



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**COMMITTEES**

**Health and Ageing Committee**

**Report**

**SPEECH**

**Monday, 23 November 2009**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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# SPEECH

**Date** Monday, 23 November 2009  
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**Questioner**  
**Speaker** Georganas, Steve, MP

**Source** House  
**Proof** No  
**Responder**  
**Question No.**

**Mr GEORGANAS** (Hindmarsh) (9.01 pm)—On behalf of the Standing Committee on Health and Ageing, I present the committee's report entitled *Treating impotence: roundtable forum on impotence medications in Australia*, together with the minutes of proceedings.

Ordered that the report be made a parliamentary paper.

**Mr GEORGANAS**—I am pleased to present this report, entitled *Treating impotence: roundtable forum on impotence medications in Australia*, on behalf of the Standing Committee on Health and Ageing. The report has examined issues surrounding the provision and sale of impotence medications in Australia.

The committee was concerned to discover that erectile dysfunction, better known as ED, is estimated to affect one in five Australian men over the age of 40. Of greater concern was evidence presented at the roundtable which indicated that these figures may not be a true reflection of the extent to which men are affected.

The issue which prompted the roundtable was learning that while there are many possible causes for ED, it can, in some cases, be a symptom of extremely serious chronic health conditions like diabetes, heart disease and hypertension. The committee would like to use this report to promote the message that erectile dysfunction can be linked to chronic diseases and men experiencing ED should seek the assistance of a general practitioner.

The report is timely because the government is developing a men's health policy which aims to address the specific health concerns of men and reduce barriers men may experience in accessing health services. The committee hopes that this report feeds into that process.

The roundtable forum presented an opportunity to explore concerns about some of the treatment of ED and to perhaps understand why men are choosing not to use their GP in the first instance.

The report highlights four significant problems associated with the provision of treatment for ED in Australia which were discussed at the roundtable.

- Firstly, it seems that men do visit their GP but that GPs are not adequately equipped to treat and manage ED in this setting. The committee strongly support the notion that GPs are the 'gatekeepers' of the health system. We would therefore encourage all men to seek assistance from their GP as a first option when they experience ED. However, this requires GPs to be better trained to understand the specific needs of men as patients and to better treat and manage specific men's health problems.
- Secondly, some of the treatments that men are accessing through commercial ED clinics are produced through extemporaneous compounding. This means that a pharmacist produces a medication using a list of ingredients especially for a patient, based on a particular script. Compounding is a legitimate tool of medical practitioners and pharmacists to treat the small number of patients who require specialised medications. However, the level of compounding employed by some ED treatment providers is far in excess of what the committee feels is reasonable. There is currently a review into compounding underway by the Therapeutic Goods Administration, and the committee supports stronger regulations for compounding in Australia.
- The third problem is the use of telemedicine as a routine option for prescribing medication to a previously unknown patient, as it limits the ability of the medical practitioner to undertake a complete health check. By telemedicine, I mean the big signs that we see around the country with 1300 numbers that men can call when they are experiencing this problem. Treating ED presents a significant opportunity to undertake preventative health checks, in particular because ED can be an early marker for chronic disease. The committee feels that this preventative health approach cannot be achieved through a telemedicine consultation. Therefore, the committee argues that the use of telemedicine to prescribe medication to a previously unknown patient as a first and routine option should cease.

- Finally, the committee was concerned by reports that commercial ED clinics are unwilling to share information about patient treatment with other medical practitioners. This unwillingness could adversely impact on the proposed e-record system to share clinical records. The committee encourages the federal government to consult with commercial ED treatment providers to ensure that they are integrated into any potential e-record system.

In conclusion, I would like to thank all those who contributed to this inquiry through submissions and discussions with the committee. I would also like to thank committee members and the secretariat staff for their efforts throughout the inquiry process. I especially thank the deputy chair, Steve Irons, and Amanda Rishworth, who attended the roundtable. I thank Sara Edson, Penny Wijnberg and James Catchpole, who all assisted with this report. I commend the report to the House. *(Time expired)*

**The DEPUTY SPEAKER (Hon. Peter Slipper)**—Order! I remind the honourable member for Hindmarsh that he should refer to other honourable members by the name of their electorate or by the title of the position they currently hold.