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Transcript: AMA President Dr Michael Gannon, 2CC Breakfast, 17 August 2016

Subjects: Medicare, PTSD and mental health, and Health Care Homes

TIM SHAW: The National Press Club of Australia will host an annual address from the President of the Australian Medical Association; it's a very important address, it's broadcast on ABC television and Sky News at the National Press Club. Dr Michael Gannon is the immediate past president of the AMA Western Australia and head of the Department of Obstetrics and Gynaecology at St John of God Subiaco Hospital in Perth. Now that's pretty handy, because he was born there. He grew up in Perth, educated at Guildford Grammar School, he lives in Perth with his wife and two children, but as President of the Australian Medical Association since 29 May, I thought it would be a great opportunity for us to have a chat with the peak lobby group representing doctors here in Australia, and Dr Michael Gannon joins me on the line. Good morning Doctor.

MICHAEL GANNON: Good morning Tim, how are you?

TIM SHAW: Very well. Thank you for your time, and I am looking forward to attending the National Press Club address today by yourself. What will you be telling the audience today?

MICHAEL GANNON: Well, it's a chance for us to put our agenda out there, to talk about the policies that we've put forward prior to the election and during the election campaign; both haven't changed. What has changed is that the Coalition Government got the scare of their life in the election campaign. A lot of the exit polling suggests that was on health. They've got some policies that they've promised to look at, and we want to shepherd them through and try and come up with the right policies for the country.

TIM SHAW: I like how you're talking. You represent more than 27,000 doctors in Australia. Andrew Denton was addressing the National Press Club yesterday - excuse me, last week, and it's timely that you're going to be there today. He says that your organisation, the peak lobby group for doctors only represents 29 per cent of Australian doctors. Do you need to build your membership?

MICHAEL GANNON: They're probably some old numbers, and the membership to the AMA is significantly higher than that. Look, we're always keen to build our membership, and we would love all doctors to be members, but yeah, one of the strengths we have is that membership is voluntary. We are totally independent of government, we are totally independent of industry, we are a completely independent voice that can speak up on behalf of patients, often on topics that are very uncomfortable for groups like government and industry. That gives us a great moral authority to speak out. That's the way I look at it; I think of myself as leading all doctors, not just those who pay to be members of the AMA.

TIM SHAW: No, good point, and look we've got Indigenous doctors, we've got out regional doctors, we have our doctors in private practice, the wonderful doctors practising in the public health system, and then of course excellent specialists, practising medicos. It is a very diverse group, Michael Gannon, that you represent.

MICHAEL GANNON: It's an extremely diverse group, and it requires great care speaking on behalf of them. You're exactly right, there are things which might seem to divide my

membership, you know, between rural, regional and metro. Very different views in different States of Australia, there are different views between doctors who work predominantly in the private system, those who work in the public system, many of us who work in both. False divisions between GPs and other specialists, doctors in practice, doctors in training. But what I always say is that look, I'm always keen to focus on the things which unite doctors, and that's our ethical principles, and I think that when leaders within the AMA focus on the ethics of medicine, and they focus on what's good for patient care, it is a lot easier than you might think to be able to speak with some sort of unified voice.

TIM SHAW: Ninety-seven per cent of doctors that Andrew Denton has spoken to at some point in their career has been asked to assist a patient to die. Tell me about the ethical challenges that, as the President of the Australian Medical Association, the industry faces and those professionals face, and should we see legislative change as we have seen in other parts of the world, to allow a patient to talk professionally and privately with their doctor about an early death? The pain of some of these terrible diseases that sees them dying in excruciating pain with the best possible pain management that your members can provide them, but do we need legislative change to allow people to be assisted to die?

MICHAEL GANNON: Well, Tim it would be inappropriate for me to presage the discussions we're going to have at our council meeting later this week, where we're going to talk on this very important issue. We are in the middle of our routine review of this policy - we go through our policies once every five years, and this one is up for routine review at the moment. Of course there's a lot of interest in the area now, with Andrew Denton taking a very public positioning on it. Having said that, in the last 20 years in Australia we've seen any number of private members' bills and different legislatures around the country looking at this issue.

Dying is an inevitable part of life; doctors are involved in end of life care. We know how afraid many people are about dying, and it is an important conversation for people to have. Perhaps the one thing I will say, Tim, is that sometimes we tend to have very simplistic conversations about how assisted dying might be the answer. I would much rather have a broader conversation about those conversations happening between people and their loved ones, knowing more about advanced care directives. I'd love to hear more advocacy from patients, patient groups, everyone in the community to further improve palliative care services. We've seen the evolution of this specialty of medicine, and there's some really brilliant services, especially in metropolitan areas around Australia. That's a real challenge, to try and improve the services for those living in the regions. I think that this is a much broader issue than the narrow focus on assisted suicide, which - in an issue which is a whole lot bigger than that.

TIM SHAW: Yeah look, well said, and I understand that. Do you feel the AMA has a role to assist in the facilitation of those conversations? Yes, you've got medical doctors that are members of the AMA, but is that something that the AMA could consider doing, which is to open that broader discussion, rather than - with respect to our bureaucracy and those working within health services in government - that the AMA can play a very strong role to assist in that voicing of those broader views, particularly secular views of medicine practice?

MICHAEL GANNON: Well there's no question that the AMA's view on this is very important. One key feature of the ethics of Hippocratic medicine, going back 6000 years and all the way through to modern codes of ethics like the Declaration of Geneva, that are the sanctity of life, that is a very key tenet of ethics. So when medical associations vary that view, as they have to one extent or another in some other jurisdictions like in Holland, and to a lesser extent in Canada, that sends a very, very strong message to society but this is a real challenge for doctors, we know that ... we know that there is this assertion that people in countries like Australia want this and yet that is a real challenge to the ethics of a profession that is told that the preservation of life is paramount. That's not to say that we can't do better in educating doctors, in educating patients. For example, there is no way that withdrawal of futile care

constitutes euthanasia. One very clear principle, even in Catholic ethics which many regard as being a bedrock of conservatism, it's very clear in Catholic ethics that the doctrine of double effect applies. In other words if you introduce a treatment that has its primary purpose of relieving pain or suffering and it has a secondary effect of hastening death well then that does not constitute euthanasia. So they're the kind of things that need to be discussed with patients and with policymakers.

TIM SHAW: I'm glad you've having that conversation at the council meeting. Can we talk about the Mediscare campaign - were you concerned in the manner that the bedrock of our health system, Medicare, was used as such a political football on 2 July, prior the eight week campaign? What was the AMA's position?

MICHAEL GANNON: Well look I think that I am on record as calling out Labor's campaign as really overreaching. There was a very modest proposal to look at something we've called for, for some time, which is to look at the payment system, which is really out of date. We've learnt a lot more about how the supercomputers in Canberra can do better in the last week or two and that was used in the heat of an election campaign to try and scare many people into thinking that the health system was at threat.

What I've also said during the election and after the election is that the Coalition left the fertile ground for the scare campaign. They introduced cuts to pathology and diagnostic imaging, they've extended the freeze on GP and other specialist rebates. They really didn't have a plan for public hospital funding. So they left themselves open to what was a very clever campaign by the Labor Party.

TIM SHAW: Mmm tell me how you're getting on with Sussan Ley, the Health Minister, and what are the initiatives the AMA are pushing for the Turnbull Government with Sussan Ley as Health Minister to consider.

MICHAEL GANNON: Well certainly I welcomed the reappointment of Sussan Ley as Health Minister; I think she's someone who I've enjoyed working with in the past, I think that she's sometimes got a difficult job within Cabinet trying to make the case for health but I think that she is a forceful advocate for patients in Australia and she certainly enjoys my support. Probably the key initiative that we're keen to work on in the next term of government is introducing what are called health care homes, so in other words giving GPs the ability to better do what they already do which is to manage patients with complex and chronic diseases within the community, to fund them appropriately and of course that will always be the sticking point, but this is good value for money. If we pay GPs appropriately to keep people out of hospital, it's not only good for those individuals there and their loved ones, but it ends up saving a lot of money. As you will know, care in hospitals is a lot more expensive than that provided in the community so that's something we're keen to work with her and the Turnbull Government on.

TIM SHAW: Well said, and just finally, the mental health of Australians, more and more of your members are meeting patients with difficulties relating to mental health, PTSD; do your members need more professional development, as I'm sure is underway, but more and more doctors in general practice are coming face to face with those patients that are suffering from some mental health issue. What's your comment on that?

MICHAEL GANNON: Look there's no question that we're seeing an increase in the incidence of mental illness in our community and it's hard to put your finger on exactly what's going on there, certainly part of that is related to the scourge of alcohol abuse, part of it is related to the increased use of illicit drugs in our society, part of it I think reflects the sheer pace of life, the sheer pace at which all our lives run. I think people, you know, struggle to cope with that. But you raise some really good points, you raise the importance of this issue and I think equally

