Re Retired Doctors "Definition of Practice".

I write to support the submission from the Australian Doctors Fund on a definition of practice.
Like many of my colleagues I am appalled at the lack of insight of AHPRA in drafting the current regulations which result in my being placed in an impossible position on an almost daily basis.

I am a retired cardiothoracic anaesthetist. I play in the Queensland Medical Orchestra which is mainly medical students and young doctors. I do get asked medical questions which I am quite capable of answering but constrained by the regulations.
I had some areas of "super specialisation" within my field and occasionally I am still asked for advice from my practising colleagues.
Through the orchestras I am involved with and daily life I am frequently asked to explain medically related problems but the current regulations prohibit my so doing.

The stupidity of this current regulation prohibiting any form of medical practice is demonstrated in the following recent experience. An elderly tradesman complained to me of total lack of energy. He had low grade diarrhoea. But he knew (at 76) that he would get over it and dismissed the idea of seeing his GP because "he would be cured" by the time he could get an appointment with his GP. A few questions later and he revealed that he had been cardioverted from AF and had been commenced on, among other things, warfarin. He appears to have had no education on warfarin. He grew his own vegetables so would have high intake of whatever was in season. (broccoli) He described melaena stools.
I pushed him to see his GP immediately. He couldn't get an appointment under 1 week. On advice, he phoned again with more information. He was given an appointment in 2 days. I encouraged him to see his cardiologist/ haematologist but they were not available that day. I explained to him the risks of bleeding with warfarin. I told him to go to the hospital emergency department but he decided to wait until he could be seen in two days. Next day he phoned to apologise because he could not work that day. He could not physically get out of bed, as he was too weak. Finally I convinced him to call an ambulance. Yes, he then spent quite some time in hospital and is no longer on warfarin. A referral letter would have reduced some of the confusion in A&E.
As I read the regulations I was in breach, as even unremunerated "practice" is prohibited. It is quite possible that this gentleman would now be dead but for my intervention.

Another example, very recently, was a (currently registered) medical friend who decided not to come out to lunch because his wife was still quite confused after a (first) TIA an hour before. He had decided to do nothing as the confusion appeared to be resolving but would stay with her. Again the fact that I gave advice (which he took) amounted to "illegal practice" but was totally appropriate with hindsight.

It is the experience of myself and my retired colleagues that we are asked medical questions on an almost daily basis. Occasionally those questions suggest that referral for a second opinion would be appropriate. Sadly I am told all too often that the GP has declined to refer. In retirement I do not wish to practise medicine but I believe I have a useful role to play in explaining the mysteries of medicine to those who receive inadequate explanations from their GP or Specialist who are time constrained and have difficulty translating medical terms into English. This is an extremely important service that all practitioners perform without charge for friends and acquaintances but which is prohibited under the current wording.

I believe that the definition of practice proposed by the ADF would permit the community to benefit from the accumulated knowledge held by retired practitioners.

I would also suggest that if referral rights and repeat scripts (Annual GP visit compulsory) were retained as previously that this would result in considerable savings to Medicare.

Yours faithfully,

C. Busby