



RDMA's Newsletter

**Newsletter
February 2022**

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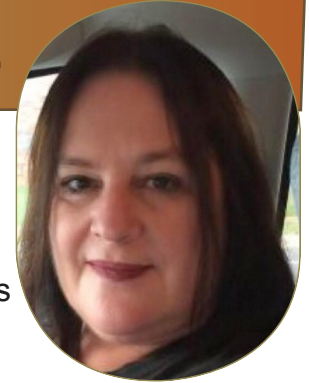


*Vietnam Vet Snapshot David Sabben
[https://anzacportal.dva.gov.au/resources/David Sabben \(Australian Army\), Platoon Commander](https://anzacportal.dva.gov.au/resources/David_Sabben_(Australian_Army)_Platoon_Commander)*

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Snapshot

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RDMA's President Report Dr Kimberley Bondeson



Welcome to 2022 everyone. And what a start to the New Year. We are in the 4th year of the Covid 19 pandemic, and finally, I can see some light at the end of the tunnel. The Queensland borders are finally open, and the international borders are due to open shortly on the 21st February, 2022 to fully vaccinated tourists and visa holders. I do not have a problem with the requirement for these travellers to be fully vaccinated. This is not a new thing. In order to travel to certain parts of Brazil and South America, it has been a requirement for many years to show evidence of Yellow Fever vaccination, as Yellow Fever is endemic in certain parts of those countries.

In Australia, Covid 19 infections are rapidly spreading throughout the community, unfortunately, associated with some deaths. There is a clear distinction between Covid 19 infection in the fully vaccinated, and in the unvaccinated, or the partially vaccinated. Hopefully the community itself is starting to recognize this, and this will increase our vaccination rates further.

There is no doubt, and I have seen it clinically and within my own family, a patient who has been triple vaccinated has a very mild disease compared to someone who is unvaccinated.

When I was starting to write this article, I looked at an article I had written in December 2019 about the measles outbreak in Samoa, which took 71 lives predominantly in the under 4yo age group, who were unvaccinated. I wrote: "In 2018, following the tragic deaths of two infants after nurses used a muscle relaxant instead of water to administer their measles vaccine. (newsGP 11/12/19). What a tragedy – this event was then followed by social media which was the key method of dissemination of misinformation in Samoa, and propagated by

anti-vaccination advocates. (newsGP 11/12/19). According to newsGP, "Facebook – unknown a decade ago – now connects millions of Pacific people instantaneously, cheaply, and with no editorial gate-keepers". "The rise of Facebook in the Pacific puts conspiracy theorists such as anti-vaxxers in a much stronger position than they were previously. There are no editorial processes to stop them from lying about scientific research, or medical emergencies happening in the Pacific. They can spread their message to the public at low cost, using images of children with measles to provoke an emotional response. Low public knowledge about vaccinations, as well as the misuse by anti-vaxxers of stories such as the two Samoan infants who died in July 2018 from an improperly administered vaccine, make for a fertile ground for anti-vaccine messaging. These messages spread from one country to another in the Pacific, just like we fear the measles will". (newsGP 11/12/19)"

Sound familiar? The misinformation concerning Covid 19, and its vaccinations is still been spread today constantly on facebook and amongst anti-vax groups on the internet, and causing vaccine hesitancy amongst many vulnerable peoples, and subsequent deaths.

Continued Page 4

**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.



NORTH LAKES LABORATORY
Partnering with Redcliffe
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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

Newsletter Editor Dr Wayne Herdy

Newsletter Publisher.

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Email: RDMAnews@gmail.com

Advertising information is on
RDMA's website

www.redcliffedoctorsmedicalassociation.org/

NEXT NEWSLETTER DEADLINE

Advertising & Contribution **15th March 2022**

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

Competitive Advertising Rates:

Full page A4: \$560.00

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The preferred A5 size is Landscape Format and A4 size is in Portrait Format.

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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By Dr Mal Mohanlal**
- P 18: Media: Transcript: AMA President, Dr Omar Khorshid, Press Conference, Saturday, 12 February 2022,
12 noon AEDT/9AM WST,
Broadcast on ABC TV Weekend (12:21)
Subject: Opening Speech:Launch AMA Campaign Clear the Hospital Logjam OMAR KHORSHID:**
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The team behind your result



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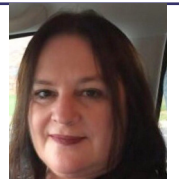
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Committee Member:

Dr Alka Kothari
Ph: 3883 7777



Meetings' Conveners

Ph:3049 4444

Email: qml_rdma@qml.com.au

(left) Ms Aime Hall and (right) Angela Paten
M: 0466480315



RDMA PRESIDENT'S REPORT

DR KIMBERLEY BONDESON



Continued from Page 1

So what can we do? Just keep consistently and persistently trying to look after our patients, and trying not to get too frustrated with them when they tell us "Doctor, I have done my research, and there are.....". Their research is normally done on Facebook, backed up by many unknown doctors, according to Facebook.

Vaccine mandates are causing a tremendous amount of stress among the population, and currently we are seeing rallies against them at Parliament House in Canberra. My greatest distress is the patient who is terrified of the vaccine and the "harm" it does, so that they are so fearful of the vaccine from mis-information, they don't get vaccinated.

I have seen recently several of my patients, who are unvaccinated, become extremely ill from Covid 19 infection, and I have no doubt that I will have to care for them over the next few years with lung problems relating to their infection.

All of which would have been preventable with

vaccination. There are stories by Doctors throughout time, about the protection of vaccination against many diseases, and I am sure that this will continue.

Now, onto other current events. There is a "Pharmacy Pilot Study" in progress by the government, which is trying to extend the scope of practice of pharmacists. "Extending Scope of Practice of Pharmacists:", which the AMA, RACGP, and other medical groups have just withdrawn from, once they realised its intent.

In my view, if you want to prescribe medications, get a medical degree.

Medications are dangerous, and you need to know what you are doing, with sensible assistance from your local pharmacist.

Kimberley Bondeson
RDMA President



TELEHEALTH SERVICES AVAILABLE

WE ARE OPEN AND SEEING PATIENTS AS NORMAL WITH HEIGHTENED INFECTION CONTROL

To assist in managing patient needs through this period Sports & Spinal can offer Home Visits & Telehealth options for all services such as:



Physiotherapy



Exercise Physiology



Dietetics



Podiatry



Occupational Therapy



Our Telehealth solution was built with remote physical therapy and mental healthcare in mind, making it possible to engage around exercises and education, as well as outcome measures - in a secure, healthcare, regulated environment.

Benefits of telehealth include:

Comfort & Safety Of In-Home Care | Continuation Of Care | No Barriers | Quality Care | Ease of Use

MORE INFO CAN BE FOUND HERE:



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NEXT MEETING DATE 22ND FEBRUARY 2022

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 22nd February 2022

TIME: 7pm for 7:30pm start

VENUE: Regency Room – The Ox, 330 Oxley Avenue, Margate

COST: Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – \$30 payable at the door (Membership applications available).

RSVP: By Friday 18th February 2022
(e) RDMA@qml.com.au or 0466 480 315 or 0413 760 961

Specialist Clinicians: Senior Phys 2005-04 2017-18-19-20, QLD Pathology Public Mkt 1.00, version 1.1 (en-10)

qml.com.au

QML Pathology

AGENDA: 7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsors: Viatrix Represented by: Leslie Nagy
7:40pm	Speaker: Dr Sharon Kelly Topic: Allergic Rhinitis in Clinical Practice Main Meal served (during presentation)
8:00pm	Q&A
8:30pm	General Business - Dessert served Tea & Coffee served



Reflux Scintigraphy now available

Reflux Scintigraphy provides an effective, non-invasive screening tool for oesophageal reflux 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.



- Bulk Billed**
No out-of-pocket cost for Medicare card holders
- Non-Invasive**
This non-invasive screening involves minimal radiation dose, less than that of a chest x-ray
- Effective Screening**
90% sensitive, detecting oesophageal reflux disease, LPR and lung aspiration.

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HELP IS ONLY A CALL AWAY

24/7 Confidential Helpline:

(07) 3833 4352
dhq.org.au

HELPLINE FAQs

TELL ME ABOUT THE HELPLINE:

The DHQ helpline is free, confidential and available 24/7 to all QLD-based doctors and medical students.

WHAT'S THE CATCH?

There is no catch. DHQ's helpline service is provided at no cost thanks to our team of volunteer on call GPs.

DO I NEED TO SIGN UP OR BECOME A MEMBER?

No. The helpline is available to all QLD based doctors and medical students.

WHO WILL I SPEAK TO?

The confidential helpline is staffed by trained senior General Practitioners and Counsellors trained and experienced in supporting medical colleagues suffering from a wide range of health and stress-related problems. We can also help you to access appropriate additional services, when required. Please note, whilst we aim to return your call straight away, our on call GPs may be seeing patients, which may in some cases result in a delay of a couple of hours before your call is returned.

WHAT DO PEOPLE CALL ABOUT?

A whole range of issues and circumstances. These can include, but are not limited to:

- ▶ Workplace and study stress
- ▶ Personal difficulties and mental health matters
- ▶ Bullying and harassment
- ▶ Help finding an appropriate GP, specialist or psychologist
- ▶ Debriefing following clinical incidents, medical errors and complaints
- ▶ Support when facing medico-legal or Mandatory Reporting concerns (alongside support from an MDO)

WHAT ABOUT EMERGENCIES?

This is not an emergency service. Urgent crisis support is available at: Lifeline: 13 11 14
Beyondblue: 1300 22 4636

A confidential, free, independent, colleague-to-colleague advisory service for Queensland based doctors, medical students and their families.



DOCTORS' HEALTH in
QUEENSLAND

QDHP
Queensland Doctors' Health Programme

Queensland Doctors' Health Programme is the service arm of Doctors' Health in Queensland. QDHP is an independent service supported through funding from the Medical Board of Australia.

IS IT CONFIDENTIAL?

Yes, all information is managed as strictly confidential. For more information go to: dhq.org.au/about/confidentiality

WHAT ABOUT MANDATORY REPORTING?

Many people ring us when they are concerned about mandatory reporting and their access to health care. Seeking support needs to be your priority and we can assist you.

I'M CONCERNED ABOUT A COLLEAGUE/FAMILY MEMBER WHO IS A DOCTOR/MEDICAL STUDENT. CAN I CALL THE HELPLINE?

Yes. We welcome calls from concerned colleagues and family members of doctors and medical students.

I'M NOT BASED IN QLD. WHO CAN I SPEAK TO?

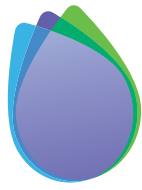
For doctors' health advisory services in other Australian States and Territories go to adhn.org.au

WHAT WE DON'T DO:

- ▶ Offer legal advice. We recognise that experiencing medico-legal matters can be highly stressful and are very happy to provide you with support but for legal advice we recommend you call your MDO.
- ▶ Provide clinical treatment. We are unable to prescribe or offer long term interventions, however we can help you to get engaged with an appropriate provider and can follow up to ensure you have the support you need.
- ▶ Offer medical advice for the general public. We recommend you see your own GP, call Health Direct on 1800 022 222, or in an emergency dial 000 or attend your local emergency department.



HELP IS ONLY A CALL AWAY



DOCTORS' HEALTH in QUEENSLAND

HELPLINE 24/7
(07) 3833 4352

WHO WE ARE: A confidential, independent not-for-profit organisation developed for doctors, by doctors

OUR AIM: To promote the health and wellbeing of doctors and medical students across Queensland.

HOW DO WE DO THIS?

1 HELPLINE

**HELPLINE NUMBER
(07) 3833 4352**

By providing a 24/7 confidential helpline available free of charge to all QLD-based doctors and medical students.

What do people call about?

- Workplace and study stress
- Physical health, personal difficulties and mental health matters
- Bullying and harassment
- Help finding a GP, specialist or nurse/psychiatrist
- Debriefing following clinical incidents, medical errors and complaints
- Support when facing medico-legal or mandatory reporting concerns (alongside support from an MDO)

2 EDUCATION

Delivering education about:

- doctors' health
- self care
- creating healthy workplaces
- how to be a better doctor for other doctors

Delivering education for:

- All QLD based medical students and doctors at every career stage
- We have worked with the RACGP, RANZCP, RDAQ, Metro North, Metro South, Darling Downs HHS, UQ, JCU, Griffith Uni and Bond Uni

Delivering education how:

- Education can be provided face to face or via teleconference

3 ADVOCACY

By advocating for doctors' wellbeing across Queensland, Australia and internationally at conferences and through research

4 AWARENESS

Distribution of materials at conferences and to other organisations for distribution e.g. through medical education units.

5 RESEARCH

Support for organisations involved in research and proactive engagement with research into doctors' health and well-being.

6 NETWORKING

Including support for other organisations developing their doctors' health education

Administrative enquiries:

admin@dhq.org.au

Educational enquires:

education@dhq.org.au

Personal support HELPLINE:

(07) 3833 4352

Crisis support:

Lifeline 13 11 14
Beyond Blue 1300 22 45 36

More information:

www.dhq.org.au

[@DocHealthQLD](https://twitter.com/DocHealthQLD)



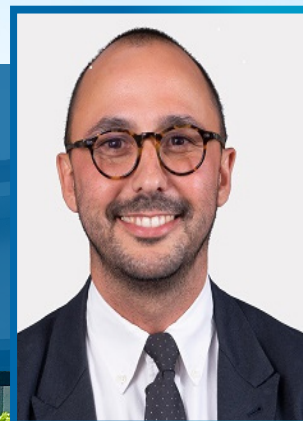
CONTACT US



Queensland Doctors' Health Programme
is the service arm of Doctors' Health in Queensland. QDHP is an independent service supported through funding from the Medical Board of Australia.

NORTH LAKES —DAY HOSPITAL—

Welcome
Dr Christopher Jardim
Plastic and Reconstructive Surgeon
BSc, MBBS, FRACS (Plast.)



Dr Jardim has joined Valley Plastic Surgery and has a primary focus on hand & wrist surgery and skin cancer issues. Dr Jardim is holding skin lesion clinics, and providing consultations and surgical services for patients at North Lakes Day Hospital.

P 07 3488 8118 | F 07 3488 8119 | E info@valleyplasticsurgery.com.au | W northlakesdayhospital.com.au
7 Endeavour Boulevard, North Lakes QLD 4509

ASADA PRESIDENT'S REPORT DR GEOFFRY HAWSON

Senior Doctor Update Jan 2022

In this update, I will merge activities in my roles as AMAQ Senior Doctor Craft Group Representative and Senior Active Doctor Working Group Chair, and President of ASADA (Australian Senior Active Doctors Association).

In December, ASADA launched its first Newsletter, Wise Medicine. It was a great edition and highlighted a number of issues especially the problems that arise when doctors are no longer able to 'practice medicine' as defined by the medical board.

In particular, Dr Alex Crandon, the Founder and Past Director of Qld Centre for Gynaecological Cancer (QCGC) found himself in the illogical position of being invited to serve on the Centre's Safety Committee but unable to do so because his medical insurer deemed that his current registration status (not full) prevented him from practising medicine in this way. RDMA members who are also ASADA members will have received a copy of Wise Medicine.

Anyone wishing to join can email me at asada_secretary@outlook.com.

AMAQ regularly reports on policy issues through LMA newsletters. In a recent SCLMA newsletter, AMAQ CEO, Brett Dale reported "We have also developed a proposal for a step-down 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."

This work was undertaken by the Senior Active Doctor Working Group chaired by yours truly and including RDMA President Dr Kimberley Bondeson. Many of you would know that RDMA helped fund the background document "Global Trends and Models in Senior Active Doctor Registration" along with AMAQ & ASADA.

This document, developed and written by Dr Kym Irving, along with the AMAQ/ASADA proposal have been forwarded to both Federal & State Health Ministers. We are awaiting a federal response and are about to commence discussions with Q Health.

Last year an article appeared in the MJA discussing the possibilities of an "Encore" career for doctors as they slow down and/or enter retirement. I believe that the authors did not understand the MBA definition of "practice of medicine" and so I submitted a letter to the editor with

reference to our earlier RDMA survey and noting that many doctors are pushed into retirement because of registration requirements.

It was published on Feb 7 (originally submitted nearly a year ago!). It can be accessed on the next page (page 9) or here [Link: Letter](#)

<https://community.amaq.com.au/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=134433f2-87c0-4b76-8281-88c78924633c>

An article on Senior Doctors is pending in the forthcoming Dr Q and a letter to the editor of Partyline, the online magazine of the National Rural Health Alliance, has been submitted discussing how senior doctor registration might benefit Rural Health practitioners.

Continued page 9



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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.



Letter

A guide for medical practitioners transitioning to an encore career or retirement

TO THE EDITOR: I commend Wijeratne and Earl¹ for drawing attention to the retirement issues faced by doctors. Psychological issues are compounded by the lack of legislative provision for doctors to progressively step down from the demands of full registration. Reducing workload is not a simple matter. The impediments to maintaining registration while reducing workload include recency of practice requirements and up to 73 hours per annum of continuing professional development (CPD) for physicians² — far exceeding that of other health practitioners.

Encore careers as described by the authors, while rewarding, could cause issues with the scope of practice requirements. Current guidelines around the definition of "practice of medicine",³ unless changed, could find doctors practising medicine without a licence.

Eighty-eight per cent of doctors in a local medical association survey (131 respondents; response rate 27%) supported a step-down approach, with 59% (of 113 respondents) supporting reduced CPD requirements.⁴

Many doctors see their profession as a calling and retain a strong desire to serve their communities both before and after retirement. Dignity and respect are key to effective transitions

to retirement. Doctors often leave the profession on a sour note because their attempts to maintain registration in order to give back to their communities flounder under current regulations. There is despondency around the lack of recognition of their significant expertise and lack of regulator foresight in how to use the vast resource of senior doctors (eg, pandemics, fires, floods, community health needs). Australia appears to lag behind other countries in this regard. In the United States, states such as Pennsylvania offer retiring and retired doctors volunteer licences through their medical boards to volunteer their services for community health programs.⁵

The Australian Senior Active Doctors Association and the Australian Medical Association Queensland Senior Doctor Craft Group are working to achieve a step-down approach.⁶ Other professions recognise and encourage the active participation of retired members; for example, retired lawyers in several states, including Queensland,^{7,8} can apply for free practising certificates to undertake *pro bono* work. In many cultures, "senior" is synonymous with wisdom, leadership and excellence. While retirement planning is important, so is addressing practices and regulations that undermine and limit the value that senior doctors can bring to their communities as they transition through the latter stages of their careers.

Geoffrey Hawson

University of Queensland, Brisbane, QLD.

geoffrey@hawson.org

Competing interests: I am the President of the Australian Senior Active Doctors Association and Chair of the Australian Medical Association (AMA) QLD Senior Doctor Craft Group and AMA QLD Senior Active Doctor Working Group. ■

doi: [10.5694/mja2.51380](https://doi.org/10.5694/mja2.51380)

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- 1 Wijeratne C, Earl J. A guide for medical practitioners transitioning to an encore career or retirement. *Med J Aust* 2021; 214: 12–14. <https://www.mja.com.au/journal/2021/214/1/guide-medical-practitioners-transitioning-encore-career-or-retirement>
- 2 Royal Australasian College of Physicians. 2021 MyCPD Framework. https://www.racp.edu.au/docs/default-source/fellows/cpd/2021-mycpd-framework.pdf?sfvrsn=a1ff81a_6 (viewed Dec 2021).
- 3 Australian Health Practitioner Regulation Agency. Ahpra glossary. <https://www.ahpra.gov.au/Support/Glossary.aspx> (viewed Dec 2021).
- 4 Hawson G. Attitudes to retirement and registration: survey results. *RDMA Newsletter* 2018; February. http://www.rdma.org.au/RDMA_Newsletter_FEB_2018.pdf (viewed Dec 2021).
- 5 Pennsylvania Medical Society. Volunteer licenses: what physicians should know. <https://www.pamedsoc.org/list/articles/volunteer-medical-license-pennsylvania> (viewed Dec 2021).
- 6 Australian Medical Association Queensland. Health vision. Part 2: workforce and training. <https://qld.ama.com.au/sites/default/files/QLD/PDFs/AMA%20Queensland%20Health%20Vision%20Part%202.pdf> (viewed Dec 2021).
- 7 National Pro Bono Resource Centre. Engaging retired and career-break lawyers in pro bono; February 2010. https://probonocentre.org.au/wp-content/uploads/2015/09/Retired-and-career-break-lawyers-project-_electronic-version_.pdf (viewed Dec 2021).
- 8 Queensland Law Society. Practising certificates. <https://www.qls.com.au/Practising-law-in-Qld/Regulation/Practising-Certificates> (viewed Dec 2021). ■

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PRESIDENT AND CEO REPORT



Professor Chris Perry OAM and Dr Brett Dale

The year has begun at pace with major health care issues dominating the public domain and we have been representing members every step of the way.

Just some of these issues include the surge in COVID-19 cases, revelations about a North Queensland pharmacy trial that risks patient safety, and our union partner, ASMOFQ (Australian Salaried Medical Officers' Federation Queensland) taking Queensland Health to the Queensland Industrial Relations Commission (QIRC).

STRONG OPPOSITION TO NQ PHARMACY SCOPE OF PRACTICE PILOT

We are actively fighting the Queensland Government's proposal to expand the role of pharmacists through the *North Queensland (NQ) Pharmacy Scope of Practice Pilot*. It will deliver second-rate health care and has serious conflicts of interest.

Encouraging pharmacists to become de facto GPs and diagnose and treat a range of potentially serious health conditions – including prescribing and dispensing a range of medicines despite a lack of training – is a risk to public health.

GPs have on average 14 years of training. Pharmacists have four. Pharmacists are a key part of community health care and we collaborate with them every day, but they are not trained to diagnose and treat complex conditions.

We have officially withdrawn from the steering group and will continue to vehemently oppose the implementation of the pilot.

Read our media statement here qld.ama.com.au/news/NQScope



COVID-19 UPDATE



Any hopes the new year would bring an end to the COVID-19 pandemic have been dashed by the spread of Omicron, which is proving to be more contagious yet less severe than previous strains of the virus.

Coinciding with the border reopening, Omicron is now throughout Queensland and our GPs and hospitals are under more pressure than ever.

Fortunately, we have now passed 90 per cent of Queenslanders having received two doses of the COVID vaccine, booster shots are picking up pace, and children are now being vaccinated. Messaging on boosters is changing to help people understand we need to be up to date with COVID vaccinations and AMA Queensland is continuing to talk about the importance of vaccinations in the media.

HealthDirect Australia has been managing the treatment of COVID cases in the community since mid-January. AMA Queensland and the Queensland GP Alliance remain concerned at the lack of communication to GPs and the community about how this works on the ground.



GPs must have a dedicated hotline to call for advice on how to escalate care should patients deteriorate quickly, and have access to escalation pathways for each Hospital and Health Service (HHS). So far, just one HHS has provided this information and we have written to Queensland Health and the Minister to address this issue so GPs can properly care for COVID patients.

GPs and their staff have played a critical role in managing the pandemic over the past two years, including the vaccination rollout. They are exhausted and fed up with responses from all levels of government that put more pressure on practices without offering the right resources needed to carry out this vital work.

ACCESS TO PPE, RAT KITS FOR GPs

One of the biggest challenges since the Omicron outbreak began has been workforce shortages caused by furloughing, illness or health care workers caring for ill dependants, compounded by the lack of rapid antigen tests and pressure on PCR testing.

AMA Queensland and the GP Alliance have been working with the State Government to facilitate urgent access to personal protective equipment (PPE) and fit testing for GPs. Queensland Health facilitated fit testing at the RBWH in early January and the service was inundated. We continue to advocate for this service to be offered again.

We have also worked to identify Queensland pathology providers who can provide priority COVID testing for GPs, non-GP specialists and health care workers.

You can see updated advice on our website qld.ama.com.au/news/priority-testing-doctor

In mid-January, the Federal Government reinstated COVID-19 telehealth items and announced that nine million P2/N95 masks will be distributed to general practice over the next three months.

We understand that some non-GP specialists continue to be disadvantaged by the telehealth changes and are continuing to advocate on their behalf.

We will continue to update members on all COVID-19 developments.



ASMOFQ STANDS UP FOR MEMBERS IN QIRC

Since the beginning of the pandemic, ASMOFQ has been raising issues with Queensland Health regarding their COVID-19 response, safety for health care staff and workforce plans.

Last year, ASMOFQ successfully took Queensland Health to the Queensland Industrial Relations Commission (QIRC) over the supply, access to and fit-testing of PPE, and secured a commitment that no doctor would be forced to care for a patient without the appropriate PPE.

In January 2022, ASMOFQ took Queensland Health back to the QIRC seeking: fit-testing for all doctors who will be required to wear N95/P2 respirators; clear and timely information to staff regarding their requirements for COVID testing and workplace exposures; access to special paid leave for staff are required to isolate as close contacts (as opposed to using sick leave).

ASMOFQ strongly believes that doctors have the right to a safe workplace, and should be afforded the best possible protection while they are caring for their patients on the frontlines of the COVID pandemic.

This year will also see ASMOFQ fighting hard for members in the upcoming negotiations for a new Medical Officers' Certified Agreement (MOCA 6).

While many AMA Queensland and ASMOFQ conjoint members work in the public hospital system, salaried GPs and GP registrars can also receive expert industrial relations support, advice and representation from ASMOFQ. If you would like more information, please contact the team on asmofqld@asmof.org.au

AUSTRALIA DAY HONOURS

We are immensely proud of all AMA Queensland members recognised in the Australia Day Honours List.

Professor Alfred Lam and Dr Margaret Kay (both pictured) have been awarded Member (AM) in the General Division of the Order of Australia – the second highest award.

A further seven members, including Past AMA Queensland President Gino Pecoraro, have been recognised with a Medal (OAM).

This recognition shows the extraordinary dedication that these AMA Queensland members have shown to their profession and their community.

Other members recognised with a Medal (OAM) are:

- Dr Marie-Frances Burke for services to medicine as an oncologist
- Dr Robert Edwards for service to medicine as a thoracic physician
- Dr Stephen Godfrey for service to medicine as an ophthalmologist
- Dr Bradley Murphy for service to community health
- Dr Deborah Simmons for service to medicine through a range of roles
- Dr Harry Stalewski for service to medicine as a paediatrician surgeon and urologist.



Read more on AMA Queensland recipients qld.ama.com.au/News/AustraliaDay

WORKPLACE RELATIONS SUPPORT

AMA Queensland's Workplace Relations Consultancy offers expert workplace relations (WR) and human resources (HR) services, with a suite of services from developing and implementing new policies and procedures through to handling disputes and claims.



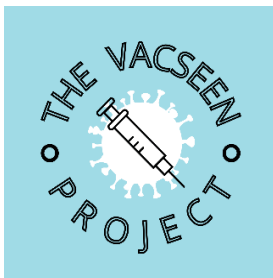
We can help you with any WR or HR matter in your practice. We know that every practice is different with unique needs, staff and patients so we will tailor support to meet your specific requirements and budget.

We can also help you with new laws governing the conversion of

employees from casual to permanent. We are here to help you check your compliance, with template packs and instructions that give you the tools to make offers and grant or reject requests.

Contact our Workplace Relations today to find out more at workplacerelements@amaq.com.au or 07 3872 2211.

CALL FOR GP VOLUNTEERS FOR POP-UP COVID VACCINE CLINICS FOR HOMELESS



AMA Queensland is delighted to support The VacSeen Project, a local charitable organisation that runs GP-led pop-up COVID-19 vaccination clinics for people experiencing homelessness and disadvantage around South East Queensland.

Recently, the VacSeen Project has delivered more than 300 COVID-19 vaccines and they are keen to keep responding to this community need.

The next step is to expand their clinics around Queensland in collaboration with Orange Sky. But they need your help in Brisbane, Mackay, Cairns and the Sunshine Coast. Locations, times and dates are available at

qld.ama.com.au/news/vacseen

GPs can bill vaccinations through Medicare and volunteers can expect to help for approximately two hours/fortnight.

MEDICAL CAREERS EXPO – SATURDAY 26 MARCH

We hope you can join us for AMA Queensland's inaugural, stand-alone Medical Careers Expo on Saturday 26 March 2022 at the RBWH Education Centre.

Network with your peers over drinks and nibbles while meeting a selection of Colleges, Hospitals, Private Operators and more regarding medical career opportunities and advice. All doctors are encouraged to attend. This will be a great opportunity to know your options and meet new colleagues.

Register online at qld.ama.com.au/MedicalCareersExpo



GP Liaison Update – Metro North

By Dr James Collins

Please contact us at mngplo@health.qld.gov.au if you have any questions.

Are you receiving the latest LOCAL COVID-19 Updates?

Each week Brisbane North PHN in collaboration with Metro North Hospital and Health Service are sending out the latest local updates on COVID-19 and local advice and supports to keep our local GPs up to date. For those not already receiving the latest COVID-19 updates, please go to <https://brisbanenorthphn.org.au/news-events/newsletters> and register for “**COVID-19 Updates**”. The “**Network Link**” also provides local health news supporting GPs and is well worth subscribing to as well.

It provides the latest LOCAL health alerts, information about PPE, COVID services from the local Hospital and Health Service. Recently Queensland Health provided a COVID Webinar for Queensland GPs on 7 Feb 2022. If you missed this, you can watch it here www.youtube.com/watch?v=reox1omLjys Previous local COVID updates can be found here <https://brisbanenorthphn.org.au/covid-19/info-for-gps>

You can ask about opportunities to access PPE if you are seeing COVID patients via Brisbane North PHN by contacting covid19@brisbanenorthphn.org.au

Brisbane North COVID Health Pathways

Our local GP Clinical Editor works with a team of experts from across the state help to keep the LOCAL COVID Health Pathways up to date. Health Pathways includes a huge range of resources that are regularly updated on COVID including clinical management guidelines, key COVID supports for GPs as listed below, Long Covid management advice and resources and much more. <https://brisbanenorth.communityhealthpathways.org/741255.htm>

If you don't already have username and password go to calling Health Pathways Team on 07 3630 7300 or healthpathways@brisbanenorthphn.org.au

COVID advice and referrals to COVID Virtual Ward for local GPs via Virtual Emergency.

GPs can ask for advice or refer to the MNHHS COVID Virtual Ward by calling the [MNHHS Virtual Emergency Department](#) (ED) specialist. This service is **for GPs** whose patients live in the Metro North HHS catchment. Metro North Virtual ED can support GPs with clinical advice or assist with referrals to manage COVID19 patients (**both adults & children**) including:

- keeping the patient at home and safely managed
- helping with referral to MNHHS COVID19 Virtual Ward
- arranging for patient to attend physical ED in Metro North HHS
- arranging direct admission to MNHHS hospitals
- advice about or referral for treatment (such as Monoclonal Antibodies e.g., Sotrovimab)

7 days a week 0800 -1800 – call: 1300 847 833

NOTE this phone number is only for GPs to call and must not be given to patients.

Virtual ED can assist GPs with **non-COVID support** as well.

GPs with COVID +ve Aged Care Residents

GPs can also get support from the MNHHS Residential Aged Care District Assessment and Referral Service (**RADAR**).

7 days a week 0800 -1600 - call 1300 072 327

The RADAR team have also created a useful guide on how to manage COVID patients in aged care facilities including medication suggestions etc. These can all be found on the new RADAR website https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient/radar

Sotrovimab Referrals for eligible COVID +ve patients

Local GPs can refer their patients for consideration for Sotrovimab infusion via the MNHHS Virtual ED. Information about local eligibility criteria can be found here

<https://metronorth.health.qld.gov.au/refer-your-patient-page/gp-covid-advice>

Media Release

Plan needed to tackle big backlog of essential operations

The Australian Medical Association (AMA) and the Royal Australasian College of Surgeons (RACS) are calling on all levels of Government to develop a national plan to address the growing and increasingly critical backlog of elective surgeries.

The call comes as new Australian Institute of Health and Welfare (AIHW) data shows Australians are waiting longer than ever for essential surgery, across a range of categories and conditions.

For example, the proportion of patients waiting more than a year for knee replacement surgery tripled from 11 per cent to 32 per cent, in just the last two years.

While the AMA and RACS have both supported state government postponement of some elective surgeries to prevent the COVID surge from overwhelming public hospitals, this approach is increasingly unsustainable. An urgent plan is needed to restore reasonable and acceptable access to elective surgery, as well as a long-term funding arrangement to ensure this backlog is cleared.

“Two years into the pandemic and with a highly vaccinated population means that blanket suspensions of elective surgery should be only used as a last resort. The fact that these are still happening points to the failure of Governments to properly invest in public hospital capacity, as well as a failure to undertake the necessary planning needed to avoid this outcome,” said AMA President, Dr Omar Khorshid.

RACS President Dr Sally Langley said, “Elective surgery is not an optional procedure that a patient or doctor elects to have – it is essential surgery. It is surgery to address often life-threatening conditions and conditions that prevent patients from living a normal life because of severe pain or dysfunction.”

“For many patients waiting in line in pain to have a critical operation, the delays in surgery can be devastating. Further, the lack of screening procedures has resulted in patients presenting with more advanced cancers, and in some cases, it has dramatically altered their prognosis,” she said.

In the immediate term, both the AMA and RACS

are calling for an urgent plan for the resumption of elective surgery as a priority in both private and public hospitals, so that surgeons and their teams can start catching up on operations that have been missed. There is unused capacity in private hospitals in particular and these facilities should be brought back online for routine elective surgery as soon as possible.

“We need to see a funded plan from state/territory and federal governments for clearing these backlogs and properly supporting our public hospitals. It then needs to be backed by real, long-term funding commitments that deliver permanent, expanded capacity in our public hospital system,” Dr Khorshid said.

“And while the private sector can play a role in helping to address public sector waiting lists in the short-term where they have spare capacity, this needs to be done in a way that does not simply displace private patients from accessing care or impact on the training of specialist trainees.

“One-off funding packages and elective surgery blitzes will not be enough to address the impact that the last two years have had on our already stressed health system and its capacity to deliver care for our patients into the future,” Dr Khorshid said.

Dr Khorshid said that this backlog is actually much larger than these numbers show.

“The figures this week are just the tip of the iceberg. As a result of the pandemic there has also been a reduction of specialist out-patient appointments, as well as limits on access to general practitioners meaning that people may not have seen their GP for an initial referral. The longer we wait to act on essential surgery, the sicker Australians will become, and the more expensive their care will be,” Dr Khorshid said. “Australia needs immediate action and an enduring solution to elective surgery waiting lists – otherwise our hospitals and our patients will only continue to deteriorate.”

1 February 2022

AMA CONTACT:

02 6270 5478, 0427 209 753,
media@ama.com.au

RACS CONTACT:

(08) 8218 0922 or 0418 865 760.

Immortality, Fantasy and Reality

By Dr Mal Mohanlal Continued on page 17

Do you know that human beings are delusive thinkers? We do not realise that we live in a hypnotic world. Our thinking process is hypnotic. The words we use in our minds have a conditioned response in the subconscious mind. The meaning of the words does not matter, but they generate real feelings. The subconscious mind is like a piano, and the words we use are the keys on the piano keyboard. They produce a specific sound. Twenty-four hours a day, we play a tune on this keyboard, and most people have no idea how their mind works.

We have to use our brains for thinking and reasoning. Without using our brains, we will not understand how our mind works, and without this self-knowledge, we will continue to live in a world of delusions. Here I am going to try to help you understand how we delude ourselves. Yes, truth is stranger than fiction. You do not have to believe what I say, but please try to disprove it in your mind and see if what I write makes sense.

Do you know that words have a powerful hypnotic effect on our perceptions and thinking? We use words not only for communication but also to express our thoughts and feelings. Words make us travel in time and stimulate our imagination. Without words, we would be stuck in the present timeless reality.

Since the beginning of time, we have been using words to communicate and think. Our ego is a product of self-hypnosis. It cannot appear in the conscious mind without using words. Without words, it has to stay in the background. But to survive this harsh world of reality, the ego has to use the brain with its thinking process to constantly appear in the conscious mind. Thus using words and thinking become ego-boosting tools and habits.

To understand how delusive our thinking process is, we must understand how words affect us. Remember, the ego creates words; no one else does. For example, the word 'soul' immediately creates imagery of immortality, something that never dies. Whether such a thing exists or not does not matter. When we use the word 'spirit' or 'spiritual', it instantly creates a world beyond the one we see in front of us.

and 'hell'. They instantly create a world beyond the present. All these words give form to our feelings. Every day, people use these words in their daily lives created by an ego seeking immortality. It instantly creates a world of dreams and everlasting life.

Another example, let us look at the 'sun' and the 'moon'. They are real objects and create an instant picture in your mind which is not dependent on any belief. Then consider the words 'angel' and 'Santa Claus'. They also make an instant picture, which most people do not treat as real. However, using words such as 'God, Allah or Bhagwan' can create a powerful spiritual reality in many people. Why? It is because these words have a belief system associated with them.

The ego is forever seeking immortality, never the truth. Using words such as 'resurrection' and 'reincarnation' instantly creates a picture of a world beyond the present with a comforting prospect of survival after death. How can one not resist falling for such a beautiful world of delusion? The more one thinks about it, the more real it becomes in our minds. Thus, we create a whole new dream world out of our imagination to bring us a sense of peace, permanence and security.

When we look at our present civilisation and the ones before, are we different? The beliefs and philosophies created by the ego in all cultures provide a comfort zone. They are evidence of our attempts to harmonise how we think with how we live.

They try to give meaning to our stressful, miserable lives and existence. Yet sadly, because people do not understand the mechanism of delusion and have no insight into how their mind works, they are willing to kill and die for their beliefs.

Yes, all the words we use have conditioned responses in our subconscious mind. The words 'yesterday, today and tomorrow' have the same effect. When we use these words, they make us travel in time from the past to the present and future. Yet, in reality, there is no such thing as time.

The same thing happens when we use 'heaven' Looking at the world today, one can see how the

Immortality, Fantasy and Reality

By Dr Mal Mohanlal Continued from page 16

ego uses the hypnotic power of words to survive and build in this harsh world of reality. Words can make us happy or sad. When we pray, we use words; when we sing, we use words. When we fall in love, words intensify our feelings. Music without words has not the same effect as when we add lyrics to it. It touches our hearts and emotions and can bring tears to our eyes.

Twenty-four hours a day, we submerge ourselves in a hypnotic world of words. The radio, the TV, the cinema, the newspapers, the books etc., all ensure that we remain in a hypnotic world of a time traveller—no wonder the ego does not want to and cannot stop thinking. It has this false fear that it might disappear from the mind if it stops thinking. Since the ego can only appear in our conscious mind using words, non-stop thinking becomes a habit, turning the mind into an endless turbulent mode.

Thus, in its pursuit of immortality, the ego conjures up and creates a world of dreams from the knowledge we gain from the world around us. It prefers to remain in a world of delusion rather than face and understand reality.

It is why academics do not want to study the ego because they are afraid to look at themselves for fear they might have to change their perceptions and direction. When they say they practise evidence-based medicine, the medical profession must be joking.

After reading the above, do you appreciate that we live in a hypnotic world? How do we wake up and face the timeless reality in front of us?

Since you now know that your thinking process is hypnotic, just become aware of the words and how you use them in your mind. Become aware of your emotions and feeling. Become aware of your habit of verbalising your thoughts and feelings.

See what happens when you temporary stop verbalising. Do your thoughts and feelings have any substance when you do this?

Learn to understand your hopes, fears and desires. The ego wants to control everything. That is just a bad habit. Become aware.

Harmonise your thoughts and feelings. You will only be able to do this if you are aware of what you are doing. Awareness dehypnotises you.

Get your perceptions straightened out. The sooner you understand how your mind is working and learn more about how your ego operates, the quicker you will discover how eternal and peaceful the mind is.

When the French philosopher Rene Descartes in 1637 made this famous statement, “I think; therefore, I am”, he did not understand what hypnosis was. He did not realise that the self or the ego is a product of self-hypnosis. We are hypnotic creatures.

The ego (thinker) in your mind can only appear if you use words. Without the words, the ego automatically has to take the back seat to become an observer in the conscious mind. The nature of the ego does not allow it to take the back seat. Thus thinking and the ego become linked- “I think; therefore, I am”.

If you still think you are not living in a fool’s paradise after considering what I have just explained, please think again. Become a true scientist, not a pseudo-scientist. There is peace and eternity to be found in the timeless present if you stop chasing your shadow.

Discover it while you are alive. Because when we die, we all return to the timeless dimension.

Please read “The Enchanted Time Traveller- A Book of Self-Knowledge and The Subconscious Mind” and wake up to a new reality.

Visit Website: <https://theenchantedtimetraveller.com.au>. EBook is available at Amazon.com.

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Transcript: AMA President, Dr Omar Khorshid, Press Conference, Saturday, 12 February 2022, 12 noon AEDT/9AM WST, Broadcast on ABC TV Weekend (12:21)

Subject: Opening Speech:Launch AMA Campaign Clear the Hospital Logjam OMAR KHORSHID:

Good morning everyone. I'm standing here today with the West Australian President of the Australian Medical Association, Dr Mark Duncan-Smith, to officially launch the AMA's public hospital election campaign. It's called Clear the Hospital Logjam. And you might ask: what's a hospital logjam? A hospital logjam is the reality that faces our public hospitals, and the Australians who need to use those hospitals, every day. It gives you a sense that the hospitals are full all the time. That we can't get people out the backdoor of the hospital, because of problems in aged care and NDIS, problems with looking after people in the community. There's a lack of capacity in the hospitals themselves due to a lack of investment by our state governments, and a lack of money from our Federal Government in the actual hospital capacity. And that means that you can't get in the front door. Whether you're a patient who needs elective surgery, who is languishing on a waiting list, or you're somebody who presents to the emergency department with a serious illness, or even more worryingly, if you are so sick that you call an ambulance and the ambulance is parked outside the hospital for hours, that is what we mean by a hospital logjam. Now, our campaign is unashamedly a political campaign. We are seeking to change the opinions of our major political parties by getting grass root support from everyday Australians for there to be a significant investment, a capacity to understand the problems in our hospital system, on the part of the political parties -- and a commitment from them to fixing this problem. Now, public hospitals are just the focal point of this campaign but they're symptomatic of a much bigger problem in the health system, with a lack of investment in revention in keeping Australians healthy. A lack of investment for decades in general practice and primary care, so the patients living with chronic disease, Australians - many, many Australians - living with chronic diseases can be managed safely and appropriately in the community. And, of course, that means more demand on our public hospitals. So, what we're calling for is for more money to go into the public hospital system, for there to be a new funding formula that actually addresses the capacity needs of the public hospital system but also looks at the broader system. It looks at primary care, it looks at aged care, it looks at prevention, it looks at the National Disability Insurance Scheme -- to make sure that all

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those critical parts of the system are working together so that the sickest Australians can receive the care that they need, when they need it. Now this campaign is a grassroots campaign. So, we're asking Australians who've had experiences in our public hospital sector to share their experiences with us so that we can share them with the politicians who'll be seeking our votes at the upcoming election. We are calling for all Australians to think about their health. Think about the fact that they may need a public hospital one day. They may need elective surgery. They may need to turn up to the emergency department, or possibly in the back of an ambulance for urgent care. And your vote matters. If you vote for a party that is committed to our public hospital system, we are likely to get some action and we are likely to see that decades of underinvestment in this part of the health care system and our broader health care system are actually addressed after this election. COVID-19 has really focussed our minds on our health. It's shown that Australians are willing to make some sacrifices to keep ourselves healthy, and to keep other Australians - more vulnerable Australians - healthy. It's shown the cracks in our public hospital system, the cracks in our primary care system, and we must act now to address those issues because the demand going forwards is only going to get greater. We have, as we know, an ageing population. We have more Australians living with chronic disease, which means they need more health care and more hospital care. And of course, we've got the pandemic, which has deferred elective surgery for tens of thousands of Australians, which has led to Australians not seeking care when they should have from their GP, or from their specialist, or from their hospital. And we will be playing catch up for many years due to the impact of the pandemic. And that's not even considering long COVID, which could of course also put enormous demands on our health care system. So, it is critical that health care and in particular our hospital system is taken seriously at this election. We're asking Australians to vote on health care and to share with the AMA their experiences as we go forward in this campaign, and as we point the finger at any political party, any major party, that aspires to government that doesn't have a sound and future proof core healthcare system,. 12 February 2022 CONTACT: 02 6270 5478 0427 209 753 media@ama.com.au

Where We Work and Live

*Vietnam: David Sabben (Australian Army), [https://anzacportal.dva.gov.au/resources/David Sabben \(Australian Army\)](https://anzacportal.dva.gov.au/resources/David%20Sabben%20(Australian%20Army)),
Platoon Commander*

David Sabben (Australian Army), Platoon Commander

Department of Veterans' Affairs
As a young man, Dave Sabben commanded an infantry platoon in Vietnam.

At the age of 21, Dave Sabben was a platoon commander.

"The level of our training, and not only mine but of everyone, was of such a good standard that when action was required we slipped into it, and certainly myself I slipped into it very easily.

I was able to focus on the things that I needed to focus on. Your environment closes around you and nothing, in my experience, nothing else matters.

Particularly as an officer. This is what I need to know. I need to know where my troops are. I need to know where the enemy is. I don't need to know how scared I am. I don't need to know that I need a drink of water or something. I

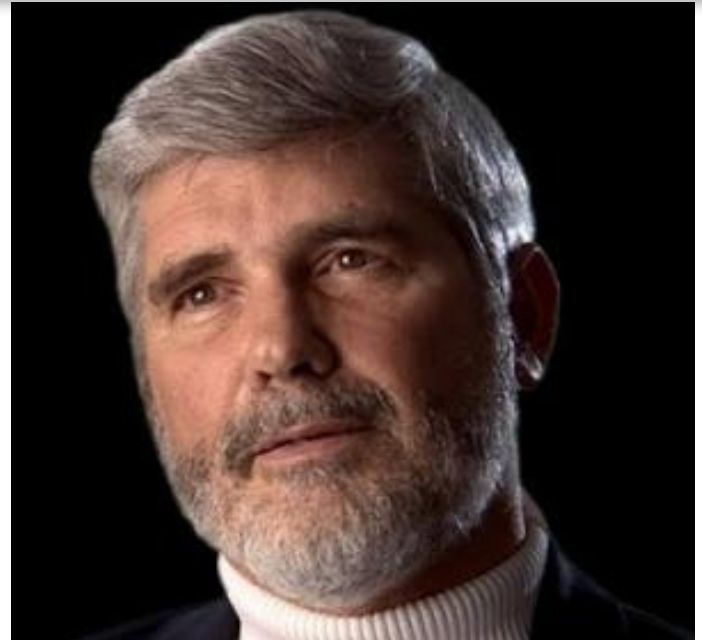
'm totally focused on what I need here. I've got my map. I've got my radio. I've got my weapon if I need to fire it."

Dave served with distinction, but the loss of his men was always a terrible blow.

"You don't believe that it's happening. You can see a soldier lying there and there's a flinch and they go slack and that's how most soldiers are wounded.

It's not a hysterical flinging of the arms in the air and a double somersault backwards; it's not like that at all.

If he's standing up it's like his legs are just cut out from under him.



David Sabben (Australian Army), Platoon Commander

And it doesn't matter whether you knew him or not.

In that split second of witnessing that, you have an image in your head.

That guy, he will never hold his kids on his lap. He'll never have a Sunday lunch with mum and dad again.

You just sense the loss.

It's been said, probably by someone much wiser than me, that the soldiers win the battles but the politicians win the wars or lose the wars and Vietnam was no different.

The politicians sent the soldiers in.

We were not very well equipped. We were not very well supported.

We won the battles. We lost the war."

The End

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Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. Show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

This membership subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and/ or speakers are most welcome. Doctors in Training and Retired Doctors are invited to join at no cost. Please complete the annual memberships subscription below and enjoy the benefits your membership brings you and your colleagues.

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