AMA

Transcript: AMA President, Dr Michael Gannon, Triple J *Hack,* Tuesday 30 January 2018

Subjects: Diane-35 contraceptive pill

TOM TILLEY: We are talking about a contraceptive pill that has been dangerous for some people, and there are calls to ban or severely restrict it. Let's ask Dr Michael Gannon what he thinks about this issue. He's the spokesperson for the Australian Medical Association.

Michael, thanks so much for joining us. This pill can clearly have very dangerous side effects for people that shouldn't be on it. Should we ban it?

MICHAEL GANNON: Not at all. It's a fabulous drug; I've been prescribing it myself for coming up to 20 years, and it's a very, very important choice. All brands of the combined oral contraceptive pill carry risks; all forms of contraception carry one degree of risk or another. One of the risks of all methods, which very significantly is failure, and the risks of all forms of family planning need to be couched against the risks of the pregnancy they're designed to prevent.

TOM TILLEY: Well, should people maybe have a blood test before they take it? That's what the Labor MP, Julian Hill, wants.

MICHAEL GANNON: Yeah, that's an interesting one. Of course, there are some girls that are prescribed the pill in their teens when they- perhaps they might attend an appointment with their mother. The ethics about whether or not a parent should request a genetic test on behalf of their child's a more complex one.

For adult patients, you've got to be very careful having genetic tests; if you are diagnosed with the Factor V Leiden mutation or another thrombophilia, another inheritable condition where you're more likely to get a blood clot, you increase the size of your life insurance premiums, you might find yourself self-injecting every time you get on a plane with blood-thinning drugs; these considerations are very complex.

TOM TILLEY: Do we need to do something better? It seems like better background checks on medical history, we talked there about blood tests; what do you think needs to change so that we can minimise the amount of people that take this drug and have dangerous side effects?

MICHAEL GANNON: Well, I think what we've seen is a lot of- we've seen the blow torch applied to this one form of the combined oral contraceptive pill, a particularly good one, one that benefits many women.

Your report referred to the fact it's a fantastic choice for women with polycystic ovary syndrome; let's not forget, that's a common condition. That's the most common hormonal disturbance in our entire society, and with the increasing rates of obesity amongst teenage girls and women, it's becoming more common, not less common.

So, overcoming the effects of high levels of production of male hormone is desirable for women who have symptoms like unwanted hair, like severe acne, and it happens to be a very, very good form of contraception in those women as well.

It's absolutely essential that GPs, gynaecologists, other doctors prescribing the pill, do take a personal history and a family history. These drugs have to be used very, very carefully, if at all, in women with high blood pressure or who are smokers, and I think you should be very cautious using it with people with a family history of blood clots.

But I think you also need to provide very careful pre-test counselling before you go doing genetic tests on people.

TOM TILLEY: Dr Michael Gannon, thanks for joining us.

MICHAEL GANNON: A pleasure, Tom.

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