



**AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC**

Dr Rodney Pearce, AMA(SA) President 1998 - 2000

“Dad! Where’s Dad? Phone for you Dad!” goes the call just before 7am. “Hi. Its ABC radio here and we want to record your comments for the 7am news. What is your comment on the current epidemic of meningitis spreading through South Australia and the third death so far this year?” I had not heard about the most recent death and said I would call back as soon as I could. I rang Robert Hall (the Department of Human services) for more information and learnt that a death had occurred, that there was no connection between the deaths and further contact tracing was going on.

The AMA had a good working relationship with some of the Department but I was not really looking forward to that morning’s meeting with the heads because there was disagreement between my staff and theirs leading to some hostility.

I gave my comment and hurried my children out the door so I could get to the 7.30am meeting. On the school run, I spoke to another radio station on my hands-free phone. Then I rang a colleague to ask how we should deal with the public hysteria about meningitis and queried whether it really was under control. As president I could not expect to know all the clinical scenarios but I valued my peers who would give me their opinions and bring me up to speed.

We called a meeting of key infectious disease officials and doctors in South Australia to review our management of the outbreak and ways to reassure the community that all was being done to protect them from Meningococcal meningitis.

I arrived *almost* on time for the 7.30 meeting to find that only one of the people we were supposed to meet would be coming. Was this a snub?

I penned the president’s report for the SA Medical Review (our award-winning State branch publication) saying “... the government is neither friend or foe, but rather a body that the medical profession must deal with in a mature, constructive and robust way.” (July 1999).

Later I spoke on commercial television about claims by an anti-vaccination lobby group that vaccines do more harm than good.

Lunch time came and went with a meeting about the Malycha v Kite case which concluded the doctor had to contact the patient for test follow-up, but had not commented on the patient’s responsibility. We worked on a set of realistic guidelines for doctors to protect them and patients. I was happy with the response from the profession but understood the frustration of some doctors who felt that patient responsibility had not been tested or articulated in the court hearing.

I started consulting late and my staff and patients were supportive but frustrated. Between consultations I spoke to two cardiologists about a controversy over advertising a cardiac check including a Ca++ scoring. The group of doctors advertising the calcium scoring CT machine had a legal right to do so, but were increasing concern in the healthy population. The AMA discussed both sides of the issue in the media and urged caution about the “worried well” spending money unnecessarily.



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At 6.30pm the practice manager phoned me worried about the end of the month costs of the practice and how would we be able to afford the new ECG machine (and fix the lung function)? I still had two meetings to go...

Members were keen to hear about the “no confidence EGM” that was a fight between Dr Bruce Shepherd and Dr David Brand.

Meanwhile our branch won an award for the road trauma project in the South East of South Australia where community participation had pushed down road deaths.

We readied for the GST as the AMA had the contract with the Australian Tax Office to brief the medical profession on how the GST was to operate.

I got home late, but it was a fairly typical day. A committed team at the AMA(SA) branch, supportive practice and patients and family made it possible for me to represent the profession for two years. I valued the time I spent doing that and saw it as an honour to represent so many fine people.