Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
Website : http://www.ama.com.au/

EMBARGO: 10.30am, Friday 27 May 2016

SPEECH
President's Address
AMA National Conference 2016, Canberra
Friday 27 May 2016
AMA President Professor Brian Owler

*****Check against delivery**

I acknowledge the traditional owners of the land, and pay my respects to elders both past and present.

Colleagues and friends, it has been an incredible honour to be the AMA President.

The past two years have been, to say the least, a turbulent time in Australian politics. Health and the AMA have been at the centre.

But the last two years I have served are not what I thought they might be.

Perhaps naively, when I thought of being AMA President, it was with the anticipation of being a part of a constructive debate around health policy.

The AMA is always proactive in policy development, but you also have to respond to the times and the policies the Government puts on the table.

Why I feel a sense of disappointment of the last two years is because it has been a period of lost opportunity in health policy.

At the same time, it is with pride that I reflect on the AMA's advocacy - not only on behalf of our members, but for our patients.

I believe in Australia's health care system. It is with pride that I describe it to people from abroad, most of whom respond with envy.

From my first speech at the National Press Club, I have laid out what I believe are the foundations of our health care system.

Universality, equity of access, a highly-trained medical workforce, a balance between the private and public systems, community rating, and the sanctity of the independence of the doctor-patient relationship.

It is these foundations that make our health care system the success that it is - these are the principles that are worthwhile fighting for.

HEALTH POLICY & COPAYMENTS

So, when the 2014 Federal Budget was delivered, less than two weeks before I became AMA President, the course of my Presidency was set.

It was clear that the AMA membership was very unhappy, and wanted us to oppose the Government's co-payment plan.

In my first meeting as AMA President, I met with the Health Minister Peter Dutton who delivered an ultimatum: *"As I see it," he said, "the AMA can either support the Government's co-payment plans or you can be on the outside."*

It was an easy choice. I was not going to sell out our members, and I certainly wasn't going to abandon our patients.

We lobbied hard, and when we met with the then Prime Minister, Tony Abbott, after some discussion, the Prime Minister asked us to develop an alternative to the Government's co-payment.

We dutifully did this. We worked hard, we kept it in confidence, and we delivered it to the Minister.

In return, the Minister ignored the plan and, when we finally released it publicly, he called a news conference to describe our plan as a *"cash grab by greedy doctors"*. So much for working closely with Minister Dutton.

Without recapping the whole history of co-payment mark 1 and 2, let's just say it didn't work out well for the Minister or the Prime Minister.

After the first leadership spill, we had the pledge from Prime Minister Abbott that there would be no changes to health policy without consultation with the medical profession.

After the second – successful – spill, it seems that unfortunately the new Prime Minister and Treasurer, not to mention the new Health Minister, didn't get the memo.

Since that time, we had more cuts in MYEFO late last year, with pathology and diagnostic imaging the new targets. Again, no consultation and no warning,

We supported the pathologists and radiologists. We campaigned against the cuts to the bulk-billing incentives.

As we recently discovered, they have struck a deal, but sadly I don't think it's something that pathologists will be celebrating.

MEDICARE FREEZE

Then, in the recent Budget, we had more cuts, with an extension of the freeze on patients' Medicare Rebates for another two years until 2020. Again, no warning and no discussion.

I have talked with the Minister many times about the freeze. I raised it with the Prime Minister as the number one issue when he came to the AMA. The Minister reassured me of her efforts to lift the freeze.

As part of the earlier discussions that I had with Prime Minister Abbott and Minister Ley, there was a clear commitment that any savings found through the MBS Review would be used to lift the freeze.

The extension of the freeze is not the action of a Government intending to lift it.

As confirmed by the Minister herself this week, the health portfolio is not run by the Minister for Health. It is run by Treasury and Finance. This is something that I have been saying for two years.

The Medicare freeze has rightly angered many of our members and many of our patients.

Despite attempts by some to paint our opposition to the freeze as simple self-interest, the patients now understand that this is *their* Medicare rebate – not the doctors' rebate.

The freeze is affecting not only the viability of general practice, especially in those low income and disadvantaged areas, it punished all those people who already pay a fee, as their rebate is frozen too.

It is bad for Indigenous health provision including the Aboriginal health services that are dependent on the rebate from bulk-billing.

It affects immunisation rates for children, as parents with multiple children defer seeing their GP.

This is not sensible policy.

The freeze is not just about GPs. It is about the out of pocket expenses for patients seeing a specialist or undergoing medical procedures. It affects the whole of the health system.

A few days ago, I visited a practice in Eden Monaro. The GPs were pleased with our advocacy on this issue. Our Medicare freeze poster was in the waiting room.

At the end of their consultations, these GPs were talking to their patients for a few minutes about the impact that the Medicare freeze will have. This is happening right now all around the country.

I am pleased that the Labor Party has committed to lift the freeze from 1st January 2017, if elected. I know that this is a major commitment, and it is a result of intense lobbying by the AMA.

To the Government, I would say it is not too late. It is not too late to re-commit to indexation of the rebate. To work with the AMA, and achieve health policy that is in the interests of Australia's future.

PUBLIC HOSPITAL FUNDING

The 2014 Budget was not just about the co-payment or the freeze - the future of our public hospitals was also at stake.

Whatever your opinion might be about the $57 billion in funding cuts over a decade, the fact was that the 2014 Budget changes to the funding formula - to base Commonwealth contributions for health funding to States and Territories to CPI plus population growth - was going to be inadequate.

My greatest fear, and it was fear, was for the patients in the smaller States and Territories, where these funding changes have dire consequences for their health systems and for their patients.

The AMA has spent two years lobbying Government on this issue. We have worked with State Premiers, and we have highlighted the consequences using our annual Public Hospital Report Card.

That lobbying has borne some fruit. We welcomed the Prime Minister's announcement of an extra $2.9 billion, but we question whether that is enough.

As the election campaign continues, we await the Opposition's announcement of its commitment to public hospital funding.

AMA ENGAGEMENT AND PARTICPATION

I have been critical of the lack of vision for our health system.

We need a clear vision for what our health care system should look like in 10 years. What are those needs going to be? This is one of the first questions we should answer.

Having said that, there is policy being developed, and the profession is willing to participate.

The AMA always supported the MBS review, but what we didn't agree with was the narrative used to justify it – which, once again, vilified doctors.

I was not going to sit by while general characterisations of doctors as performing unnecessary or harmful procedures on patients simply for financial gain were being made.

We participated with the Primary Health Care Review. It was a successful review, and the recommendations have widespread support.

The problem is that the recommendations remain unfunded.

You cannot just talk about the importance of general practice and primary care.

You cannot advocate for supporting general practice to better manage chronic disease when you provide only $21 million for a trial - and at the same time take another $925 million away through extension of the freeze.

The rhetoric must be matched with funding.

The history of the last two years shows that the Government does have a problem when it comes to health policy. But the problems are not the making of the AMA. They are not the making of an outspoken AMA President.

The failures of this Government are of their own making – a failure to consult with genuine intent, a failure to listen.

Most obviously to me, the problems in health are as a result of the triumph of short-term fiscal measures over long-term policy vision.

PRIVATE HEALTH INSURANCE

From the outset of my Presidency, I have warned of the motives and strategy that underpinned the lobbying around private health insurers. I must confess I have enjoyed this part of my job.

It is a stated intent of several private health insurers, and indeed their industry body, that they would like to influence the decision making of doctors in the care of their patients. They want a US-style managed care system.

The US managed care system is a failure. Doctors and patients must be able to come to the best decision for the particular needs and circumstances of the patient, without the interference of a third party funder.

For those of us who work with patients on a daily basis, we know that most cases are not straightforward.

Most cases are complex. Patients often have co-morbidities, their own social and employment considerations, and a set of personal beliefs that must all be taken into account when deciding on the right course of action for them.

We must never let private health insurers undermine our health care system, whether it be by interfering with the doctor-patient relationship or by disturbing equity of access in general practice.

We need to ensure that we remain endlessly vigilant to the threats of managed care.

This threat is ever-present and insidious, it will come through overt attacks, but also gradual changes. We must always maintain the fight for our patients.

I hope the AMA will continue to build on the work of our first-ever Private Health Report Card. This was a critical resource, and one we need to champion.

Australians who rely on our health care system are relying on you to defend against the actions of insurers, for whom the interests of shareholders come first and patients are a distant second.

PUBLIC HEALTH POLICY

I think it is easy for politicians and, for that matter, the media, insurers or others, to get health wrong, because it is so easy to misunderstand what motivates those of us who work in health.

As I said in a speech at the Parliamentary Dinner early on in my term, we work in health not because of self-interest but because we want to make things better.

All of you have given up time with your families and your patients this weekend and on numerous other days, nights, and weekends for that goal.

I have said many times that I can still remember that day when, for me, it became not just about the patient in front of me, or the one that came after, but about people not becoming patients at all.

The AMA has worked on the issues of family and domestic violence, launching a national resource for GPs in partnership with the Law Council.

I had hoped that I would be able to devote more time during my Presidency to speaking about the issue of child abuse or what we often term in medicine 'non accidental injury'.

It is something that I see all too commonly in my role as a paediatric neurosurgeon.

However, I am pleased to say that I have been working with AMA NSW, the Child Protection Unit at Sydney Children's Hospital Network, and the Joy Agency on a campaign called Stop the Clock.

Tragically, every 15 minutes in Australia, a child is abused. Some of those children will die. Those who don't die will live with the impact of that abuse for the rest of their lives.

It's time to talk about it, and I am very proud that once again it will be the AMA starting the conversation.

Our public health advocacy has been as strong as it has ever been. I have continued to be a passionate advocate for improving road safety, partnering with ANCAP on safety technology, including autonomous emergency braking.

We have lobbied the Government in relation to alcohol policies to reduce alcohol-related harm.

We have continued to educate parents on the importance of immunisation, and we have seen to it that those people pushing false and misleading messages receive the attention that they deserve – none.

We have promoted the health benefits of physical activity.

The AMA has spoken on the health impacts of climate change, and advocated for policies to mitigate against the effects of climate change.

These are just a few of the areas where the AMA has been prominent in its health advocacy role.

We do that for our patients in Australia and, at times, for those overseas.

Most of the time it is difficult to identify the individuals that your advocacy may have touched or even saved.

There will, however, always be one exception that will stay in my mind.

She is eleven year old Aminata Bangura. Aminata was the first person to be saved from Ebola by Australia's humanitarian team in West Africa.

As you know, the AMA campaigned hard for the Government to increase its contribution to the efforts in West Africa during the Ebola outbreak - not only because controlling the outbreak at its source was the best approach, but because it was just the right thing to do.

Now, I can't say if Aminata would have been saved by some other country's medical teams or not. All I can say is that I am very proud that her life was saved by our courageous Australian volunteers, and that was in some small way due to the AMA.

ASYLUM SEEKERS

Leadership is not easy.

As President, I have reflected on the courage of my predecessors and their willingness to take the AMA into areas of controversy.

I know that some members were anxious about the AMA's statements on asylum seeker policy, but there are many, many members who welcomed our approach.

The AMA is a peak professional association, and it is often described as the most powerful lobby organisation in the country.

With our role and our influence comes responsibility, a responsibility to speak up when Governments overstep the mark.

That is what has happened with Australia's approach to asylum seekers. This is why I was very proud to hold the AMA's asylum seeker forum in February.

Asylum seeker policy is complex. However, the AMA's policy stance is straightforward because it focuses on health.

People should be treated humanely and have access to appropriate medical care, whenever they are under Australia's care or in detention.

Children should not be in detention. We applaud the Government's efforts to remove children from detention, and we look forward to both major parties doing more to provide a humane response to asylum seekers.

We believe there should be independent oversight of that care, and that doctors, nurses, psychologists, and all others should be free to speak out about poor care without fear of legal threat.

I am pleased to say that I received a letter this week from the Shadow Immigration Minister Richard Marles and Shadow Health Minister Catherine King that commits the Labor party:

To maintain the Department of Immigration and Border Protection's Chief Medical Officer.

To re-establish a panel of independent medical experts to provide advice to the Chief Medical Officer.

To seek to negotiate with the Papua New Guinea and Nauruan Governments complete access to the facilities for the Chief Medical Officer and the independent panel.

And ensure that the Chief Medical Officer produces quarterly public reports on the state of health among detainees within the facilities.

I welcome this commitment. There is no reason that any immigration policy has to compromise health care or intimidate those that provide it.

INDIGENOUS HEALTH POLICY

In the last two years, I have met with Prime Ministers, Premiers, and numerous Ministers.

I have had great experiences, visiting Gallipoli for the Centenary of ANZAC with the Turkish Medical Association, experiencing a personal tour of the Houses of Parliament in Westminster, travelling to Myanmar, Argentina, and the United States.

When I think about the highlights of my term as AMA President, there are so many. I am so grateful to have been able to visit the Tiwi Islands and tour remote communities in Central Australia.

But if there is one moment that stands out above all, it would be sitting in the dirt at the Garma Festival in East Arnhem, up on the escarpment that looks out towards the Gulf of Carpentaria, talking with Professor Ben Cass and Dr Paul Lawton, and with Senator Nova Peris, about the enormous problems of diabetes, chronic renal failure, and the challenges that Indigenous people face.

I wish that every Australian could experience the personal growth in understanding and knowledge that comes by frequently speaking with Indigenous people.

I have benefited from the advice that comes through the AMA Indigenous Health Taskforce, from touring remote communities, and by partnering with groups such as the Close the Gap Campaign, NACCHO, and many others.

I was proud of the work that the AMA did in producing and promoting the AMA Indigenous Health Report Card, but was ashamed of what it demonstrated – an unacceptably high rate of Indigenous incarceration that had worsened, not improved, during the past decade.

As the Report Card demonstrated, there is so much more to the gap in indigenous health outcomes than the diseases themselves.

Health is intricately woven with the social determinants of health, our lack of knowledge of Indigenous culture, and the history of the relationship between Australia's first peoples and non-Indigenous Australians that we are yet to adequately address.

For the AMA, Indigenous health has been and will remain a priority.

It is an incredible privilege, and a responsibility, to advocate for better health outcomes for Australia's Indigenous people.

CONCLUSIONS

This weekend, you will be voting on a future AMA President.

It is a sign of a healthy organisation that there is a strong interest and debate in the future of the AMA and who leads it. I wish the candidates well.

There will be some time for me to thank people on Sunday, but I would like to take this opportunity to thank the AMA Federal Council for its support and guidance, and in particular the Chair of Federal Council, Dr Bev Rowbotham, who has guided us, very successfully, through a period of immense change.

Similarly I would like to that all those who served on the AMA Board, who put aside their parochialism and who are dedicated to strengthening the organisation.

Just as we had an inspired choice of Chair for Federal Council, Dr Elizabeth Feeney has been a great Chair of the AMA Board.

As an AMA President, you are front and centre, but it is a team effort.

I have had a great Vice President in Dr Stephen Parnis, to whom I also want to say thank you. Steve, let me say that you have not had enough credit for the work that you have done.

We take the power and influence of the AMA for granted, and at times dismiss it. However, the AMA Presidency is arguably the most significant non-government role in Australia.

We have a reach and an influence that every other profession and other organisation envies.

We have unfettered access to politicians without donating a cent to political parties. The Prime Minister comes to us.

Almost all of the AMA President's press conferences in the last two years have been covered live on the news channels.

This power and influence does not just come from any one individual, it comes from the AMA being willing to lead - a well-run organisation and a well-developed policy platform.

So, as we start this Conference today, I want to issue this challenge to you all.

Let us use this Conference to continue to grow this extraordinary organisation.

Let us be courageous and exceptional. Let us be the medical profession. Let us be the AMA.

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27 May 2016

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Kirsty Waterford 02 6270 5464 / 0427 209 753