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**Transcript:** AMA President Dr Tony Bartone, ABC Radio Sydney, *Breakfast*, with Wendy Harmer and James O’Loghlin, Tuesday, 24 July 2018

**Subject:** My Health Record

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**JAMES O’LOGHLIN:** And now we move on to the President of the AMA, Tony Bartone. Good morning, Tony.

**TONY BARTONE:** Good morning.

**JAMES O’LOGHLIN:** Now, before we hammer you with all the concerns, just tell us what you think the benefits of this new system are?

**TONY BARTONE:** Put in a nutshell, the benefits of the system will be that it will provide in a one-summary, online portal format, the summary of your medical records, of your medical conditions, of your medicines and any other relevant information in that space for any other doctor who is involved in your care - and I mean any other doctor or health professional involved in your care that you give authority or access to in terms of viewing your file, and then having the opportunity to impart their next step in their management of your condition. So it's very, very summarised- it's very, very immediate - and it's very, very targeted in terms of who gets access and who doesn't get access - but will then be able to view your record and then make the next step in the management of your condition. But you have the ability to select who gets access to that and what they can see in that process.

**WENDY HARMER:** Well it doesn't seem to be that's what it is as it stands, Tony. As Kerryn Phelps outlined earlier there are a whole lot of people who, under this particular Act, able to have access to your records without a warrant. Would you say that is fair enough that say the ATO and ASIC and the police all get to see your medical records?

**TONY BARTONE:** Look, before we address that, and I respect my colleague and past President, Dr Phelps, in her position, she is concerned and a number of Australians are concerned about this, but there are two actual pieces of legislation that govern the online information and the release of that information. One is the My Health Record Act, but there's also the Health Identifiers Act, and the Health Identifiers Act specifically mandates that any of the information must be used for health purposes and health purposes only. So that's one level of assurance that we've got in the system. The other one is that I have gone directly and sought assurances from the Minister directly on this issue, as we've had assurances from the CEO and the Authority over the weekend, that without a court order, without a judicial order, there wouldn't be access to the file. It's appropriate that the privacy and security of patients’ medical records are protected in accordance with the patients’ wishes. It's called My Health Record for a reason and that is because the patient - you- will set the level of access and what information it contains. Yes, you're right, that may be no different than what currently exists because you could go in and only voice part of your record or keep certain parts of your records mute so to speak or remove it altogether and not mention it to anyone. But there are times, and let's look at a typical example where someone is travelling, they've got a swag of medications, they can't remember all the medications they've been on before, they've got some allergies, and the health literacy of all Australians isn't as great as it should be, and they are in another part of the country, their family doctor is closed, and they've presented to an emergency department,

they've got access to their records. Well, up until now, they would have to rely on their memory and if their memory is failing, if they're not well, if they're unconscious, that opportunity is again a lucky dip. And it's to help other doctors in the system, other health professionals who haven't got your file, for your family doctor...

**JAMES O'LOGHLIN:** Understand. Tony, you've talked a lot about the benefits for individuals. Will the collection - assume everyone opts in, unlikely - would having access to all that data allow for improvements to the health system and, if so, how?

**TONY BARTONE:** Well, at the moment, there are many hundreds of thousands of cases of medication errors made because of lack of information at the appropriate time. So, prescribing a medication that the patient is allergic to without knowledge of previous allergies because of lack of information. We've got a number of chronic medical conditions that could be managed better, and avoid duplication and tests and wasting of resources. We've got a health system that's really collapsing under the weight of the lack of appropriate resources in various parts, and anything that can actually then save the system unnecessary waste and allow for extra procedures, extra operations, extra interventions, extra medications to come on to the PBS has got to be a good thing.

**WENDY HARMER:** Alright, well Tony, do you have any concerns about privacy at all or hacking indeed?

**TONY BARTONE:** Look I'm not an IT security expert, but obviously we see a report in the paper every now and then about an institution or a facility that's been under attack or that has come under a hack.

**WENDY HARMER:** Well, it's just happened in Singapore, hasn't it? There's been a huge breach of health data in Singapore, for instance.

**TONY BARTONE:** But what we need to remember is that that health data exists already in various number of silos across the network and is amenable to the same security risk as it would be if it's in a centralised space. Now, at the end of the day, we've been assured that this is the best level of possible protection that could be implemented, and we've got to go with that. It obviously is going to be a balance between everyone's individual security risk tolerance and privacy concerns but if you make it too, you know, CIA fool-proof, it basically then will defeat the utility of the system, and the system depends on having enough people and enough providers using the system in the expectation that there's going to be a useful data then to use...

**WENDY HARMER:** Yeah, alright. I know that a lot of people are opting out now. They do have - if they opt out now - they have the option to go back in later, don't they?

**TONY BARTONE:** Correct.

**WENDY HARMER:** Yep, alright. Thank you very much Tony. We appreciate your time there. We get the gist of why you think it's a really good idea. So, thank you very much.

**JAMES O'LOGHLIN:** That's Tony Bartone, the President of the AMA

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