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**Transcript:** AMA President, Dr Tony Bartone, 3AW, Sunday Morning, Sunday, 8 March 2020

**Subject:** Coronavirus; Dr Higgins

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**DARREN JAMES:** Joining us now is Australia Medical Association's Federal President, Tony Bartone. Tony, good morning to you.

**TONY BARTONE:** Good morning, Darren.

**DARREN JAMES:** Should Dr Higgins be owned an apology, do you think?

**TONY BARTONE:** Well, let's look at the facts here. The facts, as reported by Dr Higgins' own post on the Minister's Facebook page, was that he had largely recovered from the symptoms of a mild cold when returning back from a country that still, even today, is not on the list of either high or moderate risk countries when it comes to COVID-19.

He made an informed decision in good faith, balancing the need and the role that he has in dealing with the patients at his clinic. He returned to work believing he wasn't infectious and that he didn't have any ongoing symptoms that put his patients at risk. He then performed the test on himself, knowing that he didn't fulfil the criteria for COVID-19 testing. Notwithstanding that, he still then, on the Thursday I believe, had the test taken and the results were confirmed on Friday. This is a case where we've had a doctor acting within the protocols and the information appropriate.

We follow protocols every day to reduce the risk of infection to our patients. We act in good faith to try and help protect them and the rest of the community every day and especially at this time where we're in the frontline fighting, trying to protect the community against COVID-19 and its emergence as a serious threat in this country. The doctor acted, as I said, on the available information appropriately, making an informed decision in the interests of his patients' health and well-being.

**DARREN JAMES:** So, does this show just how difficult it is for medical professionals at the moment, given the lack of knowledge about coronavirus?

**TONY BARTONE:** This is a constantly evolving situation. As I said, the USA is still not on the list of high or moderate risk countries. It's clear from some of the reports we're getting that it is actually perhaps more prevalent than it is clearly being reported at the moment. And so this is a sign that each day we are getting more and more information and we, as the front line doctors, are in need of clear and regular information that's consistent and coordinated.

And really, taking the opportunity to sort of try and create an opportunity to attack a doctor at this particular time was, I think, particularly unfortunate and disappointing when all governments in Australia have unitedly said that they are going to rely on the frontline doctors to help protect the public and stem the tide of this disease in this country.

**HEIDI MURPHY:** As a frontline doctor, Tony, if I were to walk into your clinic tomorrow and tell you a similar story to what Chris Higgins says is his case - I got back from the States a

couple of days ago, I had a bit of a runny nose on the plane but I was feeling fine and I've been back to work - would you test me for the virus? Would I tick enough boxes on your checklist, as a frontline doctor? Would I have ticked enough boxes for you to say let's swab you? Or you swabbing anyone that comes in now?

**TONY BARTONE:** We've got to take this two different ways. At the moment, there is a real need to ensure that we're not clogging up the system with unnecessary tests that are proved to be largely not positive. The vast majority of tests, and there's been something in the region, almost approaching 10,000 tests done already in this country, have largely turned negative.

We need quick and clear access and results to be, for those that are positive to be effective. - so number one. Number two though, it's clear now that as it's spreading through the northern hemisphere, more than 80 countries that are now involved, we're going to reach a point where anyone returning with cold symptoms from overseas travel will probably have to fall into an index of suspicion, even if not on the list of high risk countries, and I think that's the message out of this.

Remember, this is a doctor who returned on 29 February, ie nine, 10 days ago, and at the time the last thing on anyone's mind returning from the USA was could it be the possibility of COVID? But this is changing all the time and I think we're rapidly approaching a phase where we're going to have to take any symptoms in any returning travellers to a higher degree of suspicion than we currently are.

**DARREN JAMES:** Okay. So how long will it take before we are in a position where we can test everyone who shows even the mildest symptoms of the mildest cold coming back from overseas? Because you're talking, I mean God knows, hundreds of thousands of people there, aren't you?

**TONY BARTONE:** Exactly.

**DARREN JAMES:** So how long before we have the testing regimen in place to be able to cope with that?

**TONY BARTONE:** Well, there were roundtables on Friday in the nation's capital looking at how we can rapidly ramp up that ability to do that even faster than we're currently doing. We've got the capacity to do it, it's just that that will then create an unnecessary delay to some of the results. And we've just got to be sure that there's the fulfilment in the first phase. The testing authorities, all the State and Territory pathology departments, are being very clear about fulfilling the criteria for testing before you're allowed to send off the test. It's clear that private pathology companies are now going to be seconded into this role very, very quickly and in the very short space of time to ramp up the capacity and capability to do that.

What we need here is clear information and not panic, not misinformation and not a wave of hysteria that basically undermines the public's and the community's confidence to seek medical attention when and where it's appropriate and where they feel the need that review and that opportunity to avail themselves of appropriate medical attention.

Now, we're going to look at many different ways to try and keep both the public and the community safe, and reduce the milder cases from having to circulate in the community, by options like Telehealth that we've spoken with the minister as late as Friday in Canberra at the roundtable, and hopefully will be implemented soon. But the public needs to be reassured and have the confidence to seek attention when and where they require it.

Things like the panic buying that we're seeing and the fighting in the supermarket aisles is really only driving further and further hysteria and panic, which then further leads to misinformation. And unfortunately this is the case that by throwing this doctor under the bus, it's really undermining the public's confidence in the frontline doctors who are putting themselves at risk, often without the appropriate protective equipment, because we know that's in short supply and poorly distributed at the moment.

So, they are trying to do the right thing and protect not only the patients who come in, but the rest of the community and, of course, they've got their staff as well that they are acutely aware of.

**DARREN JAMES:** Alright. Thank you, Tony, for joining us. The Australian Medical Association's Federal President, Tony Bartone.

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