

HEALTHCARE

AT THE FOREFRONT

The Australian Medical Association's (AMA) National Conference was held from 27 to 29 May in Canberra. This year, the conference took place amid the federal election campaign primarily between the incumbent Liberal-National Coalition and the Labour Party. The main issue in the election, according to the polls, is healthcare, followed by the state of the economy. Reason being that their universal Medicare spending that dispenses payments to doctors has been frozen.

The freeze amounted to no increments for inflation in the last three years and the current government intends to continue the freeze for another three years. A couple of GPs who depend primarily on such payments shared that medical inflation and salary increments have eroded their margins and they face a dire situation, especially if the freeze carries on for three more years.

AMA has since started a poster and prescription pad campaign in GP practices to inform patients about the consequences of the freeze. Currently, 84% of GPs in Australia do not charge patients any copayments and "bulk bill" the fees to the government. If the freeze carries on, patients will need to copay an amount to help GPs defray their costs; thrusting the healthcare issue into the forefront of the election campaign.

In local context, many of our GPs are still seeing private patients with an increasing number attending to those on managed care plans, the Community Health Assist Scheme and Medisave for Chronic Disease Management Programme. The "nationalisation" of primary care will be complete when these patients eventually form the bulk of our income streams.

The conference had many interesting policy sessions. The panel on physician-assisted dying was chaired by a famous journalist who was so well prepared that I thought he was a doctor. The discussion centred around a more palatable view that the likely legislation in the future would involve doctors writing a prescription to hasten death but not actively participating in the "act" itself. This was described as a "halfway house" whereas participating actively in the act was described as the "full house" or the "full monty". There was also discussion on the "double effect" of prescribed drugs or treatments that would primarily relieve pain but may have a secondary effect of hastening death. The intention of the discussion was to update the position paper of the AMA on doctors' role in end-of-life care.

Another interesting session that reflected the politics of the day was the session "Health Policy in an Election Year". Five top health journalists discussed the various issues on healthcare and we learnt that despite the repeated change of governments over the decades, AMA has kept to its mantra of talking about only health- and patient-related issues instead of taking sides. This has given the association huge cachet and influence on the government of the day. I suppose some principles are common to all national medical associations (NMAs) and we need to keep our eyes on the "lighthouse" of the patient's interests as we sail our NMAs through stormy seas.

Yet another hot topic involved bullying and harassment. I was surprised when the president of the Royal Australasian College of Surgeons, Dr Philip Trussett, disclosed that the issue of discrimination, bullying

PROFILE



TEXT BY

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Dr Chong was SMA President from 2009 to 2012 and is a member of the 56th SMA Council. He has been in private practice since 1993 and has seen his fair share of the human condition. He pines for a good pinot noir, loves the *FT Weekend* and of course, wishes for world peace...

and sexual harassment (DBSH) was so dire that the Attorney General (AG) met with him and told him that training privileges of the college will be suspended if actions were not taken. The expert advisory group formed then published a "damning" report and the college accepted all of the group's recommendations.

I spoke to our local residency programme directors who said that our local residency programme deals with DBSH in a firm manner and any "old habits" are slowly dying a natural death.

Other policy sessions included the role of private insurers, closing the gap on aboriginal health and interestingly, the association took position on the social ills of smoking, alcohol abuse, and issues such as climate change and the state of health of asylum seekers in detention. I always see the AMA National Conference as a crystal ball of sorts; the issues they face would eventually wash up on our shores in the not-so-distant future. ◆