



RDMA's Newsletter

Newsletter July 2022

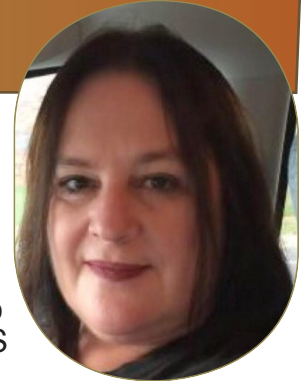
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RDMA's President Report Dr Kimberley Bondeson



The recent AMAQ Conference (page 4) in the Northern Territory, split between Ayres Rock and Alice Springs was a tremendous success. There were over 180 attendees, despite several having to cancel due to covid, those places were quickly filled from a waiting list. The temperature was freezing, between 1 degree Celsius and 18 degrees Celsius. It was interesting that in Alice Springs, Ayres Rock and Kings Canyon, there was definitely a lack of hospitality staff, and staff in general. At all three places that I stayed at there were several other large groups of people, and staff shortages. However, it was wonderful to see the tourism industry re-opening, and I certainly witnessed a lot of patience amongst the guests. Though I have to admit, I was glad that I was not in one of the rooms in Alice Springs which did not have any hot water one morning (the temp was 1 degree that night).

After arriving home to Brisbane (finally, after missing flight connections in Sydney due to cancelled and delayed flights, again due to covid 19), 2 weeks later, the Dinner for the Profession (page 9) was held at Portside. It was a much smaller gathering than previous years, again due to Covid 19, however was a lovely evening. Dr Maria Boulton was formally welcomed as the AMAQ President, and Dr Chris Perry was thanked for his 2 years of hard work at the past AMAQ President. I would also like to congratulate Dr Bob Brown, who was this year's recipient of the President's Gold Metal.

Arriving back at work, from Alice Springs, I was greeted by a new Covid 19 surge. Fortunately, the telehealth items are back in place, as this is the first time during the entire pandemic that I have seen so many of my patients, and staff, down with covid 19 infections. However, there is definitely a mismatch between the media advising patients that they can easily access covid 19 antivirals, and the reality of prescribing

them, and then finding a pharmacy which has them in stock. As many doctors will have discovered, many patients who are ringing up with covid 19 infections and requesting the anti-virals do not actually fit the strict PBS criteria. However, I have been assured by newspaper articles, that there is a black market for anti-viral tablets, if anyone wants to pay for them – though I am unsure of what the price is. Or the quality of the supposed tablets. This is the first time in my professional career that I have ever seen a medication available on the black market that is not a recreational drug, or a steroid for body builders.

On a better note, the Federal Government has re-introduced a covid payment, for those people who are unable to work and do not have any sick leave entitlements. This has been backdated to 1st July, and will last until the end of September 2022. It is designed to assist those who have covid 19, have to self isolate, and do not have any other form of income. I am yet to hear from my patients how this is working out.

The pharmacy "UTI prescribing trial" seems to be going ahead despite opposition by the medical profession.

The next major event on *Continued on Page 5.*

**Note: Free RDMA
Membership For
Doctors in Training**

**RDMA Meeting Dates
Page 2.**

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

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RDMA 2022 MEETING DATES:

For all queries contact Angela our Meeting

Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Next

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

Newsletter Editor Dr Wayne Herdy

Newsletter Publisher.

M: 0408 714 984

Email: RDMAnews@gmail.com

Advertising information is on
RDMA's website

www.redcliffedoctorsmedicalassociation.org/

NEXT NEWSLETTER DEADLINE

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

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

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The team behind your result



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RDMA Executive Contacts:

President:

Dr Kimberley Bondeson
Ph: 3284 9777



Vice President :

Dr Wayne Herdy
Ph: 5491 5666



Secretary:

Dr Geoff Hawson
Ph: 0418870140



Email: geoffrey@hawson.org

Treasurer:

Dr Peter Stephenson
Ph: 3886 6889



Committee Member:

Dr Alka Kothari
Ph: 3883 7777



Meetings' Conveners

Ph:3049 4444

Email: qml_rdma@qml.com.au

Ms Kym James &

Anna Woznaik

M: 0466480315



AMAQ's National Conference NT Uluru & Alice Springs



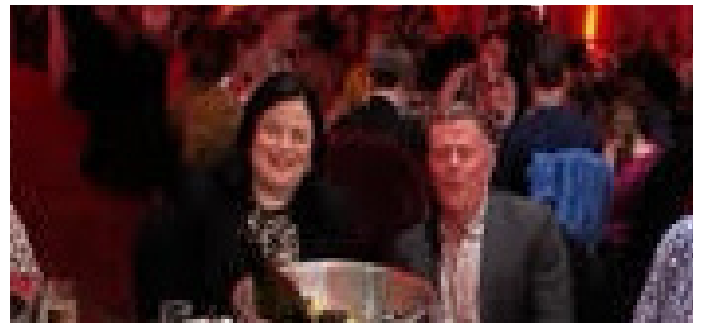
RDMA represented by Dr Kimberley Bondeson, Dr Wayne Herdy, Dr Ray Huntley and Dr Geoff Hawson.



Dr Geoffrey Hawson speaking at the AMAQ Annual Conference at Alice Springs on step down registration and how other countries have instituted a medical reserve (UK & USA) but not Australia.



The AMAQ team who helped put the conference together, with Dr Maria Boulton



Dr Maria Boulton, President of AMAQ and Dr Brett Dale, CEO of AMAQ



Redcliffe LMA and Brisbane LMA members



Ipswich Local Medical Association at Alice Springs.



Dr Wayne Herdy and a snake friend who came to dinner



Dr Kimberley Bondeson, Ms Gaybriella Burey and Miss Jazmin Burey

NEXT MEETING DATE 27TH JULY 2022

RDMA President Report Continued:

the calendar is the AMA Federal National Conference, where the new President and Vice-President are voted in at 11.30 am on Sunday, 31st July, 2022. Our very own Dr Gino Pecoraro (OAM) has nominated for President, along with Dr Steve Robson. The conference itself has an impressive array of guest speakers, which include the following: Dr Anthony Fauci, Chief Medical Adviser to the US President, Dr Brendon Murphy, Secretary, Department of Health, Dr Heidi Stensmyren, World Medical Association President, and Prof Paul Kelly, Commonwealth Chief Medical Officer. It will be fascinating to hear what this group of doctors have to say about the worldwide covid 19 pandemic.

.Kimberley Bondeson,
RDMA President

RDMA Meeting 21/06/22

Kimberley Bondeson introduced Beverley Blakeway (with Kym) Genesis Care and Speaker Dr David Schlect (with Peter) who spoke on topic Updates in Radiation Therapy. New Members Ruben De Klerk, Jeremy Barker, Kimberley & Alka, Peter, David Schlect and Max.



Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 27th July 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).

AGENDA: 7:00pm Arrival & Registration
7:30pm Be seated – Entrée served
Welcome by Dr Kimberley Bondeson – President RDMA Inc
Sponsors: iNova Pharmaceuticals
Representative/s: Laura Fell, Sara Cook & Trisha Kerrin
7:30pm Speakers: DR GARRY DEED
Topic: Optimising Treatment of Obesity in Patients with Common Co-Morbidities of Depression and Type 2 Diabetes

8:00pm Q&A

8:30pm General Business - Dessert served
Tea & Coffee served

RSVP: By Friday 22nd July 2022

(e) RDMA@qml.com.au or 0413 760 961 or 0466 480 315

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RDMA VICE PRESIDENT'S REPORT

DR WAYNE HERDY



DO S8 REVIEWS HELP OR HARM ?

Last year, Medicare in its infinite wisdom and with insightful planning imposed on all prescribers a new onerous burden, to have all long-term Schedule 8 medications reviewed annually by another prescriber. Little thought was given to the unwanted consequences of implementing that policy.

We are aware that there has been a steady increase in the numbers of deaths associated with opioids, including prescribed opioids. There is prima facie a need to consider taking action to improve the safety of S8 prescribing. I carefully distinguish that I agree that it is necessary to CONSIDER taking action, but I did not agree that it is necessary to TAKE action – mainly because I find it difficult to imagine what action would be realistic and effective.

What is not clear is whether obtaining a second opinion from another prescriber will be an effective safety mechanism. Last year, I invited Medicare to show the proof that such an audit process if going to be practicable and effective.

It is most likely that the second opinion is going to come from the prescriber's colleague in the same practice. It is most unlikely that the other doctor from the same practice is going to condemn his partner's prescribing. To obtain an opinion from outside the practice is very difficult – if I were asked to audit another prescriber's prescription from another practice and for a patient unknown to me, assuming I could find a free appointment, I would be requiring a long appointment, and for a non-clinical administrative process carrying a relatively high legal risk I would be asking a substantial private fee.

The engineers of this policy must have given some thought to the economics

of implementing the policy. Guessing that here might be something like 100,000 patients in the country on long-term opioids (that's less than 3 per practising GP), the cost of an extra 100,000 consultations adds something of the order of \$5 million to the health budget.

As a practising GP, I marvel at the lack of thought about the simple logistics of implementing the policy. Australia's GP's are asked to find an additional 100,000 appointment times in their already-crowded appointment books. And these are not brief consultations, even if we already know the patient.

But the last straw comes with the timing of the policy. Last year, we had to perform all this extra work in mid-winter, when we were already dealing with COVID vaccinations, influenza vaccinations and the inevitable scatter of winter illnesses. Last year, we did not have an annual influenza outbreak, thanks to COVID-related social distancing and mandatory masks. This year, the policy has to be implemented at a time when the social distancing and border closures and mask-wearing are all relaxed, and we are facing what promises to be the biggest flu epidemic for many years.

I am fond of citing the saying that a camel is a horse designed by a committee. This is not a mere dromedary but a true three-humped camel.

Wayne Herdy
Vice President RDMA



Winton to Yeppoon via Birdsville 29/8/22-7/09/2022

We believe ALL kids deserve a fair go.

Help Wayne Herdy & Team raise funds to support Variety the Children's Charity

Variety – the Children's Charity supports kids and families who are facing many challenges through sickness, disadvantage or living with a disability.

Our work allows kids to gain mobility, to get out and about in the community, to communicate, achieve independence and increase their self-esteem. We make sure the kids who miss out, can always join in.

To donate click this link and type in Wayne Herdy and team : [Donate • 2022 Variety Bash \(varietybashqld.com.au\)](https://varietybashqld.com.au)

SAVE THE DATE

Sports & Spinal Evolution of Pain Conference 2022

Sports and Spinal Physiotherapy, provider no. 640061, activity no. 350635, allocated 40 category 1 points in the CPD program for the 2020 - 22 triennium.

DATE:

Saturday 20th August 2022
8:00am – 3:30pm

LOCATION:

Pier 33, 33/45 Parkyn Parade,
Mooloolaba Qld 4557



PANEL MEMBERS:

Dr Paul Frank, Dr Peter Georgius, Dr Stephen Byrne, Dr Daevyd Rodda, Dr Mat Bateman, Dr Rob Park, Travis Schultz, Dr Mark Young and Briony McSwan

RSVP:

Friday 12th August to
conference@sportsandspinalphysio.com.au

Generously Sponsored by:



QMWS AUGUST MEETING

THURSDAY 25TH AUGUST AT
6:30PM FOR 7PM START
UNITED SERVICES CLUB
SPRING HILL

Tickets
Early Bird (closes 11th August)
• Member: \$45
• Non-member: \$65
• Student: \$25
Regular
• Member: \$50
• Non-member: \$70
• Student: \$30
• Zoom: \$5 (closes 1 hour before)



DOMESTIC VIOLENCE- THE TIP OF THE ICEBERG

Associate Professor Alka Kothari



QMWS Event Coordinator

QMWS: Domestic Violence - The Tip of the Iceberg with Assoc Prof Alka Kothari

📅 Thu 25th Aug 2022, 6:30 pm - 9:00 pm
AEST

Price **\$10 - \$80 AUD** + BF

<https://events.humanitix.com/domesticviolencetickets>

Get Tickets

Event description

QMWS warmly invites you to join us for our 2022 August meeting!

We are delighted to announce Assoc Prof Alka Kothari as our speaker who will be presenting:
Domestic Violence- The tip of the iceberg!

Assoc Prof Alka Kothari Obstetrician and Gynaecologist
MBBS MD FRANZCOG DDU Grad Cert EBP (Monash), PhD Candidate

Associate Professor Alka Kothari is a Senior Staff Specialist in Obstetrics and Gynaecology and a Conjoint Associate Professor in the Faculty of Medicine, University of Queensland.

Assoc Prof Kothari is currently completing a PhD on 'Forgotten Fathers in pregnancy and childbirth' and won the 'Best Oral presentation' for this work at the World Congress in Obstetrics and Gynaecology, London, 2019. She has also won various research excellence, leadership and teaching awards in Metro North Hospital and Health Service as well as University of Queensland. She has published multiple research papers in international and national journals. She is regularly invited to speak at international and national conferences for various specialist colleges including the Royal Australian College of Obstetricians and Gynaecologists, Royal Australian College of Anaesthetists, and The Society of Obstetric Medicine of Australia. She is passionate about encouraging multi-disciplinary research, especially in Perinatal mental health, Women's imaging, Medical education and Mental health and well-being.

Assoc Prof Kothari is an active member of the Prince Charles Human Research and Ethics Committee and provides research supervision and guidance to higher degree candidates and medical, nursing, allied health trainees. She also provides guidance as a Board member and Clinical Advisory and Governance Committee member to several non-government organisations. Assoc Prof Kothari has also recently been elected as the Greater Brisbane Area Representative for the Australian Medical Association of Queensland.



Date and time

Thu 25th Aug 2022, 6:30 pm - 9:00 pm AEST

[Add to calendar](#)

Location

United Service Club Queensland
183 Wickham Terrace, Spring Hill QLD 4000,
Australia

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Dinner for the Profession



Dr Gino Pecoraro, who is running for President, AMA National



Dr Bob Brown, Dr Maria Bolton and Yvette D'Arth.



Dr Bob Brown was accepting the Presidents GoldMetal for 2022.



Dr Maria Bolton, AMAQ President



Dr Chris Perry, past AMAQ President



Indigenous representative for the local Brisbane Area who gave a welcome speech - Elder Songwoman, Maroochy.

PRESIDENT AND CEO REPORT



Dr Maria Boulton and Dr Brett Dale

The AMA is escalating opposition to the North Queensland Pharmacy trial, with AMA President Dr Omar Khorshid and AMA Queensland President Dr Maria Boulton flying to Cairns to join forces with North Queensland doctors on this issue.

Despite results from our survey showing 1 in 5 GPs saw a patient with complications during the trial, Queensland Health has now introduced the Urinary Tract Infection Pharmacy Program.

We continue to maintain the rage over the Queensland Government's plans to go one step further with a trial that allows pharmacists in North Queensland

to autonomously prescribe for 23 conditions including asthma, diabetes, COPD and other serious conditions. Read more at <https://qld.ama.com.au/Stop-NQ-Pharmacy-Trial>

AMA QUEENSLAND AWARD WINNERS



AMA Queensland and Redcliffe District Medical Association Past President Dr Bob Brown has won our coveted Gold Medal, announced at the *Dinner for the Profession* in late July.

Dr Brown was recognised for his service to general practice at a local, state and national level.

Dr Maria Boulton was officially installed as AMA Queensland President at the event, with an official handover from Immediate Past President Prof Chris Perry OAM.

Mackay paediatrician Dr Michael Williams received the *AMA Queensland Rural Health Medal* and Prof Cindy Shannon won the *Excellence in Healthcare Medal*.

Read more about the awards here: <https://qld.ama.com.au/news/AMAQAwards>

Check out photos from the *Dinner for the Profession* here: <https://bit.ly/3RAiR3P>

AMA QUEENSLAND ANNUAL CONFERENCE IN THE NT



After a brief hiatus due to COVID, doctors flocked to the Northern Territory for this year's *Annual Conference*. A great mix of presenters, networking and sightseeing, the *Annual Conference* was a wonderful chance to hear from Australian speakers and share knowledge in Australia's red centre. Check out the photos here: <https://bit.ly/3zfo3CQ>

TELEHEALTH ACCESS

One blessing to emerge from the COVID pandemic is the wider introduction of telehealth. Telehealth has become a wonderful option not only for patients suffering respiratory systems that might end up being diagnosed as COVID or influenza, but also patients who find it difficult to visit your practice for many reasons.

The Department of Health have changed the Medicare is no longer providing a rebate for any phone appointment with the GP that lasts longer than 20 minutes. It still provides them for shorter phone appointments, and it still provides the rebate for video calls.

After advocacy from AMA Queensland and AMA, the Federal Government introduced a temporary MBS item number for long telephone GP consultations for patients who have tested positive for COVID to allow for a discussion on antiviral eligibility. It is disappointing that the MBS item number for all long telephone consultations was not reinstated as one in seven patients have no access to video for consultations. We will continue advocating for this.

SENIOR ACTIVE DOCTORS' CONFERENCE

The Australian Senior Active Doctors Association and AMA Queensland are pleased to announce that the inaugural *Senior Active Doctors Conference* will be held in Redcliffe on 13-14 August.

The conference boasts some big profile speakers and will discuss:

- global trends and models of senior doctor registration,
- medical reserves,
- encore careers and roles for senior doctors,
- navigating the 2023 registration requirements,
- recency of practice,
- college requirements,
- maintaining registration while winding down practice,
- emerging issues for senior doctors,
- progressing senior doctor policy, and
- recent ASADA and AMA Queensland initiatives.

Register now at <https://qld.ama.com.au/events/senior-doctors-conference>.



JOIN AMA QUEENSLAND

We are proud to lead Queensland doctors and create better health outcomes for our community. Join AMA Queensland and receive a \$50 Prezzy gift card. Scan this QR code to join now and enjoy the myriad of member benefits. Be sure to email us at membership@amaq.com.au with the subject Prezzy to claim your voucher.

R4R Research Giving Circle

RDMA News Story – July 2022

22/7/2022

Raise it for 
Redcliffe Hospital

Proudly supported by the RBWH Foundation

Local Community Backs Health Research

Research at Redcliffe Hospital helps give patients a better hospital experience, representatives from Redcliffe and District Local Medical Association (RDMA) and other guests heard at an event hosted by The Golden Ox this month. Local health professionals and community members attended the Raise it for Redcliffe Hospital 'Research Giving Circle' dinner which was generously hosted by Nick and Virginia Tzimas on 19th July, two days before celebrating the 45th birthday of their renowned Margate venue. "It's a pleasure to support research at Redcliffe Hospital. I come from a place in Greece where there were only two doctors for a large area. They would often look after poor people. That same spirit exists at Redcliffe Hospital," Mr Tzimas said. "How fantastic and caring are the medical professionals and the hospital to the community. The community feels safe in the hands of the entire medical profession on the Peninsula and at our Redcliffe Hospital."

Keynote speaker and inaugural Redcliffe Hospital Senior Nursing Researcher Associate Professor Amanda Fox shared how important it was to support clinicians to conduct research driven by local patient needs. She thanked guests and Research Giving Circle partners for helping to establish her role and advance high-quality research locally, in partnership with major universities and research institutes. "In my role as Senior Nursing Researcher, one of my goals is to lead multi-disciplinary research with partners such as QUT, The University of Queensland, QIMR Berghofer and more recently University of the Sunshine Coast," Dr Fox said. "These university/hospital partnerships allow research that would not be possible by either party on their own. They generate a ripple effect of knowledge and learning."

Dr Fox's second goal is to mentor nurses and midwives to engage in research. Nurses and midwives spend many hours with patients and their families in times of great need and distress. Dr Fox said that they often serve as a conduit to help patients understand complex health care terminology and technology. Through mentoring nursing professionals, Dr Fox hopes to build their capacity to inform and conduct research that helps patients of all ages at the bedside. Research can also have a multiplying impact on patient care. For instance, Dr Fox shared about two midwife educators who identified the need to help educators provide effective feedback to new graduate midwives. They introduced an assessment guide into the midwifery wards that contains evidence-based standard clinical measures. This provides new midwives with clear benchmarks to inform patient care and development milestones. Ten graduate midwives are currently part of a research study that looks at the effectiveness of the new guidelines.

"The research aims to optimise the clinical care new midwives provide to women and neonates during their birthing experience. Early findings are showing the guide helps to set realistic development goals for safe and high-quality patient care," Dr Fox said. "This research will inform future workplace training processes at Redcliffe Hospital. Plus, it serves as a baseline for further research in this area that will influence more broadly across Australia."

Raise it for Redcliffe Research Giving Circle partners can help multiply the impact of health research that puts patients first. The Research Giving Circle will fund new grants grants that enable Redcliffe Hospital clinicians, nurses, midwives and other staff to conduct more life-changing research. These grants will play a significant role in understanding patient needs, applying the latest technology, and finding better ways to deliver gold standard patient care.

RDMA members are invited to become Research Giving Circle partners in 2022. You can find out more and make your tax-deductible gift here: www.raiseitforredcliffe.com.au/redcliffe-research-giving-circle

The inaugural Raise it for Redcliffe 2021 Research Giving Circle partners, including RDMA and some members, helped to fund the Senior Nursing Researcher position in partnership with QUT and other Redcliffe Hospital supporters. Raise it for Redcliffe Hospital is a philanthropic partnership between RBWH Foundation and Redcliffe Hospital. All funds raised support Redcliffe Hospital.



1. *RDMA Executive Members Dr Peter Stephenson and Associate Professor Alka Kothari with Dr Peter Marendy, Adjunct Associate Professor Amanda Dines OAM, Associate Professor Amanda Fox and Dr Joel Dulhunty.*



2. *Keynote speaker and inaugural Senior Nursing Researcher at Redcliffe Hospital, Associate Professor Amanda Fox, with Redcliffe Hospital Medical Director – Medicine Service, Dr Catherine Yelland.*



3. *Raise it for Redcliffe Research Giving Circle event hosts, Virginia and Nick Tzimas, with Redcliffe Hospital Executive Director, Louise Oriti.*

4. *Community support for health research... Raise it for Redcliffe Research Giving Circle dinner at The Golden Ox.*



Radiation Therapy

by Dr David Schlect, Genesis Care

Radiation therapy has been utilised to manage benign and malignant diseases for over 100 years. It's ability to induce tissue damage has been exploited to destroy rapidly growing cells of skin cancer, or those associated with inflammatory disorders, such as Dupuytren's, where outgrowth of fibrotic tissue causes discomfort and disfigurement. The primary limitation with radiation therapy is toxicity, which can induce both acute and chronic effects that must be carefully considered. Technological advances have assisted in treatment planning, as well as physical shaping of the beam for target conformity, ensure optimal disease response with minimal toxicity.

Keratinocyte Cancer and Extensive Skin Field Cancerisation (ESFC)

The incidence of Keratinocyte cancer (KC) continues to increase with current estimates indicating that nearly 70% of Australians will have at least one excised in their lifetime.¹ While severe sunburn events can be incredibly damaging, small, intermittent periods of sun exposure correlate with substantially elevated risk as people age.

High levels of ambient ultraviolet radiation in locations in proximity to the equator is a primary factor in three-fold incidence gradient between northern and southern Australia, with Queenslanders experiencing the highest incidence.^{2,3} Patients with prior KC diagnoses have an elevated risk of new lesions,^{4,5} which is associated with "skin field cancerisation" – the accumulation of genetic mutations that increase the likelihood of cancerous transformation.

Extensive skin field cancerisation (ESFC) refers to a large area of sun-damaged skin with extensive pre-cancerous actinic keratoses (AKs). 80% of Australians over the age of 60 have actinic keratoses,⁶ although it is impossible to predict which will transform into cancer. Some lesions spontaneously regress, however, many patients will continue to accumulate AKs as they age without treatment or appropriate sun protection. While individual KCs or AKs are responsive to treatment, patients with severe, widespread disease often require constant intervention.

Patients have generally undergone many surgical resections, however, invasive interventions often become impractical or are extremely disfiguring. Existing topical

agents designed for AKs, whilst non-invasive, often have limited efficacy or durability. Widefield options are needed for patients with extensive disease.

Radiation therapy for ESFC and National Registry

Building upon the well-known efficacy of radiation therapy in treating skin cancer, GenesisCare has developed comprehensive protocols in consultation with dermatologists to provide a widefield option for patients with extensive disease. Treatment can be precisely controlled, delivering a lower dose to the pre-cancerous field, whilst targeting a higher dose boost to areas of invasive disease if required.

The National Dermatology Radiation Oncology Registry (NDROR) was created as a collaboration between dermatologists and GenesisCare radiation oncologists to collate clinical outcomes for patients with ESFC being treated with widefield volumetric modulated arc therapy (VMAT).

12-month outcomes were recently published for 83 patients (89 treatment fields) prescribed VMAT who were prospectively registered into NDROR.⁷ 80% of patients had received multiple prior therapies and were seeking an effective, non-invasive treatment. Field clearance success in up to 96% of treated fields, and KC complete response rates of 96% were achieved.

Acute radiation dermatitis is a necessary and expected skin reaction and generally resolved rapidly following the cessation of treatment. The most common residual toxicity at 12-months was mild localised, erythema, pruritis, xerosis and alopecia. Importantly, cosmetic outcomes were graded as good to excellent in 96-98% of fields using the Lovett's scale of assessment.

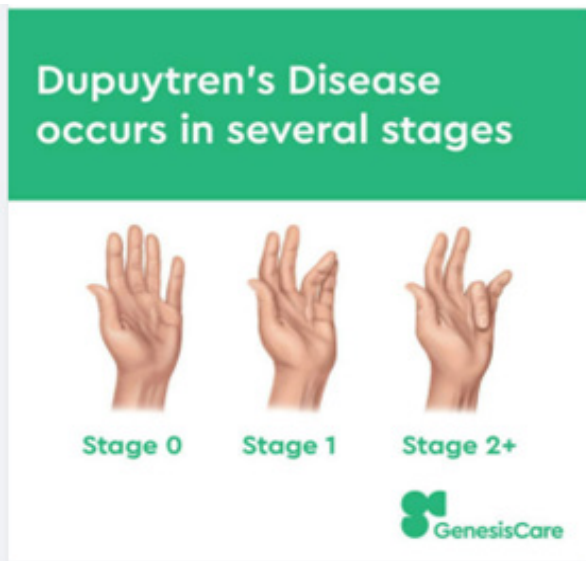
ESFC - Before treatment



Radiation Therapy

by Dr David Schlect, Genesis Care

12-months post VMAT



Dupuytren's Disease

GenesisCare has also developed protocols for the management of common benign conditions, such as Palmar Fibromatosis (or Dupuytren's disease - DD). DD is characterised by excessive fibroblastic activity and the accumulation of scar tissue in the fascia of the palms, causing progressive digital flexion contracture.⁸ It is the most common inherited connective tissue disorder and affects ~4% of the population.⁹ Disease is more prevalent in older (>65 years-old) males of Anglo-Saxon background, but precise causes are poorly defined.^{10,11} Disease can be painful and dramatically impair functionality. Delayed action exacerbates collagen deposition and scar tissue formation, reducing the efficacy of any treatment.

Radiation therapy is recognised as a safe, non-invasive option for certain patients, which can alleviate symptoms and may reduce the need for subsequent invasive interventions.

GenesisCare is proud to be conducting the DEPART clinical trial investigating the efficacy of radiation therapy in patients with progressive precontracture DD. The trial is comparing radiation therapy to standard of care, which may be

observation/physical therapy, or surgery for more progressive disease. There are several sites in south-east Queensland where suitable patients can enrol and be treated as part of this study.

Conclusion

Advances in radiation therapy have allowed it to be more broadly applied to different benign and malignant conditions with fewer side effects. Although used with caution, it may be a suitable option for select patients in conjunction with other forms of treatment, or as a salvage therapy for patients who have exhausted other options. Should you wish to discuss the management of your patients with a radiation oncologist, or for further information, please contact:

Dr David Schlect
GenesisCare Radiation Oncologist
Chermside Medical Centre
David.schlect@genesiscare.com
skin@genesiscare.com
M: 0417 620 751

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Answers to Questions in Quora (Internet)- 5

By Dr Mal Mohanlal

How do technology and innovation affect the human mind, and why do we need to be more creative to set a trend?

Technology and innovation are adversely affecting the human mind. It is making the individual more out of touch with reality. While we use science and technology to create a better lifestyle for us, we also create an escapist world where there is little or no understanding of our minds. Hence, mental illness is increasing in society. We live in a sea of words. Words hypnotize us. The only thing we can create with words is a world of fantasy and a world of delusions. The evidence is all around you. We are no different from the previous civilizations, except we think we are more advanced - yes, advanced in escapism.

What controls your mind?

I see the mind as an intelligent, neutral force (energy) that keeps the body alive. However, it needs an intact brain to express consciousness. The ego uses words (thinking) to appear in our conscious minds. Our perceptions influence our thoughts. Our thoughts then influence our behaviour and actions.

Hence, one does not directly control the mind. Still, the ego and the outside world are constantly manipulating the mind through the hypnotic power of words. Therefore, we must straighten out our distorted perceptions if we want clarity in our thinking. Every one of us grows up as a conditioned being. Being aware of this fact deconditions us. Please read my articles on the Internet to see if my writing makes sense.

Is it possible for someone with BPD to heal completely?

BPD is just a label. I have described mental illness as a disorder of perception. It is the degree that determines the level at which it becomes a clinical disorder of behaviour and action. So if one clears up one's perceptions, I cannot see why one cannot cure oneself. That is why I keep insisting people acquire self-knowledge. Please read my articles on the Internet and see if they make sense to you. If they do, then you can cure yourself.

Can you be mentally ill and still function well?

In my mind, I see mental illness as a disorder of perception. It is the degree that determines the level at which it becomes a clinical disorder of perception and behaviour. Most people suffer from a perception disorder, yet you can see them functioning normally. But look at the world. Do you think it is operating harmoniously? Mental illness is all around us, and we are still functioning. Please read my articles on mental illness and how to change your perceptions.

Why did my hypnosis stop working suddenly?

I am afraid you do not understand hypnosis. The ego in your mind is a product of self-hypnosis because when you think, you are hypnotizing yourself. So you are living in a hypnotic world. Please read my Internet hypnosis article and learn more about your mind.

Can hypnosis help any problem?

Yes. To solve any problem, you have to think. Thinking is a hypnotic process. When you are thinking, you are hypnotizing yourself. If you think in the wrong way, you can make life difficult for yourself. If you think in the right way, you can make life easy. Please read my article on hypnosis to learn how your mind works.

Does a mind think or do we think by a mind?

The mind is the source of our intelligence and energy that keeps us alive. However, we need the brain to think and express our consciousness. Without the brain, I am afraid you are nobody. Please read my article on the brain, the ego and the mind on the Internet to learn more.

Does a big ego cause you social anxiety and general anxiety?

Big or small egos, we all have the potential to self-destruct. Acquiring insight into your mind and self-knowledge is essential for every individual if one wants to make sense of reality. Please read my articles and see if they make sense to you.

Is peace of mind just a myth?

When you resolve a conflict, you get peace. So is conflict a myth? Therefore, to live in conflict is to live in stupidity. If you want peace, resolve the conflict.

Why are meditation apps not good?

One should know why one wants to meditate. The purpose is to harmonize your inner and outer worlds and understand your thinking process. One does not need a guru to meditate. One can meditate anywhere and at any time. There is no need to adopt specific postures, etc. Any techniques invented by the ego are usually an exercise in delusion because they are just a form of self-hypnosis. Please read my articles on meditation and the ego's modus operandi to learn more about your mind.

Can I be hypnotized more than once?

What would you say if I told you, you are already hypnotized. When you are thinking, you are hypnotizing yourself. Please read my article on the Internet on hypnosis to help you understand hypnosis.

Why is the human mind not a superpower?

It is a superpower if you use your brain to learn how to use it.

Is the subconscious sort of a mind of its own, that thinks independently from consciousness?

The subconscious mind is the energy source that keeps us alive. All our vital functions are under its control. Our thinking process is hypnotic. It can influence it negatively or positively, depending on how we stimulate it. When we pray, we are trying to appease our subconscious mind. Our happiness or sadness are dependent on how we stimulate our subconscious mind. Please read my articles on the Internet to learn more about your subconscious mind and how to make yourself happy.

Is peace a feeling or a state of mind? Can you explain both with examples?

Peace is a feeling where the mind is still like the still water with no ripples or conflict. It is also a state of mind where the observer and the observed become one.

Is human thought a question and answer process?

The ego in your mind is a product of self-hypnosis. Without words, the ego cannot appear in the conscious mind. So when we are thinking, we are hypnotizing ourselves. As such, the ego, in its search for immortality, uses thought as a question-and-answer process.

Since we live in a world of chaos and confusion, it is essential that we learn about our mind and how it affects our physical and mental health. Please read "The Enchanted Time Traveller – A Book of Self-Knowledge and The Subconscious Mind". Website: <https://theenchantedtimetraveller.com.au>. EBook is available at Amazon.com.

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Premier must consult with NQ community on Pharmacy Trial

AMA President Dr Omar Khorshid today called on Queensland Premier Annastacia Palaszczuk and Health Minister Yvette D'Ath to visit First Nations communities in North Queensland before imposing their dangerous pharmacy prescribing experiment on them.

Dr Khorshid said it is disgraceful that the Premier and the Health Minister have failed to consult with communities about the proposal to allow pharmacists to undertake the equivalent of three weeks of online training to do the work of GPs, who train for 10 to 12 years.

"Under the North Queensland experiment, pharmacists will be allowed to diagnose, treat, prescribe and sell medications for 23 serious conditions including asthma, diabetes and lung disease without any medical training or oversight," Dr Khorshid said. "Many of these conditions disproportionately affect First Nations peoples, who deserve access to the same high quality healthcare as every other Australian.

"The Queensland government's claim is that this will solve the issues of access to healthcare in regional and rural communities- despite the fact that there is a huge shortage of pharmacists in North Queensland. But this isn't a health solution, this is a political solution. "It is against the strongly stated views of all expert medical groups in Queensland- but the Premier is sticking to her promises made behind closed doors- implying that that generous political donors have more impact on policy in Queensland than professional organisations.

"The Queensland Parliament has before it substantial changes to national law regulating the health professions in the interests of patient safety but at the same time the Queensland government is going it alone, ignoring the national regulatory bodies that protect patients and proposing a dangerous trial that is being drawn up in secret. "I visited the Gurriny Yealamucka Health Service in Yarrabah, just south of Cairns, where doctors, nurses, pharmacists, public health workers, Aboriginal health workers and Queensland Health employees work together to address the health needs of their community in a model that works. "They deliver care in a culturally safe and appropriate manner in consultation with the community.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

A community pharmacist is embedded in the health centre. "I was shocked to be told by these hardworking GPs and allied healthcare workers that not only is their community targeted as a site for the pharmacy prescribing trial, but that the Premier and Health Minister have not been to Yarrabah in this term of government, if at all. "No-one has bothered to ask the patients, doctors and allied healthcare workers in Yarrabah, or anywhere else in North Queensland, if they need or want the prescribing trial.

"This is an issue of concern to every doctor, no matter their geography or their specialty. The AMA will be launching a national survey of doctors to seek their views on this proposal- because it is a pilot in name only." AMA Queensland President Dr Maria Boulton said patient safety would be put at risk by the North Queensland experiment. "This proposal is based on the alleged success of the urinary tract infection (UTI) prescribing trial, which we know harmed women," Dr Boulton said. "There was no way for women who took part in the trial to independently report any adverse outcomes, and no way for doctors to report their concerns without knowing the name of individual pharmacists involved.

"Virtually every woman who sought advice from a pharmacist under this scheme was prescribed antibiotics, and one in two pharmacists who took part said they would have found it difficult not to prescribe antibiotics after charging a patient a consultation fee. "AMA Queensland has raised concerns about this scheme with all levels of government and all sides of politics. "The UTI trial harmed women's health but is being implemented across Queensland anyway and now the Queensland government is proposing to experiment on the people of North Queensland. Instead of harming primary care and the health of Queenslanders, we call on the Premier to invest in high quality team based primary care that we know is the model for the future."

21 July 2022

CONTACT: AMA Media: +61 2 6270 5478 +61 427 209 753 media@ama.com.au AMA Queensland Media: +61 419 735 641 media@amaq.com.au

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Where We Work and Live

Vietnam War 1962–75 | Australian War Memorial (awm.gov.au)

Vietnam War 1962–75

A wounded digger, hurt in a booby-trap explosion, is evacuated to Vung Tau.

By 1969 anti-war protests were gathering momentum in Australia. Opposition to conscription mounted, as more people came to believe the war could not be won.

A “Don’t register” campaign to dissuade young men from registering for conscription gained increasing support and some of the protests grew violent.

The US government began to implement a policy of “Vietnamisation”, the term coined for a gradual withdrawal of US forces that would leave the war in the hands of the South Vietnamese.

With the start of the phased withdrawals, the emphasis of the activities of the Australians in Phuoc Tuy province shifted to the provision of training to the South Vietnamese Regional and Popular Forces.

At the end of April 1970 US and South Vietnamese troops were ordered to cross the border into Cambodia.

While the invasion succeeded in capturing large quantities of North Vietnamese arms, destroying bunkers and sanctuaries, and killing enemy soldiers, it ultimately proved disastrous.

By bringing combat into Cambodia, the invasion drove many people to join the underground opposition, the Khmer Rouge, irreparably weakening the Cambodian government.



AUSTRALIAN WAR MEMORIAL

COL/67/0140/VN

Phuoc Tuy province, South Vietnam, November 1966: 6RAR soldiers follow an armoured personnel carrier (APC) during Operation Ingham, a “search and destroy” mission.

When the Khmer Rouge came to power in April 1975, it imposed a cruel and repressive regime that killed several million Cambodians and left the country with internal conflict that continues today.

The extension of the war into a sovereign state, formally neutral, inflamed anti-war sentiment in the United States and provided the impetus for further anti-war demonstrations in Australia.

In the well-known Moratorium marches of 1970 and 1971, more than 200,000 people gathered to protest against the war, in cities and towns throughout the country.

Continued next month.

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