

AUSTRALIAN MEDICAL
ASSOCIATION

ABN 37 008 426 793

T | 61 2 6270 5400

F | 61 2 6270 5499

E | info@ama.com.au

W | www.ama.com.au

42 Macquarie St Barton ACT 2600
PO Box 6090 Kingston ACT 2604

July 2 2008

The Secretary
House of Representatives Standing Committee on Health and Ageing
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Mr Catchpole

Re: AMA Submission to the Inquiry into Obesity in Australia

I would be grateful if you would accept the AMA's submission to the Standing Committee on Health and Ageing Inquiry into Obesity in Australia.

The AMA is the peak medical organisation in Australia representing doctors across all specialties of medicine and across all of Australia. The AMA considers the current and rising rates of overweight and obesity in Australia to be a matter of great concern, from both the perspective of individuals and the associated health risks involved and the point of view of the broader societal costs.

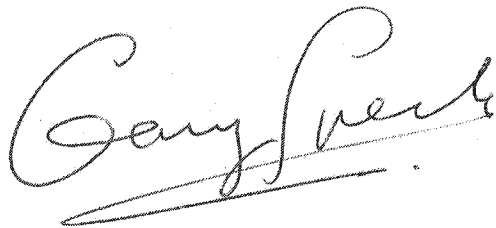
The Federal AMA has recently published its formal policy position on obesity in Australia. I have attached this position statement as the AMA's submission to this Committee's inquiry. I would also like to highlight below certain aspects of the AMA's policy position which we consider would be of particular importance to the Committee's deliberations.

1. The costs of obesity to individuals and Australian society are unsustainably high. *Immediate and concerted* action is required from all sectors of Australian society to prevent and reduce obesity.
2. The Federal Government has a central role to play in coordinating a strategic national approach. The AMA challenges the Federal Government to set firm goals and targets in preventing and reducing obesity, especially in our children.
3. Governments at all levels should employ the full range of policy, regulatory and financial instruments available to them to modify the behaviours and social practices that promote and sustain obesity.

4. The major focus and effort in preventing obesity should be on children and adolescents. Prevention should be targeted to groups or sectors of the population where the need is greatest.
5. Bariatric surgery for obesity is appropriate for obese adults with significant co-morbidities, for whom other measures have not been successful. The AMA believes that bariatric surgery is not appropriate for children or adolescents.
6. Medical professionals have a particular role to play in prevention and early intervention. Opportunities need to be extended for doctors to spend time with patients who are at risk of being overweight, and to have ready sources of current information on interventions, counselling and local facilities.
7. A range of measures to promote appropriate dietary behaviour and greater physical activity, and to treat obesity, ought to be adopted as part of a whole of society response to obesity. Such measures would include urban planning to incorporate measures to promote and facilitate physical activity, bans on the marketing of energy-dense/nutrient-poor food to children, mandatory 'at a glance' front of pack nutritional labelling for packaged food, government incentives for food industry and retail food outlets to reduce the production, sale and consumption of energy-dense/nutrient-poor products.

I refer you to the attached AMA Position Statement on Obesity for further details and evidence relating to these proposals. If you need any further information, please do not hesitate to contact me, or Dr Maurice Rickard, Manager, AMA Public Health Policy, on 6270 5449.

Yours sincerely

A handwritten signature in black ink, reading "Gary Speck". The signature is written in a cursive style and is underlined with a single horizontal line.

Dr Gary Speck,
Vice President
Australian Medical Association