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Transcript: AMA President, Dr Tony Bartone, 6PR, *Breakfast with Steve and Basil*, Tuesday, 8 October 2019

Subject: Repeat prescriptions for antibiotics

STEVE MILLS: A repeat prescription is set to be banned for common antibiotics to reduce the spread of superbugs. I don't know if you've been aware of it, but if you've ever been into a hospital where someone's not responding to the normal antibiotics, their body has actually got a resistance to it, maybe someone who's been crook for quite some time, and then the doctors just throw everything they possibly can, when they get to a stage where they go - jeepers, this isn't going to work. Now, can you imagine? I mean, the number of people that died before antibiotics, if the experts are saying, look, we're overusing them, and sometimes people say I want some antibiotics because I've got a cold or whatever, and they go: don't do that because you're actually wrecking your immune system.

Now if the whole of society, if antibiotics didn't work, where would we be? And the superbugs would just get us and we'd all be dead. Now, I don't think this prescription idea is to stop people taking stuff like heart conditions, or stuff that they need.

Now, Tony Bartone is the AMA President, he's joining us right now. Morning, Tony.

TONY BARTONE: Good morning.

STEVE MILLS: Why are we looking at this?

TONY BARTONE: I was listening into your discussion while waiting, and look, I think you've covered a number of the issues already. So, they're looking at it because of increasing antibiotic resistance. And, in fact, it's multiple antibiotic resistance. And some of these bugs are very, very clever organisms, and they spread their genetic material between themselves at a rapid rate to get that defence against antibiotics. So the things that we've used in the past become useless, and the superbugs become exactly that, resistant to the effect of antibiotics, which have been lifesaving for many, many decades. And we know the changes that occurred with just the simple introduction of penicillin.

So, we're looking only at antibiotics in this proposal. We're not looking at heart tablets, we're not looking at blood pressure tablets, where repeats- and in fact, in those areas, we do want larger quantities to be prescribed where the patient is stable and under the care of their GP. It makes sense that you don't have to go back again and again to get just the repeat prescription.

But here, it's about having the right course and the right amount of medication for the treatment necessary. And you don't need more than the pack size to treat the course. Those pack sizes are designed to be a course of treatment. And to have antibiotics in the cupboard for a rainy day is exactly that, to overuse unnecessarily. Remembering that 80 or 90 per cent of common colds are viral, to which antibiotics are totally useless, and sometimes the best treatment is no medication other than simple pain relief, and more fluids and rest.

STEVE MILLS: Tony, I was told once, and I don't know whether it's fact or fiction, if you actually are prescribed antibiotics, and you don't complete the full course, you're actually doing more danger- more damage to yourself by not doing the full course. Is that true or not?

TONY BARTONE: And that's another excellent point you raise, and of course, that's true. So the course is designed to be taken as a course, and prematurely ceasing the course of treatment may lead to resistance becoming also part and parcel. The course is what the lab study has shown is the number of days required to completely kill that infection. And if you leave some bugs behind by prematurely ceasing your course, well those bugs can then remultiply. And plus, it had the benefit of being exposed to that antibiotic, and they say, you know what, this time I need to develop this new gene to protect me against that new antibiotic. And then we need …

BASIL ZEMPILAS: [Interrupts] Right. Well no, I was just going to say, Tony, one source of frustration, I reckon, for people visiting the GP is, if it's a regular visit for a regular prescription, and let's say it comes down from five repeats to having to go every time, should it still be $85 every time? And if Millsy comes in, he has the same medication every time, he goes to the same GP, and the GP says, oh you need another script, Steve, no worries, it takes a sum total of a minute and a half - should he have to pay the full $85 if that doctor doesn't bulk bill? Why not a reduced fee for something like that?

TONY BARTONE: And there's a couple of points you raised there. So, the next time you see your GP is usually dictated by the clinical need to be seen, and the doctor will, more often than not, if not always, give you enough medication to last you till that next visit. So, the next visit shouldn't be decided by when you need to have your next repeat, it should be driven by your next clinical review. So, if six months is the appropriate time to be reviewed for your blood pressure, you should get the six months' worth of medication - the first script plus the five repeats.

But what we're saying is when you're stable, well you know what, why do you need five repeats? Why can't you have a double pack size which the PBAC have already recommended, and only have three repeats? So you're even going less to the chemist. That's where a lot of the cost is also driven. So the cost of seeing your GP should be about getting that care and the review required to manage your condition. And if it's just because you've lost your prescription, most doctors have a work-around in terms of a reduced consultation fee to cover that episode or that eventuality.

STEVE MILLS: And how far are we down the track - final question, Tony - how far are we down the track in developing new antibiotics for people that are basically, they just cannot fight the normal infection and the normal antibiotics aren't working? Are we making ground there or not?

TONY BARTONE: So here's the kicker. We used to have a pipeline of new drugs available that you could see, but there was always the second or third best option coming along to protect you in that respect. But we're so far down that pipeline at the moment, we're ahead of the

research and development by so far that we're really struggling, and we just need one more or two more superbug changes and we've potentially got something that we can't treat.

Now part of the other problem is that antibiotics are used in farming, and that is also increasing the spread of resistance. And because we're a much more global society and we travel, we're bringing in resistant strains from overseas into the country, and of course bugs share their DNA. And that's half the issue here, and that's why we've got to be vigilant, be very, very respectful that antibiotics are important medications, really strong medications, and very lifesaving. But we've got to treat them judiciously in the process if we want to continue the benefits they give us.

BASIL ZEMPILAS: Okay, well thank you for clarifying all that. That's an interesting area; a lot of people will be interested in it. Thanks for your time this morning.

TONY BARTONE: No worries. My pleasure.

STEVE MILLS: Dr Tony Bartone. He's the AMA President.

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