



RDMA's Newsletter

Newsletter December 2021

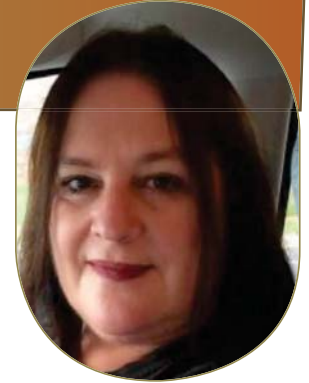
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RDMA's President Report Dr Kimberley Bondeson



Presidents Report – Dr Kimberley Bondeson – December, 2021

Summer is here, along with summer storms, and some flash flooding.

Christmas is nearly upon us, and then it will be the New Year – and what a year we have had in 2021.

Covid 19, of course, has predominately been our focus, with the Delta variant sweeping the world, and now the Omicron variant.

Our vaccines seem to be holding out at a respectable level against these new variants, and Australia is in the blessed position now of having sufficient vaccines for its population, as well as been able to donate doses to some of our less fortunate international neighbors.

The Queensland borders have finally opened, and many families and loved ones are being reunited.

Many of patients are making trips interstate to see family that they have not seen for over 2 years.

Hopefully the worse of the pandemic is over, and 2022 will see us come through the pandemic and into an endemic.

This will see relieved Doctors, nurses and allied health. It will allow us to live in our new world, and focus of other aspects of medicine.

It will allow hospitals surgical operating lists and outpatients clinics to actually start seeing patients – albeit telehealth is now well and truly a part of our practice.

We can put more focus back on basic health

care delivery, how to increase hospital beds, decrease private health insurance and improve overall patient care.

Maybe even get rid of that dreaded PBS authority script line.

And the anti-vaxers – I like this response from Dr Ian Hargraves, Surgeon, Sydney, Australian Doctors, 3 December, 2021.

“When it comes to vaccine mandates, the knee-jerk response is ‘I decide what goes into my body’, rather than the scientific reasoning that the binary choice is between filling my lungs with a rapidly evolving bat virus or my deltoid with a small dose of highly regulated, sterile medicine.”

Dr Hargraves article is entitled “Your Liberty! Or your lungs” and is well worth a read.

Enjoy the festive season, and I look forward to seeing everyone face-to-face next year!

Seasons greeting to everyone.

Kimberley Bondeson
RDMA President



Note: Free RDMA Membership For Doctors in Training

RDMA Meeting Dates Page 2.

The Redcliffe & District Local Medical Association sincerely thanks QML Pathology for the distribution of the monthly newsletter.



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RDMA 2022 MEETING DATES:

For all queries contact Angela our Meeting

Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Next

✓ Tuesday	February	22nd
Wednesday	March	30th
Tuesday	April	26th
Wednesday	May	25th
Tuesday	June	21st
Wednesday	July	27th
ANNUAL GENERAL MEETING AGM		
Tuesday	August	23rd
Wednesday	September	28th
Tuesday	October	25th
NETWORKING MEETING		
Friday	November	18th

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The team behind your result



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(left) Ms Aime Hall and (right) Angela Paten
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GREATER BRISBANE COUNCILOR'S REPORT

DR KIMBERLEY BONDESON

Members Update



Our world is now a different world, and one of the difficulties I see for many doctors and practices is how to look after our unvaccinated patients, without exposing our vulnerable vaccinated patients. The AMAQ has come up with a few suggestions, which are outlined below: (Queensland Doctors Community Open Forum Digest, Sunday December 12, 2021).

“As a business owner, you are within your rights to ask a patient to disclose their vaccination status and exclude them on this basis. However, AMAQ takes the position that everyone has the right to access health care”

“You are also able to ask the patient to: Take a rapid antigen test “. According to my Irish friend, anyone in Ireland, regardless of their vaccination status, has to have a rapid antigen test before they are allowed to see their GP or any doctor. “Wear Protective Equipment”, not terribly practical in most GP practices, as we simply do not have enough, (remember we were initially given 1 box of 50 surgical masks by our local PHN: our total

for 4 doctors for a period of 6 months).

”Answer Covid 19 question such as those asked when entering a hospital” – still not successful, as “Doctor, I have pain in my ears, no cough, no sore throat, no temperature, no runny nose” – and then, on entering my consulting room, start coughing, sneezing, wheezing, complaining of a sore throat and a temperature.

At least on most occasions when this has happened, one of the reception staff has picked up on the cough, and given the patient a mask and moved them to a separate room.

However, they still have potentially exposed other patients in the waiting room.

It is difficult to work out what to do.

Kimberley Bondeson

A festive holiday greeting graphic. At the top, a string of colorful Christmas lights (yellow, green, blue, red) hangs across the frame. Below the lights, a person is seen from behind, surfing on a wave. The background is a dark, moody photograph of the ocean. The text "Merry Christmas & Happy New Year!" is written in a large, white, cursive font across the center. Small white starburst graphics are scattered around the text. At the bottom left is the logo for "sports & spinal™" featuring a stylized green figure. At the bottom right is the logo for "Total Rehab Solutions" with a green circular graphic around the word "Rehab".

Merry Christmas
&
Happy New Year!

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NEXT MEETING DATE 22ND FEBRUARY 2022

RDMA End of Year Networking Meeting 19/11/21

Dr Kimberley Bondeson introduced tonight's speaker & Entertainers:.

Sponsor: RDMA Local Mediccal Association

Tonight's Speaker

Assoc Professor Chris Perry, AMAQ President

Tonight's Entertainers:

The Three Ameigos.

Photos below and left to the right.

1. Christmas Tree,
 - 2 & 3 The 3 Ameigos with Chris Perry and Kimberley Bondeson
 4. Jeremy Walker and Wayne Herdy.
 5. Ange, Aime and Lorraine Westacott New Member,
 6. Jonathon Orr and Dolina Sommerville,
- Top** Members looking at the Eclipse, Chris Perry, Alka Kothari, Wayne Herdy.



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RDMA'S VICE PRESIDENT'S REPORT

DR WAYNE HERDY

Members Update



This is the silly season, the season when people behave in ways that are truly silly. The retail industry rejoices that so many will spend sums of money, unequalled at any other time of the year, to buy consumer goods of questionable value, some of which are practical and even necessary, but so many of which will become trash well before their expected lifespan. People indulge in excesses of eating, drinking, and outrageous behaviour. Christmas in Australia comes in midsummer, the least sensible time to spend extended times exposing ourselves to ultraviolet irradiation. And we hear daily reminders of the road death toll throughout the season.

It is a time when the homeless, the isolated, the lonely, feel more than ever alone, unloved, unwanted. It is a time when those who suffered losses through the year feel those losses ever so keenly. I rarely introduce my personal life into my columns, but this is my first Christmas without my wife of 28 years. I leave it to my reader to reflect briefly on the impact of this event, not only for your humble scribe but for all the thousands who suffered a similar loss.

This is the Christians' holy season, a time to celebrate the anniversary of the birth of their God incarnate in human form. In an ever-increasing secular world, the true story of Christmas gets wrapped in a distorted traditional complex that has only a partial relevance to the real Biblical narrative. With Australia becoming increasingly multicultural, the Christian celebration is relevant to even smaller proportions of the population.

This is the holiday season, a time when so many take medical risks, at a time when a huge proportion of health resources have also chosen to holiday, leaving a decimated workforce to cope with an accelerated demand for services. Sunburn, dietary errors, injuries acquired learning to use unfamiliar sporting or transport equipment, all adds to the burden of health problems. And there are always the travellers who come from far away but left their regular medications at home, you know, the little white tablets.

But we must also look beyond the jaded view of those medical professionals who continue working through. Christmas is a family time, a time for bringing families together, a time for loving and caring. It is sadly and so often the only time of the year that brothers and sisters, aunts and

uncles, grandparents and grandchildren, are able to gather in the folds of safety, warmth and love that the word "family" conjures up. Old feuds and almost-forgotten hostilities might re-kindle, but more often we see the renewal of the most valuable bonds than mankind knows, the bonds of kinship. New brides and other partners are brought within the fold and forge links that will last the rest of their lives.

Yes, the Christmas holiday period is a complex time. But whatever it means to you, it is difficult for almost all of my readers to escape the two most positive aspects of the season.

For those of you who have families, remember to nurture and cherish those bonds.

For those of you who have any old-fashioned religious upbringing, I pray that your God may go with you in the coming days.

Wayne Herdy.

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BLMA End of Year Meeting at Brisbane Cricketers Club.

BLMA President Bob Brown, Dr Hasthika Ellepola, Vice-President, BLMA & James Collins. Speaker Dr Ryan Shulman, Radiologist, Queensland X-ray spoke on Radiological Advancements. Q4 Finance speakers Kelly Hill & Rob Rossi. Dr Anita Green, Tokoyo Paraolympics team doctor 2021.



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Could gastroesophageal reflux disease be the cause of your patient's chronic cough?

Reflux Scintigraphy now available at Lime Radiology.

Gastroesophageal reflux disease (GORD) is a common condition which may be asymptomatic or atypical, presenting as laryngopharyngeal reflux (LPR) and lung aspiration of refluxate.

GORD can be difficult to diagnose in patients who have a chronic cough but no heartburn symptoms. This is because common conditions such as post-nasal drip and asthma are also likely to cause a chronic cough.

Patients may not be displaying classic symptoms of GORD (heartburn & regurgitation) but may present with atypical upper respiratory tract symptoms such as chronic cough, dysphonia, sore throat and globus. There may be no symptoms of GORD in patients presenting with chronic cough. A high clinical index of suspicion is necessary to associate these symptoms with GORD.

Historically, GORD has been diagnosed using pH monitoring, fluoroscopy or endoscopy.

pH monitoring is performed off therapy. Standard test preparation is to cease anti-reflux therapy for the 3 days prior to the test. This causes a rebound acid effect, and the stomach produces more acid. Although this test is 50-80% sensitive & 77-100% specific in the presence of heartburn & regurgitation, it is limited to oesophageal disease only, particularly the lower oesophagus. This test is expensive, invasive, and may be poorly tolerated by patients.

Endoscopy is effective as an anatomical diagnostic tool, but has a poor sensitivity for GORD (less than 30%) and is limited to detecting reflux disease that is severe enough to damage the oesophagus.

Fluoroscopy or Barium Swallow is insensitive and has a high radiation burden and only demonstrates oesophageal disease.

Reflux Scintigraphy provides an effective, non-invasive screening tool for oesophageal disease, LPR and lung aspiration, detecting contamination throughout the maxillary sinuses, throat, middle ears, laryngopharynx, airways and lungs. Scintigraphy is 90% sensitive, detecting both acid and non-acid reflux and is well-tolerated by patients.

Reflux Scintigraphy is performed over three hours in two stages:

Test preparation is simple - involving a 4 hour fast, with all medications, including PPIs, to be taken prior to the fasting period. Gaviscon must not be taken on the day of the test.

Upon arrival to clinic, patient swallows 150mL of water with a small dose of Technetium and flushes the mouth with another 150mL of water to clear the mouth of the tracer. Dynamic images are taken from the mouth to the stomach in the upright and supine position with the gamma camera.

This is then analysed with special software to indicate the frequency and amplitude of reflux for the upper oesophagus and pharynx/ laryngopharynx. Liquid gastric emptying is also calculated.

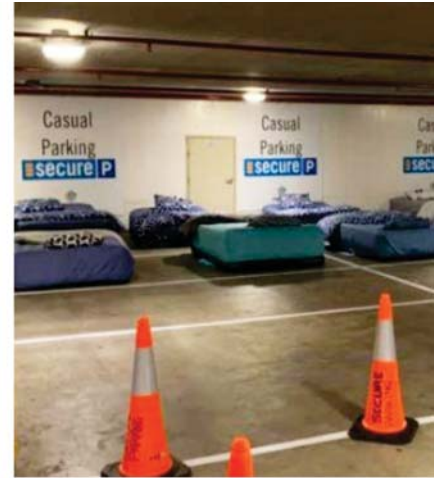
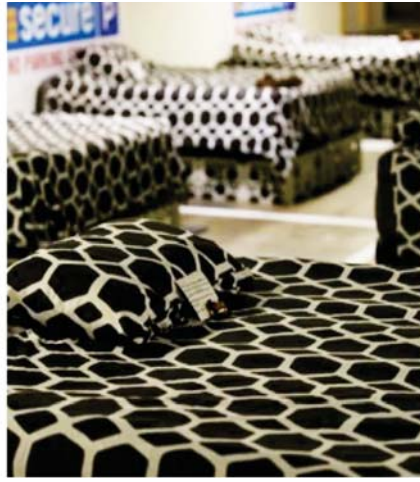
Following a 90-minute break, a study of the head, neck and chest will be performed to detect any aspiration of refluxate into the head and neck structures (including the laryngopharynx) and lungs.

Reports will be sent via secure electronic transmission to the referring health professional within 72 hours.

Referrals for Reflux Scintigraphy can be made out to Lime Radiology, 287 Oxley Avenue, MARGATE.

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Letter to the Editor

AMA Queensland Foundation– Beddown volunteers

I wish to highlight the work of an organisation called Beddown, whose dynamic CEO, Norm McGilvray, and I met at a city café recently.

You may have seen media about this organisation which turns car park spaces that are busy during the day but are vacant at night, into pop-up accommodation for homeless people.

Beddown believes everyone deserves a bed to sleep in and in repairing the quality of life for people experiencing homelessness, before building a life of quality. Beddown also works with other charitable organisations to provide complementary services such as laundry and showers, food and beverages, clothing, health and wellbeing, and more.

As the recently elected Chairman of the AMA Queensland Foundation, my coffee chat with Norm involved trialling a programmatic approach to building a better life for those who are experiencing homelessness and sleeping rough by offering counselling service, motivational interviewing and tackling addictions by offering drug and alcohol testing.

This is so we can get people experiencing homelessness employment ready and reverse their homeless state. I am quite excited as what we as doctors can do to offer this service by providing consultations and guidance to these people who have fallen on hard times.

If any RDMA members, (GPs and non-GP Specialists) are able to offer counselling, support, consultations on drug and alcohol addiction therapies or wish to know more about this wonderful program, please feel free to contact me.

It is such a worthy program. For those who are interested, please also see this 7News story: www.facebook.com/7NEWSBrisbane/videos/174787041225023/

Dr Dilip Dhupelia
dhupelia@bigpond.com
Chair, AMA Queensland Foundation

PRESIDENT AND CEO REPORT



Professor Chris Perry OAM and Dr Brett Dale

We are coming to the end of another year of unprecedented health challenges for the profession and the entire community. Lockdowns, border closures, COVID testing, vaccine supplies, and new variants have dominated. We've gone from Alpha to Delta to Omicron, and seen the public mood change from concern and compliance to complacency and acceptance.

As we move into 2022 and the third year of this pandemic, it's important to look back on how far we have come since COVID-19 first emerged.

COVID-19 – YEAR IN REVIEW

Our borders are reopening. Australia still has one of the lowest COVID death rates in the world, and one of this highest vaccination rates. There is much to be proud of, and AMA Queensland has worked hard with the State Government and other stakeholders to get us to this point.

We fought hard to get adequate personal protective equipment (PPE) and fit testing for our frontline health care workers. We advocated vigorously for vaccine supply, for training in vaccine administration and appropriate controls for vaccine storage. We battled successfully for indemnity for GPs who were administering the vaccines, and for better financial compensation for GPs taking part in the vaccine rollout.

We successfully lobbied for mandatory vaccinations for all health care workers, not just Queensland Health employees. With our Workplace Relations Team, we have helped small employers, including GPs and other specialists in private practice, negotiate the difficulties of requiring staff to be vaccinated in order to protect our most vulnerable.

We have been a leading voice for the vaccine rollout, even when that has made us unpopular with some elements of the community. We advocated for a clear roadmap out of COVID from the Queensland Government, and secured a border bubble for health care workers as essential workers. We ensured GPs were the backbone of the COVID-19 vaccine program, and lobbied for fair payments for them, including longer consultations and aged care visits.

We have continued to be an apolitical, bipartisan player, working with the Government and Opposition to deliver the best outcomes for Queenslanders and their health system.



Prof Chris Perry being interviewed by Seven News on the vaccine rollout

ADVOCACY ACHIEVEMENTS

While the pandemic has dominated 2021, we have also been busy working on other concerns for the profession and the community.

Emergency departments

Most recently, our Ramping Roundtable delivered its Action Plan for resolving emergency department logjams and hospital bed block. Three key strategies are required to improve the Queensland Health system including strong effective leadership, system and procedural innovation and appropriate investment by the State and Federal Government. The Government must:

1. commit to ongoing investment in more beds;
2. ensure Hospital and Health Services provide fully operational acute hospitals that function seven days a week with extended hours;
3. ensure Hospital and Health Services run hospitals at less than 90 per cent occupancy;
4. direct Hospital and Health Services to conduct a detailed analysis of patient flow within the hospital and report against those; and
5. support alternative models of access to hospital care other than through the emergency department.



Ramping Roundtable Chair Dr Kim Hansen addressing the media

This is an issue of concern for every state and territory, and you can expect to see coordinated action next year as we head into a federal election campaign. Read more on our website at qld.ama.com.au/advocacy/ramping-roundtable-action-plan

Voluntary Assisted Dying

We continue to work with the Queensland Government on how the Voluntary Assisted Dying (VAD) scheme will work when it comes into force in 2023. Our members have told us clearly that they believe early career doctors should be exempt from participating in VAD, and we continue to advocate for a minimum of five years post Fellowship experience for doctors taking part. Again, we thank all our members who contributed to our survey that shaped our submissions to the Government and our continued advocacy on this issue. You come from all specialties and all levels of experience, and your views have informed every submission, every conversation, and every public comment we have made about VAD over the past two years.

Senior Doctors

We have also developed a proposal for a new step down registration category for senior doctors as they move towards retirement, which may provide a 'ready reserve' workforce to support our health system in times of crisis, as has been the case overseas. We thank Associate Professor Geoff Hawson for his ongoing work on this issue.



Industrial Relations Wins

Our industrial relations partner, ASMOFQ (the Australian Salaried Medical Officers' Federation Queensland), secured a five per cent pay rise for Queensland Health-employed doctors and achieved pay equity for Rural Generalists working in rural hospitals. ASMOFQ also achieved several outcomes for Visiting Medical Officers (VMOs), including reactivating the VMO committee, securing equitable pay rises in line with other public hospital doctors, obtaining access to the Queensland Industrial Relations Commission (QIRC) and successfully lobbying for VMOs to be included in Medical Officers' Certified Agreement 6 (MOCA 6).

Alarming Results in RMO Survey

The sixth *Resident Hospital Health Check*, which evaluates employment conditions for Queensland doctors in training and compares hospitals across the state, showed the stress that the pandemic is adding to our junior doctors. More than half of those surveyed feared making a medical mistake due to fatigue. Read more on our website at qld.ama.com.au/advocacy/resident-hospital-health-check



Supporting Doctors' Mental health and Wellbeing

We know that doctors have faced unprecedented levels of mental and physical strain this year and we have run two campaigns, including *Self-Care September* and *Every Dr needs a GP*. For interns in Queensland hospitals, we have run the *Wellbeing at Work* program, including 24 sessions at 21 hospitals for more than 830 new doctors. We are lobbying the State Government for \$2 million to expand this program to all doctors in the public and private sectors.

Celebrating Members

We are incredibly proud of our members. Not only do we have the 2021 Queensland Australian of the Year, Dr Dinesh Palipana OAM, as a member, we also have the 2022 Queensland Young Australian of the Year, Dr Tahnee Bridson.

Dr Palipana, the first quadriplegic medical graduate and medical intern in Queensland, was recognised not just for his advocacy for people with disability, but for his contribution to scientific advances in treating spinal cord injury.

Dr Bridson was recognised for her dedication to helping doctors, nurses, and all health care workers across Australia and New Zealand cope with the impacts of the COVID pandemic on their own mental wellbeing. We wish her all the best at the national Australian of the Year Awards in January.

The Year Ahead

In 2022, we will continue to support and represent the Queensland medical profession in key issues including the ramping crisis, overdue Medicare changes, continuing to protect health care workers during the COVID pandemic, and advocating for strong health outcomes in the upcoming Federal election.

We urge all members to continue to be a part of the AMA Queensland community of doctors who collaborate, support and connect with each other to advocate for change on the health care issues that matter.

We wish you all a safe and healthy festive season and hope you can spend time with loved ones. Many of you will spend this holiday season working to keep Queenslanders safe and healthy. Our thanks and thoughts are with you all.



Answers to Questions in Quora (Internet)-3

By Dr Mal Mohanlal Continued on page 15

If someone (anybody) is wishing for something to happen in someone else's life, will the forces work harder to keep it from happening? Ex: if someone wants something bad to happen to somebody, will the forces/universe try and protect them even more?

This is what I call wishful thinking. You do not realize that you are producing negative chemicals in your body if you entertain a negative thought about someone but not in the other person. It is a good formula to destroy your peace of mind and mental health. The other person would not even know or care that you were such a miserable person. Please read what I write about the subconscious mind and how it works in my articles on the Internet.

Why do people who suffer with depression feel emotions more deeply than others?

We live in a very self-centred world where no one wants to look at their ego and learn how it influences our subconscious mind. It is our subconscious mind the way we stimulate it that makes us happy or sad. When people are depressed, the whole world looks negative. Also, the words they use in their mind (their thoughts) are negative, and as such, they produce a lot of harmful chemicals in their brain. The result can only be depression and miserable feelings. For example, if you say, "I hope I will be fine", can you see that it produces instant doubt in your mind? But if you say, "I am fine", you feel much more positive even if you did not mean it. One should learn how to manipulate the subconscious mind positively and make oneself happy by acquiring some self-knowledge.

Does our personality evolve when we grow, or is it just our mind which evolves?

Our personality depends on our experience and knowledge. They are the properties of the mind. So we cannot exclude them from the mind. As we mentally gain insight, we mentally mature.

How does love never die?

Love is the only thing that takes one beyond their ego and makes one think about someone else. It is an unconditional feeling that creates happiness. It may be a one-way affair, but it creates a powerful hypnotic bond when it is reciprocated. When you love, you are always a winner, never a loser, no matter what happens. It is the ingredient that opens the world beyond your ego; therefore, love can never die.

Why is love without pain not love?

Love never gives pain. It is our selfishness that

gives us pain. Where there is self, there is no love. They are mutually exclusive. If you think you are in love and it gives you pain, it means your ego is hurt. Learn about the ego and go beyond yourself. There is no such thing as a broken heart if you realize what love is. Please read what I have to say about acquiring self-knowledge.

Why does this question hurt the most when someone asks you that "what are you doing in your life"? What is the intention behind asking this question? Can you explain it psychologically?

We are all ego-trippers. Most of us are trying to boost our egos and achieve something in life. Most people do not want to look at themselves. This question makes them look at themselves and evaluate their life. It makes them instantly uncomfortable unless they have something interesting to talk about. It may be an innocent question or a prying one.

If consciousness is different from the mind, how do the two relate to thought and thinking?

In my mind, consciousness is not separate from the mind. It is the property of the mind which allows us to experience reality and become aware of who we are, what we are and where we are. But we need the brain to do this. Without the brain, we will not be able to think and reason the way we do. I do not believe we can separate the two. Once we treat consciousness separate from the mind, we create a whole world of delusion. Please read my latest article, which might help you understand my thoughts.

Why does my boyfriend tell me he wants to live with me forever?

Because he is in love with you, and obviously, you do not know what love is.

Is there anything else than a body, soul, and spirit? Could there be more?

You are the bubble full of air. When the bubble bursts, the air still exists. Does it not? Think about it. Better still, read about what I have to say on the mind on the Internet.

How can I access limitless brain-power?

Your brain is limited, but your mind is limitless. You have to use your brain to discover the limitless.

How do I forget my father? He died on the 3rd of July.

Why do you want to forget your father? Did you

Fascinating Facts About Medicine

December 2021 Dr Stephanie Pommerel



The insertion of the hamstrings tendon into the anteromedial aspect of the knee (the tibia, to be precise) is called the **pes anserinus** (foot of goose, literally, in Latin). So called because of its tripartite shape, the pes anserinus is the distal anchor for the combined insertion for:

- Sartorius, the so-called tailor's muscle, as it abducts and externally rotates the hip, while flexing the knee;
- Gracilis, satirically taught to me as 'protector vaginalis', as it keeps the knees shut, ladies;
- Semitendinosus, which extends the hip and flexes the knees, in true hamstrings form.

With thanks to Gary, Violet and the kids for their family portrait, and to Henry Carter for his inimitable anatomical drawings (Gray, H. [1994]. Gray's Anatomy. The Book Company International: Sydney, p. 296).. See also <https://radiopaedia.org/articles/pes-anserinus> for more information (clinical, that is).

Answers to Questions in Quora (Internet)-3 By Dr Mal Mohanlal Continued from page 14

not love him? Why should anyone try to forget someone, good or bad, who has been part of their life experience? Your father is a part of you because you are carrying his genes. He will always be with you. Now if you want to forget someone, I have given answers on how to in Quora. Please look them up.

How do you know if you can be hypnotized?

Do you know you are being hypnotised when you are reading a book or watching TV and following a story? And you still want to know if you can be hypnotized? Please read my recent article on hypnosis.

Why don't humans evolve to be even more intelligent?

Most of us are conditioned to think in a particular way and therefore do not think for ourselves. How can one become more intelligent when one is involved in primarily escapist activities? If you are using your brain only to boost your ego without understanding the ego, how can you become more intelligent? You have to start using your brain to think for yourself and stop following others to become more intelligent.

What happens to consciousness after

death? Where do we go?

Do you know that there is a timeless dimension that coexists with the time dimension we use? If you go to the mountaintop or out in the out-back, you will experience a spontaneous phenomenon where the observer in mind and what is being observed become one. When this happens, you will have walked into the timeless dimension and realise that you are one with the timeless universe. It is only when you use words to describe what you see that you quickly return to your time zone. This, my friend, is the timeless dimension we return to when we die. I want people to discover this timeless dimension while they are alive and lose the fear of death. Please read my latest article to help you see what I understand in my mind.

Please read the "The Enchanted Time Traveller – A Book of Self-Knowledge and The Subconscious Mind" to learn more about your mind.

Visit website: <http://theenchantedtimetraveller.com.au>. The EBook is available at Amazon.com.

Dr Mal Mohanlal



Clinical TRIALS

Despite the challenges of COVID-19, our work continues and is more relevant ever before

Sunshine Coast



2021 saw USC Clinical Trials participate in more clinical trial research activities than ever before including initiating 33 new clinical trials which engaged 9,201 people in the community and enrolling over 700 participants.

Highlights across the many trials include four COVID-19 vaccine trials, a needle-free patch vaccine study, completing 2 malaria challenge trials, an increase in cancer trials portfolio and further expansion into early phase healthy volunteer research.

We averaged 660 visits per month into our four locations, reaching close to 1,000 in September and October.

To date we have partnered with 49 industry partners including 39 sponsor companies and 10 contract research organisations.

From three staff in 2015, we have grown the workforce to over sixty staff across four sites including Brisbane, Sunshine Coast, Moreton Bay and Oncology clinic in Buderim, Sunshine Coast.

Oncology & Haematology



Moreton Bay & Brisbane



Sunshine Coast

Level 1/9 Ochre Way
Sippy Downs QLD 4556
(07) 5456 3797



Moreton Bay

Level 1/19-31 Dickson Road
Morayfield QLD 4506
(07) 5456 3965



Brisbane

Building A2, SW1 Complex
52 Merivale Street
South Brisbane QLD 4101
07 5409 8630

We have been driving innovation through projects such as our consumer confidence index initiative, to provide a voice to our participants by offering a systematic engagement platform which solicits feedback on perspectives relating to service delivery and experiences when on a trial.

As another tumultuous year comes to an end, we would like to sincerely thank all our participants who have been pivotal to the success of USC Clinical Trials: we thank you for your interest, your ongoing enthusiasm for medical research, and your support and advocacy. Our USC Clinical Trials Team would like to wish you all a safe and enjoyable Christmas and New Year and we look forward to working with our community in 2022.

New guidance for the allocation of professional firm profits

Effective from 1st July 2021, the ATO outlined their new proposed compliance approach to the allocation of profits for professional firms and medical practitioners.

The ATO has always had concerns about arrangements involving redirecting of income that includes income from professional services received by individual professional practitioners to associated entities to reduce the amount of tax liability, hence the release of the long awaited new Practical Compliance Guidelines (PCG).

The new Practical Compliance Guidelines is essentially statements the ATO make on how they will do their job administering taxation laws. The PCG uses a two step approach to assess the tax risk, called 'Gateways', that must both be passed to be considered low risk.

Gateway 1 is designed to ensure there is a genuine commercial reason for the way arrangements are structured and profits are distributed. The second Gateway states that the arrangement must not contain any high-risk features.

If you pass these gateways, the PCG sets out a series of measurements relating to the allocation of your business's profits between the owners and related parties. Applying these measurements results in a score for your business which places you in one of three risk zones: Green, Amber or Red. This will determine whether the ATO will pay further attention to your business in relation to its allocation of profits.

An example of how this will be administered across the three zones is as follows:

1. The more business profits being allocated to the owners will place you in the green zone
2. The less and less the profits are allocated to the owners and more to other related parties will push you in to the Amber & Red zone.

If you do find yourself in the Amber or Red Zone the ATO have made it clear in the PCG that they will investigate further which may result in audit.

To seek advice on where your current profit allocation sits please reach out to your advisor to get assistance on which zone you will land in. If it appears you may sit in the Amber or Red zone it may result in further tax planning conversations, which we can help you with here at Poole Group.

Article written by Brooke Fenwick.

Please note – the above does not constitute tax advice and readers should seek advice for their individual circumstances from their trusted advisor.

PERMANENT TELEHEALTH BRINGS MEDICARE INTO 21ST CENTURY SAYS AMA

The AMA says the health of all Australians will benefit from the availability of telehealth, which the Government has today announced will be permanently funded through Medicare.

AMA President Dr Omar Khorshid said just over a year ago the AMA was pleased to stand alongside Health Minister Greg Hunt, when he committed to make Medicare-funded telehealth a permanent part of the health system, something the AMA had been lobbying for over many years.

“Today’s announcement is very welcome news. Ongoing telehealth has been locked into our health care system for both GP and non-GP specialist services.

This will ensure Australia’s healthcare system continues to be one of the most equitable and effective systems around the world,” Dr Khorshid said.

“Since the beginning of the COVID-19 pandemic we have seen temporary MBS arrangements put in place to support patients to access medical care via the telephone and video.

“These arrangements have been embraced by both doctors and patients, with telehealth giving people access to care while reducing community transmission of the virus.

“The COVID-19 pandemic is still not over, and telehealth will now be able to continue to play a significant role in keeping the community safe, particularly in outbreak situations.

It will protect the vulnerable members of the community and help ensure practices can stay open, servicing the community.

“We know just how critical it is to ensure practices can remain open during the pandemic and telehealth, combined with adequate provision of personal protective equipment to medical practices

are key to continuing to provide services for patients.”

Dr Khorshid said telehealth also improved access to healthcare for people who found it difficult to take time off work; could not leave children or people they were caring for and who live out of town and away from their GP or non-GP specialist.

“A face-to-face visit to a doctor will still remain an essential part of our health system.

However, Medicare was established in 1984 well before people had access to mobile phones or video conferencing and expanding access to telehealth is an overdue reform, which brings Medicare into the 21st century,” Dr Khorshid said.

13 December 2021
CONTACT: 02 6270 5478

AMA Media: media@ama.com.au

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Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Where We Work and Live

*Vietnam: Colleen Mealy (Royal Australian Army),
[https://anzacportal.dva.gov.au/resources/ColleenMealy\(Royal Australian Army\)](https://anzacportal.dva.gov.au/resources/ColleenMealy(Royal%20Australian%20Army))*

Colleen Mealy, Royal Australian Army Nurse

Colleen Mealy worked as an Australian Army nurse in Vietnam. Conditions were basic, but they were dedicated to their patients.

Colleen Mealy discovered that she was being sent to Vietnam in a most unusual way.

"I found out on the ABC radio. They said four nurses were going. My name came up so I raced down to matron's quarters and said, 'I've just heard I'm going to Vietnam!'

And she said, 'It's a secret.' I said, 'Well it's not anymore.' So I had to ring my parents then.

We flew into Saigon, got met, stayed there one night, nice hotel. Next day on a Wallaby flight into Vung Tau to the dirt and the dust and the mayhem."

Colleen was one of the first four Australian Army nurses in Vietnam, serving with 8th Field Ambulance In Vung Tau.

"It was tents and some Nissen huts. No air-conditioning, no running water. We managed to make it a home ourselves; we went out, we shopped in the village and we got some of the boys who weren't too sick to paint the walls for us.

We made it our home, we made it feminine.

Usually dusk and dawn were the times when we got casualties. The siren would go, you'd quickly get dressed, race downhill.

The boys would carry the stretchers from the chopper "" they would have had their weapons taken away from them before they got into the triage area unless they had a rifle strapped to their leg as a splint.

We'd then just cut off their clothes straightaway so we could look over them completely; meanwhile the medics were popping drips in both arms and an ankle if you could get it, and then the surgeon would come and do a quick look over and then we'd patch them up with dressings and things as much as we could.



***Colleen Mealy (Royal Australian Army),
Army Nurse***

Gut wounds would go straight into theatre without any hesitation, and then we would just work until all the casualties were treated.

Seeing all these young boys, the ones who had been killed and the ones that we worked on, losing both legs and an arm, I mean, how can you see them going back into civilian life?

And the number of boys that were crying, 'My girlfriend won't want me anymore.' It breaks your heart.

We could help the boys - when they'd come in and they'd see an Aussie nurse there they'd have a smile on their face.

And no matter how bad they were they'd all have a little joke. They'd say, 'Oh Sister, my family jewels alright?' 'Yup', you know. Then they'd be happy.

Or if they'd come in with their leg off. 'Oh well, no more dancing for me.'

It was just that Aussie attitude they had. You couldn't do enough for them. It changed my life completely. I don't know where I would be today if I hadn't gone."

The End

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