

19 December 2025

Rudolf Zverina
Australian Energy Market Commission (AEMC)
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Sydney South NSW 1235
E: [REDACTED]

Yara Gonzaga
Essential Services Commission (ESC)
Level 8, 570 Bourke Street
Melbourne VIC 3000
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Dear Mr Zverina and Ms Gonzaga,

Re: Australian Medical Association position on triaging life support customers during prolonged power outages

The Australian Medical Association (AMA) welcomes the opportunity to provide input on proposed approaches to triaging life support customers for emergency assistance during prolonged power outages. The AMA is the peak body for doctors in Australia, acting as the leading voice in health policy, ethics, and advocacy for doctors and patients. We have been actively involved with national conversations around life support triaging, and we also wish to provide you with this written feedback to ensure our views on preferred ways forward are recorded.

AMA members practice across all settings of care and routinely manage patients whose health and survival depend on electrically powered medical equipment. Any triage framework must therefore be clinically appropriate, nationally consistent and practical to apply in routine care, without creating unnecessary administrative or medico-legal risk.

The AMA's preferred triage approach

The AMA supports **Option 1 – differentiating between Critical and Assistive life support customers** as the preferred national triage approach.

This position is:

- consistent with consultation undertaken during development of the *Better Protections for Life Support Customers Rule Change Proposal*
- supported by feedback from AMA members
- agreed to by the Life Support Medical Advisory Group who supported and guided the abovementioned Rule Change Proposal.

Option 1 provides a clear, stable and clinically appropriate framework reflecting existing medical practice. It avoids unnecessary complexity, supports national consistency, and is readily understood by clinicians, patients, energy businesses and emergency services.

Clinical appropriateness

Medical practitioners are well placed to distinguish between:

- critical life support, where continuous power is required to sustain life or prevent serious or irreversible harm; and
- assistive life support, where energy-dependent equipment supports health or functioning and short interruptions may be tolerated.

AMA members report this distinction aligns with everyday clinical reasoning. Practitioner concerns relate primarily to implementation risks — including unclear or inconsistent definitions, variable forms, medico-legal exposure, and life support registers not reflecting changes in clinical status — reinforcing the need for clarity and safeguards rather than a departure from Option 1.

Consideration of alternative triage options

The AMA has considered the full range of alternative triage options proposed:

- **Option 2 (low, medium and high need categories)** introduces subjectivity and risks inconsistent application, increasing the likelihood of defensive over-classification.
- **Option 3 (a ‘time-critical’ customer category)** reflects important emergency considerations but would be difficult to assess reliably within routine clinical consultations.
- **Option 4 (maximum time without power categories)** requires a level of precision that may not be clinically defensible and could increase medico-legal risk for practitioners.
- **Option 5 (triaging by equipment type)** may assist emergency response planning but does not adequately account for patient context, comorbidities or clinical trajectory if used in isolation.

Compared with these alternatives, Option 1 aligns most closely with existing clinical judgement, places the least additional burden on medical practitioners, and avoids shifting emergency response prioritisation responsibilities into clinical certification processes. While patient context and tolerance to power loss are relevant during emergencies, these matters are more appropriately addressed through emergency management and operational planning.

Implementation principles

To support effective and consistent implementation, the AMA strongly recommends:

- a single, concise and nationally consistent medical confirmation form
- clear definitions and examples of Critical and Assistive life support customers
- explicit limits on practitioner responsibility, confined to confirming clinical need
- reasonable reconfirmation intervals, with exemptions for permanent or progressive conditions
- appropriate medico-legal protections recognising good-faith clinical judgement

The AMA supports reforms strengthening protections for life support customers while remaining workable for the medical workforce. It is therefore our assessment that Option 1 provides the most clinically appropriate, least burdensome and most nationally consistent foundation for triaging patients during power outages.

The AMA welcomes continued collaboration to finalise a framework that protects patients, supports emergency response efforts, and respects medical practitioners' professional judgement. Please do not hesitate to contact us should you need further clarification on our position.

Yours sincerely,



Associate Professor Julian Rait OAM
Vice President