



Newsletter July 2021

RDMA's Newsletter

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RDMA's President Report Dr Kimberley Bondeson

Congratulations to the Brisbane Local Medical Association (BLMA), who are launching their own Newsletter!

The association that RDMA and BLMA has had over the years will, I am sure, continue, and I look forward to reading their newsletter, which will cover topics of particular interest to the Brisbane area and the South side of Brisbane.

All of the Greater Brisbane area, which includes the Morton Bay area is currently experiencing Covid restrictions, after a weeks snap lockdown, following an outbreak of the Delta variant of Covid 19. These outbreaks seem to be never ending, and the wearing of masks at work and indoors, associated with social distancing, has been re-introduced and extended another week. Victoria has just been put into its 5th lockdown, and the Greater Sydney area and certain suburbs are also in lockdown, with new covid 19 infections today reaching the 1000 mark. What a mess.

The news show long cues of cars, starting from 4am, waiting to get a Covid test. It also shows long cues of people waiting to get a Covid 19 vaccination. In stark contrast, the evening before Melbourne was put into its 5th lockdown, there were protestors in the streets of Melbourne city protesting against the lockdown, and demanding that the Victorian Premier resign.

I feel for the people of Melbourne, but in my personal opinion, the resignation of their premier is not going to stop the spread of the Covid 19 Delta variant. Educating the public appears to be the key, and increasing vaccination numbers.

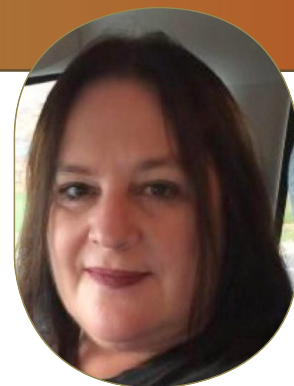
We are seeing overseas in the UK, Europe and the USA, where vaccination numbers are much higher than in Australia, borders are opening up, and social events are back on. The tennis

was played at Wimbledon to packed crowds, and won by an Australia, Ash Barty. Fantastic!

There is vaccination information chaos in Australia, with the Prime Minister, Scott Morrison advising the public to open up the vaccine rollout of AstraZeneca to the under-40's. Unfortunately, he did not give the doctors any warning, so we had no knowledge of this change in the rollout.

One good point, however, is that the government is indemnifying General Practitioners, doctors and nurses against being sued if a patient is harmed from having a Covid 19 vaccine. The chaos of this situation was not helped by the Queensland Chief Health Officer, Dr Jeannette Young, standing before the media and stating that no under 40's should be administered the AstraZeneca vaccine. "We've had very few deaths due to Covid 19 in Australia in people under 50 and wouldn't it be terrible that our first 18 year old in Queensland who dies related to this pandemic died because of the vaccine?"

Continued Page 4





BLMA Launches New Newsletter in August

Welcome from

Dr Robert (Bob) Brown

President Brisbane Local Medical Association

Note: Doctors in Training
RDMA Membership is Free
RDMA & BLMA Meeting Dates Page 2.

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

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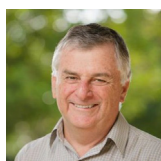
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RDMA 2021 MEETING DATES:

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

Tuesday	February	23rd
Wednesday	March	31st
Tuesday	April	27th
Wednesday	May	26th
Tuesday	June	22nd
✓ Wednesday	July	28th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	24th
Wednesday	September	15th
Tuesday	October	26th
NETWORKING MEETING		
Friday	November	19th

NEXT NEWSLETTER DEADLINE

Advertising & Contribution 15th August 2021

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

BLMA 2021 MEETING DATES:

Next Meeting: Victoria Park Golf Club
W: <https://www.brisbanelma.org/>
CPD Points Attendance Certificate Available

Usual Venue: Riverview Restaurant, Brisbane. Kingsford Smith Dr & Hunt St in Hamilton

Time: 6.30 pm for 7.00 pm

ANNUAL GENERAL MEETING - AGM		
Tuesday	February	9th
Tuesday	April	13th
Tuesday	June	8th
✓ Tuesday	August	10th
Tuesday	October	12th
NETWORKING MEETING		
Friday	November	26th TBC

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

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RDMA PRESIDENT'S REPORT CONTINUED

DR KIMBERLEY BONDESON,



The anti-vaccination lobby jumped on the band wagon then, and stated that Dr Young was supporting their cause.

And it gets worse. The ATAGI co-chair, Professor Christopher Blyth, stated on an interview with the ABC, that "I do not believe, at this stage, that young people should be receiving AstraZeneca ...unless their circumstances are pressed for that – There are some situation where that would be warranted, but they are.... Small". AusDoc, 9th July, 2021.

Well, my patients seem to be making up their own minds. And I have younger patients coming into my surgery, requesting the AstraZeneca vaccination, and quoting the statistics of the risk of blood clots to me. They have tried, and have been unable to get the Pfizer vaccine – many of them have registered onto a waiting list "expression of interest" and have not heard back, or have a date 8 weeks to 12 weeks in advance. They want to be vaccinated, many have families overseas, and want to visit. I was informed by one couple that they needed to be vaccinated in order to get into Thailand where

they had family, and would require proof of vaccination in order to get back to Australia.

They quoted the statistics to me, which were correct. So I gave them the AstraZeneca vaccine. And they are both well.

Other patients are requesting the 2nd AstraZeneca vaccine earlier than the 12 week mark, as they want to go and visit family in Sydney or Melbourne, or feel they are exposed in a 'hot spot'. And then again, some patients are fearful and distressed, and still hesitant about vaccination, fearful they will die from a blood clot. It goes on.

All we can do is continue to support our patients, and give them the best information that we have.

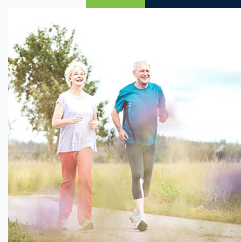
Kimberley Bondeson
RDMA President



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RESEARCH SHOWS:

- A single bout of exercise can lead to a post-exercise decrease in blood pressure in hypertensive individuals, called Postexercise Hypotension (PEH)
- All forms of exercise produced PEH in sedentary elderly hypertensive patients. However, High Intensive Interval Exercise produced the greater and more sustained PEH

NEXT MEETING DATE 28TH JULY 2021

RDMA Meeting 22/06/21

Dr Kimberley Bondeson introduced to-night's speakers.

Sponsor: Lundbeck Australia Pty Ltd

Sponsor Representatives
Ms Barbara Wheldone and Ms Fiona Hart

Tonight's Speaker

Dr Ashim Majumdar, Psychiatrist

Topic:
Supporting Mental Health Treatment in Primary Care: The role of Brintellix (Vortioxetine) in treating MDD, The role of Rexulti (Brexipiprazole) in treating schizophrenia.

Photos below and left to the right.

1. Drs Geoff Hawson, Speaker Dr Ashim Majumdar, Dr Kimberley Bondeson, Dr Colin Chow.
2. Dr Patrick Hartsuker (New Member), Dr Sidonie Matthew, Dr Xu Beixi, Dr Jeremy Williams and
3. Dr Andrew McBride (New Member) & Dr James Collins



Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 28th July 2021

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).

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsor: Seqirus Represented by: Sandy James
7:40pm	Speaker: Dr Elizabeth Hodge & Dr David Heyworth-Smith Topic: Paediatric & Adolescent ENT & Allergy Main Meal served (during presentation)
8:00pm	Q&A
8:30pm	General Business - Dessert served Tea & Coffee served

RSVP: By Friday 23rd of July 2021

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RDMA VICE PRESIDENT'S REPORT

DR WAYNE HERDY,



WHO LOVES CENTRELINK?

An AMAQ Past President once speculated on the possibility of measuring rage in units called the Telstra.

He might equally have named his unit the Centrelink.

We poor humble GP's suffer the unenviable task of writing Centrelink medical certificates, mostly to exempt our patients from the onerous duty of seeking out ridiculous and impracticable numbers of applications for jobs they don't want and are unsuited for, with employers who would not engage the unemployable under any circumstances and are burdened with the time-wasting task of processing applications from applicants who will never get any job anywhere anytime.

The certificate is in itself a flawed document, but Centrelink staff are increasingly using its inbuilt fallacies as reasons for rejecting the certificate. Which makes our ever-suffering patients have to come back to waste another consultation slot in our overcrowded appointment books.

We see certificates rejected because we do not state a commencement date for an illness. Unless there is a clear triggering event, who can tell when the patient's anxiety or depression commenced, or the precise date on which they were no longer able to work because of their progressive degenerative disease?

Certificates are rejected because we do not specify the prognosis. When we are asked, what is the prognosis of this patient's mood disorder, are we allowed to answer "I really have no idea"? Mostly, Centrelink seem to accept "NK", maybe just because there is something written in the vacant space, no matter how meaningless.

We see rejections because we do not specify details of past treatments. If the patient has suffered their inflammatory joint disorder for

20 years and tried every potion known to science and many relegated to pseudo-science, how do you fit that into a tiny line? So far, the Centrelink analytical scientists seem to accept a dismissive "multiple".

But the part I love most is the line where we have to describe the condition as temporary, permanent, or an exacerbation. Centrelink automatically reject anything other than "exacerbation". The logic of this defies examination. If a condition is "permanent", surely that qualifies the patient for the exemption sought.

No, the only acceptable answer is that the present status is only an exacerbation of the chronic disease. My personal hypothesis is that, if we identify the condition as "permanent" or likely to last more than two years, that is supposed to trigger a knee-jerk (assuming that Centrelink has more than paramecium-like responsivity) response to have the patient considered a potential candidate for genuinely permanent disability, i.e. the patient then must be considered eligible for a Disability Support Pension.

Since this involves a lot of extra paperwork, and possibly some exercise for any neurones surviving the Centrelink work environment, the secondary knee-jerk response must be a rejection.

The Centrelink medical certificate is not an ideal document. But the real unworkability is the processing of the document in ways that does not allow a certificate to achieve its objective unless it fits within a narrow preconceived framework that belies the reality of the patient's illness.

Getting off the topic of the medical certificates,

Centrelink has one other

Continued Page 7

Continued from Page 6

galling practice.

Their offices seem to have no front desks and no frontline staff. I hesitate to use the word “service”. Patients who enter the suburban Centrelink office to apply for a benefit are pointed towards one of the computer points and told to fill out the application online. Fail!

So many potential Centrelink clients are impaired, visually or intellectually, many are illiterate or computer illiterate. If they weren't, they might not be applying for a Centrelink benefit.

If they need help, they need to bring a helper with them, because they don't seem to get it from the Centrelink staff.

Whatever happened to the “service” part of the public service?

Wayne Herdy

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Professor Chris Perry OAM and Dr Brett Dale

WORKING FOR QUEENSLAND DOCTORS

Over the past month, we have been working hard for Queensland doctors across a number of key issues. We responded to the State Budget and highlighted the wins and gaps for health across the state. The COVID-19 vaccine debate and the lock down continues to be a major issue but we cannot forget the Emergency Department and access block crisis happening in Queensland hospitals. We also recently provided feedback on the draft Voluntary Assisted Dying (VAD) legislation. Read our update to find out how we continue to advocate for the medical profession in Queensland.

VOLUNTARY ASSISTED DYING

We have continued to represent members' views in our response to Health and Environment Committee who are overseeing the review of the draft VAD legislation. Our key feedback included the:

- addition of the word 'incurable' to the eligibility criteria;
- ability for doctors to conscientiously object;
- changes to federal law governing telehealth to allow its use for VAD;
- self-administration of VAD substances should not be the default option but that patient choice should be the key determinant;
- requests to access VAD by patients remain enduring and that Advanced Health Directives are respected; and
- referral to a psychiatrist to only occur if deemed necessary by the coordinating medical practitioner.

The Queensland Parliament will have a conscience vote on VAD in September.

STATE BUDGET RESPONSE

The Queensland Government produced a health budget focussed on bricks and mortar rather than patient care and the wellbeing of doctors. While we welcome the \$2 billion Hospital Building Fund, we need leadership, innovation and investment to find solutions that will address access block now. We need to move patients through the hospital system and stop the ramping crisis that is crippling Queensland. Not only do we need hundreds more staff in intensive care, mental health and general wards, we must also recognise the difficult conditions doctors and all health workers are experiencing and invest in their care and support. Rural Queensland did not receive adequate support in this budget with no allocation for specialist maternity care, mental health and pain management services. There was no additional funding for palliative care, underwhelming investment in Indigenous health and no training for much needed addiction medicine specialists. Read our full response to the State Budget, *Doctors disappointed by Budget* on our website.



NEW PAY RATES SUMMARY RELEASED

The Panel of the Fair Work Commission decided to increase the minimum modern award rates of pay by 2.5 per cent. For the health care sector, this increase took effect from 1 July 2021 and impacts employees covered by industry modern awards, such as the Nurses Award 2010 and the Health Professional and Support Services Award 2020. Our Workplace Relations Team has updated our Pay Rates Summary for 2021-22, which is available

to all members. Head to our website to access the summary or contact our team for more information.

RAMPING ROUNDTABLE

We held our first AMA Queensland Ramping Round Table on 16 June, convening a group of 10 diverse health experts from across Queensland to develop new ideas and solutions to address access block in our hospitals. Not only do we need more beds but also we must use the beds we have more efficiently.

The Chair, Dr Kim Hansen said there was no shortage of practical ideas that could be rolled out now and over the longer-term. Some of the key ideas the group flagged in the initial meeting include:

- measuring patient flow through the hospital system and not just emergency department wait times;
- establishing access and flow committees in hospitals that are focussed on patient movement and care through the hospital system;
- maintaining hospital capacity at 90 per cent to leave room for patients to be admitted into wards; and
- better processes for patients to access care in the community rather than in a hospital bed e.g. nursing home placements, scans, and reviews.

The group will bring on additional expertise as needed and plan to meet again in the next month. A clear timeline for recommendations will be developed including short, medium and long-term goals. We look forward to working with Queensland Health and the Government to help provide solutions out of our current ramping crisis. Read more on our website *Big ideas to fix hospital bed block*.

PRIVATE PRACTICE WEBINAR SERIES

The next Private Practice Webinar is Monday 26 July from 10am -12pm on the topic of termination of employment. This five-part training series covers key issues for GPs, practice managers and specialists. Receive a 40 per cent discount if you purchase all five sessions and either join the live webinars or access the recordings. Head to the events section of our website to purchase the series.

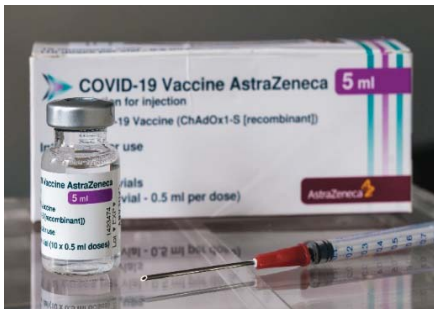


TELEHEALTH CHANGES

Dr Richard Kidd, Chair of our Federal Council of GPs recently wrote to members outlining our advocacy to reinstate long telehealth consultations removed from the MBS on 1 July. On 15 July, the Federal Government announced it would ease restrictions on telehealth and allow patients in declared COVID-19 hotspots to talk with their GPs for longer on the telephone. The AMA welcomes this decision to relax the Budget measure restricting telephone consultations to short and standard consultations. This change is essential for those in COVID-19 hotspots but we hope to have the longer telehealth consultations reinstated for all GPs and patients and that telehealth becomes a permanent MBS items given the tremendous uptake and positive impact during COVID-19.

COVID-19 UPDATE

Queenslanders are on tenterhooks to see if COVID-19 restrictions need to escalate given the outbreaks in NSW and Victoria. Certain local government areas, including the Redcliffe, are now operating in the 'moderate' risk category with heightened use of personal protective equipment (PPE). This is necessary but all health care workers, including GP clinics and their staff, must be supported which means access to adequate PPE supplies and fit-testing. We need meaningful action from the State and Federal Governments to ensure protection for all frontline health workers so they can continue to care for our community. Read our statement *GPs demand better protection from virulent Delta strain* on our website.



GPs last to know

Once again, there were major changes and conflicting government advice for COVID-19 vaccines in June and GPs were the last to know. On 23 June, ATAGI lifted the age for AstraZeneca from 50 years and over, to 60 years and over. This sudden change caught GPs by surprise and threw vaccine clinics into chaos with high cancellation rates, no-shows, wastage of vaccines and a significant drop in public confidence in the vaccine program. On 28 June, the Federal Government announced GPs would have indemnity against any adverse reactions caused by the AstraZeneca vaccine. The indemnity announcement was welcome news but the suggestion of AstraZeneca for younger Australians again caught GPs by surprise and created confusion for patients and unnecessary pressure on clinics to provide clear advice and guidance. On 30 June, the State Government declared that no one under 40 should have the AstraZeneca vaccine further compounding vaccine confusion and again throwing GPs into a spin dealing with confused and concerned patients. In the space of one week, both the Federal and State Governments failed to consult with the medical profession and did not provide clear and consistent vaccine advice for the community. Their disjointed and uncoordinated messages further undermined confidence in our COVID-19 vaccine program and continued to place GPs under inordinate pressure to combat vaccine hesitancy.

The vaccine debacle must end and GPs must have prior notice of changes to the vaccine program. The current reactive system gives GPs no time to understand new information, provide advice to patients and change existing bookings and systems in their practices. GPs need to have advance warning so they can continue to provide the best advice to their patients and effectively deliver COVID-19 vaccinations.



GPs administering Pfizer

From 1 July, 500 general practices started administering Pfizer vaccinations. This will increase as more supply becomes available with full capacity expected by October. We have been lobbying for this change over many months, ever since the storage advice for Pfizer was updated allowing storage in a normal fridge for one month. This hard-fought, crucial step forward will allow GPs to vaccinate more members of the community, which is even more important given the changes to the AstraZeneca vaccine.

Medicare COVID-19 consultations flawed

On 23 June, the Federal Government announced new Medicare items for GPs to provide longer COVID-19 vaccine consultations. This was the result of significant advocacy over several months by the AMA and we welcomed the new items initially but the devil is in the detail. Members are concerned over the timing that this consultation is required to occur. Many have reported it must take place before a patient receives the jab. However, the vast majority of patients want to discuss COVID-19 vaccines well in advance to receiving a dose. GPs have also told us that most patients book a regular consult and then have a COVID-19 discussion as a 'tag on topic' taking between 5–10 minutes on top of their appointment. Patients may also seek advice from their GP but have the vaccine in a different setting, which prevents the GP claiming the full package of Medicare items. While we welcome patient choice and any measure that speeds up the vaccine roll-out, GPs must be appropriately compensated for delivering public health advice in response to COVID-19. Finally, these new Medicare items force GPs to bulk bill the consultation. The bulk billing rates fall woefully short of the true cost of delivering quality primary care to the community and hinder the ability for GPs to sustain viable businesses. We are seeking clarity for GPs regarding all of these issues from the Department of Health and will continue to advocate for changes that truly reflect the needs of the medical profession to deliver high quality health care to our community.

Australian Medical Association Limited

ABN 37 008 426 793

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AMA

Patients in COVID hotspots can access safer consultations with GPs over the phone

Patients in declared COVID-19 hotspots will be able to talk with their GPs for longer on the telephone following a decision by the Government to ease restrictions on the use of telehealth as part of its pandemic response.

The Australian Medical Association (AMA) welcomed the Federal Government’s decision to relax its Budget measure from 1 July that restricted telephone consultations to short and standard consultations as part of its efforts to encourage patients to use video consultations.

AMA President Dr Omar Khorshid said the decision to reinstate a longer level C telephone consultation item was critical for patients with complex health needs and followed discussions over the past few days with the Minister for Health, Greg Hunt.

“The latest COVID-19 outbreak in Sydney has demonstrated consultations with GPs via the telephone remains critical for patient safety and access during lockdowns,” he said.

“For many patients, using the telephone is their preferred method and it helps ensure that people, who lack technological expertise of videoconferencing software or don’t have access to adequate internet speeds, are not denied access to essential GP services.

“Patients with respiratory symptoms are being discouraged from visiting their GPs until they get a negative COVID-19 test.

“Also, several practices have been classified as exposure sites and the New South Wales Government is working hard to reduce movement in the community to contain the virus.

“The pandemic is not over and the AMA has warned more outbreaks around the country are likely. This decision by the Federal Government supports improved patient access to telephone consultations when a hotspot is declared and it means that GPs are better positioned to respond and continue to provide timely access to care for their patients during such challenging times.”

The AMA supports the Federal Government’s Medicare-funded telehealth and strongly believes that it has been one of the most successful measures as part of the response to the COVID-19 pandemic.

15 July 2021

CONTACT: 02 6270 5478, media@ama.com.au

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AMA

AMA welcomes roadmap on opening up and learning to live safer with COVID

The Australian Medical Association (AMA) welcomes the leadership shown by National Cabinet in the release of the national roadmap allowing Australia to open up in a safe and sustainable way.

AMA President, Dr Omar Khorshid said it was important that any plan be based on science, and this plan is to be based on modelling of a Delta outbreak on a vaccinated community.

“The AMA has repeatedly called for consistency in responses across the nation – including in our May Communique ‘Prepare Australia before opening up to the world’, and National Cabinet’s plan will move us towards that goal,” he said.

“We need a clear vision, as a community, on how to live in a world where COVID will continue to exist.

“This plan, with four stages, recognises the important fact that our road out of this crisis is vaccination.

Of that there is no doubt.

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return of international outbound travel – particularly for those who are vaccinated.

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Dr Khorshid said the plan also recognised that we should give those who had done the right thing by being vaccinated the benefit of greater freedoms, which range from exemptions from local restrictions or reduced quarantine requirements, then in later stages of the plan, to even greater freedoms such as international travel.

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“We still need to fix our quarantine system so that we don’t continue to see leaks and lockdowns while the majority of Australians remain unvaccinated.

“But given our reliance on an overseas health workforce, the caps will exacerbate the

Continued Page 13

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AMA welcomes roadmap on opening up and learning to live safer with COVID

Continued from page 12

shortages of doctors and nurses as well as other critical workers in Australia.

They will need to be lifted as soon as possible to reduce the impact on vulnerable Australians who need medical care.

“It is paramount that we fix the holes in hotel quarantine, and we therefore welcome the commitment to review the system,” he said.

The AMA welcomed the increase in Commonwealth flights to help Australian’s overseas return home, and the increased use of Darwin facilities for quarantine.

The plan includes lockdowns continuing as a response to outbreaks, but highlighted that those responses should be consistent across jurisdictions – something the AMA has long called for.

“But beyond these short-term measures, today’s announcement is a signal to the community that there is a new normal on the horizon via vaccination, but how quickly we reach that is up to each and every Australian,” Dr Khorshid said.

2 July 2021

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Answers to Questions in Quora 2 (Internet) Part 2

By Dr Mal Mohanlal *(Part 2 continued from last month)*

What is preventing me from falling in love with myself? Part 2

Your perceptions.

What are the most interesting facts about the human mind?

It is timeless and unlimited like our universe.

What do 20+ year olds do daily to deal with their back pain?

When you have a problem, you do not live with it. You solve it. I would suggest you see a medical practitioner and have it sorted out.

My boyfriend keeps going back to his ex and tells me I'm inexperienced and just don't understand everytime I get mad/jealous. Is this really something normal, am I just overreacting?

Have you no self respect? Please show him the door and empower yourself.

Why can't I be sad even if I try to right now?

I don't understand. Why do you want to be sad when most people want to be happy?

Can I Ever feel Happy its been so Long?

If you go looking for happiness, you will never find it. Get rid of the cause of your misery and happiness will find you.

What is the most mind-boggling fact about our mind?

Most people are hypnotising themselves with their thinking process but are not even aware of it.

Are you scared to close your eyes for eternity?

You do not have to close your eyes to experience

eternity. The timeless dimension is all around you in the present.

Go to the mountaintop and look at the picture in front of you. You will experience eternity while your eyes are open, your mind alert and left speechless. Please do not fear the timeless dimension.

Why do people seek escape from reality instead of understanding reality?

Reality is timeless. Yes, in reality, there is no such thing as time. The time we have created is man-made, and we are all caught in this net of time through our thinking process. Our thinking in terms of the past, the present and the future make us travel in time.

Our ego relies on time to achieve things and create milestones. The ego is afraid to stop thinking. It is afraid that it might disappear from the mind if it stopped thinking. Hence, in most people's mind, the thinking process goes round and round like a squirrel in a cage.

It is how we create a dream world and become out of touch with reality. The escape from reality thus just becomes a habit. The timeless dimension coexists with our time dimension. The only thing that separates the two is our perception.

Do you know that your ego is the cause of most of your misery? We become stupid when we do not understand our ego. Don't you want to learn about your ego and the subconscious mind?

Please read the "The Enchanted Time Traveller – A Book of Self-Knowledge and The Subconscious Mind". Without self-knowledge one is constantly chasing one's shadow. Visit website: <http://theenchantedtimetraveller.com.au>. The EBook is available at Amazon.co.

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Climate emergency must no longer be ignored
AMA says climate change bills provide clear plan to reach net zero

The AMA said today the federal government can no longer afford to ignore the climate emergency.

AMA President Dr Omar Khorshid said the AMA was extremely disappointed the House Standing Committee on Environment and Energy has stated Australia's current approach to reducing emissions is adequate and has recommended against passing new proposed climate change bills.

Dr Khorshid said the proposed legislation, introduced to the House of Representatives last year by Independent MP Zali Steggall, outlined a sensible and well-structured response to the existential threat posed by climate change and included a clear plan for reaching net zero by 2050.

"The bills include provisions for the establishment of an independent Climate Change Commission; a National Climate Risk Assessment; a National Adaptation Program and a net-zero target by 2050," Dr Khorshid said.

"The AMA supports the climate change bills, based on the evidence that emissions need to reach net zero by at least 2050 to limit global warming to 1.5°C.

"The Intergovernmental Panel on Climate Change Special Report on the impacts of global warming of 1.5°C above pre-industrial levels, outlines the significantly greater health impacts of 2°C warming, compared to 1.5°C. Higher deaths from extreme heat, a wider spread of vector-borne disease, and increased mortality from poor air quality are all predicted at warming greater than 1.5°C.

"More generally, climate change is predicted to cause increases in food and water borne disease, airborne allergens, respiratory illnesses and mental ill-health," Dr Khorshid said.

Dr Khorshid said there was growing momentum towards net zero targets. "The AMA is deeply concerned that without a plan, Australia will be left behind. A number of global scorecards have now put Australia at the bottom of their lists regarding climate action and responsibility."

"The committee's report has ignored the wide community support for stronger action on climate change and does not reflect the urgent health and environmental imperatives.

"Australians are now experiencing the consequences of climate change. For example, the horrific bushfire season of 2019-20 and the intense and prolonged exposure to bushfire smoke. Australians deserve and need a better and more ambitious commitment than the one currently on offer. The AMA would like to see these bills debated in parliament and passed into law," Dr Khorshid said.

Date: 14/07/2021

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Western Australia!

Simply Extraordinary by Cheryl Ryan



With its photogenic landscapes, stunning beaches, reefs full of extraordinary marine life, and vineyards that craft world-class wines, Western Australia is your go-to destination for ultimate adventure. Get the fun started with the stunning sight of humongous variety of wildlife at every nook-and-cranny, amazing beaches and parks and the lively cities of Perth and Fremantle. WA has so much to offer that you will, most likely end up losing track of time.

An Enthralling Encounter with Nature

1. Fremantle: The cosmopolitan city is famous for handcrafted beers, heavenly coffee and festivity scene. The Fremantle Market is the heart of fashion, live music, performance art, art and craft, and fresh produce. Step into the magnificent vessels rich in maritime history at Western Australia Maritime Museum. Roundhouse and Fremantle Prison are other highlights. Have fun snorkeling and windsurfing at Port Beach and Leighton Beach or, Bathers Beach for mesmerizing sunset-watching.

2. Perth: Bask in the sunshine city at Kings Park and Botanic Garden. On the way to Northbridge and Perth Cultural Centre, check out the mini-bars, restaurants and cafes. Art connoisseurs can follow the City Public Art Walk.

3. Ningaloo Reef: Seize the lifetime opportunity to drift snorkel over gorgeous coral reef teeming with eclectic marine life. Don't miss the chance to dive off Navy Pier or indulge in world-class fishing. Surfing at Surfers Beach is to die for. Explore Ningaloo Marine Park and Cape Range National Park. Look out for emus, kangaroos and lizards on your way to the white-sand Turquoise Bay.

4. Coral Bay: Enjoy a cool afternoon swim, kayaking, diving or snorkelling in the calm waters of Coral Bay as well as the inner Ningaloo reef. Go cruising on a glass-bottom-boat along the outer reef and cherish the sight of dugongs, turtles, manta rays, and dolphins playing in the waters.

5. Karijini National Park: The stunning waterfalls and gorges, lush flora and fauna, and Western Australia's three highest peaks are its popular drawcards.

6. Broome -Cable Beach: Enjoy sunset at this beautiful white-sand beach or, take a Camel ride

along the beach in the evening.

More Marine Adventure!

1. Head to Hilary's Boat Harbour, north of Perth, for an exhilarating humpback whale watching tour.

2. Embark on an exciting underwater journey to explore Western Australia's unique marine life at AQWA — the Aquarium of Western Australia.

3. Penguin Island: Cruise to the largest haven of little penguins, rare Australian sea lions and plenty of seabirds. Head to Koombana Bay – the playground of adorable bottlenose dolphins – and swim with the dolphins or join a dolphin eco cruise.

4. Busselton Jetty: Home to Australia's greatest artificial reef; enjoy a stroll along this spectacular stretch. Check out the Underwater Observatory for a breath-taking view of the reef.

What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions of Western Australia.

- A day in Fremantle including Fremantle Prison and Western Australian Maritime Museum
- A day trip to Perth including sightseeing, whale shark swim tour and snorkelling
- Tour of Ningaloo Reef and Cape Range National Park, canyons of Cape Range and Coral Bay including snorkelling, wildlife-spotting, and other adventures
- Guided tour of Busselton Jetty and AQWA
- Wildlife cruise to the Penguin Island to be arranged

www.123Travelconferences.com.au

A dark blue banner with white text. On the left is a logo for 123TRAVEL featuring a suitcase and a city skyline. In the center, it says 'WE'RE PROUD TO BE ATAS travel accredited'. On the right, it says 'PROFESSIONAL CREDIBLE & RELIABLE'. Above the banner, the text 'FLIGHTS • ACCOMMODATION • HOTELS • TOURS • TRAVEL INSURANCE • CRUISES' is displayed.



Non-Concessional Contribution Bring-forward measures and 6-member Self Managed Super Fund (SMSF) Bill passes Parliament

On Thursday, the measures to extend the bring-forward age up to 67 and the bill to increase the number of members allowed in an SMSF were passed by both houses of Parliament. Both measures have been items of discussion for an extended period of time, and we are excited to have a definite outcome at last.

The Bring Forward Measure

The changes to the Bring Forward Measure amends the *Income Tax Assessment Act 1997* to enable individuals aged 65 and 66 to make up to three years of non-concessional (after tax) superannuation contributions under the bring-forward rule. Previously, this measure was only available to members under the age of 65. This change is inline with another recent change to the work test (the age at which the work test starts to apply for voluntary superannuation contributions has been increased from age 65 to age 67).

A member's non-concessional contribution cap is dependent on a number of factors, including their Total Superannuation Balance (TSB) at 30th June the prior year, so please contact us to discuss your circumstances before contributing additional money to superannuation under this measure.

Increase in Number of SMSF Members from Four to Six

This proposal follows a recommendation by the Super System Review (Cooper Review) back in 2010. Many SMSFs currently have just one or two members, so this change may not affect them. However, for larger families with existing SMSFs, this new measure has the potential to provide greater flexibility for joint management of retirement savings. We anticipate that this change may bring about the following benefits for some clients:

- Making a larger pool of funds available to either diversify the existing investment mix, or purchase investments such as property that may not have been previously viable due to borrowing restrictions or lack of capital;
- Improve liquidity of the SMSF to help support older members who have already entered pension phase meet their minimum pension requirements without having to sell down existing investments;

These amendments apply from the start of the first quarter that commences after the act receives royal assent.

Of course, any decisions that are made will need to be done so after careful consideration of the provisions of your SMSF trust deed and personal circumstances.

If you would like to discuss this further, please contact David Darrant, Paul Lewty or Christine Benson on 07 5437 9900.



AMA WELCOMES ROADMAP ON OPENING UP AND LEARNING TO LIVE SAFER WITH COVID

The Australian Medical Association (AMA) welcomes the leadership shown by National Cabinet in the release of the national roadmap allowing Australia to open up in a safe and sustainable way.

AMA President, Dr Omar Khorshid said it was important that any plan be based on science, and this plan is to be based on modelling of a Delta outbreak on a vaccinated community.

“The AMA has repeatedly called for consistency in responses across the nation – including in our May Communique ‘Prepare Australia before opening up to the world’, and National Cabinet’s plan will move us towards that goal,” he said.

“We need a clear vision, as a community, on how to live in a world where COVID will continue to exist.

“This plan, with four stages, recognises the important fact that our road out of this crisis is vaccination. Of that there is no doubt. “The four stages of the plan announced today show a future that includes a reduction in restrictions, a limited use of lockdowns, an increase in travel caps, and potential return of international outbound travel – particularly for those who are vaccinated.

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MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

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2 July 2021
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Where We Work and Live

Vietnam: Arther Law Australian Army: <https://anzac-portal.dva.gov.au/resources/arthur-law-australian-army-partners-allies>

Vietnam: Snapshot Story Arther Law, Australian Army,

Arthur Law served as an infantryman in Vietnam and observed firsthand the different tactical approaches used by the Americans and the Australians.

In 1965, the Australian Government agreed to send an infantry battalion to Vietnam: 1st Battalion, The Royal Australian Regiment. Attached to the US Army's 173d Airborne Brigade (Separate) in Bien Hoa, their number included a confident lance corporal named Arthur Law.

"We were very confident young men. Individually and collectively. We were world beaters. We'd been told so often how we were the best."

It wasn't long before they were in action alongside American troops. Their tactics were different.

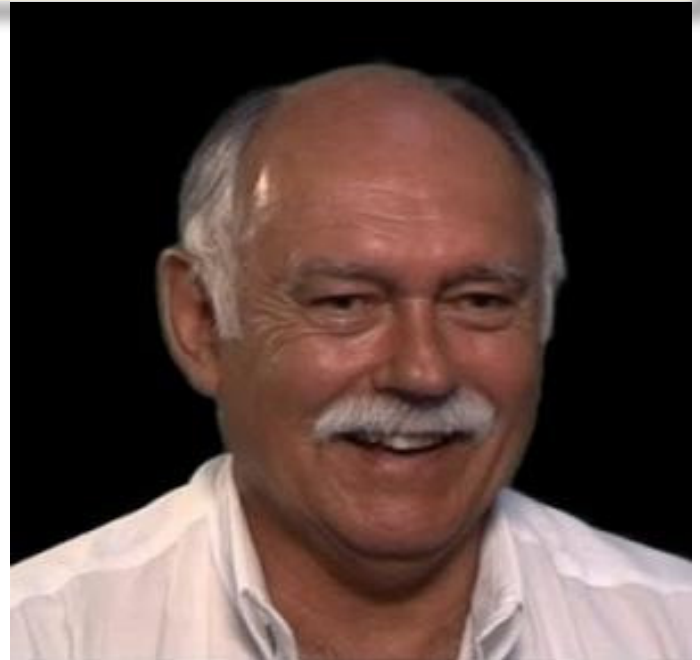
"The American tactic when we first arrived there, was as soon as they contacted an enemy and started shooting, because of their terrific fire power they've got behind them, they would pull back a hundred metres so that they could employ their artillery and all that sort of stuff.

The enemy very quickly realised this and would move forward with them, if you're up close you can't use those weapons so it was down to you know, pistols and rifles and machine guns.

And initially when we were having contacts we were getting quite a few kills, 'cos they were moving forward on us, until they realised the blokes in the bush hats aren't Americans.

Quite often we would have Americans with us, to observe our way of doing it. Some were good, some were not so good.

Same as our guys. They were quite brave



Arther Law, Australian Army

people in so far as, when we got shot at, everybody was on their guts on the ground looking for where the shot was coming from and trying to return fire.

The Americans would trade shots you know, they'd run forward and you know, real cowboy sort of stuff."

Just weeks before he was due to go home, Arthur was involved in Operation Silver City, a heliborne assault.

"And the next thing, shooting starts. And I'm down on my face on the ground and I've been shot through the leg and there's blood spraying everywhere.

Ah, shit, you know. I'm eternally thankful for the American evacuation system, their hospital system, which I reckon you could probably not get anywhere else in the world.

You knew that if you were wounded and they could get you out before it really got bad, your chances of survival were almost a hundred per cent."

. The End

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