

Regional and Rural Health Care at risk

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People living in regional and rural Queensland risk being the biggest losers from proposed law changes allowing pharmacists to act as doctors by diagnosing illnesses and dispensing drugs without a prescription.

The recommendations recently made by a Queensland parliamentary committee to allow pharmacies to expand their services, to include tasks currently performed by Queensland's highly qualified rural generalists and other long serving rural GPs, could well see the end of many country doctor practices.

For many patients, this will spell the end of their relationship with their GP, a person who has in many cases served as confidante, support mechanism and health adviser for themselves as well as their families.

For country towns, it will also mean the end of GP practices as it becomes increasingly difficult for doctors to make ends meet in regional and rural areas.

The fact is that doctors and pharmacists provide two separate and different services. While doctors study and train to diagnose and treat medical conditions, the role of pharmacists is to dispense medications safely and offer customers advice on over-the-counter health consumables. Pharmacists simply do not have the necessary qualifications to provide medical advice.

In its report to State Parliament, the parliamentary committee found that pharmacists who were unsure how to treat a patient could rely on advice from the Government's 13 HEALTH phone service, a nurse-led hotline that employs just one doctor for the entire state!

Even the Queensland Government's website concedes that 13 HEALTH "is not a diagnostic service and should not replace medical consultation".

In addition, the parliamentary committee found pharmacists would have access to My Health Record data to provide a patients' medical history and current medication.

However, almost one million Australians have already opted out of My Health Record, making it an unreliable source of medical information.

Relegating the health of Queenslanders to pharmacists and a telephone hotline is inadequate and dangerous and another slap in the face for rural communities.

The long-term prospect of the proposed changes would be an even greater shortage of regional doctors with patients forced to travel even further to see a GP or to further clutter up rural hospitals at significant cost to the state government.

It is ironic that the Queensland Government is investing large sums of money into training the rural doctor workforce when it is also considering laws that will bring about the end of the rural GP.

AMA Queensland has urged the State Health Minister to work together on a plan that would see pharmacists working within GP practices, delivering convenience for patients and millions in savings for the public health system.

This would involve GP practices hiring non-dispensing pharmacists to consult patients, do home medication reviews for people with multiple prescriptions and keep GPs up to date on the latest pharmaceutical changes and treatment.

We need integration, not fragmentation!