



RDMA's Newsletter

Newsletter December 2023

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RDMA's President Report Dr Kimberley Bondeson

Seasons greetings to everyone. There is some wild weather in Australia again, with bush fires in Victoria and Cyclone Jasper causing havoc in Far North Queensland. Our thoughts are with the people who are living in these areas and are affected by this.

I have had some feed back from one of the GP clinics that closed recently in Rockhampton. It was the only bulk billing clinic in that town, and it closed its doors without warning, along with its 28 doctors.

It has now reopened as an Urgent Care Clinic, which is bulk billing. It has one doctor, one nurse and one receptionist. According to one of the locals, the clinic saw 57 patients on a Saturday morning. Its hours are advertised as being open 7 days a week, from 8 am until 5pm every day.

The patient was seen by the doctor, and bulk billed for the consultation, and was sent for an urgent ultrasound scan with query appendicitis, which cost the 15yo patient over \$200.00.

The Courier Mail recently ran an article about the new Satellite hospital at Caboolture. It was congratulating the staff and patients there, as the new center is offering 12 new dialysis beds for renal patients, who previously would have to go into Brisbane for their dialysis.

Our recent End of Year Networking Function was held at The Post Office Hotel at Sandgate, and was enjoyed by all.

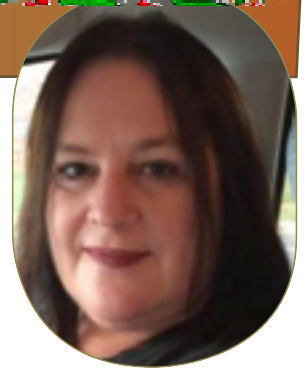
Congratulations to Dr Wayne Herdy and Dr Peter Stephenson for accepting positions as Committee Members for RDMA.

Both have for many years contributed to the Association in other roles, and to my delight, will continue to do so as Committee Members.

Dr Stephenson has written an excellent article, which was initially published in the Australian Doctor, and is in this addition of RDMA. I highly recommend it to everyone; it gives a very personal and practical description of a difficult and often diversifying topic.

Seasons Greetings to everyone. Have a lovely Christmas break, and we will see you all next year! Please remember that the next meeting will be held at The Komo, and any new members are welcome.

Kimberley Bondeson



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.

RDMA 2024 MEETING DATES:

For all queries contact our Meeting Convener:
Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: The Komo, WaterView Room 1,
99 Marine Parade Redcliffe

Time: 7.00 pm for 7.30 pm

Next meeting date is

NEXT	Tuesday	February	27th
	Wednesday	March	27th
	Tuesday	April	30th
	Wednesday	May	29th
	Tuesday	June	25th
	Wednesday	July	31st
	Tuesday	August	20th
	Wednesday	September	25th
ANNUAL GENERAL MEETING			
	Tuesday	October	29th
NETWORKING MEETING			
	Friday	November	29th TBC

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Advertising information is on
RDMA's website

www.redcliffedoctorsmedicalassociation.org/

NEXT NEWSLETTER DEADLINE

Advertising & Contribution

Due by the 15th of each Month 2023

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Please note the following discounts:

- ▶ 10% discount for 3 or more placements
- ▶ 20% discount for 11 placements (1 year)
- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

CLASSIFIEDS

Classifieds subject to the Editor's discretion.

- ▶ No charge to current RDMA members.
- ▶ Non-members \$55.00

If you would like to advertise in the next month's newsletter please email RDMAnews@gmail.com in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page in Word with approximately 800 words.

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Lumus Imaging North Lakes has exciting news!

Our new Siemens MRI
will be operational
from the end of October.

For Bookings
please call our lovely staff on
07 3142 1611
lumusimaging.com.au



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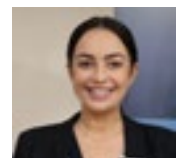
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RDMA NETWORKING PARTY 17TH NOVEMBER 2023



RDMA MEETING 17TH NOVEMBER 2023

RDMA Meeting 17/11/23

Kimberley Bondeson RDMA President's welcomed the members to the Post Office Hotel for the End of Year Networking Meeting and gave an update on the past year and congratulated our new Executive Members Dr Wayne Herdy and Dr Peter Stephensen.

Clockwise from the left:

Photo 1

Chris and Peta McLaren with Graham and Cheryl McNally.

Photo 2

Eugene Lim and Geoffrey Harding.

Photo 3

Geoffrey Hawson and Post Office Hotel Owner Ian Van der Woude

Photo 4

Kym Irving & Anna Wozniak

Photo 5

Peter Kirshen, Dr and Mrs Mohanlal

Photo 6

Philip Dupre with Peter and Gabrielle Stephensen and their family friend Keith Gargett

Photo 7

Wendy Payne, Wayne Herdy, Kimberley Bondeson.

Photo 8

Peter Stephensen, Geoffrey Hawson, Kym Irving.





VOLUNTARY ASSISTED DYING (VAD)

Having passed 2nd MB at St. Mary's Hospital Medical School in Paddington, London UK in 1970, I enthusiastically hit the wards of the hospital.

However, I was shocked to see a patient with a fungating maxillary cancer that smelled so bad that it permeated the whole ward.

You could see into her pharyngeal space from the end of the bed. Surely we could euthanase that patient at her request but I found out that was totally illegal.

All we could legally offer her was terminal sedation.

I have been a devout voluntary assisted dying proponent ever since, doing my best to support the cause and admiring the many brave doctors that have gone highly public such as Dr. Kevorkian, Dr. Philip Nitschke and Dr. Rodney Syme.

I have belonged to the Queensland Dying with Dignity Association since I first heard about it, and joined drs4assisted-dyingchoice.org and presented cases at the initial Queensland parliamentary enquiry in Brisbane.

At the enquiry, I heard one of the established church's bishop opine that suffering during dying was a good thing to which I heckled "Bullshit".

The clerk taking the minutes glared at me but I don't think she wrote it down.

Anyway, at last we now have voluntary assisted dying (VAD) in Queensland, the third Australian state to legalise it and commenced on the 1st January 2023.

I immediately did the on-line course to be an approved VAD practitioner before that date. The course was meant to be 8hrs but probably took me 10 hours over a couple of weeks.

The course was tedious and stressful because there was an on-line exam at the end of it and you had to pass (25/30) with only 5 attempts; I passed first go with 28/30.

Accessing VAD requires two medical practitioners, one to lead (coordinating) and a second opinion (consulting).

10 days have to elapse from the first consult before VAD can be accessed but in extreme cases, this can be shortened.

The coordinating practitioner and consulting practitioner have to make sure that the patient is eligible to access it under the many rules, especially that there has been no coercion, and that the patient is likely to die in the next 12 months.

There are three ways to administer the substance that put the patient to sleep permanently.

Step 1&2: 30mls either orally or via a NG tube or PEG;

Step 3. IV with two cannulas inserted just in case one occludes. Prior to the enteric routes, anti-emetics are used and the patient has to have an empty stomach.

In Queensland we have excellent support from Queensland Health in having an excellent clinical nurse practitioner who can be delegated to become the Administration Practitioner.

VOLUNTARY ASSISTED DYING (VAD) *CONTINUED*

They also arrange delivery of the VAD substance and instruct the patient and contact person on how to take it.

If it happens at home, a death certificate needs to be made out by the Coordinating Practitioner without mentioning VAD.

I initially gave two second opinions face to face and both patients were bedridden and quite likely to die in 12 months. The third VAD case was one of my lovely regular patients and ex-hospital matron from way back.

She was living at home and was struggling to get to the toilet with home oxygen. I really did not want her to use VAD because she was such a character.

When I had to do the Life Extinct/Death Certificate, she was sitting propped up in bed with her specs on her face reading a book. She was quite cold and relaxed.

What a lovely way to go and I felt immense pride in being part of giving her what she wanted.

Since being a VAD practitioner, I have concluded the course needs only to be a maximum of two hours and should have unlimited attempts.

Being a VAD practitioner is not onerous mentally and quite straight forward. The regulation that only Queensland residents can access it needs to be changed now that all the states are on board.

There is a lot of box ticking on line that ensures the rules are followed and paperwork for the patient and their contact person to fill in.

I do not mind the bureaucracy of it because we need to have transparency in what we are doing so as not to confirm the anti-VAD groups who stridently think it is the slippery slope.

I have already knocked back a lady with renal failure as she was not likely to die in 12 months.

The following has prompted this article: One of my regular patients was riddled with metastatic cancer.

Very sadly she left it too late to access VAD. I saw her in A&E having been taken in by ambulance in extreme pain.

She pleaded with me to allow her to use VAD but I was not able to find a second VAD practitioner as the only one in that hospital was on annual leave.

She ended up doped up on a morphine drip with her poor family sitting around her for five days till she died.

Remuneration is a sore point amongst GP VAD practitioners as we mostly bulk-bill Medicare.

If we see them in hospital, there is no bulk-billing incentive.

However, job satisfaction is high in my opinion. This service is ideal for Senior Active Doctors if we can get a level of registration approved.

So if you have read this far, please volunteer to be a VAD practitioner as we need many more to satisfy the demand.

Peter Stephensen.



Myocardial Perfusion Scans available at Lime Radiology

Lime Radiology is pleased to announce the return of Myocardial Perfusion Scans as part of our Nuclear Medicine service.

All eligible Nuclear Medicine examinations are bulk billed

287 Oxley Ave
Margate QLD 4019

reception@limeradiology.com.au
limeradiology.com.au

07 3283 9200

It's the **MOST** Wonderful Time of the Year!

Thank you for supporting the Sports & Spinal Group!
We look forward to continuing to work with you in 2024 and providing patients with the very best, evidence-based healthcare.



Exploring a new intervention approach for children with autism spectrum disorder and sleep disorders

If your child has been diagnosed with autism spectrum disorder (ASD) and sleep disorder or reported sleep difficulties or troubles such as sleep anxiety, bedtime resistance, sleep-onset delays, shorter sleep duration, frequent and prolonged night waking, parasomnia, insomnia, low sleep efficiency, early waking, and or daytime sleepiness, please get in touch with **Lawrence** on **u_e001@student.usc.edu.au** to discuss possible participation in a research study using an individualised, non-pharmacological and non-invasive treatment option for improving ASD and sleep symptoms.

This research study has ethics approval number S221766 and is registered under the Australian New Zealand Clinical Trials Registry (ANZCTR): ACTRN12623000757617

Why participate?

- Your child may experience improved sleep.
- Your child may experience improved social, communication, and behavioural skills.
- Your child may experience an improved quality of life.
- You may experience an improved quality of life and well-being as a primary caregiver.

Who can participate?

- Children between 6-12 years old with a diagnosis of ASD (level 2) and with sleep difficulties and who can undergo 2 to 4 sleep assessments using polysomnography (at-home sleep monitor) and actigraphy (wearable on the wrist); and
- who have never been treated with repetitive transcranial magnetic stimulation (rTMS) or EEG-tailored transcranial magnetic stimulation (α -rTMS) before.

What can I expect?

- You and your child must be able and willing to attend at least ten α -rTMS sessions (one per weekday for two consecutive weeks), including two electroencephalograms (EEGs) and at least two clinical consultations at the Brain Treatment Centre, Australia, located at 19-31 Dickson Road, Morayfield.
- You will be asked questions about your child's medical history, current symptoms, and sleep patterns and how this affects your quality of life as a primary caregiver.
- We will show you how the at-home actigraphy and polysomnography work and be available to answer any questions you may have (after service hour include).
- Participants on the National Disability Insurance Scheme (NDIS) who have never been treated with rTMS or α -rTMS are also welcome to participate in this study.

For more information and expression of interest, follow the link <https://recruitmentflyer.netlify.app> or scan the QR code.



MEDIA RELEASE

Wednesday, 6 December 2023

Hospital funding changes and more for Medicare welcome

Changes to hospital funding and further investments in primary care announced today at National Cabinet are a welcome start to addressing the issues that are crippling Australia's health system.

Australian Medical Association President Professor Steve Robson said the AMA had been campaigning through the [Clear the Hospital Logjam](#) campaign since before the last election for an increase to the Commonwealth's share of funding for hospitals and for the 6.5 per cent cap on funding growth to be scrapped.

"The announcement by the Prime Minister today of an increase in the Commonwealth's share of funding to 45 per cent over a maximum of ten years is a welcome start to tackling the problems that are keeping our public hospitals in logjam," Professor Robson said.

"Only today we've seen the release of [Australian Institute of Health and Welfare](#) figures showing that, against all measures, our public hospitals are struggling and planned surgery waiting lists have soared past 850,000. People are quite literally dying before they get the surgery they need.

"This funding will help Australia's hospitals expand their capacity to address ballooning surgery lists and falling performance in other areas like emergency department wait times, and we look forward to seeing the states and territories reinvesting this extra money to tackle these problems," Professor Robson said.

"We also campaigned for the Commonwealth to scrap the arbitrary 6.5 per cent cap on funding growth and we've seen a commitment to change that and apply a more generous approach. We are yet to see the detail, but we are hopeful this is the start of an overhaul to a funding agreement that also lacks any kind of performance measures."

Professor Robson said the additional funding for Strengthening Medicare measures was also welcome, including support that will help older Australians avoid hospital admission and ensure early discharge from hospital.

"The AMA released [a discussion paper](#) today outlining just how much preventable hospital admissions for older Australians is costing the system — more than \$31 billion. And we highlighted the impact of patients being stuck in hospital with nowhere to go in our report [Hospital exit block: a symptom of a sick system](#). But there are others including people with a mental health-related illnesses and people with a disability who are also at risk of preventable conditions and delayed discharged.

"The federal government's commitment to addressing workforce issues is also welcome, including through the implementation of the Kruk Review interim recommendations, in particular the streamlining of the immigration and application processes for international medical graduates (IMGs).

"However, we remain concerned about some of the recommendations on the assessment of specialist IMGs. Efforts to make it easier for overseas trained health professionals must not include a lowering of standards. We expect the final report to be released imminently and will provide further comment at that time."

RDMA Media Release

Santa spreads Christmas cheer at Redcliffe Hospital

Children in Redcliffe Hospital Paediatric Unit received a surprise visit from a very special Santa on Thursday 7 December as he handed out some of the hundreds of gifts donated to the Hospital this year by Lewis Land Group.

Santa, Redcliffe's own local radio celebrity Big Jon from 99.7 Bridge FM, delivered gifts for all the children on the ward and left boxes of toys to be distributed to other children and babies in the Paediatric Emergency Department, Maternity Unit, Special Care Nursery, Child Protection Unit and Social Work over the Christmas period.

Nurse Unit Manager Emma O'Hara was overwhelmed by the continued generosity of Lewis Land Group, owners of The Belvedere and The Komo.

"We are so appreciative of this donation. It is great to see smiles on the children's faces especially those in Hospital at this time of year," Emma said.

Lewis Land Group has donated over \$30,000 in toys to Raise it for Redcliffe Hospital over the past four years and more than \$180,000 in total through their additional support as the major Impact Partner for Redcliffe Hospital Giving Day.

"Our annual Christmas toy donation is a heartfelt tradition," said Chris Allison, Queensland Regional Manager, Leisure at the Lewis Land Group.

"Being able to provide gifts to babies and children in care is one of the most rewarding things we could do and we're in a fortunate position to be able to do this for our communities."

Raise it for Redcliffe Hospital is a partnership between the RBWH Foundation and Redcliffe Hospital. All funds raised support innovative patient care projects, life-changing health research and other hospital initiatives that fall outside the scope of government funding.

RBWH Foundation CEO Simone Garske applauded the continuous philanthropic leadership of Lewis Land Group.

"Christmas is a special time for giving and we thank Lewis Land Group for their generosity not only now but all year round," said Ms Garske.

"These toys will spread joy and make a huge difference to the children who find themselves in Hospital at Christmas time."

"They will brighten the day of our youngest patients and their loved ones at the time of year that is all about generosity of spirit and celebrating connection."

To keep up to date with the latest events, follow the Raise it for Redcliffe Facebook page. RDMA members can also share the Christmas spirit with a gift at www.raiseitforredcliffe.com.au

MEDIA CONTACTS:

Dana Lang - Senior Media and Communications Advisor, RBWH Foundation
Phone: 0404 866 903/ email: d.lang@rbwhfoundation.com.au

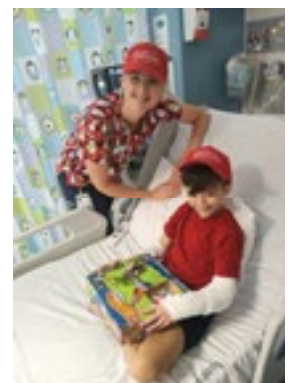
Sharyn Tidswell – Fundraising Manager – Raise it for Redcliffe Hospital
Phone: 0438 912 204/ email: s.tidswell@rbwhfoundation.com.au



Santa with Emma O'Hara, Paediatric Nurse Unit Manager, Redcliffe Hospital



Celebrating Christmas generosity for children with The Komo and The Belvedere representatives Megan Allison and Sarah Casey



Nurse Lisa with seven-year-old Braxtyn... grateful for his Christmas gift

GP Liaison Update

[Metro North GP Liaison Team](mailto:mngplo@health.qld.gov.au) can be contacted here at mngplo@health.qld.gov.au

Useful local GP resource - [Metro North Health GP Hub “Refer Your Patient”](https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient)
(https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient)

Urban Indigenous Respiratory Outreach Clinic (UROC)

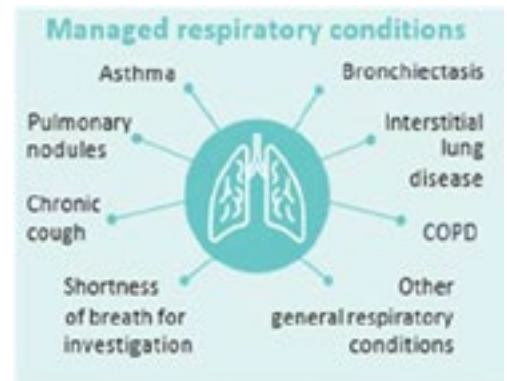
Do you have a First Nations patient that requires specialist outpatient respiratory care? Have you considered UROC?



The [UROC program](#) delivers culturally appropriate patient-centred care to Aboriginal and Torres Strait Islander people by providing clinics at MATSICHS (Moreton Aboriginal and Torres Strait Islander Community Health Service) centres in Margate and Morayfield. Lung function testing will be offered on site. (https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient/respiratorythoracic-medicine)

Referrals are requested to be sent via the usual Metro North Health referral channel and clearly marked for the UROC Program. The UROC Program is available for adults who identify as Aboriginal and Torres Strait Islander requiring a specialist respiratory service.

For further information, please contact the UROC team on 3139 4000 (extension 84015) or via email on UROC@health.qld.gov.au



Termination of Pregnancy

GPs in Metro North can refer patients to Royal Brisbane and Women's, Redcliffe, and Caboolture Hospitals for termination of pregnancy.

Referrals are triaged by the Metro North Termination of Pregnancy Nurse Navigator who can be contacted 08:30 AM – 3:30PM Monday - Friday via the Metro North Clinical Advice Line 1800 569 099.

GP Smart Referrals are preferred:

- 'Priority' - Urgent
- 'Condition and Specialty' - Gynaecology - Termination of pregnancy (Gynaecology) (Adult)
- 'Service/Location' - Termination of Pregnancy - ROYAL BRISBANE & WOMEN'S HOSPITAL (for ToP referrals to Royal Brisbane and Women's, Redcliffe & Caboolture Hospitals).

It is essential to include the following information in the referral:

- circumstances leading to the request for termination of pregnancy
- medical, surgical, obstetric and psychosocial history
- last menstrual period (LMP) date (if available)
- ultrasound confirming live intra-uterine pregnancy (fetal heart rate present) and gestation.

Referrals without this information will not be accepted.

The following additional information is highly desirable:

- BMI
- blood group and type
- routine antenatal bloods (FBC, rubella antibody, hepatitis B serology, hepatitis C serology, HIV serology, syphilis serology)
- HPV vaccination history
- STI screen result
- history of smoking.

More information can be found in Brisbane North Health Pathways

<https://brisbanenorth.communityhealthpathways.org/> and on Metro North Refer your patient https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient.

GPs are no longer required to undertake mandatory training and registration every three years to prescribe mifepristone and misoprostol (MS-2 Step) for medical termination of pregnancy.

From 1 August 2023, MS-2 Step can be prescribed by any healthcare practitioner with appropriate qualifications and training, without the need for certification.

GPs can access training via MS Health <https://www.ms2step.com.au/>

My Health for Life – Free Chronic Disease PREVENTION Initiative

My Health for Life is a chronic disease **prevention** initiative with FREE, qualified Health Coaches for your patients.

They are qualified, allied-health professionals who can help Queenslanders, 18 years and over, make healthier choices and create healthier habits.

Delivered in 6 coaching sessions, at a relaxed pace over 18 weeks, the initiative is designed to help individuals discover ways of changing their day-to-day behaviour — that they can live with.

My Health for life is available for your patients who are either Aboriginal and/or Torres Strait Islander patients or meet the following criteria below:

- AUSDRISK score ≥ 12 [AUSDRISK Assessment Tool](#)
- Absolute Cardiovascular Risk score $\geq 15\%$ [AusCVDRisk](#)
- Waist circumference $\geq 88\text{cm}$ for women (or $\geq 80\text{cm}$ for women of Asian descent) or $\geq 102\text{cm}$ for men (or $\geq 90\text{cm}$ for men of Asian descent)
- Previous history of gestational diabetes mellitus
- Pre-diabetes (diagnosed IFG or IGT)
- Familial hypercholesterolaemia
- Medically diagnosed high blood pressure
- Medically diagnosed high cholesterol

Patients can self refer themselves or Health professionals can also refer patients – for more information go to [Health Professionals - My health for life](#)

(<https://www.myhealthforlife.com.au/health-professionals/>)

Answers to Questions in Quora (Internet) - 14

By Dr Mal Mohanlal

What are the benefits of being at peace with oneself? Do people who are genuinely at peace with themselves emit an aura that others can pick up on?

What stupid question is this? You are seeking peace because you are in conflict with yourself. If you do not see the benefit, you can remain in conflict. Why do you want to make a simple thing complicated?

Is it possible to have a spiritual awakening or mystical experience without knowing what it feels like beforehand?

Spiritual awakening, or mystical experience, is in the realm of delusional thinking. We live in a hypnotic world. Our ego is a product of self-hypnosis. We hypnotize ourselves when we think. Waking up from this self-hypnosis is called enlightenment. When that happens, your perception of reality changes from the thinker and the thought mode to the observer and the observed mode. There is nothing spiritual about this. Please read my online articles to wake up from self-hypnosis. Google: mal mohanlal vocal

How does meditation affect depression and anhedonia?

Most people do not understand meditation. They practice self-hypnosis, not meditation. Now, depression and anhedonia are disorders of perception. If the person has no insight into their mind, medical treatment may be the only solution. To have insight requires an understanding of what perception and awareness mean. So, if a person does not understand what these mean, meditation would be a futile exercise. However, one can test oneself by reading one of my articles. If it makes sense, you have insight. Google: mal mohanlal vocal

My boyfriend just told me he hates me, wishes he never met me and likes another woman. This is the first time he's said something like this. What should I do?

Say to him "If you feel this way, I wish I had never met you before too. Good bye and good luck".

What is pure consciousness and have you ever been able to achieve it through meditation?

Pure consciousness is a state of mind where the observer and what is being observed become one. One experiences it spontaneously at any time; the thinking process does not intrude on the conscious mind. It is a non-dual state. The purpose of meditation is to discover this state. There is only one right way of meditating: in the observer and the observed mode. Any other way is self-hypnosis, leading to a world of delusions. Please read my online article to understand meditation and how to meditate correctly. Google: mal mohanlal vocal

When is the right time to let go of someone who doesn't want me anymore even though I love him so much?

You do not understand love. Selfishness is the cause of all our misery. When you love someone, do you possess that person? Surely you never lose someone you do not own. When you love, you are always a winner. It is the other person who is the loser. If someone does not want you, say "Good bye and good luck", and wish him well. There are so many people you can love in this world. Please do not waste your time on any one person in life who does not want you. Life is too short for misery. Please read my book, acquire self-knowledge, and become a new person.

Is it normal to feel scared of yourself when having a BPD episode?

Mental illness is just a disorder of perception. It is the degree that determines the level at which it becomes a clinical disorder of behaviour and action. Please do not get stuck with a label for the rest of your life. All you have to do is try to understand how you operate in your mind and learn about perceptions and how to change them. If you do not change your perceptions, you remain the same person forever. You do not need willpower to transform. Please read what I have to say on mental illness in my articles on the Internet and see if what I write makes sense. Every one of us born with the healing power within us. We have to learn how to use it. The magic is inside us.

The mind doesn't need to discover that it has thoughts and knowledge because it's the same entity of the brain. What do you think?

You are confused and cannot think straight. The mind uses the brain to think. Without the brain, you will not have thoughts and knowledge. Please read my online article to understand the relationship between the brain, the ego, and the mind. Google: mal mohanlal vocal

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How can hypnosis help with driving anxiety?

Do you know that you are already hypnotized? You become anxious about driving because you are hypnotizing yourself to become worried. Tell yourself, "I am going to enjoy driving; I am looking forward to it; Nothing is going stop me from enjoying driving." Keep repeating these phrases whenever you think about driving. Do not say anything negative about driving. You do not have to mean what you say or concentrate on these words you say in your mind. You will find you will start enjoying the drive. You should read my article on Hypnosis on the Internet and learn more about your mind.

Do our thoughts create our reality, or is reality independent of our thoughts?

Thoughts create a world of delusions. They do not create reality. Reality is independent of thoughts. We live in a hypnotic world and constantly hypnotizing ourselves with words. Please read my article on the ego's modus operandi to wake up from your self-hypnosis. There is a world beyond words for you to discover right in front of you if you took a moment to stop thinking.

What happens to us when we meditate under a tree? Is there any scientific explanation for that feeling one gets after meditating near or on top of a large tree?

If you understand meditation, you can meditate anywhere and at any time. The meditation that is taught is mostly self-hypnosis. There is only one right way of meditating: in the observer and the observed mode. Only in this mode can one experience non-duality. The timeless dimension is all around you. The only thing that separates you from it is your perception. Please read my online article to understand meditation and how to meditate correctly. However, you do not need science to experience this timeless dimension. Go to the mountaintop, where you will find its presence overpowering. When you understand meditation, life becomes eternal meditation. Google: mal mohanlal vocal

Can we be enlightened more than once (i.e., multiple incarnations)?

No. Once you are enlightened, there is no going back. There is a lot of confusion about enlightenment. Please read my article online if you want to find out what it is all about. It will be your first step toward enlightenment.

What are some signs that your third eye has been opened by a higher power? What are some potential consequences of having an open third eye?

This question reflects an exercise in delusional thinking, which, if not corrected, will make you live in a world of delusions. You will be chasing your tail for the rest of your life. If you believe in the third eye, you must also think that Santa Claus is real. Please read my online article on the ego, the delusional thinker, to wake up from self-hypnosis. Google: mal mohanlal vocal

How is my brain stopping me from being smart?

The brain is not stopping you from being smart. It is you who are not using your brain to be smart. Please read my online articles to acquire self-knowledge. Google: mal mohanlal vocal

What are the effects of too much meditation? What is over-meditating and how can one avoid it?

If you are worried about the effects of too much meditation, you do not understand meditation and are practicing self-hypnosis, which will lead to delusions. There is only one right way of meditating: in the observer and the observed mode. Any other method is self-hypnosis. Please read my online article to understand meditation and how to meditate correctly and safely, where life can become eternal meditation. Google: mal mohanlal vocal

What do we really understand about "Mind"? Do we use the mind to its fullest capacities or do we give our power away for fleeting gains in a world of uncertainty, sickness, and certain death? Is Mind actually forever? Where is the Mind located?

Most people know they have a mind but do not understand what it is. From my observations, I have come to understand the mind as an intelligent energy that keeps us alive. Without the mind, you are dead. The ego is a part of the conscious mind that uses the brain to think, dream, imagine, and create. Without an intact brain, the ego cannot function. Please read my online article on the brain, ego, and mind to see if my writing makes sense. Google: mal mohanlal vocal

What is meditation? Why do you do meditation?

In meditation, we try to understand our relationship with the timeless reality in front of us and how we can harmonize our thoughts and feelings so that our minds can become eternally peaceful. It is a pathway to self-knowledge. There is only one right way of meditating: in the observer and the observed mode. Any other method is self-hypnosis. Please read my online article to understand meditation and how to meditate correctly and safely, where life can become eternal meditation. Google: mal mohanlal vocal

Saturday, 16 December 2023

Governments must be guided by experts and evidence in pandemic responses

Australia must put aside politics and seize a crucial opportunity offered by the COVID-19 Response Inquiry, to ensure the country is adequately prepared for future pandemics.

In a [submission to the federal government's inquiry](#), the Australian Medical Association has urged all governments and political parties to listen to the advice of medical and scientific experts in the handling of pandemics.

AMA President Professor Steve Robson said the success of Australia's response was primarily because governments generally listened to the advice of the medical and scientific community, particularly in the first 18 months.

"This inquiry provides a crucial opportunity to learn from past missteps and improve the country's preparedness for future pandemics," Professor Robson said.

"While it was far from perfect, Australia's pandemic response was quite effective. We had among the lowest excess mortality rates of comparable nations — despite relatively low additional health system spending during the pandemic — and achieved world-leading rates of vaccination by the end of the rollout's first year. Our response saved many Australian lives.

"But we don't want to see governments put the past behind us. We want them to evaluate and learn from Australia's pandemic response, with a focus on listening to experts and ensuring consistency in policies and communication across jurisdictions."

The AMA submission also notes that Australia's response was most effective when federal, state and territory governments cooperated to manage the impact of the virus.

"Overall, the AMA was very supportive of a range of measures, policies and programs implemented during the pandemic such as isolation periods, social distancing and income support," Professor Robson said.

"However, as the pandemic progressed, we saw the response take on a political nature, where state leaders actively undermined their chief health officers in public. Not only did this undermine the public's trust in policies, but it also undermined the medical profession's faith in their politicians to make the right decisions.

"It is essential this engagement with experts is built into responses consistently at all levels of government going forward."

Issues like failure to meaningfully engage with and support general practice early enough and addressing existing issues in our health system — in particular public hospitals and aged care — are also addressed in the submission. The AMA's submission also highlights the importance of an adequately resourced Australian Centre for Disease Control (CDC), which can undertake several pandemic response functions including rapid risk assessment, scientific briefings, public education and disease prevention. The findings of this review must help guide the work of the CDC.

Common Entertainment for Businesses – Christmas Parties and Gifts



It is nearly that time of the year again when employers hold Christmas parties for their employees. Christmas parties constitute 'entertainment benefits', and to the extent that the expenditure relates to employees and their associates attending the function, the expenses may be subject to fringe benefits tax (FBT) unless an exemption applies, such as the 'minor benefits' exemption.

Where the Party is Held and Who Attends

Where the Christmas party is held on a working day on the business premises and for current employees only, no fringe benefits tax (FBT) is payable on the food or drink provided. Where the employer provides taxi travel home after the party, the taxi travel is a residual benefit provided in connection with the provision of food or drink; no FBT is payable on the taxi fares incurred by the employer, where the requirements of s.58Z of the Fringe Benefits Tax Assessment Act 1986 (FBT Act) are met.

Where the Christmas party is held at a location that is not the business premises, or the party includes associates of employees such as their partners, no FBT is payable if the party is a 'minor benefit' valued at less than \$300 inclusive of GST per person (discussed below).

If clients attend the Christmas party, no FBT is payable for costs that relate to them.

Minor benefits exemption

A minor benefit is a benefit that is provided to an employee or associate on an 'infrequent' or 'irregular' basis, which is not a reward for services and costs less than \$300 inclusive of GST 'per benefit' provided. If you give employees a Christmas gift, no FBT is payable if the value of the gift is less than \$300 per person, and it would be considered unreasonable to treat it as a fringe benefit.

Providing Gifts

Gifts provided at Christmas parties to employees, including working directors (and contractors), are considered entertainment but are usually FBT-exempt if they cost less than \$300 inclusive of GST, they are not provided on a frequent or regular basis, and the gift is not provided wholly or principally as a reward for services rendered.

Non-entertainment benefits provided to employees at the Christmas party, such as a hamper, are considered separately when applying the \$300 minor benefits exemption.

Tax Deductions and GST Credits

Where the Christmas party is held on a working day on the business premises for current employees only, as no FBT is payable, there is no tax deduction for the cost, and GST credits cannot be claimed.

Where the Christmas party is held at a location that is not the business premises:

- Where a minor benefit provided to employees and associates is less than \$300 GST inclusive per head, no FBT is payable, the employer cannot claim a tax deduction for the cost, and GST credits cannot be claimed.
- Where the benefit provided to employees and associates is more than \$300 GST inclusive per head, FBT is payable, and the employer can claim a tax deduction and claim the GST credits.

Where the employer applies the minor benefits exemption for gifts classified as entertainment (and recreation) gifts costing less than \$300 inclusive of GST, tax deductions and GST credits cannot be claimed.

- **Example:** Where a Christmas party is held at a location that is not the business premises for employees and associates and the cost is \$200 GST inclusive per person, no FBT is payable, the employer cannot claim a tax deduction for the cost, and GST credits cannot be claimed. Where employees are also provided with a hamper, a non-entertainment gift costing \$150 inclusive of GST per person, no FBT is payable where the minor benefits exemption applies, but the employer can claim a tax deduction and the GST credits on the non-entertainment gift.

Generally, a tax deduction and GST credits can only be claimed on entertainment or recreation gifts where fringe benefits tax applies.

If you require any advice or assistance regarding fringe benefits tax, please get in touch with our experienced accountants at Poole Group on 07 5437 9900 or poole@poolegroup.com.au

Patients missing out on private health benefits, new report card shows

Australian patients are being shortchanged by private health insurance companies, which are collecting significantly larger profits while returning a smaller proportion of premiums to customers.

The Australian Medical Association has today released its 2023 Private Health Insurance Report Card, which shows the rebates for identical procedures still vary wildly between insurers.

AMA President Professor Steve Robson encouraged consumers to carefully consider which private health insurance option is best for them, with a focus on products that deliver treatment they are most likely to need in the future.

“Our report card highlights the importance for consumers to look closely at their options, as the benefits can vary dramatically between insurers for the exact same product,” Professor Robson said.

“For the uncomplicated delivery of a baby, we uncovered a dramatic 30 per cent variation of rebates between the highest and lowest paying insurers. That is a staggering \$520 difference, which would understandably cause much frustration and confusion for patients when looking for insurance.”

Professor Robson said the report card also proved the need for a federal government mandate to be introduced that would require every insurer returns a minimum amount to patient care each year.

In 2022–23, gross insurer surplus from hospital insurance was about 18 per cent of hospital premiums paid — an increase of \$1.36 billion from the 2020–21 financial year.

However, the proportion of hospital insurance policy premiums returned to

patients in the form of rebates and other benefits for hospital treatment fell to 81.6 per cent in 2022–23 — down from 88.02 per cent in 2018–19.

“The reality is the value many consumers receive from their private health insurance is declining, relative to the big profits insurers are making,” Professor Robson said.

“As our private hospital system covers 40 per cent of Australia’s hospitalisations and performs two out of three elective surgeries, it is crucial the private health insurance sector thrives, especially as more and more pressure is heaped on our public hospitals.

“However, there should be a mandated responsibility for all private health insurers to return a minimum amount of money that they receive back to their customers in the form of rebates and benefits.”

Professor Robson said while the proportion of Australians with private health cover has increased since the Covid-19 pandemic, so too as the complexity of the country’s health challenges, with an ageing population and higher prevalence of chronic health conditions. Amid the fallout from the pandemic, several smaller insurers were amalgamated into larger funds, however, the AMA’s report card shows management expenses and the profitability of the biggest for-profit private health insurers continued to grow over the past year.

15th December 2023

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Where We Work and Live

Vietnam War 1962-75 | <https://anzacportal.dva.gov.au/resources/arthur-law-australian-army-partners-allies>

Peter Condon (Royal Australian Air Force), Forward Air Controller

Peter Condon was a fighter pilot with the Royal Australian Air Force who found himself flying in Vietnam as a forward air controller, directing air attacks in support of ground troops.

“There were about two hundred and thirty forward air controllers killed in the Vietnam War.

I would say it was probably the most dangerous occupation in Vietnam - in the air anyway.”

Peter Condon served in Vietnam as a Forward Air Controller, even though he was a fighter pilot

“We were all fighter pilots. It was quite important that they had experience at attacking the ground themselves, firing the cannons at the ground, dropping bombs on the ground and things like that.”

FACs flew slow, low-altitude aircraft and directed attacks by far faster jet fighters. In Vietnam, they were essential.

“You couldn’t navigate. The pilots couldn’t bomb a latitude and longitude because they’d never find it from high speed aeroplanes. So you needed someone there really to point out where the target is.”

Working with the USAF 19th Tactical Air Support Squadron, Peter flew a Cessna 01 Bird Dog, a civilian plane sometimes called ‘the jeep with wings’.

“Going from one of the fastest aeroplanes in the world which was the Mirage 3 into a United States Air Force Cessna 01 Bird Dog was a bit of a surprise. You’re almost as big as the plane. It was a bit of a stretch stepping into the aeroplane. The side windows clipped up under the wing, and in those days I smoked so that was an ashtray.”

When ground troops were under attack, it was the FACs they called in. “And you get overhead and you talk to the guy who’s in conflict. You tell him that you’ve got the fighters coming. And then you go through the process of



Peter Condon (Royal Australian Air Force), Forward Air Controller

working out where the good guys are, where the bad guys are and how to do it. If the friendly forces were very close to the enemy, you’d get the guys on the ground to mark their positions with coloured smoke.

And when that was done and the fighter pilots could see the coloured smoke, the forward air controller would roll in and fire a white phosphorous rocket at the enemy location and also point out the coloured smoke of the friendly forces, and if the fighter pilot could see both, the forward air controller cleared him in to bomb.

It was a pretty important job and I was 23 at the time. So it was a big responsibility. I was happy with what I did at the time, sometimes I wonder if I killed some good people. But I can’t do much about that.”

FACs saved many American lives and Peter still proudly wears a memento of that time.

The badge here on my lapel is 1 United States 1st Infantry Division badge. It’s ‘The Big Red One’. It’s one of the famous United States divisions. I wore it today so that people in America could see it when they go to this Education Centre in Washington.

Stories continued next month

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