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Transcript: AMA President Dr Michael Gannon, 6PR Perth, 27 July 2016

Subjects: National security and patient confidentiality

ADAM SHAND: Jared Owens in *The Australian* has written a piece today, exclusive, suggesting that Malcolm Turnbull may be looking to tighten the safe- well, actually review the privacy safeguards around access to mental health files amid evidence of people becoming radicalised very, very quickly and adopting murderous Islamist ideology.

Now, the Attorney-General George Brandis was asked about this on ABC last week and he said everybody should, if they have genuine concerns that somebody is susceptible to or falling prey to radicalisation, report that matter to relevant authorities. Now this goes a lot further than doctors have traditionally had to go under their Hippocratic Oath. They of course have a responsibility to inform relevant authorities if they believe somebody is at imminent, immediate risk, but whether they're more susceptible, that's the question here. Would that erode the doctor-patient privacy relationship? Michael Gannon is the President of the Australian Medical Association and joins me now, Good afternoon, Michael.

MICHAEL GANNON: Good afternoon, Adam, how are you?

ADAM SHAND: Yeah, good, and congratulations on your elevation to the national role, I haven't spoken to you since that's happened.

MICHAEL GANNON: Well, you still get to talk to me.

ADAM SHAND: That's great, isn't it? This is concerning to many health professionals that if they were to have to report people being susceptible - which is a long way short of being likely to become a terrorist - that this will breach people's oaths.

MICHAEL GANNON: Yeah, look I think that it- I can't see it working to be perfectly honest either Adam, it's probably just woolly or it would be very hard to write the rules appropriately. Certainly a fundamental tenet of the doctor-patient relationship is confidentiality and there is a very high burden for that to be breached. You've already raised the issue - one of the very limited areas where it should be breached is if there is an imminent threat to life. I think that probably the most common area would be, again as you've raised, in the mental health area. The reality with psychosis I suppose is that it often involves a great amount of fantastic thinking, you know, part of the disease is that people have lost touch with reality so you might find yourself reporting things all over the place- but I suppose the thing for your listeners to understand is that the threshold is pretty high before doctors will breach things that are said to them in confidence.

ADAM SHAND: Well, how often does this happen? I mean, are we seeing doctors reporting patients who are at immediate risk of getting involved in acts of public terror or violence?

MICHAEL GANNON: Ah no, look, and I think that it- that's why I can't see it working to be perfectly honest. I think that one of the reasons that patient confidentiality is so important is that people must feel that they have the ability to seek help if they're sick. Now obviously that refers also to mental illness, et cetera. I'd be very surprised if a would-be terrorist with some

sort of perverted ideology of some sort confided in their GP or their psychiatrist that they were intending to drive a bus into a public area...

ADAM SHAND: But I guess the point that Malcolm Turnbull and the Attorney-General are making is that people who are becoming radicalised very, very quickly for instance, people who are susceptible through depression, isolation, you name it, and this opportunity to go out in a blaze of glory and maybe even seek paradise is becoming attractive to people.

MICHAEL GANNON: Well, I don't for one minute seek to diminish the problem, and even greater than the size of the problem is the community's fears about terrorist acts. But I think in terms of prevention it's most unlikely that this would be an area where we could seriously dent the likelihood of someone committing these acts. I would be very surprised if it's the kind of thing that would come up in a clinical interaction between a doctor and a patient.

ADAM SHAND: But if the problem is with an individual, I think a family doctor if he's in touch with the family would be somebody who would see signs of this, who would be able to possibly shed some light on the reasons for someone's behaviour. And we're seeing it more and more - individuals, they're not part of big terrorist organisations; they're suburban guys getting involved in terrible acts of terror. How would a doctor feel if he did see somebody who said, "I have these feelings of aggression and hostility and I have this hatred for some group in society." How would that doctor feel if that person then did go ahead and do something, and they hadn't reported them?

MICHAEL GANNON: Well, I think what you're referring to there is the great skill that comes in balancing those responsibilities, and the difficulties doctors have when they know that patients are doing things that are dangerous to others. I mean, one, you know, one related example might be, you know, someone who doesn't disclose a serious potentially sexually transmittable infection to their partner who might also be your patient. The doctor there doesn't necessarily have rights to breach confidentiality in that way-

ADAM SHAND: [Talks over] He doesn't? Even though...

MICHAEL GANNON: [Talks over] No.

ADAM SHAND: Even though we've just said that if a patient is at immediate risk, which I think they would be in that case, the doctor still wouldn't say anything?

MICHAEL GANNON: No, and these are very, very difficult areas - what you don't want is encouraging a system where patients fear coming to see the doctor. And if when people are worried about- if we ever broke down this principle of near absolute confidentiality that people couldn't tell you about their problems, they couldn't tell about their problem drinking or various misadventures, their drug use - you often end up with health problems that are a lot greater. As for radicalisation, I'd be very surprised if those feelings of hate came up in a consultation, you might [indistinct]...

ADAM SHAND: [Talks over] As a psychiatrist, I think that would happen frequently.

MICHAEL GANNON: Look, I think you raise the important point: when people are delusional, when people are paranoid, they have very strange ideas about things that are going on: those ideas might extend to having an unreasonable fear about another group in society, they might be informed by, you know, ideology or religious belief...

ADAM SHAND: [Talks over] Yeah.

MICHAEL GANNON: I think the point is that the threshold needs to be set very high before doctors would make these kind of reports; if someone's making a veiled discussions about people that they don't like I don't know that that would meet the threshold for them to report them to the police.

ADAM SHAND: Okay, so if someone decided they were going to do this, they were going to breach privacy and so forth and they were going to report somebody, what would you as the AMA President do in your disciplinary tribunals and so forth if someone was to report that doctor, even though the outcome had been injurious to others in the public?

MICHAEL GANNON: Well, just a point of information, the AMA is not in charge of those kind of tribunals, that's the Medical Board which is independent of the profession.

ADAM SHAND: Sure, of course.

MICHAEL GANNON: I think that if... if it was shown that the carnage had been prevented I would probably expect the board to have a fairly sober and understanding view of what might have happened.

ADAM SHAND: A pragmatic view.

MICHAEL GANNON: Yeah, I think so.

ADAM SHAND: But aren't we in pragmatic times now? I know this principle has been around for a very long time but we are facing... we're at war so is there an argument as you've just demonstrated for pragmatism?

MICHAEL GANNON: Well, I think there's the potential for much greater harm if people with mental illness didn't seek medical care, didn't seek treatment which may involve psychotherapy, it may involve prescription to medication, it may involve them being admitted to hospital as an involuntary patient. I think that if we had a case where people didn't ask for help, they would potentially be a great deal more dangerous. The ethics of medicine, the law of the land, state that a doctor has to form the view that it would be overwhelmingly seen to be in the public interest. That's a very high threshold.

ADAM SHAND: That's a very delicate balance, I mean as I say this... these ethics have been around for a very, very long time. The threat of terrorism is a short-lived one that may indeed pass away in the coming decades, hopefully it does, and we wouldn't want to have eroded that privacy as you say, so important to encouraging people with mental health issues to seek treatment. Thanks for your time, Michael.

MICHAEL GANNON: Pleasure Adam.

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