

THE NSW

doctor



THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION OF NSW

THE INVISIBLE
IMPACT OF
**CLIMATE
CHANGE**


BOOK REVIEW:
**THE THRIVING
DOCTOR**



ON THE **RECORD**

Are doctors gagged from
speaking to the media ?

VOLUNTARY ASSISTED DYING IN NSW



Dr Andrew Zuschmann
Obstetrician and gynaecologist, NSW

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From the Editor

January is usually a very busy time for AMA (NSW). During O Week, we typically visit hospitals throughout Metropolitan Sydney and regional NSW to meet with interns and welcome them to the profession.

This year, because of COVID and increased risk of Omicron transmission, we've opted to attend O Week virtually at many hospitals.

It's disappointing, but doctors' health is a priority for AMA (NSW) and we did not want to increase the risk to doctors unnecessarily.

One of the reasons that we love connecting with interns during O Week is because it's refreshing to speak with people at the beginning of their professional journey.

We anticipate a mixture of excitement and nervousness from this year's group. They are walking into a healthcare system that is under considerable pressure from the COVID situation and that will undoubtedly have an impact on their training experience.

We know that a lot of senior doctors are feeling fatigue from what has been a long two years – and as Dr Danielle McMullen describes in her column, full of false peaks.

We understand from member feedback that burn out is significant and its anticipated some doctors will resign as a result of the strain.

We encourage all members, no matter what stage you are at in your career, to practice self-care and look after your mental health.

In this edition, we feature Psychologist and doctor-advocate, Sharee Johnson, whose book *The Thriving Doctor*, offers insight on finding balance. While valuable for senior doctors who may be struggling with the current situation, it's also a good tool for those who are just starting out.

Let's hope we summit the pandemic in 2022.

**Andrea Cornish,
Editor**



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President's Word

CAN YOU SEE THE TOP?



DR DANIELLE MCMULLEN
PRESIDENT, AMA (NSW)

It's hard to know what's next with COVID, but one thing we can count on is a significant backlog of non-COVID care and mental health burden in the community. As an association, we'll be advocating for all parts of the system to be adequately resourced to meet these health needs.

MOUNTAIN CLIMBERS are familiar with the term 'false peak' – a point on the trail that deceptively looks like the summit. Upon reaching these false peaks, climbers are often filled with despair. The fatigue, combined with the realisation they have further to climb can induce feelings of discouragement, hopelessness, and failure.

So-called false peaks, and the feelings associated with them, are not limited to mountaineering. I think it's fair to say that in November last year, as the State edged closer to 95% double vaccination rates among people aged 16 and over, there was a collective notion that perhaps we were close to end of the pandemic. Airfares went down and ticket sales went up. Plans for big family Christmas gatherings were in place and we all looked forward to getting back to 'normal'.

And that feeling lasted about a week.

Having to rally for another variant of COVID has been difficult – psychologically, physically, and emotionally. The fact that Omicron hit during the holidays, at a time when we were all feeling exhausted from the previous two years and desperately looking forward to a break, was especially cruel. It doesn't matter if you are a general practitioner, a private specialist, a doctor-in-training, or a medical student – we are all experiencing a sense of fatigue that can't be met by sleep alone. The issues felt by each group may be different, but we recognise everyone is struggling.

And now we're being told that we are close to another 'peak' and we can expect a fall in positive COVID cases soon. I hope that they are right. However, there are still so many

unknowns with this virus that I hesitate to make similar predictions.

What we do know is that there remains a huge load of non-COVID care and mental health burden that needs to be addressed, even if we see a reduction in COVID cases. With an election looming, we will be looking for better funding solutions to these health needs.

The strength of the AMA is its broad membership – with doctors from all specialties and stages of career, we represent many different parts of the health system. As a result, the AMA advocates for solutions that are integrative and holistic – that take into account the issues prevalent in primary care, public hospitals and the private sector. My thanks to all those members and councillors who have provided their perspectives from the frontline, as your feedback has helped inform our advocacy throughout this crisis.

I also want to acknowledge and welcome our 2022 interns, some of whom have started their training earlier than usual and will be entering the medical workforce during a very challenging time. The AMA is your professional association now and in the future. Whether we've hit another false peak or we're at the top, we can help you get to where you need to go on your career journey. **dr.**



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From the CEO

WHAT DEFINES A STRONG HEALTH SYSTEM?



FIONA DAVIES
CEO, AMA (NSW)

Doctors have been frustrated by politicians' claims that the health system is strong and coping when there are clearly so many issues that need to be addressed.

SOME YEARS AGO, I had to do a radio interview to explain the concept of hospital bed availability and system capacity. The interviewer was perplexed by the idea of non-surgical beds. He struggled to understand that there were patients in hospital who were not getting surgery. While this is hard to comprehend, pre-COVID, it was not surprising because most public discussion of healthcare relates to elective surgery waiting times and emergency department performance. The reason for this is because they are the easiest metrics to measure and the easiest metrics to report. The AMA has been reporting these measurements every year for more than 20 years as part of the annual Public Hospital Report Card.

With COVID, we suddenly now define our health service in terms of ICU capacity and COVID admissions.

However, neither set of metrics – ED performance/elective surgery or ICU capacity/COVID admissions are true and appropriate reflections of the strength of our health system, or our ability to cope with the current Omicron crisis.

We know how distressing it was for doctors to hear politicians continue to claim that our health system was strong because it was not yet overwhelmed. It was distressing to see claims that our health system was strong when GPs were struggling to provide care to their patients because the system was not connected and does not support them. It was distressing to see elective surgery

cancelled, as if that was an optional part of our health system and not something critical to so many lives. And it has been particularly heartbreaking to contemplate a third year in which our doctors-in-training and medical students have had their training interrupted – time and experiences they will never get back.

So, if we don't want to define our health system by numbers, what should we be defining our health system by?

There are many views, but I think key measurements should be: Is it inclusive and connected? Are all parts of our system able to work together to provide the best possible care for patients? Secondly, do those working in the system feel valued? Lastly, (but not least and based on the first two) is the system able to care for patients?

Only when the health system is supported by Governments to achieve these metrics, can politicians truly declare we have a strong health system. **dr.**



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WHAT'S NEW IN 2022?



DOMINIQUE EGAN
DIRECTOR OF WORKPLACE
RELATIONS, AMA (NSW)

The ongoing pandemic is proving that the only constant is change. AMA (NSW)'s Workplace Relations team can assist members with queries relating to State and Federal Government announcements and regulatory changes.

FOR THE AMA (NSW) Workplace Relations Team, 2022 has started in a very similar way to 2020 and 2021. We begin each day checking Federal Government and State Government announcements and regulatory changes to make sure we have the latest information for members to keep you up to date and support you so you can concentrate on caring for patients (and yourselves).

Medicare and Telehealth

The decision to reduce the available item numbers for telehealth services made last year has been delayed due to the current surge in COVID-19 cases. The Government has announced temporary changes to reinstate the availability of the telehealth services that were available in 2021. This will, inter alia, allow:

- specialists to provide telehealth services to hospital in-patients and patients in the community,
- a new extended telephone consultation item for attendances 20 minutes or longer for patients in rural and remote communities,
- patients who are subject to COVID-19 public health orders requiring isolation or quarantine will continue to have unrestricted access to MBS telehealth services without needing to demonstrate an established clinical relationship with the GP with whom they are consulting.

Vaccination in Private Practice

In addition to advising members regarding Medicare items for telehealth, the Workplace Relations Team has also been assisting practitioners to navigate the Public

Health Orders. Prior to Christmas a Public Health Order was made requiring healthcare providers and support staff in private practice to be vaccinated against COVID-19. Healthcare providers and support staff must have had at least one dose before 31 January 2022 and two doses by 28 February 2022 in order to work in a medical practice or other location where patients attend for healthcare. The Workplace Relations Team is assisting members to navigate the consultation process with staff and work through the consequences for the practice if healthcare workers or support staff decline to be vaccinated. If you need assistance, please contact us on workplace@amansw.com.au.

Suspension of Elective Surgery

Once again, as hospital admissions for COVID-19 positive patients surge, elective surgery has been suspended in New South Wales.

For Visiting Medical Officers, the Ministry of Health has reinstated the Cancelled Sessions and Telehealth Determination which provides for payments to be made to VMOs in the event of cancelled sessions due to the suspension of elective surgery and to consult with patients using telehealth.

Fatigue-related issues

For so many of our members, the much anticipated and much needed break over the holiday period did not eventuate or was cut short. This is particularly so for our Doctor-In-Training members. If members are having issues accessing leave or with rostering, the Workplace Relations Team is here to assist - (02) 9439 8822. **dr.**

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ON THE RECORD

Throughout the pandemic, journalists have frequently sought comment from doctors on the Government's COVID response as well as a first-hand account of what is happening in hospitals. What should you do if you're approached by the media?

ARE DOCTORS GAGGED from speaking to the media? It's an accusation that has frequently been levelled at NSW Health throughout the COVID-19 pandemic.

While doctors have from time to time made appearances alongside the Premier during press conferences, there is a perception from journalists that these accounts of the COVID situation are tightly controlled.

An article in *The Guardian Australia* from September 2021 stated, "NSW Health has made senior intensive care doctors, nurses and psychologists available at the government's daily briefings. They have described the heavy workloads, but unsurprisingly – with the premier, Gladys Berejiklian, and the health minister, Brad Hazzard, standing beside them – have not strayed from the government line that

the system is able to cope."

The article indicated that as a result, some journalists were turning to social media, trawling for posts or tweets from doctors to get a less sanitised look at what was happening in the State's public hospitals, while others were quoting frontline healthcare workers anonymously.

Can doctors speak to the media? The short answer is yes, but before you speak publicly, you should be aware of your professional obligations.

Obligations

All doctors, regardless of the organisation they work for, must adhere to the Medical Board of Australia's Code of Conduct.

The code states that all doctors have a right to "have and express their personal views and values". However,

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it cautions that you must consider the effect of your public comments, including online, related to medical and clinical issues, and how they reflect on your role as a doctor and on the reputation of the profession.

“The community trusts the medical profession. Every doctor has a responsibility to behave ethically to justify this trust,” states the Code of Conduct.

If you are employed by NSW Health, you have an obligation to adhere to the NSW Health’s Public Communications Policy, which states: NSW Health staff and contractors involved in communication activities are required to ensure:

- that facts are appropriately sourced and verified
- responses reflect the organisational position
- privacy and confidentiality are maintained
- information is only provided in consultation with local organisational media staff who will consult the chief executive as required
- behaviour complies with the NSW Health Code of Conduct Policy Directive which reflects the CORE values of Collaboration, Openness, Respect and Empowerment
- they are aware that communication (eg letter, email, social media) within NSW Health is subject to the Government Information Public Access Act and privacy legislation
- they avoid conduct that could bring NSW Health, or any of its staff, patients or clients into disrepute, including when using social media.

The policy allows that staff and contractors have a right to express personal views as private citizens through public comment on political and social issues, as long as it is clear they are not speaking on behalf of NSW Health or any NSW Health

organisation.

If staff are contacted by the media by phone or email, they must not be interviewed without prior approval from the local media officer, who will liaise with their manager and/or the NSW Ministry of Health’s Media unit.

Unless there is prior approval, the policy states that staff and contractors must at no time:

- make statements on behalf of any NSW Health organisation
- use organisational letterhead or titles that would indicate that comment was authorised by the local service or management, or
- imply or indicate that their views are those of NSW Health when making public comment on a particular issue or participating in political or industrial activities.

Not employed by NSW Health?

Doctors who work for private hospitals or contract to another organisation must also be mindful of any other policies their organisation has in place. Regardless of where you are employed, it is always a good idea to speak to your employer first.

AMA (NSW)’s Director of Workplace Relations, Dominique Egan, advises doctors who have been approached by the media for an interview to consider from what capacity they’ve been asked to comment.

“If it’s in their role as a representative of the hospital or the organisation where they work, then they should turn their mind to whether they need to raise that with the hospital or organisation before they agree to speak the media.”

Ms Egan suggests doctors may want to seek advice from their professional association or medical defence organisation about whether they have any legal or professional obligations that they need to be mindful before they speak to the media.

“Depending on the nature of the comment that has been made to the media there may be disciplinary consequences – they can range from a warning or a caution through to dismissal.”

What could go wrong?

Can you be fired for speaking to the media? While dismissal does happen and would be the worst-case scenario, the consequences for speaking to the media would depend on the nature of the comments.

A request to have a meeting with the hospital, LHD or organisation’s management would typically be the first step.

“When doctors are called to meetings it may be to have a chat with them about the representations they might have made and to inform them about the requirements of LHD and hospital policy, as well as provide advice and support to them in relation to any other future comments they may make,” Ms Egan says.

“Of course, depending on the nature of the comment that has been made to the media there may be disciplinary consequences – they can range from a warning or a caution through to dismissal.”

If you have been called to a meeting, Ms Egan suggests doctors seek professional support.

“I would also encourage the doctor to take a support person with them to the meeting – that might be a colleague but equally they can contact AMA (NSW) and we can provide some advice and support. We have previously accompanied members to these meetings and that is often well received by the LHD and the hospital.”

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Other options

If you have been approached to speak to the media, but you're not comfortable commenting publicly, you do have options.

"There are no formal guidelines, but if you are asked to comment it might be appropriate to approach the Medical Staff Council because they may be the more appropriate body to speak on some issues," Ms Egan says.

Alternatively, you contact your professional association. As the voice of the profession, the AMA regularly represents members concerns to the media, as well as Government.

"We actively seek our members' views on issues impacting the healthcare system and elevate their concerns through various media channels. It's one of the key roles of our organisation and why it's so important to have a strong membership organisation," says Dr Danielle McMullen, AMA (NSW) President.

If you've been asked to speak to the media and you are looking for further guidance, or if you have been called to account for comments you've said publicly, please contact us on workplace@amansw.com.au or 02 9439 8822. **dr.**

"I would also encourage the doctor to take a support person with them to the meeting – that might be a colleague but equally they can contact AMA (NSW) and we can provide some advice and support."



Occasionally a doctor will agree to speak to a journalist on the basis of anonymity. If you choose to do an interview with a journalist, it's important all parties are clear about the conditions at the outset of the interview and that both parties agree to those conditions. Part of this process is determining the difference between terms such as 'off the record', 'background', and 'not for attribution'.

OFF THE RECORD:

When you say something that is 'off the record' it is not to be used for publication. Please note, it's not the spoken equivalent of a delete button. If you are doing an interview that is 'on the record' and halfway through the interview you say something you shouldn't have, you can't try to cover it up by adding, 'that's off the record'. Both the journalist and the person being interviewed should stipulate at the outset of the conversation whether it is to be off the record and both parties must agree. This is dependent on the journalist following through with the agreement. There is always the potential they may not, so you would have to carefully consider your relationship with the journalist and level of trust you have with that person, as well as the ramifications for you should the agreement be broken.

NOT FOR ATTRIBUTION:

If your comments are 'not for attribution' then you may be directly quoted but not named. If you decide to speak on these conditions, you should clarify how those comments will be attributed. Will you be identified by your position and the organisation you work for, or will you be identified in general terms? Again, clarifying this before you do the interview is important.

BACKGROUND:

Speaking 'on background' to a reporter can mean the information you provide will be paraphrased in the story. There can be some overlap between speaking 'on background' and 'not for attribution' depending on the media outlet, so please ensure you have agreed with the reporter ahead of time on these conditions.



VOLUNTARY ASSISTED DYING

The Voluntary Assisted Dying Bill 2021 passed the NSW Lower House on the last sitting day of 2021. What happens now?

FIVE OF SIX STATES in Australia have passed voluntary assisted dying (VAD) laws, making NSW the last state in the country to put a VAD scheme in place. However, NSW moved closer to legislating VAD on 25 November 2021, when the majority of MPs voted 53 to 36 in favour of considering the Voluntary Assisted Dying Bill 2021.

Following the vote, the Lower House was to consider multiple amendments to the Bill before it returns to the Upper House.

AMA (NSW) President, Dr Danielle McMullen appeared at the Committee Hearing on 13 December to articulate AMA (NSW)'s submission to the Standing Committee on Law and Justice into the Inquiry into the Voluntary Assisted Dying Bill 2021 (NSW).

The Committee Hearings concluded in December and a final report from the Inquiry is being prepared. The report is scheduled to be delivered on the first day parliament resumes – 22 February 2022.

Voluntary Assisted Dying Bill 2021 (NSW) (the NSW Bill)

The NSW Bill was tabled by Independent MP Alex Greenwich in

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October 2021 and is reflective of VAD legislation passed in other Australian states.

To be eligible for voluntary assisted dying, a person must:

- be 18 years and over with decision-making capacity who is acting voluntarily and without duress;
- be terminally ill, with a condition that is advanced, progressive and will cause death within six months (or 12 months for a neurodegenerative disease) and be experiencing intolerable suffering;
- be an Australian citizen, permanent resident or a resident of Australia for three years or more, and must have lived in NSW for 12 months before their first request for voluntary assisted dying.

The NSW Bill outlines a rigorous request and assessment process. Under the NSW Bill, the person must be assessed as eligible by two senior doctors who have completed mandatory training.

If the person has been assessed as eligible, the person must sign a written declaration in front of two witnesses, requesting voluntary assisted dying.

The NSW Bill then requires the 'coordinating' doctor to apply to the Voluntary Assisted Dying Board for authorisation to proceed.

A final request is for the prescribed substances.

The Voluntary Assisted Dying Board will consider applications for the prescribed substances and can refuse to provide the prescribed substances if the request and assessment criteria is not met.

If approved by the Board, the person can administer the drug themselves or ask a health practitioner to do so.

During the administration of the drug by a health practitioner, an independent witness must be present and must certify that it was voluntary.

The NSW Bill allows registered health practitioners to conscientiously object to participation.

The NSW Bill also regulates the extent to which individual institutions can block access to voluntary assisted dying.

As is the case with other states, the Voluntary Assisted Dying Board will monitor how the law operates.

AMA (NSW) submission

In its submission to the inquiry, AMA (NSW) stated its overarching position, which is that voluntary assisted dying is a matter for society and government.

AMA (NSW) acknowledges that many jurisdictions in Australia and around the world have enacted legislation for voluntary assisted dying. AMA (NSW)'s role is to ensure the medical profession is appropriately represented in the development of any legislation to ensure that, should NSW legislate on voluntary assisted dying, it is the most appropriate legislation.

A number of AMA (NSW)'s concerns were addressed in the process of amendments agreed to by the Legislative Assembly. Specifically, AMA (NSW) is supportive of the removal of the requirement for doctors who are conscientious objectors to provide information to those seeking voluntary assisted dying.

In its submission, AMA (NSW) stated medical practitioners are required to comply with professional obligations that include not allowing their moral or religious views to deny patients access to medical care, but at the same time there is recognition that a medical practitioner is free to decline to personally provide or directly participate in that care. It is AMA (NSW)'s position that these professional obligations provide patients with a right to access care, and the necessary obligation on medical practitioners not to impede

patient access.

AMA (NSW) also made representations regarding the minimum eligibility requirements for coordinating, consulting, and administering practitioners and understands that amendments have been made that address the concerns raised.

However, there are outstanding issues with the NSW Bill that AMA (NSW) is seeking to be addressed.

Time period between the first and final request

With regard to the time period between the first and final request, AMA (NSW) proposes that the designated period in Schedule 1 be extended

AMA (NSW) is supportive of the removal of the requirement for doctors who are conscientious objectors to provide information to those seeking VAD.

Feature

to nine days to match that in other jurisdictions.

In the current Bill, Clause 49 of the NSW Bill provides that a patient's final request to the patient's coordinating practitioner may not be made until five days after the first request was made.

There is provision in the NSW Bill for this period of time to be shortened if, in the opinion of the coordinating practitioner and the consulting practitioner the patient is likely to die or lose decision-making capacity in relation to voluntary assisted dying before the end of the designated period (clause 49(2)).

Under section 38 of the Voluntary Assisted Dying Act 2017 (Vic) (the Victorian Act) and section 48 of the Voluntary Assisted Dying Act 2019 (the WA Act), there must be a period of nine days between the first and final request, and again there is provision to shorten that period if the person's death is likely to occur before that time.

(NSW) submits that the approach taken in Victoria and Western Australia is the preferred approach. The approach taken in those jurisdictions reflects a considered approach. The opinion of palliative care practitioners is that nine days makes an accommodation for those palliative care patients who may suffer delirium that subsides after a few days.

In circumstances where there is the provision that allows for the time period to be shortened if determined to be necessary, there appears to be no persuasive reason for the five-day time period.

Assessment of capacity

With regard to assessment of capacity, under clause 27(1) of the NSW Bill, if the coordinating practitioner is unable to determine if the person has decision-making capacity or is acting voluntarily and without pressure or duress, he or she must refer to a psychiatrist or

another registered health practitioner who has appropriate skills and training to make a decision.

Under the WA Act and the Victorian Act, the relevant provisions (section 26 and 18 respectively) require referral to a registered practitioner with appropriate skills and training to make the assessment.

(NSW) encourages consultations with the Royal Australian and New Zealand College of Psychiatrists regarding the appropriateness or otherwise of specifically referencing referral to psychiatrists.

Administration of voluntary assisted dying substance

Clause 57(1) of the NSW Bill provides that a person may, in consultation with and on the advice of the coordinating practitioner, decide to self-administer a voluntary assisted dying substance or decide a voluntary assisted dying substance is to be administered to the patient by the administering practitioner for the patient.

This provision is in the same terms as the provision in the WA Act save that the WA Act goes on to define the circumstances in which a practitioner-administration decision can be made. Those circumstances are when self-administration is inappropriate because of the ability of the patient to self-administer or patient's concerns about self-administration or based on the method of administration that is suitable for the patient (section 56). Similarly in Victoria, a practitioner can only administer if the patient is physically unable to do so (section 48(3) of the Victorian Act).

AMA (NSW) submits that the NSW Bill should be in keeping with the provisions of the WA Act, namely that the circumstances in which a practitioner may administer a voluntary assisted dying substance are confined. This provides protection

AMA (NSW) submits that there should be at least two registered medical practitioners on the Voluntary Assisted Dying Board.

for both patient and administering practitioner.

Membership of the Voluntary Assisted Dying Board

AMA (NSW) submits that there should be at least two registered medical practitioners on the Voluntary Assisted Dying Board (Part 10 of the NSW Bill).

Noting the functions and powers of the Board, AMA (NSW) submits it is important for there to be medical practitioner input.

The initiation of a discussion regarding voluntary assisted dying

AMA (NSW) submits that clause 10(3) of the Bill that permits a healthcare worker to initiate a discussion regarding voluntary assisted dying provided

Feature

the healthcare worker also discusses palliative care and treatment options available to the patient should be removed from the NSW Bill. A discussion regarding voluntary assisted dying is not a discussion for an acute setting. If a patient is in acute distress and / or pain, that is not the time for the initiation of a discussion regarding voluntary assisted dying. While it will not always be possible, ideally the discussion will be part of a considered discussion with a medical practitioner that canvasses treatment options, palliative care, and voluntary assisted dying.

In Victoria, only a patient may initiate a conversation regarding voluntary assisted dying (section 8 of the Victorian Act).

In Western Australia, a medical practitioner or nurse practitioner may initiate a discussion about voluntary assisted dying if the practitioner also informs the person about the treatment options available and the likely outcomes of the treatment options, and the palliative care and treatment options available to the person and likely outcomes (section 10 WA Act).

AMA (NSW) submits that clause 10 (3) should be removed from the NSW Bill as a discussion regarding voluntary assisted dying is not a discussion for an acute setting and is undertaken by a medical practitioner ideally as part of a considered discussion and as to treatment options of palliative care and voluntary assisted dying.

Offences

AMA (NSW) encourages a review of the provisions of Part 7 of the Bill.

There are some provisions in Part 7 that could be better expressed to make it clearer to those participating in the voluntary assisted dying process what their obligations are and the consequences for failing to meet them. For example, section 129 might

be amended to reflect that following revocation of a self-administration order after an authorised supplier has supplied a prescribed substance for the patient, should the contact person fail to give the prescribed substance to an authorised disposer as soon as practicable and not later than 14 days after the day on which the decision is revoked, commits an offence.

For provisions such as section 123 (unauthorised administration of a prescribed substance), consideration should be given as to whether, given the penalty, there should be an element of intention. The Victorian Act includes an element of intention in a number of offences.

The penalties for offences between jurisdictions vary considerably in some instances. For example, inducing the self-administration of a voluntary assisted dying substance is punishable by 6 years imprisonment and or 600 penalty units in Victoria. In NSW and WA, it is punishable by life imprisonment. It is important to understand the rationale for the position that will be adopted in New South Wales on these issues.

While the term ‘pressure or duress’ is defined in the NSW Bill to include undue influence, coercion, intimidation and threats, the use of two terms suggests there may be a distinction between the two. The WA Act uses the term ‘coercion’ and in Victoria ‘undue influence’. AMA (NSW) submits the preferable course would be for NSW to take the same approach.

The NSW Bill is silent on penalties for corporations. Under the Victorian Act there are penalties for corporations as well as individuals. AMA (NSW) submits that consideration to penalties for offences committed by corporations should be considered.

AMA (NSW) also submits that the penalties for the failure to submit paperwork within a designated

timeframe are unnecessary (for example clause 30(2) of the NSW Bill).

AMA (NSW) submits that medical practitioners have a professional obligation to act in a patient’s best interest which includes ensuring they comply with relevant statutory requirements. If a medical practitioner fails to do so, there are existing regulatory processes that would be followed.

Palliative care funding

Whether the NSW Bill (in its current form or amended form) becomes law in NSW, there is an urgent need for greater funding and resourcing for palliative care services in NSW. Patients facing end-of-life decisions and with time-limiting illnesses must be provided with information and access to all available options.

People with life-limiting conditions deserve comprehensive support and access to all information and options for their futures. **dr.**

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Profile

CLIMATE CHANGE: THE INVISIBLE IMPACT



Psychiatrist Dr Cybele Dey is raising awareness about the impact of climate change on our mental health.

LIKE MANY PEOPLE living on the east coast of Australia during the devastating Summer of Fires in late 2019-early 2020, Dr Cybele Dey, a child and adolescent psychiatrist, experienced smoke across the city and watched in horror and disbelief at the news of the unprecedented fires' destruction.

"Pleading via text message with my relatives to evacuate before it was too late was stressful as an adult...and yet nowhere near as frightening as for an

eight-year-old patient of mine, whose parents volunteered with the Rural Fire Service, waiting for them to return from fighting the fires," Dr Dey recalls.

"At work, smoke from the fires created its own set of problems. As a staff specialist in Psychological Medicine at The Sydney Children's Hospital Network, the rural telehealth clinic had no other child psychiatry. Their fly-in, fly-out psychiatrist was unable to get there as flights were stopped due to the smoke."

Despite working in child and adolescent mental health since 2001, it was only after reading the literature on the effects of climate change on the mental health of children and teenagers that Dr Dey realised the extent of this issue.

"At first, raising the subject of research on climate change-driven increased extreme weather events and rising temperatures being linked to negative impacts on child mental health was often met with scepticism, even from otherwise open-minded friends and colleagues.

"Yet, I could not ignore the substantial published medical evidence of links between increasing serious self-harm, including mental health admissions and deaths from suicide, and hotter and more humid weather."

The American Psychiatric Association's November 2019 statement on [Climate Change and Mental Health](#) recognises the impact of extreme weather and heat on mental health, and the [UK Royal College of Psychiatrists' May 2021 position](#) states there is "firm evidence of a link between hot weather and higher suicide rates" and that "hotter

Profile

weather is linked to higher use of mental health services.”

Despite the growing evidence of mental health harms of hotter, humid weather from overseas, in Australia, which has some of the most significant rises in annual temperature in the developed world ([State of the Climate 2020](#)), local research is [urgently needed](#).

Opportunities to raise awareness of the issue have included an [Expert panel discussion on climate change and mental health](#), correcting [misinformation](#), and co-authoring a report, [How Climate Change affects Mental Health in Australia](#). Within the RANZCP, Dr Dey has facilitated the participation of Professor Tim Flannery, one of Australia’s leading writers on climate change, as the keynote speaker for the RANZCP 2022 Congress in Sydney.

“Speaking with politicians [and media](#) on the mental health impacts of climate change has revealed the extent to which the mental health impacts of climate change remain ‘invisible’ compared with the physical health impacts.

“Over 50% of [health professionals in Australia](#) are ‘alarmed’ about the health impacts of climate change, and yet many feel unsure what to do and are unaware of how much difference they can make.”

With the thought of “doing something” about the problem of climate change, Dr Dey joined medical advocacy group [Doctors for the Environment Australia](#) (DEA) in late 2019 and is now the co-chair of DEA’s Mental Health Working Group. A highlight was when the Royal Australian and New Zealand College of Psychiatrists (RANZCP) joined many other medical colleges at the [Australian Medical Association and Doctors for the Environment Australia](#)

[Webinar](#).

“As I became involved, I grew more aware, more productive but also less isolated and less distressed. It became easier to ‘hold’ awareness without feeling overwhelmed about the terrible news from the sixth [Intergovernmental Panel on Climate Change \(IPCC\) report](#) which detailed how the Earth will face dire consequences if strong actions on climate are not taken.

“Being with like-minded colleagues also provided the opportunity to share the frustrations and distress and to take ‘values-based action,’ part of healthy coping. As one colleague said, “[being part of DEA] is my antidepressant”. Other excellent sources of support for concern about climate change include [Psychology For A Safe Climate](#) and [The Climate Resilience Network](#).

“At the same time, the seriousness of what is at stake remains a powerful motivator, and medical practitioners are in a unique position as trusted messengers of health information,” Dr Dey said.

“For psychiatrists, among others, a core competency is to ‘...use their expertise and influence to advocate on behalf of individual patients, their families, and carers, as well as more broadly, on an epidemiological level’.

“Following COP26, even with the best scenarios, the current trajectory for global warming from anthropogenic (human-induced) climate change is over 2 degrees. The mental health impacts alone, of rising mental distress, rising suicidal behaviour in adolescents, interpersonal violence from heat and humidity, the compounding effects of trauma – not to mention food insecurity, environmental refugees and increasing mental health problems from rising physical illnesses – are almost too much to contemplate.



▲ Dr Cybele Dey

“Without accepting the scientific reality, we may lack the resolve needed for the urgent cutting of fossil fuels and transition to renewable energy that is still possible now to reduce these health harms.”

Dr Dey added, “I’m inspired by a quote from environmental activist, Buddhist scholar and systems theorist, [Joanna Macy](#), that Dr Anna Seth, co-chair of DEA’s Mental Health Working Group, shared with me: “You don’t need to do everything. Do what calls your heart; effective action comes from love. It is unstoppable, and it is enough.” **dr.**

Feature



Healthy humans drive the economy: we're now witnessing one of the worst public policy failures in Australia's history

AUSTRALIANS ARE GETTING a stark reminder about how value is actually created in an economy, and how supply chains truly work.

Ask chief executives where value comes from and they will credit their own smart decisions that inflate shareholder wealth. Ask logistics experts how supply chains work and they will wax eloquent about ports, terminals and trucks. Politicians, meanwhile, highlight nebulous intangibles like “investor confidence” – enhanced, presumably, by their own steady hands on the tiller.

The reality of value-added production and supply is much more human than all of this. It is people who are the driving force behind production, distribution and supply.

Labour – human beings getting out of bed and going to work, using their brains and brawn to produce actual goods and services – is the only thing that adds value to the “free gifts” we harvest from nature. It's the only thing that puts food on supermarket shelves, cares for sick people and teaches our children.

Even the technology used to enhance workers' productivity – or sometimes even replace them – is ultimately the culmination of other human beings doing their jobs. The glorious complexity of the whole economy boils down to human beings, using raw materials extracted and tools built by other human beings, working to produce goods and services.

A narrow, distorted economic lens

The economy doesn't work if people can't work. So the first economic priority during a pandemic must be to keep people healthy enough to keep working, producing, delivering and buying.

That some political and business leaders have, from the outset of COVID-19, consistently downplayed the economic costs of mass illness, reflects a narrow, distorted economic lens. We're now seeing the result – one of the worst public policy failures in Australia's history.

The Omicron variant is tearing through Australia's workforce, from [health care](#) and [childcare](#), to [agriculture](#) and to [transportation and](#)

[logistics](#), to [emergency services](#).

The result is an unprecedented, and preventable, economic catastrophe. This catastrophe was visited upon us by leaders – NSW Premier Dom Perrottet and Prime Minister Scott Morrison in particular – on the grounds they were protecting the economy. Like a Mafia kingpin extorting money, this is the kind of “protection” that can kill you.

Effect as bad as lockdowns

On a typical day in normal times, between [3% and 4% of employed Australians](#) miss work due to their own illness. Multiple reports from NSW indicate up to half of workers are now absent due to COVID: because they contracted it, were exposed to it, or must care for someone (like children barred from childcare) because of it. With infections still spreading, this will get worse in the days ahead.

Staffing shortages have left hospitals in chaos, supermarket shelves empty, supply chains paralysed. ANZ Bank data, for example, shows [economic activity in Sydney](#) has fallen to a level lower than the worst lockdowns.

Feature

Spending in Sydney and Melbourne now near lockdown conditions

If relaxing health restrictions in December (as Omicron was already spreading) was motivated by a desire to boost the economy, this is an own-goal for the history books. (Figure 1)

Relaxing isolation rules

Now the response to Omicron ravaging labour supply is to relax isolation requirements for workers who have contracted, or been exposed to, COVID-19.

The first step was to shift the goalposts on “test, trace, isolate and quarantine” arrangements by redefining “close contact”.

On December 29 [the Prime Minister said](#) it was important to move to a new definition “that enables Australia to keep moving, for people to get on with their lives”. The next day National Cabinet [approved a definition](#) such that only individuals having spent at least four hours indoors with a COVID-infected person needed to isolate.

Australians certainly want supply chains to keep moving. That won't happen by simply pretending someone with three hours and 59 minutes of face-to-face indoor contact with Omicron is safe. Putting asymptomatic but exposed and potentially infected people back to work will only accelerate the spread.

The second step has been to reduce the isolation period for those who do pass this tougher “close contact” test. At its December 30 meeting National Cabinet agreed to a standard isolation period of seven days (ten days in South Australia), [down from 14 days](#).

For “critical workers” in essential services including food logistics, the NSW and Queensland governments [have gone even further](#), allowing employers to call them back to work so long as they are asymptomatic.

Snatching defeat from the jaws of victory

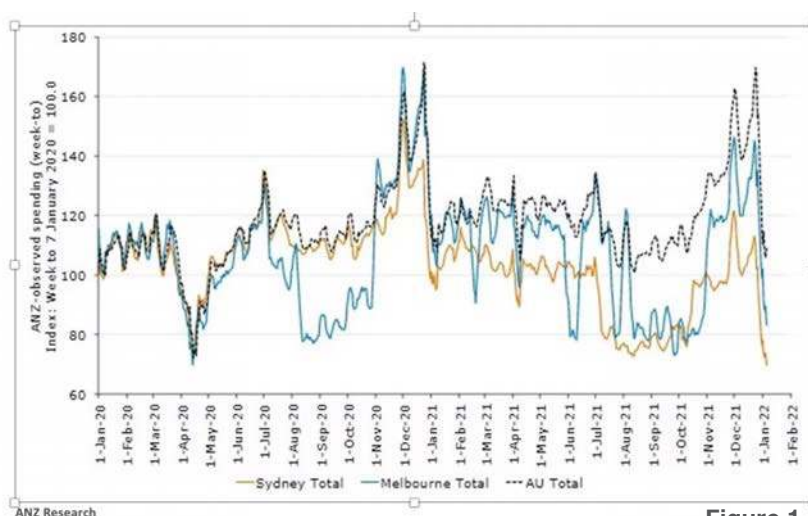


Figure 1

This follows a [US precedent](#), despite [scientific evidence](#) indicating contagion commonly lasts longer than 5 days.

Employers will use this change to pressure exposed and even sick workers to return to work, risking their own health, colleagues, customers, and inevitably spreading the virus further.

Copying US COVID protocols only guarantees US-style infection rates. In fact, since 5 January, Australia's seven-day rolling average infections per million [now exceed that of the US](#).

From one of the best COVID responses in the world to one of the worst, Australia has snatched defeat from the jaws of victory.

It's not too late to limit the carnage

The idea that health considerations [had to be balanced with economic interests](#) was always a false dichotomy. A healthy economy requires healthy workers and healthy consumers.

The Omicron surge has created an economic emergency that will be difficult to endure.

But it's not too late to limit further avoidable contagion. Infection prevention practices (including masks, capacity limits, prohibitions on group indoor activities, PPE and distancing in workplaces, and free and accessible rapid tests) must be restored and

enforced.

Income supports for workers who stay home must be restored. Staffing strategies need to emphasise steady, secure jobs, rather than outsourcing and gig arrangements which have facilitated contagion.

Above all, our policy makers need to remember the economy is composed of human beings, and refocus their attention on keeping people healthy. Protecting people is the only thing that can protect the economy.

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Disclosure Statement

Jim Stanford is a member of the Australian Services Union

Profile

Improving mental health care for Indigenous Australians



We caught up with AMA Indigenous Medical Scholarship Winner Destiny Kynuna last month to discuss her career transition from nursing to medicine and the importance of developing Aboriginal and Torres Strait Islander doctors to improve health outcomes for Australia's First Nations people.

CALLING FROM HER mobile at Sydney Airport, Destiny Kynuna was clearly excited to board her plane bound for Far North Queensland to visit her family for the Christmas holidays in December 2021.

"I haven't been home in more than two years," she explained.

A proud Koko-bera and Wunumara woman from Yarrabah, 50kms east of Cairns, Ms Kynuna was returning home for a few short weeks before returning to Sydney where she is studying medicine at the University of NSW, while simultaneously working as a psychiatric nurse at St Vincent's hospital.

Ms Kynuna was recently awarded the AMA's Indigenous Medical Scholarship by AMA (NSW) President, Dr Danielle McMullen, on behalf of AMA President, Dr Omar Khorshid.

"Destiny's commitment to combining culture and care really shines through and she has already contributed a great deal through her nursing and natural affinity connecting with people," Dr Khorshid said.

While a career in healthcare was always her goal, Ms Kynuna initially pursued nursing because it seemed more attainable.

"Growing up in an Aboriginal

▲ Destiny Kynuna and Dr Danielle McMullen, AMA (NSW) President

community, Yarrabah, where high school only went to year 10 before having to travel almost two hours a day to the nearest school or going to boarding school, there were barely any university graduates from my community and zero from my own family, I doubted myself and thought that

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studying medicine was beyond my reach,” she said.

Inspired by her grandfather, Ms Kynuna pursued a career in nursing. She initially worked in renal with a goal of returning to Yarrabah to help decrease the burden of kidney disease in the community – however, she did not feel fulfilled.

“I loved nursing, but I felt I could do more,” she said. With support of her nursing advisors and community, Ms Kynuna decided to train in medicine. Now halfway through her degree, she is working as a nurse in psychiatry and would like to specialise in the field after she graduates medicine.

“From my early childhood experiences where my grandfather taught us the importance to balance culture and education, I have felt the need to recognise the importance of identity and culture within many Aboriginal clients whom I have looked after.

“Seeing my people overrepresented within the mental health system has further fuelled my passion to become someone who can make a difference.”

Ms Kynuna’s great, great grandfather was taken from his family at age 13 to Yarrabah, then an Anglican mission. She says each generation in her family has experienced suffering and trauma, down to her immediate family.

“There has been alcohol and drug issues in the generations and my first cousin’s children were taken from family and community put into a foster home – so that cycle is never ending.

“There’s definitely room for improvement for the mental health of the community and that’s why I’m so passionate about psychiatry.”

Ms Kynuna has witnessed how important it is to be able to provide culturally appropriate care to Aboriginal and Torres Strait Islander people.

“As the only Aboriginal nurse in my mental health unit, I’m often asked to de-escalate Aboriginal clients. One

of the first questions I ask clients is ‘who’s your mob?’”

Research has shown there are improved health outcomes for Indigenous Australians when they are cared for by Indigenous health workers, as well as increased levels of trust, connection and rapport.

“I think it’s really important,” Ms Kynuna says. “My nieces and nephews get really excited when they see a black nurse. They feel they can talk to them. I’ve also noticed they are more comfortable at the Aboriginal Medical Services compared to Cairns Base Hospital.”

After achieving her degree and finishing her training, Ms Kynuna plans on returning to Queensland.

“The AMA scholarship has really helped me balance work and study, allowing me to keep focused on my goals. I’m so grateful for the life I’ve been blessed with and that’s why I want to make a difference. I want to go back home and serve my community and ultimately help them to heal,” Ms Kynuna said.

The AMA Indigenous Medical Scholarship was established in 1994 to contribute to the growth of an Aboriginal and Torres Strait Islander medical workforce and support First Nations people who are studying a medical degree at an Australian university.

“At the end of 2019, there were just over 600 Aboriginal and Torres Strait doctors in the medical workforce, but you could almost count the number of Indigenous psychiatrists on one hand across the whole of Australia,” Dr Khorshid said.

“Even one person like Destiny can make a big difference to the mental health of a community, because we know Aboriginal and Torres Strait Islander patients do better when they are treated in culturally appropriate settings, with doctors and other healthcare staff who speak their


language, understand their culture, and are sensitive to their needs.

“The AMA’s Indigenous Medical Scholarship is part of our efforts to grow the Indigenous medical workforce, but much more is needed to provide the culturally appropriate care that Aboriginal and Torres Strait Islander Australians need and deserve,” Dr Khorshid said.

The Scholarship is awarded to Aboriginal and Torres Strait Islander medical students who demonstrate a commitment to their community and to medicine, and who may not have the financial means to realise their dream.

The value of the Scholarship is currently \$10,000 per annum, which is awarded for the full course of a medical degree, subject to the Conditions of Award.

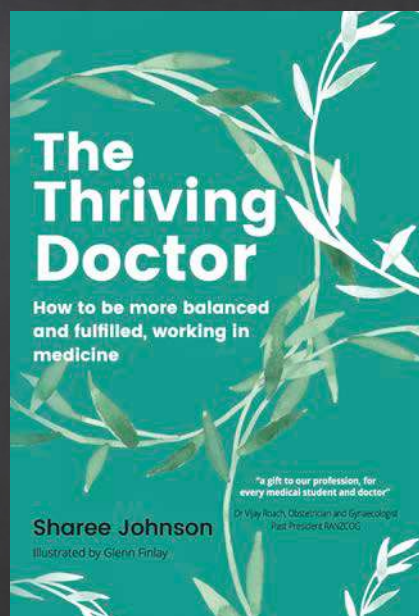
Applications for the 2022 scholarship are open, and close on 18 February 2022.

More information about the scholarship can be found at ama.com.au. 

Book Review

Achieving balance and fulfillment

Psychologist Sharee Johnson's book *The Thriving Doctor* aims to help doctors care for themselves so they can provide the best possible healthcare to others.



DESCRIBED AS “LIFE-SAVING”, “a gift to doctors everywhere”, and a “must-read for any aspiring doctor” – *The Thriving Doctor* was released November 2021 to assist doctors in looking after their own wellbeing.

Sharee Johnson wrote *The Thriving Doctor* after witnessing firsthand the stress and anxiety medical professionals experience in their day to day lives.

In 2011, Sharee's husband was diagnosed with cancer and throughout his treatment he crossed

paths with many different doctors. The level of compassion and care from his treating doctors ranged from kind to cold.

“It really stayed with me the variation of care we received, and it made me really curious about what was happening to the health professionals – why they were so rude or so cold, and that they seemed to be so removed from the work they were doing, which is ultimately caring for other people,” Ms Johnson said.

This led her to delve more deeply



Book Review

into their lives. She asked about their training, expectations from management, patients, and their families. She was blown away to hear how many health professionals experience anxiety, depression, drug and alcohol addiction, and suicide due to the pressures of medicine.

“As patients we can often forget that doctors are only human – and doctors also forget they are only human, there is a strong culture of never showing weakness,” she says.

As a psychologist, Ms Johnson was able to use her skills and help doctors who were struggling. She went from thinking she would be a ‘patient advocate’ to working as a ‘doctor advocate’.

Ms Johnson said that the pandemic has allowed more doctors to speak publicly about their thoughts and feelings.

An alarming 87% of Australian doctors are concerned about burnout,

particularly in the wake of the pandemic.

“The statistics demonstrate that we need to be doing a lot more and the pandemic has put our medical professionals under much more pressure than what they were already facing, and it’s harder for many of them to get a break and to step away.”

The Thriving Doctor is written for doctors to take a break and listen to their thoughts, and to learn new skills to help them through challenging situations.

“Doctors cannot change the system, they can only change within themselves to look after their own emotional wellbeing and develop better connections and communication with colleagues and patients, which in turn leads to better health outcomes for patients.

“I hope *The Thriving Doctor* leads to more conversations about doctor wellbeing and about how they feel

when they are exhausted. I also hope that by building the skills from the book, doctors will feel more fulfilled.

“What doctors do is amazing, and we all have a vested interest in their wellbeing,” she says.

The Thriving Doctor – How To Be More Balanced And Fulfilled Working In Medicine is available now in book stores and online. RRP \$32.99. Purchase here [https://learn.coachingfordoctors.net.au/ dr.](https://learn.coachingfordoctors.net.au/dr)

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Focus on prevention and early detection

Twin sisters Lidia Nancovski and Lana Klimovski launched Doctors.com.au as an online platform to help patients find doctors and manage their healthcare.



YOU MAY HAVE heard of Doctors.com.au – a website which began as an online search and booking portal for patients to look up health professionals. Now the platform developers are onto their next phase of their journey – expanding the function of the online portal to focus on prevention and early detection.

Creators of the platform, twin sisters Lidia Nancovski and Lana Klimovski, recently formed a national partnership with Cancer Council Australia to deliver vital reminders to people about the need for regular screenings and health checks.

The website uses metrics such as the patient's age, gender and last appointment and sends direct automated health messages and reminders – for example, messages from Cancer Council Australia about regular cancer screenings. The aim is to drive patients to book their appointments and health checks immediately upon seeing the notifications.

“Cancer Council Australia shares the same mission as us – which is prevention and early detection of

illnesses, so it was a perfect match. More than half of Australians would eventually have an illness that can be prevented if they went to regular screenings and health check-ups,” Ms Nancovski said.

\$1 AUD from each new patient booking via Doctors.com.au will be donated to Cancer Council Australia.

“Cancer Council is helping Doctors.com.au by providing reliable messaging and reliable screening schedules – so ideally giving the right information and the right tools to prompt our patients at the right time,” Ms Nancovski said.

As a result of COVID-19, an increased number of patients missed essential health check-ups. The redevelopment of Doctors.com.au will also be helping doctors and medical practices better manage patient care by sending targeted appointment reminders and prompts. It aims to act as an all-in-one digital solution for practices as it provides the tools needed to attract and retain patients.

During the pandemic, Doctors.com.au helped people book their COVID-19 vaccines as well as Telehealth appointments online.

“The website traffic dramatically increased during the pandemic – which shows us the need for people wanting to see health professionals more online and have an online presence,” Ms Klimovski said.

“The increase in traffic has really prompted us to think we really need to be doing more here. The vision we have will help prevent illnesses, and will help save lives,” she added.

The twins were inspired to start the online portal after watching their grandparents die from cancer and heart disease, which they knew could have been detected earlier. The experiences motivated them to ensure more people are aware of the need for regular check-ups and screenings.

“We aspire to be saving millions of lives across Australia – and helping many families in need. That’s the main goal over the next couple of years. We are a world of technology now – we’re evolving with technology and it’s important for people to have many ways to access health professionals and to be able to book appointments without hesitation,” Ms Klimovski said.

dr.

Careers Service

AMA (NSW) Careers Service

Providing assistance to medical professionals throughout your career. You can access AMA (NSW)'s Careers Service free of charge as part of your membership. We offer ongoing support throughout your career, including CV review and development, as well as interview skills and preparation. Online or phone meetings can be arranged depending on your availability.

"Having Jessica from the AMA Careers Service review my resume gave me confidence that my application was going to be competitive. Then following that with an interview preparation session online made me feel prepared to face interview panels."

Rene L, O&G Registrar

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