



# **Discussion Paper on Victorian Health and Medical Research Strategy**

31 August 2015

The Australian Medical Association (Victoria)

The Australian Medical Association (Victoria) has reviewed the Discussion Paper on the Victorian Health and Medical Research Strategy. While much of the scope of the Discussion Paper is specific to biomedical research, AMA Victoria can contribute to several of the Paper's questions.

AMA Victoria is the peak body representing doctors in Victoria. Our members are registered medical practitioners, retired medical practitioners and medical students. Relevant to this Discussion Paper, it should be pointed out that the AMA-owned subsidiary business AMPCo publishes the *Medical Journal of Australia*, Australia's leading peer-reviewed general medical journal.

Our responses to the Discussion Paper's following three questions have been informed by member feedback, gathered in August 2015.

**Q3. What are the five priority areas of focus for health and medical research in Victoria over the next five years based on Victoria's strengths and needs?**

Our response to this question is focussed on patient needs, not the research skills of the state.

It is recommended that the Government refers to the Australian Institute of Health and Welfare's (AIHW) report on the burden of disease and the Australian Bureau of Statistics' (ABS) report on the leading causes of death in their consideration of priority areas.

The most recent AIHW report on burden of disease is from 2003 (the 2011 data is due to be released in 2016). This report states that:

- Cancers (19%) and cardiovascular disease (18%) were the leading causes of the burden of disease and injury in Australia in 2003, accounting for 37% of the total burden.
- For the first time, cancer has overtaken cardiovascular disease as the greatest cause of burden in Australia. Lung, colorectal and breast cancer were the leading specific causes of the burden of cancer.
- Ischaemic heart disease, stroke, and peripheral vascular disease were the leading specific causes of cardiovascular burden.
- Mental disorders and neurological and sense disorders were the next largest contributors, together accounting for a further 25% of the total health burden.
- Anxiety and depression, alcohol abuse, and personality disorders dominated the burden of mental disorders.<sup>1</sup>

The ABS's 2012 leading cause of death report (released in March 2015) identified the following conditions as the leading causes of death for male and females in Australia<sup>2</sup>:

<u>Cause of death (males)</u>	<u>Rank</u>	<u>Males</u>	<u>Persons</u>
Ischaemic heart diseases	1	11 016	19 766
Trachea, bronchus and lung cancer	2	4 995	8 217
Cerebrovascular diseases	3	4 181	10 549
Chronic lower respiratory diseases	4	3 799	7 148
Dementia and Alzheimer disease	5	3 656	10 933

  

<u>Cause of death (females)</u>	<u>Rank</u>	<u>Females</u>	<u>Persons</u>
Ischaemic heart diseases	1	8 750	19 766
Dementia and Alzheimer disease	2	7 277	10 933
Cerebrovascular diseases	3	6 368	10 549
Chronic lower respiratory diseases	4	3 349	7 148
Trachea, bronchus and lung cancer	5	3 222	8 217

<sup>1</sup> The Australian Institute of Health & Welfare (AIHW), Working paper No. 1: Assessment of Global Burden of Disease 2010 methods for the Australian context, published February 2014.

<sup>2</sup> The Australian Bureau of Statistics (ABS), 2013 leading causes of death report 2013, published march 2015.

In addition to considering the medical conditions detailed above, AMA doctors who responded to our call for input on this issue identified the following areas to be matters of priority for medical research: cancer, geriatric medicine (including dementia), obesity, diabetes and mental health.

We recommend the Government reviews these various areas in their consideration of the priority areas of focus for health and medical research in Victoria.

***Q19. How can the clinical registries in Victoria be better utilised for clinical trials?***

There are a number of views on why clinical registries are troublesome and on how to improve their effectiveness. In particular, a number of AMA doctors stated that the paperwork and ethics approval involved in registries is a significant barrier (this is detailed in our response to Q21).

In addition to the ethics issues, other key themes were:

- Greater access to sharing data, and more universal IT.
- More funding and resources to populate and enter data. It was pointed out that entering and extracting data is extremely time consuming.
- A census of all registries, and the consolidation of disparate registries.

***Q21. What programs could be enhanced or opportunities developed to support the career development of clinician scientists in Victoria?***

The Discussion Paper notes that “Clinicians often face barriers to participating in research, while PhD students and scientists may be confronted by issues related to career progression, security and remuneration”.<sup>3</sup>

In gathering information to respond to this Discussion Paper, we asked our members whether, as doctors, they would like to be more involved in medical research. 100% of respondents said yes.

Doctors identified the following as significant barriers to undertaking medical research: ethics approval, poor remuneration, and insufficient resources (both financial and manpower).

Many doctors said the ethics approval should be easier. Anecdotal responses on this issue from our members included:

- “Time restraints with obtaining ethics approval for even the simplest of studies. Working with students and registrars for only 6 months at a time, ethics approval takes longer to obtain than the time to carry out the study”.
- “Complex bureaucracy, complex forms, cost of submissions to ethics”.
- “Hours of very tedious ethics reviews processes”.

A final point to be considered in the Victorian Health and Medical Research Strategy is that while an overarching plan will be beneficial, it must not be at the cost of local and immediate research ideas; especially research that is developed by doctors’ clinical experience. A recent example of this is the research undertaken by the Prahran Market Clinic, a general practice in Melbourne with a special interest in HIV medicine. Dr Beng Eu and Dr Norman Roth undertook a study on the association between known recent HIV diagnoses and methamphetamine (ice) use in the men who have sex with men (MSM) population. The GPs said they ‘embarked on this study because we had seen methamphetamine use in the MSM on the increase. We had also noticed that many of the new HIV diagnoses were associated methamphetamine use’.<sup>4</sup> This research was published in the online *Sexual Health Journal* (September 2014) and the paper was submitted and accepted for presentation at the 2014

<sup>3</sup> Victorian Health and Medical Research Strategy Discussion Paper, published August 2015, p.17.

<sup>4</sup> Dr Beng Eu & Dr Norman Roth, “Association between known recent HIV diagnoses and Methamphetamine use – in MSM, Melbourne 2011-2013”, *vicdoc*, November 2014, pp. 14-15.

Australian Drug Conference. This highlights that local, small-scale research (and research that is perhaps pursued through observation and local trends) is worthwhile and thus must also be included in the Victorian Health and Medical Research Strategy.

AMA Victoria is keen to discuss these matters with you in more detail, as required.