

accountable to the principles in the National Health and Hospital Network agreement, specifically ensuring local governance over clinical service decisions and clinical input into decision making.

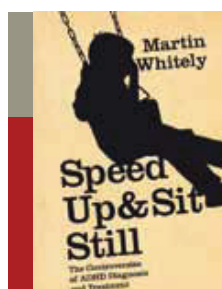
On a more local level, new child protection legislation has been introduced in South Australia, and brings with it a range of new requirements for medical practices. To help members ensure that their practices comply with the new legislation, the AMA(SA) is launching a Child Safe Policy and a service to lodge the required documentation with the Department for Families and Communities on practices' behalf. South Australian member should feel free to contact our branch office for more information on this service, or the legislative changes.

We have also met the SA Health Minister, together with the SA Salaried Medical Officers' Association and the Australian Nursing and Midwifery Association, to discuss the use of physician assistants (PAs) in our health system.

While recognising the intention that physician assistants provide support to medical practitioners and the system as a whole, we are gravely concerned that the introduction of PAs may have a detrimental effect on resources for medical training and lessen training opportunities for medical practitioners. Other considerations remain unanswered, such as scope of practice, regulation of standards, accreditation of courses and indemnity for this new type of health worker. This is something that needs careful consideration, and discussions with the Minister are ongoing.

Mental health services is another area of concern, particularly with recent budget cuts to psychiatric services, and AMA(SA) CEO Joe Hooper and I will be visiting SA psychiatric facilities to speak with doctors and other staff - and patients - about their personal experiences, the challenges the system is facing and what needs to be done. The visit will be undertaken together with staff from the Minister's office, and we hope will form the basis for some constructive further dialogue on this important issue.

Dr Andrew Lavender, President,
AMA(SA) 🌐



Book Review

SPEED UP AND SIT STILL – THE CONTROVERSIES OF ADHD DIAGNOSIS AND TREATMENT – by Martin Whiteley
UWA PUBLISHING – ISBN: 9781742582498

REVIEWED BY DR ANTHONY ZEHETNER

Attention-deficit hyperactivity disorder (ADHD) is a legitimate medical condition. It is not a construct of big pharma or a modern phenomenon. ADHD is the inability to possess effective working memory and to persist in completing uninteresting tasks. Not all ADHD needs to be treated and a person needs to have *functional impairment* to be disordered. ADHD is a condition in flux. No two children of the same age have the same disorder. ADHD in an affected individual's life at age 50 is different to age 15. These are important facts to consider when reading this book.

Martin Whiteley, a politician and self-proclaimed ADHD patient, believes that ADHD is a fraud and stands for "amphetamine deficit disorder". Outdated arguments of 'pathologised' healthy children and claims that ADHD is caused by bad parenting form most of Whiteley's stance.

Having cleared the air of prejudice, I find little left for debate.

Whiteley confuses and blends his two main arguments: the case for ADHD and the case for stimulants (he questions ADHD as a legitimate condition on the one hand and, on the other, that stimulants do not work as we are over-medicating healthy children who improve on their own). He highlights infrequent adverse effects of therapy, such as 'over focused' restricted behaviour and tics. He selectively reports outcomes of trials and claims "amphetamines cause school failure", when underachieving students are more likely to have significant ADHD and require prescribed medication.

Stimulants do work in ADHD and are a first-line therapy. Denying an impaired individual treatment by not prescribing effective first-line medication is as bad as medicating a person without the condition.

Whiteley calls for some positive changes within the field, such as more precise age-specific diagnostic criteria and increasing diagnostic accuracy (such as discriminating inattention and hyperactivity due to post-traumatic stress disorder). He advocates restructuring school environments to facilitate learning in children with ADHD. However, his idea of removing PBS subsidies for stimulants and using the savings to fund occupational and speech therapy services instead, although idealistic, is unfeasible logistically.

Whiteley's view that only "psychiatrists who favour non-drug interventions" for ADHD (instead of the Royal Australasian College of Physicians) are used to draft guidelines for the management of the condition is extremist. Whiteley cannot accept that stimulants might actually work or that current evidence indicates that stimulants reduce illicit substance abuse in children with ADHD. Advances in the ADHD field and the recent discovery of 'ADHD' candidate genes date Whiteley's work.

Ultimately, this is an unappealing overview of one Western Australian man's perspective and concern of the prominence of ADHD in the public eye in the past two decades. It is not a book to learn about the condition or refer patients to. Whatever your standpoint, this book won't change it. It's an unsatisfying account of an unfounded whistleblower.

Dr Zehetner is a General Paediatrician with an interest in psychopharmacology, neurodevelopmental and behavioural disorders. He is also a consultant pharmacist and a Clinical Lecturer for The Universities of Newcastle and Sydney. 🌐