

2005 - 2007

Christopher Marden John **CAIN** (1961 -)

MB BS(Adel) FRACS

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AutoBiography

Christopher M.J.Cain: DOB: 24th September 1961, Adelaide South Australia

I completed medical school at the University of Adelaide in 1984, and attained fellowship of the Royal Australasian College of Surgery in Orthopaedics in January 1994. During this period I was also awarded the post graduate degree "Doctor of Medicine" University of Adelaide for research undertaken relating to spinal cord injury.

My previous appointments include Secretary Treasurer Australian Society of Orthopaedic Surgery, (SA Branch, 1996-1998), Federal Treasurer Australian Society of Orthopaedic Surgery (1996-1999), Chairman Australian Society of Orthopaedic Surgery (SA Branch, 1998-2002) . I spend a third of my time working in the public hospital system and current appointments include; Senior Visiting Medical Specialist, Department of Orthopaedic Surgery & Trauma, Royal Adelaide Hospital; Honorary Senior Visiting Medical Specialist Women's & Children's Hospital; Surgical Craft Group Representative AMA (SA Branch); and Seconded Member Royal Australasian College of Surgeons (SA Branch).

I have always had an interest in medical politics, and believe we are not entitled to complain about the way things are if we are not prepared to work to change them. As a relatively young surgeon, with an expectation to remain in practice for at least the next 15 to 20 years, I believe we must work to maintain the standard of health care in Australia without compromising our rights as individual practitioners. We all have the right to charge a fee we believe appropriate for our services, but should not expect our patients to accept unknown out of pocket expenses. Health funds and the government have taken the control of the health system away from the profession, and we must now work with both groups to restore balance to the system.



AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.

22 June 2005

Dr Peter Mellows
Apartment 11
Coopers Avenue
LEABROOK SA 5068

Dear Dr Mellows

Re: Oral History of the AMA

On behalf of the AMA(SA) I would like to thank you for providing a copy of the 'Oral History of the AMA' interview transcript from 8 April 1994 in which you spoke to Interviewer, Mr. Peter Donovan. The document will be kept with other significant historical papers here at the AMA(SA).

Once again I thank you for forwarding this document to the AMA(SA).

Yours sincerely

Dr Christopher Cain
President

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Christopher Cain



President's Report

An opportunity to influence

As I write this article I have mixed emotions, as it is my last as president of the AMA(SA). My two-year term comes to a close at our May AGM, after which there will be a new president.

The past 7 years, since I first became actively involved with the AMA as a councillor, have been an interesting journey. I joined the AMA as an intern, proud to be a member of the association which represents the medical profession – a profession I had worked so hard to become a member of.

I joined the AMA because I thought it was the right thing to do, but it was not until I had been in practice for about five years that I really understood what it is the AMA does on our behalf, often without the majority of the profession even being aware of it.

You could say my first real introduction to the AMA's work on behalf of members was through being approached in my role as the chair of the Australian Society of Orthopaedic Surgeons (SA Committee) to provide input into discussions with WorkCover over more appropriate remuneration for longer consultations in orthopaedic surgery.

The patient profile and 'surgical hit rate' for orthopaedic spinal surgeons is not quite the same as that of many of my arthroplasty and sports medicine colleagues. But, let's face it, there are not too many poor orthopaedic surgeons around, and when the issue of fees came up, not too many people were overly concerned if certain subgroups in the orthopaedic field were disadvantaged relative to others. None the less, it was through the AMA that we were able to lobby for the implementation of a modified fee structure that recognized the value of a longer consultation in dealing with more complex clinical problems – something I am sure many of my consultative specialist colleagues, as well as general practitioners, would relate to. After a trial period this fee structure was applied to

other groups where recognition of longer consultations was required.

It was through my involvement in this process that I saw the power of the voice of the AMA. I realized that, when the AMA makes a noise about something, people listen. They listen because the AMA is credible and continues to put the interests of patients first and foremost.

The AMA is both about individuals and the system as a whole. While we fight individual battles for our members and the community, we have and must maintain a 'big picture' view of our health system and what is needed to ensure its sustainability, to maintain standards and to make it better where we can.

The role of the president is predominantly to be the voice or spokesperson for the profession in the media and in discussions with government and Health Department officials: to take your views and issues to the people who make decisions about the structure and function of our health system.

I also believe it is important that we do more than just criticize what governments do or propose. We work in the health system day after day, and we see what is wrong, what works and what doesn't. If we are not happy about the way things are, we should be able to make suggestions about how things could be done better, more efficiently and more effectively. This is what I have attempted to do during my time as president, speaking and acting on behalf of you, our members.

I came onto the AMA(SA) Council as the surgical craft group representative, then became the branch nominee to the AMA Federal Council, the AMA(SA) vice-president and then president. I have also been a member of the Executive Council of the federal AMA for the last two years. Although I had not planned for such a trajectory when I joined the branch Council, I look back now with a sense of great pride at having been given the

opportunity to serve in these capacities, and with some satisfaction in relation to what has been achieved. Having said this, there is still so much that needs to be done to address the issues we face collectively, as a profession, to ensure the future viability of our health system in South Australia, not so much for our sake, but for the sake the community as a whole, our children and grandchildren.

As I step down from my role as state president, I will not be stepping away from the work that still needs to be done. I intend standing for the position of federal president in the upcoming elections, to be held in Melbourne during the AMA National Conference, and ask for your support in this endeavor.

The AMA has a strong profile at both a state and federal level and is respected by decision-makers as a reputable and responsible organization. Despite this, one of my frustrations is the fact that not all members of the profession value what the AMA does. This is despite the fact that just about every doctor in the country has benefited in some way, financially or professionally, as a result of what the AMA has done and continues to do.

It is understandable to focus on one's own situation and needs, and those of our specific group of patients. However, the needs of some groups are greater than others and health resources are limited. We must therefore optimize the use of the resources and personnel we have. We can all do our part in achieving this, and a good way to start is to support the organization that supports you. Encourage friends and colleagues who are not currently members to lend their support by joining the AMA. Get involved yourself and make a difference by contributing to policy formation and implementation.

Let's not complain about the way things are unless we are prepared to do something about making things better.