issues in modern medicine.

For some, law’s role in medicine may not be immediately apparent. Yet law provides the overarching framework for consent

to treatment and decision-making in end of life care, and clinicians are important legal actors in this. Caring for patients at the end of life necessarily involves clinicians applying the law in their practice: for example, when a doctor decides whether to follow a person’s Advance Care Directive; how much morphine to administer to a dying patient; or whether mechanical ventilation can be withheld or withdrawn. To do this effectively (and to understand what is lawful, and what is not) knowing end of life law, and where to go for information and advice to manage legal issues, can help.

ELLC comprehensively addresses these issues. It also explains the differences in the laws in all 8 Australian jurisdictions through End of Life Law in Australia, a complementary resource developed for health professionals and the broader community to find out more on end of life law.

In addition to the online modules, 22 workshops, focusing on clinical case studies will be rolled out in all States and Territories throughout 2019, in partnership with the medical and health sectors. CPD points may be claimed from professional Colleges for both modules and workshops, and certificates of completion are available.

ELLC aims to address current knowledge gaps and to help clinicians deliver high quality, appropriate care every day. It can also support management of legal issues in practice, and assist in improving communication with individuals and their families or substitute decision-makers.

Most importantly, applying the law in clinical practice can support individuals to receive care consistent with their goals and preferences, and to experience a ‘good death’. We hope this training program will provide a useful resource to enhance clinicians’ practice.

Email endoflifelaw@qut.edu.au to register interest in the training.

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AMA supports the asylum seeker medical treatment bill



Professor Kerry Phelps MP.

The AMA supports the asylum seeker *Urgent Medical Treatment Bill* being promoted by Independent MP and former AMA President, Professor Kerry Phelps.

The AMA has gained assurances on key amendments to the legislation.

The Phelps bill will allow the temporary removal of children from offshore detention, create a workable system providing proper health care for refugees and asylum seekers under the protection of the Australian Government, and keeps in place deterrents that prevent asylum seekers risking their lives at sea and endangering themselves and others.

AMA President Dr Tony Bartone said that it was vital that all asylum seekers and refugees in the care of the Australian Government have access to quality care.

“There is compelling evidence that the asylum seekers on Nauru, especially the children, are suffering from serious

physical and mental health conditions, and they should be brought to Australia for appropriate quality care,” Dr Bartone said.

“The alarming Médecins Sans Frontières report on the health of detainees on Nauru was another signal that urgent action is needed.

“This is a health and human rights issue of the highest order. We must do the right thing.

“The amended Phelps bill is an important measure that will allow the temporary transfer to Australia from Nauru and Manus sooner for those in need of urgent care.

“The AMA has been advocating strongly for better health care for asylum seekers for many years.

“Our 2015 Position Statement, *Health Care of Asylum Seekers and Refugees*, called for the removal of all children from offshore detention, among other measures.



AMA supports the asylum seeker medical treatment bill

“We want a new national statutory body of clinical experts, independent of government, with the power to investigate and advise on the health and welfare of asylum seekers and refugees.”

The AMA is pushing for further legislation that incorporates the following reforms:

- asylum seekers and refugees should have access to the same level of health care as all Australian citizens;
- asylum seekers and refugees living in the community should have continued access to culturally appropriate health care, including specialist care, to meet their ongoing physical and mental health needs, including rehabilitation;
- all asylum seekers and refugees, independent of their citizenship or visa status, should have universal access to basic health care, counselling, and educational and training opportunities; and

- asylum seekers and refugees living in the community should have access to Medicare and the Pharmaceutical Benefits Scheme (PBS), state welfare and employment support, and appropriate settlement services.

Dr Bartone wrote to Prime Minister Morrison in September calling for the children on Nauru to be brought to Australia for appropriate medical care, with similar letters going to all MPs and Senators.

“We have worked closely with the Chief Medical Officer of the Home Affairs Department, and we acknowledge that the Government has since removed some of the children from Nauru,” Dr Bartone said.

“But we need a compassionate and enduring long-term solution that ensures quality appropriate health care for all asylum seekers and refugees in the care of the Australian Government.”

CHRIS JOHNSON

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Foundation asking for a fair go for lung cancer



Lung Foundation Australia has launched a new campaign to help loved ones of people living with lung cancer, by asking for more empathy from the community.

Every hour, an Australian watches a loved one die from lung cancer as it kills more people than breast and ovarian cancers combined. At the same time, more than a third (35 per cent) of people believe those living with lung cancer are their 'own worst enemy' who 'have only themselves to blame'.

Mark Brooke, Chief Executive Officer of Lung Foundation Australia, said this new campaign aims to remind everyone that such judgement not only hurts Australians living with lung cancer and their loved ones, but also impacts their quality of life at a time when many are vulnerable.

"We'd like to hope that many Australians do not fully realise just how far-reaching the impact of their stigma can be; it results in delayed diagnoses, access to treatment, and a lack of research funding," Mr Brooke said.

"We also know it makes people living with lung cancer reluctant to seek help and, distressingly, four times more likely to suicide than the general population.

"Nobody deserves to have cancer, regardless of what type. Everyone deserves care, treatment, and support. In 2019, if we choose to suspend our judgement, and each do what we can to better support those living with lung cancer, we really can improve lives.

"Please ditch the stigma and be somebody who cares. Over 12,000 Australians are currently living with lung cancer. They, and their loved ones, deserve a fair go."

The campaign kicked off with the release of a number of hard-hitting advertisements 'Stop asking the wrong question about lung cancer' placed on trains in Sydney, Melbourne and Brisbane. And the website [FairGoForLungCancer.org.au](http://www.fairgoforlungcancer.org.au) was also opened.

AIHW reports confirm public hospitals strained

Australia's public hospitals are under considerable funding pressure and are struggling to meet patient demand, according to two reports released by the Australian Institute of Health and Welfare (AIHW).

The reports, *Emergency Department Care 2017-18* and *Elective Surgery Waiting Times 2017-18*, highlight ongoing and growing pressure on public hospitals.

AMA President Dr Tony Bartone said the AIHW reports send a clear message to the major parties that public hospital funding will be a major issue at this year's Federal election.

"Our world-class public hospitals – and the dedicated health professionals who work in them – are required to meet the needs of more and more Australians every year," Dr Bartone said.

"But these reports show that the current level of public hospital capacity is falling behind patient demand. Patients are joining public hospital waiting lists for elective surgery at rates faster than public hospitals can admit them.

"And the data does not consider the hidden waiting list and the hidden waiting time – the time that it takes for a patient to be seen in the out-patient department before being placed on the list. This can be as long, or even longer, than the elective waiting list time.

"Patient presentations in emergency departments continue to increase year on year. The doctors, nurses, and other staff who work in our hospitals are some of the most skilled in the world, but they can only do so much with the funding and resources available.

"There are not enough additional beds, staff, or capacity within hospital wards to admit every patient who presents in emergency and needs urgent care. There are insufficient resources to admit elective surgery patients who wait too long in pain, at risk, or with too little mobility."

Dr Bartone said the AMA will increase its advocacy for public hospital funding ahead of the 2019 election.

And he said it might also be time to seriously review whether the current activity-based funding settings are adequate.

"The AMA shares the ambitions of Ministers, bureaucrats, and academics that public hospitals must lift their efficiency, improve the safety and quality of care, provide better patient discharge and care integration, embed electronic health records, and even prevent avoidable admissions," Dr Bartone said.

"But this will take more than words to achieve. It requires funding, planning, good policy, cooperation, and commitment."

Key findings of the reports include:

- Over the most recent 12-month period, between 2016-17 to 2017-18, the growth in elective surgery admissions from public hospital elective surgery waiting lists is virtually stagnant – an increase of only 0.1 per cent.
- The backlog of people waiting for elective surgery is building, not reducing. Over the last four years, 2012-14 to 2017-18, the rate that patients are joining public hospital elective surgery waiting lists outstrips the rate that patients are removed from waiting lists.
- Between 2013-14 and 2017-18, the median waiting time (50 per cent of patients admitted for the awaited procedure) across all public hospitals has increased from 36 days in 2013-14 to 40 days in 2017-18.
- As usual, there is variation in time waited for elective surgery between jurisdictions.
 - + NSW is treading water – elective surgery waiting times are relatively unchanged – but slightly worse over the last 12 months.
 - + Victoria, Tasmania, and NT – show improvement – especially at the 90th percentile (number of days waited to admit 90 per cent of all patients waiting for elective surgery).
 - + Patients in Queensland, WA, SA, and ACT are waiting longer.
- The number of patients presenting in Australian public hospital emergency departments is increasing year on year. There were more than 8 million presentations in 2017-18. This equates to 22,000 patients in Emergency Department per day.
- Nationally, the number of ED presentations in 2017-18 jumped by 3.4 per cent on the previous year. This is a definite spike compared to the 2.7 per cent per annum average growth in emergency presentations over the last four year (2013-14 – 2017-18).
- The growth in ED presentations in most jurisdictions over the last year hovers around the national average growth rate of 3.4 per cent in most jurisdictions. Tasmania has had the highest increase in ED presentations - 3.9 per cent.
- Only 72 per cent of all ED presentations in 2017-18 were completed within the recommended four hours.

"In light of these reports, the AMA repeats its call for strong public hospital funding policies for the election," Dr Bartone said.

"We must fully fund hospitals so they can improve patient safety and build their internal capacity to deliver high value care in the medium to long term."

AMA before Queensland inquiry on mandatory reporting

AMA President Dr Tony Bartone has given evidence to a Queensland Parliamentary Committee over the mandatory reporting laws in that State.

With AMA Queensland President Dr Dilip Dhupelia beside him, Dr Bartone addressed the *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018* and told the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee that things had to change.

He said Queensland's laws should reflect those in Western Australia, where doctors are not automatically reported for seeking health and mental health care.

"I'm here to tell you we are hurting," Dr Bartone said.

"Outside of Western Australia, doctors do not have the same level of access to health services as the patients they treat. They do not feel they can reach out to talk to their local doctor.

"When they feel stress – and they do, being only human – they have no one to turn to.

"There isn't a doctor in this country that would tell you the best treatment for a patient who is suffering – mentally or physically – is to ignore it.

"But that is the effect of our national law for doctors. The fear of being reported is just too high.

"Some suffer in silence. Some, I've heard, fly to Western Australia, just to see a GP like me.

"The fear treating doctors face is similarly high. The current interpretation of the law means they feel they have to try and 'guess' the risk their doctor 'patient' may be in the future.

"It's an unreasonable request. It results in reporting where, in reality, it is not necessary.

"The stigma spreads, and doctors avoid treatment. The problem worsens. The worst happens. It happens to doctors we know."

Dr Bartone referenced a literature review by mental health organisation Beyondblue, which highlighted that the medical profession is at considerably higher risk of suicide, as well as reporting higher rates of psychological distress and suicidal thinking.

The same Beyondblue report revealed that one of the most common barriers to seeking treatment for a mental health condition was concerns about the impact on their medical registration (34.3 per cent).

Dr Dhupelia said the Queensland model was not working.



Dr Dhupelia and Dr Bartone

"I see doctors who come to see me for their health and I can sense when they are not telling me what they have actually come for," he said.

"... I want them to come into my room ... not feeling like they are coming into a court room."

Dr Bartone said that in considering a change to a new, nationally consistent model of mandatory reporting, he wanted highlight that the profession has a vastly increased regulatory, compliance and professional conduct apparatus in place, governing the medical sector.

"I know there are concerns about risk being introduced by changing this aspect of the law," he said.

"All those health practitioners who work with the doctor will not be exempt from reporting any concerns. That will remain, as it does in the current WA model.

"Poor practice is most likely to be witnessed, in the work place – and this proposed change will not impact that being reported. There will still be mandatory reporting occurring. The WA experience shows this.

"Australian Health Practitioner Regulation Agency (AHPRA) annual report figures show that mandatory notifications have risen in Western Australia since the exemption came into effect – from 12 in 2011/12 to 38 in 2017/18.

"A change in the law will not mean that our professional and ethical responsibilities will disappear.

"They remain, we take them seriously, we always will. It just means an exemption for the treating practitioner, for treating health issues, of another practitioner."

CHRIS JOHNSON

Latest healthcare variations atlas released

The *Third Australian Atlas of Healthcare Variation* has been released and identifies high-level variation in health care use by region.

But AMA President Dr Tony Bartone said the Atlas does not satisfactorily explain the causes or offer solutions, so it should only be considered as a statistical guide.

Dr Bartone said the Atlas provides a statistical, wider-population overview of the health system that, when considered along with the many other variables at a local level, has the potential to lead to improvements in clinical decision-making and the allocation of medical services.

“The reasons for any observed variation in health service utilisation reflect regional differences in people’s health care needs, variation in the patient’s treatment preferences, or other factors that require further examination,” he said.

“Some variation in patterns of health care utilisation should be expected. Once any variation is identified, the next step is identifying good variation from bad variation, and investigating the cause.

“It is very important for policymakers to be clear what the Atlas data is and isn’t. It is good at highlighting variation in health utilisation at the regional level, but it is not good at explaining why.

“The Atlas must be considered a statistical guide only, and is definitely no substitute for clinical experience and expertise.

“For example, it is important for health care providers to be aware of the latest evidence guiding the optimal gestation period for newborns. But it is also important to remain measured when interpreting the hospital data.

“In reporting variations in caesarean sections, the Atlas claims that up to 60 per cent are being performed before full term without a medical reason.

“There is an implication that these are ‘sinful’ caesareans done before 37 weeks for no good reason.

“In fact, the most recent available data from the Australian Institute of Health and Welfare (AIHW) estimates that only about 1.6 per cent of births in Australia are truly maternal-request caesareans.

“The same data shows that less than 9 per cent of caesarean sections are performed before 37 weeks, and these are almost always because of problems such as hypertension, breech labour, or bleeding.

“About one third of caesareans performed before 37 weeks are emergency cases.

“The real-life, real-time patient experience is a better clinical indicator than statistics in many areas of medical practice.”

Dr Bartone said the AMA fully supports efforts to continually improve the level of safety and quality, and the delivery of evidence-based, high-value care.

“Clinical stewardship is a core tenet of the AMA Code of Ethics,” Dr Bartone said.

“But clinicians must always retain the autonomy to exercise professional judgement in the care and treatment of their patients.

“The analysis in the Atlas typically analyses the utilisation levels of a single health care service in isolation.

“Patients are more complex than this, and rarely have a single condition or health care need. Patients frequently present with multiple conditions with multiple causes.

“A treatment that is high value for some patients might be low value for others. Clinician-led care takes the whole patient into account before advising treatment options.

“This does not mean there is no room for improvement. Governments must acknowledge, however, that the greatest successes in boosting evidence-based care and reducing low-value care are clinician-led, based on reliable patient data.”

NPS MedicineWise CEO Steve Morris said reinforces the value of the work done by key healthcare bodies across the country to improve healthcare outcomes for Australians.

The Atlas can be viewed at: <https://www.safetyandquality.gov.au/Atlas>

CHRIS JOHNSON

Healthy Holiday MESSAGES

While much of Australia has enjoyed a restful break over the summer holiday season, the AMA kept up the good fight, reminding everyone to put health and safety first. The following pages include samples of the awareness campaign the AMA leadership conducted over the Christmas-New Year period. These messages resulted in significant media coverage for the AMA during this time, and undoubtedly contributed to happier and healthier holidays for many Australians.

Avoid sexually transmitted infections – use protection and practise safe sex over holiday season

22 Dec 2018

The AMA is warning that one thing that you don't want to give – or receive – at Christmas is a sexually transmitted infection (STI).

AMA President Dr Tony Bartone said STIs are on the rise and people should be vigilant this holiday season about practising safe sex.

“STI rates in Australia have increased significantly in recent years,” Dr Bartone said.

“From 2013 to 2017, new cases of gonorrhoea increased by 80 per cent, and chlamydia increased by 13 per cent between 2015 and 2017.

“Young Australians – those between 20 and 30 – are the most likely to become infected with an STI.”

The AMA *Position Statement on Sexual and Reproductive Health* notes that other vulnerable populations include Aboriginal and Torres Strait Islanders; gay, lesbian and bisexual people; intersex, transgender and gender diverse people; people from culturally and linguistically diverse backgrounds; and older Australians.

Although the most common STIs – chlamydia and gonorrhoea – can be treated with antibiotics, they can cause serious problems if left untreated.



Both these STIs can lead to pelvic inflammatory disease in women, which can result in ectopic pregnancies and infertility. Gonorrhoea infection can even spread to the joints and heart valves if not treated.

Research has shown that Australians tend to have more sexual partners in the summer season, and more people are diagnosed with STIs during this time.

Higher rates of travel during summer, as well as significant increases in drug and alcohol use, can mean that safe sexual practices are cast aside.



Although it can't provide 100 per cent protection, consistent condom use significantly lowers the risk of contracting most STIs, including gonorrhoea, syphilis, chlamydia, and genital herpes. Dams are also important for protection – including for sex between women.

“Worrying about contracting an STI is a great way to ruin an otherwise enjoyable sexual experience,” Dr Bartone said.

“Making sure you are careful and use protection can make sex safer and more enjoyable for everyone.”

The AMA *Position Statement on Sexual and Reproductive Health* is at: <https://ama.com.au/position-statement/sexual-and-reproductive-health-2014>

AMA Advice for Avoiding STIs:

- Use protection – use a new, lubricated condom every time. Check the use-by date and avoid tearing the condom when opening. Using water-based lubricant lowers the chance of condom
- Don't assume that a partner does not have an STI because they don't have symptoms – in many instances, STIs are asymptomatic.
- Have frank and upfront conversations with partners about their STI history.
- If you're having casual sex, get tested for STIs regularly by visiting your GP or local sexual health clinic.
- Avoid combining sex with alcohol and drug use.

Make plans to protect your mental health

23 Dec 2018

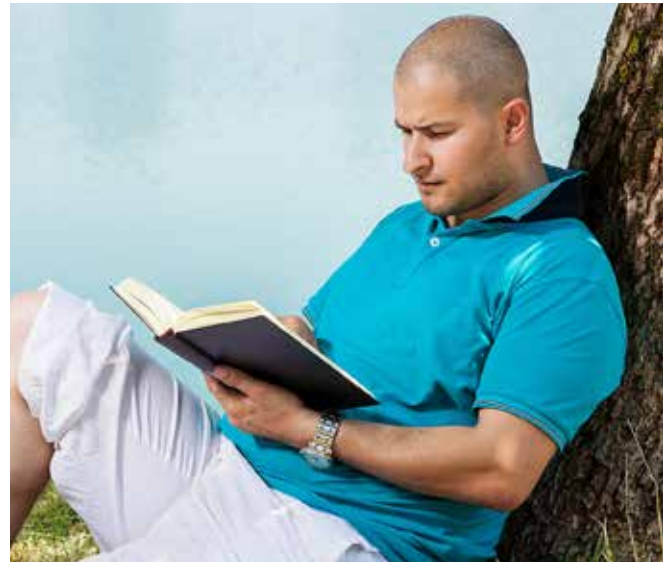
AMA President Dr Tony Bartone said making plans, being organised, and managing your physical and emotional health can reduce stress and make Christmas and New Year a positive time for your mental health.

Dr Bartone said that the holiday season can be the most mentally stressful time of the year.

“There is a lot to do at Christmas, especially if family members are returning home from interstate or overseas,” Dr Bartone said.

“Pressure and stress can build up due to housing more people, shopping, cooking, entertaining, or travelling. This can place severe pressure on people, which can lead to symptoms of anxiety, anger, and difficulty sleeping.

“The key is to get organised and delegate the jobs where possible.



“If things do get difficult, visit your GP for advice on how to get everything done and maximise your enjoyment of the holiday season,” Dr Bartone said.

The AMA has some basic advice for a mentally healthy festive season:

Sleep and relaxation:

Partying, seeing in the New Year, drinking and having a good time is what many people do, but the evidence shows that your mental health and well-being improve with quality sleeping and relaxation time. Routine sleeping patterns alleviate stress. And remember to relax – nap, read a book, watch some TV, go to a movie, do the crossword or sudoku, or reacquaint yourself with the comfy chair.

Exercise:

Physical activity releases endorphins and boosts serotonin, which helps you relax and improve your wellbeing and mood. Undertaking simple tasks such as walking, cycling, swimming, yoga, Pilates, or gym workouts reduces anxiety, leads to decreased depression, and improves your mental and physical health. If you have a dog, take it for a walk – you'll both appreciate it.

Everything in moderation:

Eat, drink, and be merry, but do so in moderation. Alcohol is a known depressant. Drink in moderation, and always adhere to the recommended drinking guidelines. And while you're counting your drinks, count your calories too. Doctors recommend following a well-balanced diet of fruit, vegetables, carbohydrates, and proteins. Drink plenty of water (all the time), and exercise after indulging.



Keep calm and carry on with family gatherings:

The holiday season is known as the 'time for family' but this too can be stressful, with expectations and demands creating additional stress and anxiety. It is very important that we are all aware of our own wellbeing and take time out to relax, de-stress, take a walk, have a cuppa, play some music – do things that alleviate anxiety and help everyone get along. Remember, headphones were invented for a reason.

Travel, don't unravel:

Travelling to Christmas functions is a major cause of stress. If you haven't booked in advance, then be realistic about your options. Allow plenty of time if you're driving, and do not rush. Remember, cold food can wait for you. Be considerate of other road users and remember to stop and take regular breaks if driving long distances.

Do good:

Helping other people is good for your own mental health and wellbeing. Helping people and volunteering reduces stress and improves mood and self-esteem. Consider volunteering for your local charity or locally-run Christmas party. Doing good is good for your mental health.

Staying social over holiday season**24 Dec 2018**

Social media can be a good way to stay in contact with family and friends over the holiday season, but it can have some negative effects.

"Almost four out of five Australians used some form of social media during 2018, and Christmas is a popular time to use social media," AMA President Dr Tony Bartone said.

"Over the Christmas period, Facebook posts and photos increase significantly, and many shoppers use social media as inspiration for Christmas gifts and decorations.

"Photos of friends travelling, celebrating at Christmas and New Year parties, and spending time with their families are everywhere.

"Social media has brought many benefits – making it easier to stay in touch with distant family members, facilitating social connections for less mobile people, and providing new ways to share experiences and messages with friends.

"Research has even shown that older users of social media have a 30 per cent reduction in depressive symptoms, compared with their offline peers.

"Social media provides an easy way to catch up with family members who we might not be able to be with in person – from grandparents overseas, to cousins interstate. It's also a good



way to check on friends who might be feeling more isolated over Christmas.

"However, despite these positives, social media can also have many negative impacts on mental health. Among younger people, frequent use of social media platforms can lead to increased feelings of social isolation, as well as lowered self-esteem and more exposure to cyber bullying.

"Seeing negative posts and having negative interactions on social media has been shown to influence users' future posts – indicating that this might influence their mood as well.

"Encouragingly, researchers from the University of California have found that happier posts had a stronger influence on future activity than negative ones.

"These holidays, try to use social media positively, to share festive messages and contact friends and family. Importantly, don't let social media get in the way of spending quality time with those around you."

AMA Tips for a Social Christmas:

- Keep an eye out for cyber bullying and report it whenever you see it. Make sure that kids are aware of what cyber-bullying is and how it can affect others.
- Avoid checking social media before you go to bed – using your phone late into the night can affect your sleep.
- Use social media to connect with friends, family and people who might need extra support over Christmas.
- Avoid long Facebook rants and futile keyboard warrior-ing – it'll put you (and your friends) in a bad mood.

Set a limit before you start drinking

26 Dec 2018



Australians should set themselves a limit before they start drinking these holidays, to ensure that they do not end up in hospital, the AMA says.

“The holiday season is a time when many people catch up with family and friends, and relax. For some, this means engaging in risky drinking and drug taking,” AMA President Dr Tony Bartone said.

“People who drink excessively or take drugs not only put themselves at risk, but often put those around them at increased risk of harm.

“December and January are busy times for hospital emergency department staff and paramedics.

“These health professionals forgo time with their own families and friends to care for those who become ill or injured over Christmas and New Year. Unfortunately, many of these illnesses and injuries will be as a direct result of alcohol and drug consumption.

“One in 10 people arriving at the St Vincent’s Hospital emergency department have been drinking alcohol. On weekends, this rises to four in 10.

“Recent research found that nine out of 10 emergency physicians have experienced alcohol-related violence at work.

“Waste water testing has found a spike in illicit drug use over the summer season.

“Unfortunately, it is not only the people who drink excessively or take drugs who are at risk. Innocent bystanders can be injured

or harmed when drug and alcohol-related conflicts escalate.

“People’s ability to make reasoned and wise decisions can be impaired when under the influence of drugs and alcohol.

“It is also important to remember that children’s exposure to inappropriate behaviour due to drugs and alcohol can influence their attitudes and behaviours in the future.

“If excessive or binge drinking is normalised at certain times of the year, children may grow up accepting and repeating the behaviour.

“Alcohol and drugs don’t have to be part of your celebrations. Sharing a drink or two with family and friends is acceptable, but it can very easily escalate to dangerous levels. Set yourself a limit before you start drinking, and stay out of hospital.”

Family time over holidays is a good time to discuss end-of-life care wishes

27 Dec 2018



The AMA suggests that the holiday season can be a perfect opportunity for many of us to discuss with their families their future healthcare wishes when they are approaching the end of their lives.

AMA President Dr Tony Bartone said that while this may not seem the cheeriest conversation to have during the festive season, ensuring your family understands your wishes for end-of-life care can potentially be the greatest gift you give them.

“It can be confusing and devastating for family members, who have to make end-of-life care decisions for a loved one, not knowing what care their loved one would actually want to receive,” he said.



“Just as importantly, they need to know what care they do not want to receive should they lose decision-making capacity in the future.

“Making family members aware of your end-of-life care wishes alleviates the burden of uncertainty during an emotional and stressful time. It is much better to have such conversations in a relaxed setting than in the intensive care unit.”

The AMA strongly urges all Australians to undertake advance care planning, a process of planning for your future health and personal care by ensuring your values, beliefs and preferences are known to guide those who will make health care decisions on your behalf, should you lose capacity in the future.

The outcome of planning is an advance care plan that can be recorded in a variety of ways, including an advance care directive, medical enduring power-of-attorney, a letter, an entry in your medical record, or even a verbal instruction.

The Advance Care Planning Australia website is an excellent resource for individuals, families, friends, and carers. It guides people through the process of advance care planning and provides a range of resources, including information on forms and requirements for advance care planning in each State or Territory.

The website also provides important resources for health care professionals, including education and online learning.

“Advance care planning can be done by anyone at any age, regardless of whether you are healthy or experiencing an illness,” Dr Bartone said.

“While everyone should consider advance care planning, it is particularly relevant to those with a chronic illness, a life-limiting illness, are over 75 years of age, or are at risk of losing the capacity to make healthcare decisions.”

The AMA's *Position Statement on End of Life Care and Advance Care Planning 2014* is at <https://ama.com.au/position-statement/end-life-care-and-advance-care-planning-2014>

The Advance Care Planning Australia website is at <https://www.advancecareplanning.org.au>

Be ready for the heat

28 Dec 2018

This summer is shaping up to be a hot one, meaning Australians will have to take extra precautions to prevent heat stress and dehydration AMA President Dr Tony Bartone said.

“The Bureau of Meteorology is predicting that temperatures over December, January, and February will almost certainly be higher than seasonal averages,” Dr Bartone said.

“In general, higher temperatures lead to more hospitalisations



for heat stress and dehydration, particularly among older people, children, people who work outdoors, and people with pre-existing medical conditions.

“During heatwaves, it’s a good idea to stay inside in the cool whenever possible – but of course there’s a temptation to cool off at the beach or at the local swimming pool.

“With Australia having one of the world’s highest levels of UV exposure, sun protection is another important consideration during summer.

“To protect yourself from the sun, seek shade wherever possible and wear protective clothing, a hat, and sunscreen to cover up.

“Being aware of the health impacts of heatwaves – and understanding the signs and symptoms – is vital to protecting yourself and your family this summer.”

A recent Lancet report found that average summer temperatures have increased by 0.9 °C since 2000, with a significant association between hotter days and higher mortality. It also found a strong relationship between hot days and increased suicide rates.

The AMA Position Statement on Climate Change and Human Health – 2015 outlines the impacts of worsening heatwaves on human health, including increased rates of heat stress, mental ill-health, and lowered work capacity.

Heatwaves can often coincide with other weather events like bushfires, which cause additional harm to the mental and physical health of Australians.

AMA Tips for Riding out Heatwaves

- Stay indoors when possible and drink two to three litres of water each day.
- Look out for dehydration symptoms – these include increased thirst, dry mouth and swollen tongue, weakness or dizziness, and palpitations, feeling confused or sluggish, or fainting.
- Seek medical help if you think someone might be suffering from heat stress.
- Keep an eye on elderly relatives and neighbours to make sure they are doing ok on especially hot days.
- If you are outside during the day, make sure you stay in the shade and cover up with long sleeves, sunscreen and a hat.
- The Bureau of Meteorology provides handy daily information on UV levels, and recommends timeframes when sun protection is most needed. This information can be found on the BOM weather forecasts, the BOM Weather app or the SunSmart app.

The AMA *Position Statement on Climate Change and Human Health* is at <https://ama.com.au/position-statement/ama-position-statement-climate-change-and-human-health-2004-revised-2015>

Keep cool and safe when in the water

29 Dec 2018

The AMA is urging everybody – whether locals or tourists, young or old - to be especially aware of the dangers of beaches, rivers, creeks, and other swimming spots during the summer season.

Last summer saw an increase in drowning deaths, with 110 lives lost.

Across the country, Surf Lifesaving Australia performed 10,249 rescues. They also performed 65,296 first-aid treatments.

AMA President Dr Tony Bartone said the staggering drowning and lifesaving statistics show that Australians and visitors to our country are not heeding the lifesaving warnings.

“Tragically, every summer Australia experiences an increased number of drowning deaths,” Dr Bartone said.

“Our beautiful beaches, rivers, and waterways are much busier, with families on school holidays - and long, hot days make water activity more enticing.

“Every year, we repeat the same message: do not drink alcohol or take drugs if you are near water.

“The AMA also has a message for visitors, tourists and people travelling to new locations: pay attention to warnings, do not



venture into unknown rivers or waterways, and always swim on beaches with lifesaving services nearby.

“People born overseas account for about one third of drowning deaths every year.”

To maximise water safety, the AMA recommends:

- Do not swim alone unless you are under the supervision of experienced lifesavers.
- Always swim between the flags, and check warning signs for dangerous conditions such as rips.
- Never ever swim or enter water while intoxicated or under the influence of illegal drugs, and use extreme caution if taking prescription medication.
- Never enter beaches, waterways, rivers, or creeks unless you know the depth, currents, and tides. One in 10 of all new spinal injuries occurs in the water.
- If you have children, never leave them unsupervised. And remember that flotation devices can make children appear more competent in the water than they are.
- If your child is given pool or water toys for Christmas, make sure that you familiarise yourself with the safety instructions, and read the instructions to make sure that toys are appropriate for the age and weight of the child.
- Leaving toys in the pool can tempt children into the water. Deflate and pack away toys when they are not in use to remove this temptation.

The AMA warns anyone undertaking rock fishing or partaking in activities like kayaking, windsurfing, or jet skiing to only do so if you are competent, and have experienced people with you.



New Year a good time for a new approach to looking after your health

30 Dec 2018



AMA President Dr Tony Bartone said the AMA is encouraging people who may have a medical or health problem that they are keeping to themselves to use the New Year to act and discuss it with their GP.

Dr Bartone said the New Year is a good time for people to adopt a new and better approach to looking after their own health.

“The ‘it’ll be right’ attitude can far too often lead to circumstances where it isn’t right at all,” Dr Bartone said.

“Prevention is better than any cure, and you don’t have to be sick to pay a visit to your GP. Identifying a problem sooner rather than later means better health outcomes for the patient.

“For example, the survival rate for people with eight of the most common cancers is more than three times higher when the disease is diagnosed early.

“Just as you regularly service the car, the New Year provides the impetus to get a check-up, identify any risk factors, and take steps to mitigate them so that you are ready for the year ahead.”

Dr Bartone said the summer New Year is the perfect time to have a skin check.

“That new mole or the one that has changed shape or is starting to itch needs to be looked at and looked at now,” Dr Bartone said.

“And with today’s busy lifestyles, feeling stressed is commonplace. Constantly feeling stressed is not only bad for your mental health, it is bad for your physical health.

“Being stressed all the time can lead to depression, lower your immune system, increase your blood pressure, give you heartburn, and increase your glucose levels.

“Your GP can help you with managing your levels of stress and help you prevent the occurrence of conditions such as

gastrointestinal issues, coronary heart disease, or Type 2 diabetes.”

Dr Bartone said identifying risk factors for such conditions, and providing advice towards preventing their emergence or their exacerbation, is a fundamental part of what GPs do for patients every single day.

“Don’t think they don’t have time for you, because they do. All you need to do is book an appointment,” he said.

“If you haven’t had a check-up for a while, the holidays are a perfect time to schedule one.

“Giving up smoking, reducing your alcohol intake, eating a nutritional balanced diet, and being more active, are all things your GP could help you with.

“Start a conversation with your GP today about your health concerns, and partner with them in improving your health outcomes for the year ahead and beyond.”

Consider giving the gift of life

31 Dec 2018



More than 1000 Australians will spend these holidays waiting for the ultimate gift of life – an organ transplant.

The AMA is encouraging all Australians to consider registering as organ and tissue donors, in the spirit of giving.

“As families come together to share the holidays, Christmas festivities and holiday gatherings can be a good time to discuss your donation decision with your family members,” AMA President Dr Tony Bartone said.

“Australia is a leader in organ and tissue transplantation, in terms of transplant outcomes. While donation rates are continually improving as a result of reform measures introduced in 2009, we can do better.



“We still do not have sufficient donated organs to meet the needs of those who might benefit from a transplant.

“By increasing Australia’s rate of organ and tissue donation, more individuals and their families can benefit from receiving life-enhancing transplants.

“This is also good for our healthcare system, as the transplantation of organs and tissues such as kidneys and corneas, is cost-effective compared to the expense of providing ongoing treatment to those waiting for a transplant.

“Less than two per cent of people in Australia who die in hospitals can become donors, as particular circumstances have to occur for a patient to be medically suitable to donate.

“That is why it is so important for every Australian to consider becoming a donor.

“In Australia, your family will always be asked to confirm your donation decision. In nine out of 10 cases, if the loved one is a registered organ donor, families agree to proceed with organ donation. That drops to four in 10 when the family is unaware or unsure of their loved one’s donation decision.

“The AMA supports organ and tissue donation, and strongly encourages every Australian to register their decision donation on the Australian Organ Donor Register, and discuss that decision with their families.

“We sincerely thank every organ donor for their generosity, and every donor family for making such a generous decision during a very difficult time in their lives.”

The AMA *Position Statement on Organ and Tissue Donation and Transplantation 2017* is at <https://ama.com.au/position-statement/organ-and-tissue-donation-and-transplantation-2017>

Unproven medicines a risk to health and wallet

02 Jan 2019

Australians are in danger of wasting their money on unproven complementary medicines and therapies, which could not only have serious side effects but could also leave them unable to pay for evidence-based treatments.

The AMA has released its updated *Position Statement on Complementary Medicine 2018*, which reflects changes to State laws and national monitoring systems that have come into place since the Position Statement was last reviewed in 2011-12.

AMA President Dr Tony Bartone said Australian complementary medicine industry revenue had doubled over the past 10 years to \$4.9 billion annually, including \$630 million on herbal products and \$430 million on weight loss products in 2017.



“While the AMA recognises that evidence-based aspects of complementary medicine can be part of patient care by a doctor, there is little evidence to support the therapeutic claims made for most of these medicines and therapies,” Dr Bartone said.

“The majority of complementary medicines do not meet the same standards of safety, quality, and efficacy as mainstream medicines, as they are not as rigorously tested.

“Some can cause adverse reactions, or interact with conventional medicine. Most just don’t do anything much at all.

“But they do pose a risk to patient health, either directly through misuse, or indirectly if a patient puts off seeking medical advice, or has spent so much on these products that they cannot afford necessary, evidence-based treatment.

“Children are particularly vulnerable, as diagnosing and treating illness in children is complex. A doctor must be involved in any diagnosis and ongoing treatment plan, including the use of complementary medicine.”

Dr Bartone said the AMA had long advocated for better regulation of non-registered health practitioners, such as naturopaths, herbalists, and Ayurveda practitioners.

“We have seen some positive changes over the past six years,” Dr Bartone said.

“All States and Territories now have regulations to protect Australians from unsafe and unethical practitioners.

“All unregistered practitioners must comply with a code of conduct, and they can be sanctioned or banned if they breach the code.

“But we still do not have a national, public register of non-registered practitioners who have been banned from working in their State or Territory, despite all Governments agreeing in 2015 to establish one.

“This register should be established as quickly as possible to alert the public and potential employers of any risks.”

The AMA *Position Statement on Complementary Medicine 2018* is at <https://ama.com.au/position-statement/ama-position-statement-complementary-medicine-2018>



Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

BY CHRIS JOHNSON

Mental health services to get a funding boost

Mental health will get an extra \$170 million, in a total funding commitment of \$1.45 billion for three years from July.

The Federal Government says the money is for community mental health services and will change the funding model to ensure security for both jobs and the services provided.

The funding will be provided through the 31 Primary Health Networks (PHNs), which are independent regional health organisations that commission health services, including mental health, in response needs of each local community.

Health Minister Greg Hunt said it was estimated that one in five people in Australia experience a common mental disorder each year.

“Nearly half of the Australian population will experience mental illness at some point in their lives, but less than half will access treatment,” the Minister said.

“Since individuals in different communities face different challenges, it is important that services are tailored to meet the specific needs of the local population.

“The types of health services needed in metropolitan communities, for example, differ dramatically from those of communities in remote and regional areas. PHNs play a key role in providing the right services in the right place and at the right time, and are changing the way primary care is delivered in Australia.”

PHNs coordinate local support for child and youth mental health, psychological therapy, severe and complex illness, community-based suicide prevention and Indigenous mental health.

In 2017–18, about 200,000 Australians accessed more than 900,000 mental health services through local providers commissioned by PHNs.

“The record more than \$1.45 billion funding over three years from July this year until 2021-22 is \$170 million more than what was provided for the previous three years,” Mr Hunt said.

“It will continue to support important services such as headspace centres, psychological services for hard to reach groups, suicide prevention activities, mental health nurses and mental health support for older Australians.”

It is estimated that the \$1.45 billion will include:

- \$177 million for mental health nurses;
- \$77 million for suicide prevention including Indigenous suicide;

- \$74 million for the mental health of those in residential aged care;
- \$89 million for Indigenous mental health;
- \$617 million for youth mental health including headspace; and
- \$399 million for psychological therapies for hard to reach populations.

The Government will also change the way that PHNs are funded to ensure that the staff and mental health professionals who deliver the services will no longer face uncertainty on short-term contracts.

“This will allow longer term planning, provide job certainty for thousands of people employed in the sector, and deliver a stronger mental health system,” Mr Hunt said.

“Under this innovative model, funding support for PHNs for mental health services will be extended for three years from July 2019.

“Each year, funding will then be extended for a further year subject to the PHN meeting agreed performance measures. This means PHNs will always have three years of funding certainty.”

The new funding process aims to improve PHNs’ ability to ensure services can be commissioned well in advance at any point in time, and provide greater funding certainty for the community-based mental health sector.

“This will particularly benefit those living in rural and remote areas, where staffing shortages due to employment uncertainty have historically reduced access to mental health services,” the Minister said.

Government launches Life Check

Australians aged 45 and over are being asked to take a free online ‘Life Check’ on a new website launched by the Federal Government.

Continuing with its rollout of the More Choices For A Longer Life program, the Government began 2019 by introducing the website and urging the target audience to take the quiz found on it to help keep a check on their life’s progress.

Seniors Minister Ken Wyatt said the website, called Life Checks, had been carefully designed to help with older Australians’ health, wealth, work and social wellbeing.

Ten million Australians aged 45 and over can now access free advice to plan and take positive steps towards better health and greater security.





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"This is one of the best New Year's resolutions you can make in 2019 and it's something to tell you friends about, because spending a few minutes taking a Life Check could make a lifetime of difference," Mr Wyatt said

"We should be aiming to live well to 100 or more. We're already living

25 years longer than we did a century ago and we owe it to ourselves, our families and the nation to live the best we can.

"Average Australian life expectancy is now 82.5 years and it is projected by 2050 there will be more than 40,000 centenarians."

The online Life Checks cover four areas that research has shown are keys to wellbeing – health, work, finance and social life.

Two Life Checks are available, for people aged 45 to 64 and for those aged 65 and older, with the results and recommendations available via email in an easy-to-read format.

"An important aspect of Life Checks is assessing people's financial preparedness for the future," the Minister said.

"Four in 10 Australians over the age of 55 do not have a financial plan for the next five years, with even fewer people having a plan that extends beyond that.

"Options for employment are also included, whether the focus is to keep earning or to stay involved in the community.

"With so many types of work available and flexible working arrangements, retirement is no longer the only choice."

The health area of the quiz focuses on risk factors for preventable disease, with research showing that nearly nine out of 10 people over 65 are living with at least one of eight chronic diseases.

Social and community connections are also essential for healthy ageing, with engagement through some form of work, volunteering or community activities giving people a strong sense of purpose.

"Just taking the quiz is a positive step, offering encouragement and accessible resources to improve things you may want to change to realise your dreams and help futureproof your life," Mr Wyatt said.

"Life Checks aim to provide Australians with a clear picture of how they are currently tracking and how they can prepare for the next stages in their lives.

"They are totally private and no personal information is stored at any time during the Life Checks process."

To take a Life Check, visit <http://lifechecks.gov.au>

Opposition offers a new health futures hub

Labor has promised to invest \$21 million in a new Monash-Peninsula Health Futures Hub if it wins government at this year's federal election.

Shadow Health Minister Catherine King made the commitment as one of her first major announcements for 2019.

She said Australians would benefit from innovative new approaches to aged care, mental health and substance addiction under Labor's initiative.

"The people of Frankston and the Mornington Peninsula will be the first to benefit from better health outcomes, shorter hospital wait times and new jobs under this plan," Ms King said.

"If elected this year, Labor will invest \$21 million in a new Monash-Peninsula Health Futures Hub – an innovation that aims to transform health care for the local community and eventually the whole country."

A partnership between Monash University and Peninsula Health, the Hub will focus on designing and delivering new, better integrated models of care for some of the region's most vulnerable people. Successful models could then be scaled up and rolled out across Australia.

The Hub will focus particularly on improving outcomes in aged care, mental health and addiction – pressing issues both in the local area and across the nation.

The project will bring together researchers, clinicians, health system leaders,

consumers and students to generate transformative solutions to these problems.

"The ultimate goal of the project is to improve health outcomes for all Australians

with complex and challenging conditions," Ms King said.

"We can only do that by testing new evidence-based models of care that can make our health system more sustainable, equitable and efficient."

In aged care, new care models will focus on delivering greater independence so people can stay at home for longer and avoid unnecessary hospitalisations. This will reduce pressure on hospital emergency departments, resulting in shorter waiting times and better resources.

"The project will also deliver jobs for the Peninsula region, in both health and construction. And improved mental health





Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

outcomes and reduced substance abuse will help to keep local families safe,” Ms King said.

“Labor’s investment will support Phases 1 and 2 of the project, which will involve the establishment of new research centres and a Health Data Platform at in the Frankston Health and Education Precinct. It will also see the expansion of the Academic Centre at Frankston Hospital, creating construction jobs and boosting the local economy.

“Labor will fund the project through our \$2.8 billion Better Hospitals Fund. We are also reviewing a proposal for Phase 3 of the project, which involves the establishment from 2024 of a state-of-the-art health professions education and research facility.”

Ms King said the region was ideally suited to hosting the Hub given its unique tight-knit community, its demographic make-up, its established use of digital medical records, the existing relationship between Monash University and Peninsula Health, and a strong network of local volunteers.

Monash and Peninsula Health are also making significant contributions to this project, making it a \$48 million partnership.

More money to fight epidemics

Foreign Minister Marise Payne has allocated another \$4.5 million of Government funding to the Coalition for Epidemic Preparedness Innovations (CEPI) for vital vaccine development to fight infectious disease epidemics.

CEPI is a global alliance between governments, industry, academia, philanthropy and civil society, and develops vaccines against known epidemic threats and new technologies that can be used to combat unknown pathogens that may pose a future threat.

“Australia recognises the importance of supporting world-leading medical research,” Senator Payne said.

“Our new contribution of \$4.5 million to CEPI is part of the Government’s \$300 million Health Security Initiative for the Indo-Pacific which is aimed at strengthening disease prevention, detection and response capacity in our region.

“This builds on a previous contribution of \$2 million to CEPI by the Australian Government’s Medical Research Future Fund in 2017.

“Australian research institutions play a critical part in the fight against infectious disease epidemics.

“For example, CEPI has awarded the University of Queensland a prestigious grant to develop new technologies to rapidly produce more effective vaccines. Australia is committed to our region’s health security.”

Further information about Australia’s Health Security Initiative for the Indo-Pacific can be found at: www.indopacifichealthsecurity.dfat.gov.au.

More MBS Review reports available

The latest interim reports from the MBS Review Taskforce have been published on the Health Department’s website.

The General Practice and Primary Care Clinical Committee has considered a number of complementary mechanisms that it says could support better GP stewardship.

The Committee started by identifying possible areas in which stewardship could be enabled, and it then considered levels of impact and feasibility for each area.

Partnering with consumers is central to the stewardship model, the Committee says. It has recommended strengthening the availability of health information for consumers; mandating informed consent for MBS-reimbursable services, including financial consent; and developing a non-adversarial system for resolving complaints about consumers’ out-of-pocket healthcare costs and disagreements about clinicians’ charges.

The Committee also recommends supporting Primary Health Networks (PHNs) in: “Educating people about and encouraging the use of case conferencing where appropriate – both prior to and at the point of hospital discharge, as well as in the community – to ensure that care is integrated across all domains.”

Providing data to GPs on carefully selected metrics that measure their requesting, referring and prescribing behaviours, compared to a benchmark of their peers; and encouraging GP training organisations and PHNs to take greater responsibility for promoting and developing stewardship and leadership, are among other recommendations.

The full list of reports and recommendations can be found at:

<http://www.health.gov.au/internet/main/publishing.nsf/content/MBSR-consult-2018-taskforce-reports>



Research

BY CHRIS JOHNSON

Eggs and nuts early help avoid allergies



All infants should have egg and peanuts introduced to their diet in their first year of life, even if they are at high risk, to prevent the development of food allergies, according to guidelines published by the Australasian Society of Clinical Immunology and Allergy (ASCIA).

The research was recently summarised in the *Medical Journal of Australia*.

The guidelines, published in 2016 with additional guidance published in 2017 and 2018, include recommendations to introduce solid foods at around 6 months of age and peanut and egg before 12 months, but not before 4 months. The guidelines no longer recommend the use of hydrolysed formula for the prevention of allergic diseases.

The authors, led by Dr Preeti Joshi, Chair of the ASCIA's Paediatric Committee, wrote that "food allergy has been increasing in incidence worldwide, with rates in Australia among the highest in the world".

"The Melbourne-based HealthNuts study reported 10 per cent of infants under 1 year of age had a challenge proven food allergy. Egg and peanut had an incidence of 8.9 per cent and 3.0 per cent, respectively.

Egg, cow's milk, wheat, soy, peanut, tree nuts, fish and shellfish constitute the most common food allergens in Australia."

The recommendation to introduce egg and peanut early, even in high risk infants, was largely based on results from the LEAP (Learning Early About Peanut Allergy) study, which randomised 640 children between 4 and 11 months of age with severe

eczema, egg allergy, or both, to consume or avoid peanut-containing foods until 60 months of age, at which time a peanut oral food challenge was conducted.

Among the 540 infants in the intention-to-treat group with a negative skin prick test result, the prevalence of peanut allergy at 60 months of age was 13.7 per cent in the avoidance group and 1.9 per cent in the consumption group.

"Based on these findings, ASCIA guidelines note that if infants already have an egg allergy or severe eczema, they are at increased risk of peanut allergy," Dr Joshi and colleagues wrote. "The guidelines recommend that parents should introduce peanut before 12 months (but not before four months) and suggest discussing how to do this with the child's doctor."

"It is hoped that current ASCIA guidelines will assist in reversing the upward trajectory of early onset allergy disease in Australia, and that further research will continue," they concluded.

Discovering more about the brain's awareness during sleep

Latest research by neuroscientists at Monash University and in France shows that the sleeping brain is sensitive to the meaning of a sound and has the capacity to encode important pieces of information – even though the body is resting.

Amid the volume of disruptive influences in overly-crowded settings, can the sleeping brain filter every piece of information it receives? Can our brains detect the most relevant piece of information from thousands of stimuli that could cause us to react?

Researchers say yes.

"When we sleep, we lose our ability to physically interact with our environment but that does not mean the brain is shutting down from what happens in the outside," Dr Thomas Andrillon, Research Fellow at the Monash Institute of Cognitive and Clinical Neurosciences, said.

"While previous studies have suggested that awakening can be attributed to sounds or semantic relevance (like the mention of someone's name), this is the first study to show how the sleeping brain covertly selects which piece of information to prioritise when multiple stimuli compete with each other.

"In an ever-changing environment, the ability to process relevant signals during light sleep offers substantial benefits, especially





Research



when considering that light sleep represents about half the total sleep time in humans.”

Imagine slowly drifting off to sleep in a bus or an airport after a hard day’s work. As the body enters a restful state and consciousness dissolves, we might still want to pay attention to key information in these typically noisy settings – like when our bus stop is announced, boarding message is called or name is mentioned.

As part of the study, published in *Nature Human Behaviour*, 24 participants were presented with two competing audio stories as part of a controlled one-hour nap.

Participants had a reduced sleep time the previous night and were barred from consuming any stimulant that day to facilitate their nap.

In one ear, participants heard up to 80 news grabs and movie excerpts on loop while asleep. In the other ear, they received speech that was devoid of any meaning, like the Jabberwocky poem from *Alice’s Adventures in Wonderland*. The aim was to see whether sounds carrying meaning would be preferentially processed by sleepers.

To do so, researchers used a technique called stimulus reconstruction in which participants’ brain activity is used to reconstruct what they are hearing and detect the focus of their attention.

In both wakefulness and sleep, researchers observed that participants were focusing preferentially on the meaningful stimulus compared to the meaningless one. This means that, even during sleep, our brains remain sensitive to meaning and can extract what is most relevant out of a noisy, crowded acoustic environment.

“By playing stories simultaneously to healthy participants during

daytime naps, we showed that sleepers have the tendency to prioritise stories that make sense over stories without meaning,” Dr Andrillon said.

“This means that, even when we sleep, we can segregate meaningful and meaningless sources of information and prioritise the meaningful stimuli. This work further shows the extent to which our brains can remain active during sleep.”

The study titled *Sleepers track informative speech in a multi-talker environment* was a collaboration between Dr Andrillon and research colleagues Guillaume Legendre, Matthieu Koroma and Sid Kouider from Paris, France.

Secrets of some rogue clones revealed

A medical breakthrough which reveals the structure of ‘rogue clones’ that cause Lupus, could identify early signs of the debilitating autoimmune disease and develop effective treatments.

Normally a healthy immune system helps our body fight off infections, viruses and diseases by identifying and destroying them.

But when a person suffers from Lupus, their immune system cannot tell the difference between foreign invaders and their own healthy tissues.

The result is an autoimmune attack causing severe fatigue, joint pain, skin rashes and damage to kidneys, lungs, the brain and blood vessels. Symptoms and severity can depend on individual circumstances.

Professor Tom Gordon, Head of Immunology at Flinders University said identifying and tracking down the molecular signatures of rogue clones could lead to earlier diagnosis and more effective treatments.

“Lupus can present in hundreds of different and unpredictable ways, making the diagnosis difficult, particularly when you consider that the methods for measuring anti-dsDNA autoantibodies are decades old and give no information on their mo-lecular composition,” Professor Gordon said.

“But with our new finding, we have advanced from measuring the level of autoantibody to breaking down their precise clonal components. Identifying and isolating the signature of these rogue clones can provide information about whether a drug therapy is working or not.”





It may now be possible to associate particular clones to symptoms of the disease and organ involvement while identifying new treatments before they cause irreversible damage.

“We can now focus on developing targeted novel therapies aimed at removing rogue cells in the blood, to prevent it from ever forming its own army of clones, effectively stopping the disease before it takes hold completely,” Professor Gordon said

Adelaide based lupus sufferer, Amy Strawbridge, says her life threatening diagnosis highlighted the importance of developing effective treatments.

“I get bald patches in my hair, rashes on my face which can be quite embarrassing at times and extreme tiredness regardless of how much I sleep,” Ms Strawbridge said.

“It can be mentally debilitating because you feel so helpless when you have Lupus.”

Co-author of the study, Dr Jing Jing Wang, said the research used a mass spectrometry instrument to identify the molecular signatures of antibodies which show early markers of the disease.

“The ultimate goal of our work is to measure response to treatment and to design therapies to remove rogue clones we measure in individual Lupus patients,” Dr Wang said.

The study, *Precipitating anti-dsDNA peptide repertoires in lupus*, is published in *Clinical & Experimental Immunology* and available at:

<https://onlinelibrary.wiley.com/doi/full/10.1111/cei.13197>

Global Connections Fund granted for work on new pathway for treatment of diseases

Australian technology company Calix has been awarded a Global Connections Fund grant for work on a new pathway for the treatment of diseases. Calix will partner with the Centre for Research and Technology Hellas (CERTH) in Greece to target the development of a non-toxic powder effective against a wide range of patho-gens without generating resistance.

The Global Connections Fund forms part of the Australian Government’s Global Innovation Strategy, which seeks to create more jobs and drive Australia’s economic growth by advancing Australian ideas and assisting in the commercialisation process. This program is administered by the Australian Academy of Technology and Engineering with the support of its expert

Academy Fellows network.

A collaboration with Principal Researcher Dr George Karagiannakis at CERTH was established to test whether Calix’s nano-active magnesium oxide (MgO) produced with very high surface area, was a source of reactive oxygen species (ROS).

ROS generation in animals and plants leads to a mechanism considered as the first defence to combat most diseases that originate from pathogenic anaerobic microorganisms. CERTH uses spin-trap electron paramagnetic resonance to quantify ROS.

Dr Mark Sceats, Chief Scientist at Calix and a Fellow of the Academy said: “The results confirmed that Calix’s nano-active MgO is a source of ROS and, furthermore, a higher dose of ROS was generated as the particle was dissolved in weak acids. This implies that direct application could be effective against disease, because acids exuded by the pathogens will trigger a burst of ROS when the particle meets the pathogen.”

The grant will help Calix further investigate this, and then set up a broad Australian-European collaboration with CERTH to explore its use in combating diseases.

Calix is a multi-award-winning Australia technology company that is developing new processes and materials to solve global challenges.

The core technology is a world-first, patented kiln built in Bacchus Marsh, Victoria that produces mineral honeycomb, which are very highly active minerals.

Calix uses these minerals, which are safe and environmentally friendly, to improve waste water treatment and phosphate removal, help protect sewer assets from corrosion, and help improve food production from aquaculture and agriculture without antibiotics, fungicides, and pesticides.

Calix’s technology has also been adopted overseas, where the company is working with some of the world’s largest companies, governments and research institutions on CO2 capture.

The Centre for Research and Technology-Hellas (CERTH), founded in 2000, is one of the leading research centres in Greece and listed among the TOP-20 European Union research institutions with the highest participation in competitive research grants. It is a legal entity governed by private law with non-profit status, supervised by the General Secretariat for Research and Technology (GSRT) of the Greek Ministry of Education, Research and Religious Affairs.

TO THE EDITOR

Thank you letters from recipients of the AMA Indigenous Medical Scholarship

It has made a huge difference

I am writing to you today to inform you that I have officially completed my studies at the University of Newcastle in the Bachelor of Medicine program as of the 7th December 2018, and I would like to take this opportunity to say thank you to the Australian Medical Association for their support throughout my time at Newcastle University that made this endeavour possible with the Indigenous Peoples' Medical Scholarship 2016.

I can still remember the day I received the phone call that I had been awarded the scholarship. I was studying in the library, trying to finish off that week's 'Working Problem'. I saw it was a Canberra phone number, and instantly became nervous. I can still remember saying to myself 'is this real?' as I never expected to be even considered for such an award, but nonetheless, it has made a huge difference to where I am today.

As a mature aged student with a family, the scholarship took the pressure off the financial strain of attending university, and allowed me to focus more on my studies at the time when it was needed the most. Previous to the scholarship, my usual routine was to attend university Monday to Friday, then work Friday and Saturday night shifts in as a Registered Nurse in the Intensive Care Unit at the Newcastle Mater Hospital. This left me with one day to spend time with my family, and catch up on any extra reading. The scholarship enabled me to scale back work, spend more time studying, but it also allowed me to spend extra time with my boys.

I was fortunate enough to secure a position as a Junior Medical Officer in the Hunter New England Local Health District, commencing on the 21st January in 2019. This will keep me close to home at the present time, and I am looking forward to the challenge. Being an active member of the Wollotuka Institute at the University of Newcastle, I am also now looking forward to mentoring and tutoring Indigenous medical students in a new capacity so as to foster the next generation of Indigenous medical graduates.

Thank you once again to all the staff at the Australian Medical Association for making this dream possible.

Dr Darren Hartnett

Continues to be the source of support that facilitates my passion to pursue medicine

This year was my first clinical year of medicine, where I was placed in Wagga-Wagga NSW. I have always been sure about pursuing rural and remote medicine – but being immersed in clinical medicine in rural NSW has only reaffirmed this more and made me more motivated!

Reading about the UNSW medicine program before I even gained entry, I was always very keen to be placed in Wagga. I placed it as my first preference and was lucky enough to get it [Wagga is becoming very popular among students!].

The relocation to Wagga from Wollongong was always going to be an expensive exercise; however, it was very comforting knowing that the transition would be supported by the AMA Indigenous medical scholarship. Throughout various placements this year, both within the hospital and the community, I have been exposed to the spectrum of health – and in particular health issues common in rural Australia such as Indigenous health and mental health.

An interest of mine has always been obstetrics, and I have made sure that this year I have had as much exposure as possible. As part of the UNSW medicine program, students are required to complete a 30-week independent learning project in their 4th year of study. I have been fortunate enough to have my proposal approved and will also be completing my research project in Wagga during 2019.

My research has an obstetric focus and will be assessing Indigenous foetal-maternal outcomes. I have not had much exposure to research however I am excited to learn more about rural obstetric medicine and am looking forward to the challenge next year! This year has also seen the budget allocate funding of a new medical school in Wagga-Wagga.

I firmly believe this is a great opportunity to increase Indigenous medical student numbers as well as improving retention. As this has involved the current Wagga-Wagga rural clinical school I have been lucky enough to share my thoughts with the Dean of rural medicine.

This is something I have become quite passionate about as I truly believe that increasing the amount of Indigenous medical and allied health professionals will only aid in closing the gap between Indigenous and non-Indigenous health status. This is a passion which I will continue to lobby for.

The AMA Indigenous scholarship has, and continues to be, the source of support that facilitates my passion to pursue medicine. Medicine is a challenging experience and sometimes a little daunting and overwhelming. Being a recipient of the AMA Indigenous Medical scholarship is a constant source of motivation and an opportunity I am and will always be grateful for! Thank you again for your support and in assisting me throughout my medical studies and I look forward to 2019 as a proud recipient of the AMA Indigenous scholarship.

James Chapman

<https://ama.com.au/indigenous-medical-scholarship-2019>

Don't spread the flu while sitting on the pew



Churchgoers – namely Catholics – in two American States are being encouraged not to get too touchy with each other in order to avoid spreading the flu.

Dioceses in New Mexico and Pennsylvania have separately issued statements to their parishioners cautioning against touching at church while an influenza outbreak spreads across the nation.

The Archdiocese of Santa Fe in New Mexico urged followers not to hold hands during prayer, not to shake hands or hug during the sign of peace, and to generally refrain from touching each other at Mass.

“If you are sick, sneezing or coughing, it would be best for you to stay home. You are welcome to take advantage of the Sunday TV Masses which are available in English and Spanish,” the statement said.

“It is not a sin to miss Mass on Sundays if you are ill. Please note the reason for these directives is to limit the spread of influenza and to save lives.

“Please pray for all who have lost their lives as a result of the flu, and may we do our part to prevent its spread. These directives will be revoked when the situation improves.”

The directive also states that only the consecrated bread will be administered during the Sacrament of Holy Communion.

According to the Centers for Disease Control and Prevention (CDCP), the New Mexico Department of Health had reported four adult deaths connected to the flu by late December.

The Diocese of Allentown in Pennsylvania issued similar advice to its parishioners, and has suspended the exchange of the sign of peace and drinking wine from the chalice during Holy Communion in all 84 of its parishes.

“This suspension will begin with the Vigil and Sunday Masses the weekend of January 12-13, and will be in effect until the incidence of influenza subsides in our region,” a statement from the diocese said.

Pennsylvania has experienced more than 9,200 confirmed influenza cases since October in all but one of its 67 counties, resulting in 10 adult deaths.

Latest CDCP estimates suggest up to 7.3 million Americans have been struck with the illness so far in the northern autumn/winter flu season.

CHRIS JOHNSON

Early Essential Newborn Care working in Vietnam hospitals

A study in Vietnam proves hospitals can reduce life-threatening infections in newborn babies by more than two-thirds, and admissions to the neonatal intensive care unit (NICU) by one-third by implementing Early Essential Newborn Care (EENC).

The World Health Organisation (WHO) research was first published in *EClinicalMedicine* (The Lancet journal focused on clinical and public health research).

Titled '*Early Essential Newborn Care is associated with reduced adverse neonatal outcomes in a tertiary hospital in Da Nang, Viet Nam: A pre-post intervention study*,' it presents evidence that EENC strengthens health workers' skills and improves care.

These lead to increased rates of skin-to-skin contact and exclusive breastfeeding, and significant reductions in hypothermia, sepsis and NICU admissions.

"A newborn dies every two minutes in this region, but full implementation of EENC could prevent up to half of these deaths," said Dr Howard Sobel, Coordinator for Reproductive, Maternal, Newborn, Child and Adolescent Health in WHO's Western Pacific Region and co-author of the study.

Other studies in Asia have shown that health worker practices around birth are often outdated and harmful, leading to increased risks for babies of sepsis, hypothermia or death. Despite the availability of knowledge and tools, the quality of care can be compromised by the lack of clear policy guidelines, availability and allocation of staff, supportive work environments, and other issues.

EENC is a package of simple, evidence-based clinical care practices recommended by WHO. It focuses on improving the quality of care during and immediately after birth. Central to EENC is the 'First Embrace' – a prolonged skin-to-skin cuddle between mother and baby, which allows proper warming, feeding and umbilical cord care. Key actions include: thorough drying; immediate skin-to-skin contact; clamping the cord after pulsations stop; cutting the cord with a sterile instrument; and initiating exclusive breastfeeding when the baby shows feeding cues, such as drooling, tonguing, rooting and biting of their hand.

Aside from the bond it fosters, the First Embrace helps transfer warmth, placental blood, protective bacteria, and through colostrum, essential nutrients and immune cells to protect from infection. All babies can benefit, including those born preterm, sick or by caesarean section.

The Da Nang Hospital for Women and Children in central Vietnam, where about 14,000 babies are born every year,

implemented EENC through on-the-job coaching of staff on appropriate childbirth and newborn care in 2014 and 2015. A quality improvement approach was subsequently implemented to address factors such as local policies, organisation of work spaces, health worker roles, sequencing of tasks, and availability of supplies and equipment.

"EENC has transformed the care that babies receive in our hospital. The package of procedures is practical, and it can be implemented anywhere," said Dr Hoang Tran, Deputy Director, Da Nang Hospital for Women and Children.

The study compared live birth outcomes and NICU admissions in the 12 months before and after EENC was introduced. Data revealed that, after EENC implementation, sepsis cases fell by two thirds (from 3.2 per cent to 0.9 per cent of babies born in the hospital), NICU admissions fell by one third (from 18.3 per cent to 12.3 per cent), and hypothermia cases fell by one quarter (from 5.4 per cent to 3.9 per cent of babies admitted to the NICU).

Before EENC was introduced, skin-to-skin contact was not practised. Babies born vaginally were routinely separated from their mothers for at least 20 minutes, and those delivered by caesarean section for 6 hours or more. After implementation of EENC, 100 per cent of babies received immediate skin-to-skin contact regardless of route of delivery.

The percentage of babies in the NICU born preterm (less than 37 weeks of gestation) or with low birthweight (less than 2.5 kilograms) receiving 'kangaroo mother care' increased by 15 per cent after EENC was introduced. Kangaroo mother care – continuous skin-to-skin contact for more than 20 hours per day, early and exclusive breastfeeding, and close monitoring of illness – reduces newborn deaths by up to half.

With EENC, the rate of exclusive breastfeeding in the NICU almost doubled. Exclusive breastfeeding is when a baby receives breast milk only – no formula, water or anything else. WHO and UNICEF recommend this as the ideal way to feed babies for their first six months. These improvements occurred during the study period despite a significant increase in the proportion of babies born by caesarean section and with low birthweight, which are barriers to breastfeeding.

The study also found additional benefits of EENC for hospitals and families. As a result of increased breastfeeding, parents of babies in the NICU and those on the postnatal ward spent 78 per cent and 96 per cent less on infant formula, respectively. Families also saved money thanks to shorter hospital stays and less time off work. As a result of reduced NICU admissions,



Britain could learn from Australia – High Commissioner



British High Commissioner to Australia Menna Rawlings addressing the National Press Club.

British High Commissioner to Australia, Her Excellency Menna Rawlings, has praised the Australian healthcare system, saying her country could learn from it.

Addressing the National Press Club of Australia in Canberra, the High Commissioner was asked by *Australian Medicine* to compare Britain's National Health Service (NHS) to Australia's healthcare system.

The NHS turned 70 in 2018 and celebrations across the UK were marred by protests and strikes.

Yet despite regular reports of failures in the system and ongoing efficiency savings, the NHS repeatedly ranks high on international surveys of the world's best healthcare systems.

Ms Rawlings said there were similarities in the two nations' systems.

"We've talked about this a lot. We've had this debate internally, in terms of actually what we can learn from the Australian healthcare system," she said.

"Because if you look at outcomes in terms of life expectancy or ability to defeat disease, Australia actually has got the edge because of the system that you have."

But the High Commissioner, whose posting to Australia is drawing to a close, praised the NHS as an excellent system.

"The standard of care on the whole is exceptionally good," she said.

"I've had two of my three kids in NHS hospitals... I've had no complaints with it whatsoever."

Ms Rawlings said healthcare was "quite personal and visceral to all of us," because everyone highly values their health and that of their loved ones.

"I think what Australia has done, which is different, is it has managed to create a hybrid system where people are prepared to pay extra to fund a degree of private health care," she said.

"In that sense, I think it's somewhere between the US model and the UK model.

"I think it's an interesting question for us about does that tell us anything about how you can get different ways perhaps of funding health care, with people perhaps more willing to participate extra if they're able to do so.

"But I have to say, politically, it is a very tough issue in the UK and I don't imagine we will be going quite there any time soon."

The highly-regarded career diplomat used her Press Club address to talk fondly of the relationship between Australia and the UK, and to express her gratitude for the opportunity to be an example to women and girls.

Ms Rawlings is the first female to fill the post of British High Commissioner to Australia.

CHRIS JOHNSON

Early Essential Newborn Care working in Vietnam hospitals

the hospital saved more than US\$300,000 and reduced staff workload. There was also reduced antibiotic use.

"The findings of our study are relevant way beyond Vietnam. All hospitals – in rich and poor countries alike – can learn from this experience to improve newborn health," Dr Sobel said.

"I've seen harmful practices across more than 20 low- and middle-income countries. Our job is to help health authorities, doctors, nurses and midwives replace those practices with evidence-based ones. We know that EENC works. We now need to finish the job and make it available to every mother and newborn across the region."

New WHO Asia-Pacific centre for environment and health to open

A new World Health Organisation (WHO) Asia-Pacific Centre for Environment and Health in the Western Pacific Region will open this year in Seoul, Korea.

The agreement to open the centre was signed on January 15 by WHO Regional Director for the Western Pacific Shin Young-soo, Minister of Environment of the Republic of Korea Cho Myung-rae and Mayor of Seoul Park Won-soon. The centre aims to foster healthier and safer environments and strengthen community resilience to climate and environmental change in the WHO Western Pacific Region.

The centre is a geographically-dispersed specialised office (GDSO) established by the WHO Regional Office for the Western Pacific. GDSOs are WHO offices in different locations contributing to the work of the major office that manages them. GDSOs enhance WHO's ability to provide countries with policy advice and lead research on priority topics.

"Environmental pollution and climate change are among the greatest threats to health in our region," said Shin Young-soo.

"With the establishment of the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, we will be able to step up our support to countries so that they can better protect people's health. Having the centre in Seoul will offer mutual benefits to WHO and the Government of Korea and City of Seoul."

Rapid changes in the region's physical and social environment are having a major impact on health. Known, avoidable environmental risk factors cause at least 3.5 million deaths each year and account for around a quarter of the burden of disease in the Western Pacific.

"Air pollution kills 2.2 million people in our region every year – mostly from stroke, heart disease and lung diseases – and climate change poses a range of health threats, from deaths due to extreme high temperatures, to outbreaks of waterborne and vector-borne diseases and food insecurity," said Takeshi Kasai, Director of Program Management for WHO in the Western Pacific Region.

"This is why the establishment of the centre is so important for WHO's work."

The Republic of Korea and WHO have been collaborating for more than 70 years in almost all areas of public health. During this period, Korea has evolved from an aid recipient to now being a major contributor to global health and environment work. The establishment of the centre in Seoul builds on this partnership.

"The Korean Government is hosting the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region to protect the population's health from environmental hazards such as fine dust, hazardous chemicals and climate change," said Minister Cho Myung-rae.

"The Ministry of Environment will give strong support to ensure the WHO Centre contributes to improving environmental health policies in the Region, like the WHO Bonn Centre has done for European countries, with the development of WHO guidelines on air quality."

"I have worked with WHO for many years and long been committed to making cities healthier. I'm delighted now to provide a home for WHO in Seoul," said Mayor Park Won-soon.

"Above all else, Seoul's citizens value the beautiful natural environment surrounding our city – its waterways, mountains, green fields and clean air. We must do everything we can to protect them and the health of our citizens.

"We will do our best to ensure the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region becomes a regional centre of excellence in the field of environment and health."

The centre will work towards WHO's targets across three key areas, in line with relevant Sustainable Development Goals:

- Air quality, energy and health – it will address the health impact of air pollution and energy policy, focusing on transboundary air pollution including haze in South-East Asia and dust and sandstorms in North-East Asia, in line with the target of reducing deaths from air pollution by five per cent by 2023.
- Climate change and health – it will help build climate-resilient health systems in vulnerable countries and areas, including Pacific islands, to support achievement of the target of reducing deaths from climate-sensitive diseases by 10 per cent by 2023.
- Water and the living environment – it will address chemical safety, healthy and safe transport, environmental noise, water, sanitation, hygiene and wastewater to reduce the burden of environmental diseases and injuries and increase access to safely-managed drinking water and sanitation.

The centre will be a key instrument to implement WHO's general program of work for 2019–2023, which identifies the health impacts of climate and environmental change as a top priority. It



New WHO Asia-Pacific centre for environment and health to open

will also support the objectives of the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* endorsed by Member States in 2016, as well as the Declarations on Environment and Health from the Regional Ministerial Forums held in Jeju in 2010, Kuala Lumpur in 2013 and Manila in 2016.

The WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, hosted by the Republic of Korea, will be located at 38 Jongro, Jongro-gu, Seoul, 110-110, Korea, in office space provided by the City of Seoul.

Before the signing of the Memorandum of Understanding between WHO, the Ministry of Environment of the Republic of Korea and the Seoul Metropolitan Government to create the Centre, a symposium will be held with national and international experts on health, environment and climate change.

On January 16, the day after the launch of the Centre, WHO and the Republic of Korea published their first-ever Country Cooperation Strategy, to guide joint work for the coming five years.

The 37 countries and areas of the WHO Western Pacific Region are: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, France (which has responsibility for French Polynesia, New Caledonia and Wallis and Futuna), Hong Kong SAR (China), Japan, Kiribati, Lao People's Democratic Republic, Macao SAR (China), Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau, Tonga, Tuvalu, the United Kingdom of Great Britain and Northern Ireland (which has responsibility for Pitcairn Islands), the United States of America (which has responsibility for American Samoa, Guam and the Northern Mariana Islands), Vanuatu and Vietnam.



AMA Indigenous Medical Scholarship 2019

Applications are now being sought for the 2019 Australian Medical Association (AMA) Indigenous Medical Scholarship. Applicants must be of Aboriginal and/or Torres Strait Islander background.

Applicants must be currently enrolled full-time at an Australian medical school and at least in their first year of medicine. Preference will be given to applicants who do not already hold any other scholarship or bursary.

The Scholarship will be awarded on the recommendation of a selection panel appointed by the AMA. The value of the Scholarship for 2019 will be \$10,000 per annum. This amount will be paid in a lump sum for each year of study.

The duration of the Scholarship will be for the full course of a medical degree, however this is subject to review.

Applications close 31 January 2019.

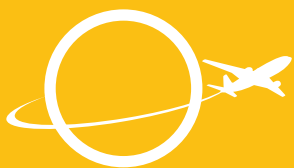
To receive further information on how to apply, please contact Sandra Riley, Administration Officer, AMA on (02) 6270 5400

or email indigenousscholarship@ama.com.au. An application package can be also downloaded from the AMA website www.ama.com.au/indigenous-medical-scholarship-2019.

The Indigenous Peoples' Medical Scholarship Trust Fund was established in 1994 with a contribution from the Australian Government. In 2016, the Trust Fund became The AMA Indigenous Medical Scholarship Foundation. The Foundation is administered by AMA Pty Ltd.

If you are interested in making a donation towards the Scholarship, please go to www.ama.com.au/donate-indigenous-medical-scholarship.

The AMA would like to acknowledge the contributions of the following donors: Reuben Peleman Benevolent Foundation; the late Beryl Jamieson's wishes for donations towards the Indigenous Medical Scholarship; Deakin University; The Anna Wearne Fund and B B & A Miller Fund, sub-funds of the Australian Communities Foundation.



Mentally healthy travels

BY SIMON TATZ

Travelling overseas as a tourist has been completely transformed by the advent of smart phones and mobile devices.

When I first ventured outside Australia on my own, reverse-charge telephone calls and aerograms were the means of communicating with home. Maps were used for navigation. Music was delivered via a Walkman. Today, the mobile telephone has become the essential travel item. It certainly delivers myriad benefits – the internet, email, texting, Facebook, Instagram, music, Google Maps and a camera.

However, the mobile phone may be doing something else – creating antisocial, rude and annoying tourists.

Every year my wife and I travel overseas, often to less developed nations or places of historical and geographic significance. We do not take our phones with us. Actually, we do sometimes take them as an emergency, but we never switch them on. Friends question how we can be away for up to five weeks without a phone. The answer is that it improves your mental health by letting you switch off, in every way, from home, work and stress, and to immerse yourself in the places you're visiting. People have travelled for millennia without mobile phones and being on Facebook or email.

The more I travel, the more I witness how mobile phones can be bad for people's mental health.

No matter where I've been, or how exotic and transfixing the location, I see couples and families with their heads glued to their phones. Dining times are the worst: no conversation, no one looking at their surrounds, or engaging in conversation with locals. Instead of talking to each other about what they've seen, heard or eaten, tourists converse with their mobiles, seemingly sharing their experiences online rather than in person.

It is dispiriting to see families on holiday sit together barely uttering a word as they play with their phones. If taking children overseas is supposed to show them the world and how other people live, then they could start with limiting their phones and digital device usage. What is the point of being in another country if your time is spent glued to your phone? I wonder about the mental health of children who are so obsessed with their online presence that the great wonders of the world, or the rich and rewarding cultures of Asia, Europe or Africa, hold less interest than Facebook or texting.

Walking through popular tourist attractions can be a nightmare, as tourists focused on their phones amble about unaware of their surroundings while they text or whatever. The art of map reading has gone, replaced by a phone. Yet maps tell you so much more. They can provide context and a picture of where you are in relation to everything else. And what's wrong with getting lost and asking local people for help?

And don't get me started on tourists who adopt silly poses in front of significant sites, then Instagram them while blocking others from looking. It is possible to visit truly wonderful places and have amazing experiences that you remember all your life without always having to share them instantaneously.

Mobiles can bring out the worst in tourists. At the Tuol Sleng prison in Cambodia, an American tourist was googling Wikipedia every time the guide provided an explanation. Yes, that's right, she exclaimed when her internet search agreed with the qualified tour guide. "No, you're wrong – Pol Pot was murdered!" she yelled out. Your mental health isn't improved if you're arrested. Perhaps this tourist should have googled 'etiquette for a communist country trying to bury its genocidal history'.

I do take an electronic device when traveling – an iPad and bluetooth speaker. After a day out, in the quiet of my room, I can play music and check the internet (mostly for football and cricket scores). Every two or three days, I look at (non-work) emails to see if the pets are okay, the house still standing, the family well. Smart Traveler knows where I am, and I leave my itinerary with family, so if there's an emergency, I can be found.

Although my wife and I are on Facebook and Instagram, we wait until after our trip to share some of our experiences. My view – and one that I accept is not going to be shared by all – is that travel is about absorbing new surrounds and experiences. We travel to be somewhere else, to experience other, to eat and drink different foods in different places.

Leaving your phone off, or not taking it with you, can be incredibly liberating and mentally healthy. It changes the way you think about the places you are visiting and gives you time to talk, think and enjoy your surroundings. Experiences are not validated by online posts and likes by friends. Researchers are looking into the mental health problems of living one's life through social media. There are ways to travel, stay in touch, yet disconnect from work and daily issues; which is what a 'holiday' is meant to be about.

Bali bands have got it covered

BY CHRIS JOHNSON



Looking for live music while on holiday in Bali? No problem. The locals have found a formula that works for tourists.

On any given night, Bali hotspots are teeming with clubs, bars and restaurants hosting rock, pop and jazz bands all working hard to please their respective audiences.

And they do please. The vibe is always good at Bali haunts and the music is a big part of what makes the atmosphere so engaging.

But (and it's not really a but), you will have to try exceptionally hard to find original music being performed.

If there is one thing that Bali bands is good at, it's playing covers.

The beach bars in Kuta, the classier club scene in Seminyak, or the even more cultured venues away from the beaches in Ubud are all overflowing with cover bands.

It is only at the more obscure, less touristy, venues where you might get to hear an act playing something they created themselves. Those places are rare in Bali.

That's fine though. You're on holiday and familiar music in the form of classic rock ballads definitely helps to relax.

And Balinese musicians are good.

For a small island, there seems to be an abundance of highly talented instrumentalists and vocalists there. You will find the occasional token Aussie... but it's mostly local Balinese or



musicians from greater Indonesia who form the line-up of most local bands.

And they're all pretty hot.

It is nothing out of the ordinary to see a local band invite requests and be able to perform anything that is asked of them – even if that means going from Black Sabbath to John Denver in a heartbeat.

Even jazz bands tend to play standards, albeit often reworked with endless improvisations and noodling – which is always a cool journey.

Another interesting thing about Bali bands is that they tend to interchange their members. So one night you might go along to a pub to watch a band called Magic Mushroom and the next night go to a different venue to watch an act called Rock@Fuel, only to recognise they have the same drummer, or bass player... or even lead singer.

That's Bali (that's also a lot of places, even in Australia), and that all adds to the fun.

So when next in Bali, freshen up on the lyrics to Creedence Clearwater Revival, the Rolling Stones, the Eagles, the Beatles, Led Zeppelin, and all those other great rock acts whose heydays are long gone, and you will be right to start singing along at almost any live music venue.

And don't forget the Oils, Chisel and Men at Work ... because the Balinese always cater for Aussies.

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