



July 2024

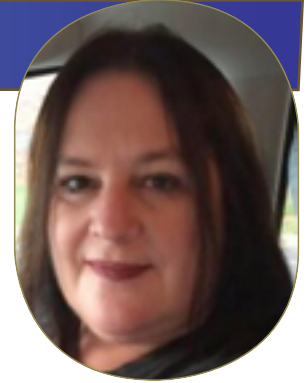
Newsletter



See Where We Work & Live P19
 Vietnam War 1962–75 | <https://anzacportal.dva.gov.au/resources/arthur-law-australian-army-partners-allies>

[HTTPS://WWW.FACEBOOK.COM/REDCLIFFEANDDISTRICTMEDICALASSOCIATION/](https://www.facebook.com/redcliffeanddistrictmedicalassociation/)

RDMA's President Report Dr Kimberley Bondeson



Urgent Care Clinics are a bit of a mystery. There are ongoing varied reports by patients. It appears that many patients are being turned away, as they “do not fit the criteria” for “Urgent Care.” These patients do not even get past the reception area to see anyone at all. Figures that are coming out around the cost of each patient to the government is around \$200 per patient. Far more than the \$40 that the Medicare rebate pays for a GP to see each patient. Are they sustainable? Or are they simply eventually going to poach General Practitioners from nearby clinics. One of my patients reported that there was a General Practitioners at the Urgent Care Clinic he went to, but he was under the impression that the doctor did not actually see anyone.

We have examples of these sort of clinics failing in the past. The most recent one is the General Practitioners Superclinic in the Redcliffe Moreton Bay Integrated Clinic, which has recently closed its General Practitioners clinic completely. Most long term RDMA members will recall when the Redcliffe Community raised funds for this building, which at that time was spruiked as a 24hour bulk billing General Practice. It never achieved that status, unfortunately. In fact, it went into liquidation before the building was finished, and was purchased by the local hospital for \$1 and then sat empty for around 2 years. It finally reopened with a small GP clinic in it, however, this clinic had restricted hours and is now completely gone.

MDO's are restricting indemnity cover for certain practitioners, in what they consider is an “emerging risk from an insurance perspective”. (AusDoc, 12th July 24). What they are referring to is “restricted cover for GPs and other private practitioners who initiate hormone therapy for children and teens with gender dysphoria”, and doctors prescribing medicinal cannabis “as a stand alone practice”. MDA National

stated that it considers medicinal cannabis “an emerging risk from an insurance perspective,” and is requesting members prescribing medicinal cannabis to discuss their personal situation “so that we can understand their scope of practice and advise accordingly”. It also states that “it would not cover registrars for prescribing medicinal cannabis in a telehealth clinic, or in a private capacity out-side of their training program where they do not have access to indemnity from their employer.”

Now onto some good news about AI (Artificial Intelligence). Radiologists experienced a one-third workload reduction when artificial intelligence was involved in a mammogram screening program, a new study has shown. (AusDoc, 12th July 24). The comprehensive analysis (Radiology 2024; 4 June) states that “after the AI system was introduced, the recall rate decreased by 20%, the cancer detection rate increased (0.70% vs 0.82%) and the false-positive rate decreased.

The Association will be pleased to know that Mrs Mary Marendy was delighted to accept the commemorative medallion, “The Foundation of Queensland Medicine Medal” on behalf of her late husband, Dr Peter Marendy, from the Association. As most of you know, Dr Peter Marendy was one of the founding members of the Redcliffe and District Local Medical Association. See you all at the next meeting!!
 Kimberley Bondeson

**Free RDMA
 Membership For
 Doctors in Training
 RDMA Meeting Dates
 Page 2.**



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

RDMA 2024 MEETING DATES:

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

CPD Points Attendance Certificate Available

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

Time: **7.00 pm for 7.30 pm**

Next meeting date is

Tuesday	February	27th
Wednesday	March	27th
Tuesday	April	30th
Wednesday	May	29th
Tuesday	June	25th
NEXT Wednesday	July	31st
ANNUAL GENERAL MEETING		
Tuesday	August	20th
Wednesday	September	25th
Tuesday	October	29th
NETWORKING MEETING		
Friday	November	22nd

Newsletter Publisher.
M: 0408 714 984

Email: RDMAnews@gmail.com

Advertising information listed in the right column and on RDMA's website

www.redcliffedoctorsmedicalassociation.org/

NEXT NEWSLETTER DEADLINE

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Due 15th of each Month 2024

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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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Lumus Imaging North Lakes has exciting news!

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

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



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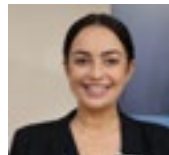


Dr Wayne Herdy
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Meeting Conveners Ph:3049 4444
Email: qml_rdma@qml.com.au

Anna Wozniak
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CONFERENCE PARTNERS

TRAVIS SCHULTZ & PARTNERS



'BEHIND THE CLINIC DOOR' 2024 ANNUAL CONFERENCE IS A SELL OUT!

Due to the overwhelming demand for this years event, We are now taking expressions of interest for delegates, sponsors and attendees for 2025.

Email conference@sportsandspinalphysio.com.au to register your interest for 2025. We look forward to seeing you there!

CONFERENCE SUPPORTERS



Lime Radiology welcomes the Hologic 3Dimensions™ Mammography System

With Genius™ 3D Mammography™ Technology & The SmartCurve™ Breast Stabilisation System



Designed to be the fastest, highest resolution breast tomosynthesis system, ever.

Our new 3Dimensions mammography system matches the unrivalled performance of our Genius 3D Mammography exam, which is more accurate than conventional 2D mammograms, detecting 20%-65% more invasive breast cancers. These breakthrough improvements transform the patient experience without compromising speed or accuracy. For more information, scan the QR code.



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RDMA MEETING WEDNESDAY 31ST JULY 2024

RDMA MEETING 25TH JUNE 24



RDMA Meeting 25th June

Kimberley Bondeson RDMA President introduced the speakers.

Speaker: Dr Darshit Thaker, Medical Oncologist

Topic: Older Patients with Cancer: How should we manage?

Guest Speaker: Professor John Pearn.

Topic Commemorative Medallion presentation.

Sponsor: Redcliffe & District Medical Association

Photos below:

1. Professor John Pearn, Drs Maxim Wilson & Philip Dupre.
2. Dr Darshit Thaker & Anna Wozniak
3. Drs Pravan Kasan & Alka Kothari
4. Drs Alka Kothari & Wayne Herdy.
5. Drs Geoffrey Hawson & Alka Kothari

Monthly Meeting

Date	Wednesday 31 st July
Time	7pm for a 7:30pm start
Venue	Waterview Room, The Komo 99 Marine Pd Redcliffe
Cost	Financial members, interns, doctors in training and medical student FREE. Non-Financial members – \$30 payable at the door (Membership applications available).

7:00pm Arrival & Registration

Be seated – Entrée served.
Welcome by Dr Kimberley Bondeson – President RDMA Inc
Sponsors: Redcliffe District Medical Association

7:30pm

7:40pm **Speaker: Dr John Evans**
Topic: Disrupted GI Tract Composition (malabsorption + bacteria) and Outcomes
Main Meal served (during presentation)

Agenda

8:20pm Q&A

Guest Speaker: Dr Nick Yim, AMAQ President
Topic: AMAQ Updates

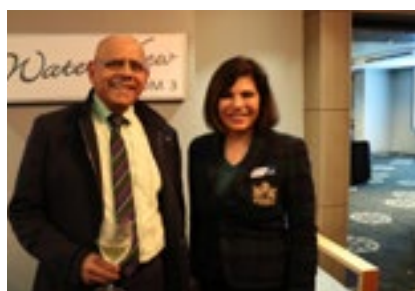
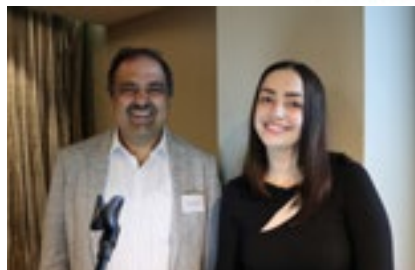
8:30pm

General Business - Dessert served.
Tea & Coffee served.

RSVP

By Friday 12th July

RDMA@qml.com.au or 0466 453 806



Brisbane North GP Liaison Update

Here's this month selection from our weekly GP updates in the [Brisbane North PHN "GP Link" e-newsletter](#) which you can subscribe to see the full selection of articles by GPLO & PHN teams. The web links to these resources can be clicked via the online RDMA newsletter.

- [Metro North Health Refer Your Patient GP Hub](#)
- [Health Pathways](#) – Username Brisbane Password North

New Urgent Care Options available for your patients in the Metro North Region

Metro North Health has developed a web page [Choose the healthcare option that's right for you](#) with information to help guide patients where to go for urgent (same day) health care when they are unable to see their own GP.

Please consider sharing this page particularly with your GP reception staff as if a patient calls but is unable to get a same day appointment with their regular GP, there are now other urgent (same-day) care options available to patients in the region. Most of these are provided bulk billed as an alternative to the Emergency Department but are not a replacement for their normal GP care.

Minor Injury & Illness Clinic urgent care visit details in the Health Provider Portal

When your patients present to Minor Injury & Illness Clinics at one of the Satellite Hospitals, you will be able to see details of what occurred during the visit on the [Health Provider Portal](#) (HPP) under the "Encounters" tab.

If you are not already registered for the HPP which can give QLD GP access to ED encounters, discharge summaries outpatient letters, pathology & radiology results and much more, you can register via the HPP link above. If you cannot remember your login details, you can contact the HPP support team on connectingqld@health.qld.gov.au or for support signing up email the [Practice Support Team](#) at Brisbane North PHN.

More details on the [useful information for GPs found on the HPP](#) can be via the link. There are also details of [ongoing new improvements to the HPP](#).

Self-Management of Chronic Conditions Service (SMoCC)

Free telephone support for Queenslanders living with chronic disease

Queensland Health has launched a new initiative to support patients living with chronic disease.

[SMoCC](#) aims to improve the quality of life of participants by helping them develop the self management skills to reduce progression of their condition. It delivers structured, telephone based, chronic disease programs for eligible patients using the evidence based [COACH program](#).

Eligible patients are over 18years old, living in Queensland, are managed by a GP, have access to a telephone and have a diagnosis of Coronary Artery Disease, Type 2 Diabetes, Pre Diabetes or COPD.

They will receive a phone call from a registered nurse to discuss their condition monthly for 6 months. The patient and their GP will be sent a summary of the session.

Patients can self-refer via 13 43 25 84 (13 HEALTH) but GP referrals are preferred.

Click here for [more information, patient brochures & how to refer](#) or to contact the team:

- email SMoCC@health.qld.gov.au incl to order printed brochures to give your patients.
- Phone: Nurse Unit Manager can be contacted directly on 0482 421690 (NOTE: health professional (HP) enquires only)

No/low cost courses & programs for patients experiencing mental health challenges

Metro North Health mental health teams provide a [booklet of no/low cost activities](#) suitable for those experiencing mental health challenges. This includes support for family and carers, ranges from psychoeducation (DBT groups, counselling), to helping reduce isolation eg groups for fishing, playing soccer. Supports specific to communities including Aboriginal and Torres Strait Islander, CALD, LGBTIQ+, older persons, and youth are listed in this booklet, as well as suicide support services, safe spaces, men's groups, women's groups, parenting supports, eating disorder support, as well as local community programs.

This booklet contains a wide range of recovery focused courses and programs aimed at supporting people to manage mental health challenges and to achieve the things they want out of life. A personally meaningful and satisfying life is possible despite mental health challenges.

This resource is updated every 6 months, and is current from July – December 2024.
Bookmark it on your desktop

Influenza & Pertussis cases on the rise – Reminder Influenza Vaccine is Free for all Queenslanders over 6 months olds

SNP Pathology "[weekly respiratory viruses report](#)" shows the rising number of cases of influenza in the community. As the Chief Health Officer advised this week, cases are expected to increase significantly as children returning to school after school holidays so it's important all age groups but particularly children are vaccinated as cases being hospitalised increases.

Queensland Health [Acute Respiratory Infection Surveillance Report](#) provides a report of how respiratory infection cases are tracking over time.

Don't forget to remind any of your patients that they can still access their free influenza vaccine from general practices or pharmacies and is free for those aged over 6 months of age.

Pertussis is also [increasing in the community](#) and it is interesting to see highest age group seems to be those aged 10-14 years so important to remind those who may have missed out on their pertussis boosters at school or those at risk, to get vaccinated.
For vaccine hesitancy see - [Too many Australians aren't getting a flu vaccine. Why, and what can we do about it?](#)

There are also [posters you can print](#) to display in your waiting rooms.

New National Core Community Palliative Care Medicines List

National Palliative Care Project, has released the [new National Core Community Palliative Care Medicines List](#) for use with home-based palliative patients.

AMA QUEENSLAND UPDATE JULY 2024



*AMA Queensland CEO Dr Brett Dale and President
Dr Nick Yim*

As we enter the second half of the year, we're beginning to see action from the state budget measures announced last month. We've already seen a great win for regional Queenslanders with the recent rollout of Brisbane's virtual emergency department. However, we've also seen another missed opportunity with the government's decision to fund a new metropolitan-based nurse-led walk-in clinic rather than funding existing general practice infrastructure that desperately needs support. We continue to have constructive meetings with the Health Minister in hope the government will better consider the value of general practice and the needs of rural and regional communities.

VIRTUAL ED ROLLOUT

The Queensland Government's latest rollout of Brisbane's virtual emergency department model is a win for AMA Queensland, and most importantly, regional Queenslanders.

The original model was developed by many AMA Queensland members in collaboration with Queensland Health and has been working well in the Metro North region. This expansion means that all Queenslanders, particularly those in rural and regional areas, will now be able to access the service.

The Virtual Emergency Care service was one of the recommendations of our Ramping Roundtable and we commend the government for acting and using taxpayer funds wisely to support and expand existing resources.



Read our media release

NURSE-LED WALK-IN CLINICS

As part of its Women and Girls' Health Strategy, the Queensland Government has allocated \$46 million for four nurse-led walk-in health clinics, with the first to open in Brisbane's CBD.

While we welcome any investment in primary care, a nurse-only clinic in the state's capital does not make sense when so much of regional Queensland is struggling with access to health services.

AMA Queensland supports the role of nurse practitioners and recognises their tireless efforts to support patients and communities – our concerns lie in the investment strategy.

The Brisbane CBD is already well serviced by GP clinics and hospitals, but we know this is not the case in so many rural and regional communities. This funding would go so much further if it was used to employ nurses and allied health workers in GP clinics across the state, and in recruiting, training and retaining our local workforce.



Read our media release



In addition to weakening the support for existing infrastructures, these clinics will also likely create further problems. Not only have clinics without doctors proven to be inefficient in other jurisdictions, but staff will inevitably be poached from existing services during a workforce crisis.

Instead of throwing money at clinics without doctors, we continue to call on all levels of government to invest in primary care models that we know work.



*ABC Radio interview
transcript*

VAPE LEGISLATION

On Wednesday 10 July 2024 we appeared before a parliamentary inquiry with our concerns regarding current approaches to vaping reforms.

We have long been calling for tighter regulations on vapes to prevent young people from becoming addicted to nicotine. While our preference would be that vapes are treated for what they are – unproven and potentially dangerous, we welcomed moves by both the state and federal governments to limit the sale of vaping products.



However, we remain concerned over a lack of separation between prescribing and authorising a vaping product and its sale and the inadvertent legitimisation of vapes as a therapeutic product.



Read our media release

We are also concerned about the federal law that would allow vapes to be prescribed to children under 18.

Our preference is that children and adults do not vape and are directed to proven quit therapies instead. That is the best way to protect the health of our community.

PAYROLL TAX

As general practice clinics around the state continue to come under pressure, members continue to come to us with concerns regarding payroll tax liability once the amnesty ends.

Receiving a payroll tax amnesty until mid-2025 was a huge win for AMA Queensland and general practice. However, our members remain confused and frustrated about a lack of clarity on whether their applications for the amnesty have been successful.

On 25 June 2024 we contacted the Queensland Revenue Office (QRO) and the Queensland Treasurer with these concerns, and on Monday 8 July, met with them to discuss further.

We focused on members who had received a payroll tax liability before the amnesty was called. The QRO confirmed the amnesty still applies to this group, once they have completed the expression of interest (EOI) and submitted the required documents.

We understand that only once practices have met the amnesty compliance requirements that they will receive advice from the QRO.

We are yet to receive formal correspondence in response to this meeting but will update members when we do. We also thank the Treasurer and QRO for their continued collaboration.



Find updates here

QCSRIPT

The latest QScript look-up exemptions and Monitored Medicines Standard came into effect on 2 July, exempting relevant practitioners from the mandatory requirement to check QScript in specified low-risk circumstances.

Version 2 of the Monitored Medicines Standard applies to all prescribers and dispensers of monitored medicines in Queensland.

Queensland Health has published a new webpage that collates a wide range of resources to support health practitioners to access and navigate QScript and understand their legislative obligations.



[Resources here](#)



[Read more](#)

COUNCIL UPDATE

Vice President Emilia Dauway stepped into the role of Chair of Council at its 16 May meeting.

Council was also joined by Federal AMA President Professor Steve Robson and Vice President Dr Danielle McMullen to discuss the AMA Strategic Plan which focusses on doctor, practice, community, and the health system that all influence health policy.

The final findings of the AMA Queensland International Medical Graduate (IMG) Working Group (WG) were also presented. This group has now transitioned to a Technical Advisory Group and Federal AMA has commenced an IMG WG with Dr Dauway as the Queensland representative.



[Read the full update](#)

Other topics of discussion for the meeting included our Climate and Sustainability Working Group's *Active Travel Position Statement* and the Committee of Doctors in Training *Ward Call Survey*.

COMMITTEE OF DOCTORS IN TRAINING CHAIR UPDATE

June was a big month for junior doctors, especially those who attended our annual Junior Doctors Conference in Cairns.

The CDT also celebrated Crazy Socks 4 Docs with everyone putting their best foot forward and donning their craziest socks to raise awareness and destigmatise doctors' mental health.

CDT's Wellbeing Special Interest Group is also working tirelessly to curate a list of wellbeing resources to assist doctors in training in accessing support.



[Read the full update](#)



AMA QUEENSLAND FOUNDATION

CHARITY
Gala

JAPANESE-INSPIRED COCKTAIL EVENT

SATURDAY 17 AUGUST
2024, 7PM
BOOM BOOM ROOM,
BRISBANE

[REGISTER NOW](#)

AHPRA PETITION

AMA Queensland recently joined AMA Victoria to promote their petition calling for fair and equitable registration fees for healthcare workers.

Ahpra and the 15 National Boards do not currently lower fees or provide any proper mechanism or registration fee category to assist healthcare workers while on parental leave.

This affects more than 877,000 Australian healthcare workers, who are a diverse and predominantly female workforce.

The petition calls for Ahpra to reconsider its rigid, inequitable and inflexible approach and has already reached 2,000 signatures.



Sign the petition

RECOMMENDED FREE RSV VACCINE FOR PREGNANT WOMEN

AMA Queensland has long been advocating for free RSV vaccines to protect vulnerable patients from serious respiratory illness and supports the Pharmaceutical Benefits Advisory Committee's (PBACs) recommendation to add the vaccine to the National Immunisation Program (NIP) for pregnant women.

Research found infants from vaccinated mothers had an 82

per cent lower risk of severe infection from RSV in the first three months of life compared to placebo, and a 69 per cent reduction in the following three months.

With the number of RSV cases only continuing to rise, we largely endorse the PBACs recommendation.



Read more

CAIRNS EVENTS

In June, more than 300 members, doctors and medical students joined AMA Queensland in sunny Cairns to network, celebrate each other and hear from experts.

Over four days we hosted the *Women in Medicine Breakfast*, a networking event and our well anticipated annual *Junior Doctor Conference*.

Thank you to our sponsors who helped make the events happen and to our guests. The week wouldn't have been such a success without you.



WIM recap



Networking recap



JDC recap

SUNSHINE COAST NETWORKING EVENT

After our time in Far North Queensland, we travelled back to Southeast Queensland for our Sunshine Coast networking event hosted with the support of the Sunshine Coast Medical Association.

Members and guests had the opportunity to catch up with colleagues, get a policy update, discuss local issues and taste some wines from Wine Direct.

AMA Queensland Council's new North Coast Area Representative, Dr Wayne Herdy, also gave an update.



Event recap



AMA24 CONFERENCE

The AMA is excited to host its AMA24 national conference on the Gold Coast this August.

The program is packed with insightful events and a thrilling line up of keynote speakers, designed to cater to all doctors, at all career stages and across all specialty groups.

There's truly something for everyone at AMA24 and AMA Queensland invites you to attend.

Register now to join members from across the country for some sunshine, networking, learning and inspiration.



Register now





MEDIA RELEASE

AMA calls for toddler milk marketing revamp

Sunday 14 July 2024

The Australian Medical Association is calling for the government's marketing guidelines on infant formula and toddler drinks to be scrapped and brought into line with international best practice.

The call is one of the AMA's recommendations in a submission to the Australian Competition and Consumer Commission's (ACCC) consultation on reauthorising the current voluntary and self-regulated code — 'Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement' for another five years.

The submission says Australia needs a marketing code of practice for breastmilk substitutes that mirrors the World Health Organization's (WHO) international code.

"We need to scrap this voluntary code and replace it with the evidence-based best practice code. The good news is this code already exists in the WHO's Code," AMA President Professor Steve Robson said.

The AMA is concerned the current code allows unnecessary and potentially unhealthy products to be marketed to parents under the guise of infant formula.

"We want to help parents and carers make informed decisions about their babies by having an evidence-based approach to health," Professor Robson said.

The current agreement only covers infant formulas to 12 months of age, which means that "unnecessary" products marketed at parents, such as toddler milks, are excluded. The WHO's code of practice extends to 36 months and classifies toddler milk as a breastmilk substitute.

"Toddler milks are unnecessary, unhealthy and deceptively marketed as beneficial — they are a milk myth that needs to be busted," Professor Robson said.

"Manufacturers and retailers who market infant toddler milks need to be held accountable and we know the current framework is not protecting our children's health and wellbeing. This leaves the door wide open to invite inappropriate products in at a young age."

Research shows milk marketed for toddlers does not provide value for money and is often packed with harmful sugars.

"The WHO's marketing code provides comprehensive protection from irresponsible and manipulative industry marketing practices which we know are evolving to new online tactics," Professor Robson said.

Professor Robson, who is a specialist obstetrician and gynaecologist, said doctors have a role to play in supporting parents and carers.

"We want to promote breastfeeding as the optimal infant feeding method, but efforts should also be made to ensure that parents and carers who are unable or choose not to breastfeed can still access appropriate support and information and make informed choices," he said.

Contact: AMA Media: +61 427 209 753 media@ama.com.au

Bureaucratic Thinking and the Medical Profession

By Dr Mal Mohanlal

The medical profession is stuck in a groove of bureaucratic thinking that will keep them enslaved for a thousand years unless individual doctors wake up to their unique role in society and do not follow other professions. Bureaucratic thinking is regulatory thinking that takes us away from kindness and consideration for others. If you think like a bureaucrat, you will become a bureaucrat with limited thinking capacity. You will be unable to think outside the box and become a zombie. My plea to all doctors is to acquire self-knowledge and become independent thinkers so you can evaluate each case separately. It is the only way to practice our humanity and remain true to our profession. How can we save people from their mental health problems if we are in the same boat as the rest of the population? We must clear our perceptions; otherwise, we cannot become independent thinkers.

Here is my comment on an article by Dr Paul Nisselle in the Medical Observer of 8 July 2024 on what the medical profession can expect: **"Medicine will soon be considered too important to be left to doctors"**.

Summarized by ChatGPT

Dr. Paul Nisselle argues that medicine is increasingly influenced by legal, regulatory, and ethical frameworks, rendering doctors more as technicians than autonomous professionals. He traces the evolution of medical ethics and its intersection with law, highlighting cases like *Donoghue v Stevenson* that shaped negligence law. Nisselle laments the commodification of medicine, particularly in elective procedures, which he likens to the "McDonaldisation" of healthcare. He criticizes the corporatization of general practice and the diminishing authority of doctors in decision-making, suggesting a future where external oversight and standardization dominate.

[Dr Mal Mohanlal](#)

General Practitioner MARGATE, QLD

Hi Paul. Your article is a good navel-gazing exercise. But I think the medical profession has lost the plot. Do you know that the medical profession is unique and unlike any other profession? It cannot be compared to any other profession. It is so because we deal not only with the patient's physical health but also their mental health. The problem is that we have become bureaucratic thinkers and are following the thinking of other professions. We have lost the ability to think outside the box. As such, we have lost touch with our humane side. How many doctors have insight into their minds and understand how their ego operates in the mind? Do you know that we hypnotize ourselves when we think? If we are in the same boat as the rest of the population, how can we save them from their mental health problems? Self-knowledge gives one a different perception of reality and is essential for all health professionals. Without self-knowledge, we live with stupidity and keep chasing our shadows for the rest of our lives.

QUEENSLAND MEDICINE - CONTRIBUTIONS TO NATIONAL LIFE AND HEALTH

Major General Professor John Pearn AO RFD MD PhD DSc FRACP,
Senior Medical Officer, Queensland Children's Hospital, South Brisbane QLD 4101

ABORIGINAL MEDICINE.

From the Dreamtime, Aboriginal Medicine has existed in Queensland for perhaps 40 millennia. Throughout the centuries: the treatment of the sick and injured has been characterised by:

- An encyclopaedic knowledge of medicinal plants and healing herbs. Such medical knowledge was held not only by traditional healers in the different language groups, but by every Aboriginal man and woman.
- Treatment was characterised by the multi-purpose use of medicinal herbs and plants.
- Aboriginal medicine has also been characterised by its relative safety. Until the 1890s, almost all traditional Aboriginal treatments of disease were as effective as, and certainly safer than the European medicine which replaced them.
- The drugs atropine and hyoscine (scopolamine), used extensively in medicine today, are prepared from the Queensland native Corkwood, *Duboisia*. This preparation was known to and used by Aboriginal men and women for millennia as "Pituri". Today, sea-sick pills and transdermal patches to prevent nausea, used throughout the world, come from "Pituri" plants grown in Queensland.

PRE-HOSPITAL CARE.

Queensland has been an international leader in pre-hospital care of the sick and injured:

- The City Ambulance Transport Brigade (CATB) founded in Brisbane in 1892, was the first such civilian ambulance service in Australasia. The dedication and services of its bearers, later renamed Ambulance Officers, was the role model for many such civilian ambulance services in other parts. Today, skilled paramedics support sick and injured throughout Queensland with a median response time to attend sick and injured of 11 minutes in urban areas.
- The Royal Flying Doctor Service was founded in Cloncurry in May 1928. It was the result of the advocacy and wisdom of the Very Reverend John Flynn, the radio-telegraphy skills of Alfred Trager and the aviation proficiency of Captain Arthur Affleck. Initially entitled the Aerial Medical

Service", the "Royal" prefix was granted in 1954. From the time of its inception in Queensland, the RFDS has been a model for similar services throughout the world.

CLINICAL CARE FOR ALL.

Queensland has been a leader in the vision of healthcare for all, irrespective of means. In 1905, at its Fourth Labor in Politics Convention in Brisbane, the Queensland Labor Party had made the nationalisation of hospitals a central policy theme. In 1923, the Home-Secretary of the day, Mr James Stopford, introduced to the Queensland Parliament the first: of three Hospital Acts which was to change Queensland's and eventually Australia's health scene, forever.

The first of Queensland's Hospital Acts, the 1923 Act, was the first step in formal government policy of free medicine for all as a right of humanity, irrespective of any consideration of personal means. With the provision of government resources, healthcare changed from one of philanthropic and charitable (but discretionary) support of the sick and injured, to one in which healthcare might become a right.

With the provision of such resources, also came control. In introducing the 1936 Hospitals' Act, the Minister for Health, and Home Affairs, the Honourable E.M. ("Ned") Hanlon, said in the Queensland Parliament, "the people who pay for hospitals must control them. Some milestones have included:

- The School Health Service was introduced in 1911.
- The opening of the Brisbane Women's Hospital in 1938 provided free, specialised pre-natal obstetric services for all, irrespective of personal means.
- One important index of a society's health is the infant mortality rate. At the time of Statehood (in 1859) the estimated infant mortality rate was 200 per 1,000 live births. In the Sesquicentenary Year (2009), the infant mortality rate has been reduced to 8 per 1,000 live births.

MEDICAL RESEARCH.

Queensland has been an international leader in

several areas of medical research:

- Two Queensland doctors (Dr Joseph Bancroft 1836-1894) and his son (Dr Thomas Lane Bancroft 1860-1933) were the leading medical researchers in Australia in the nineteenth century.

- Joseph Bancroft: was the first to draw a link between insects and human disease, in his discovery (1877) of the association between the nematode (*Wuchereria bancrofti*) and filariasis.

- Dr Alfred Jefferis Turner (1861-1947) and Dr John Lockhart Gibson identified the link between lead-based paints and epidemic lead poisoning in children. After much bitter advocacy, this led to pioneering safety legislation for the protection of children.

- In 1937, the causative agent of Q fever was identified by Dr Edward Derrick (1898-1976) following his study of fevers in abattoir workers at Cannon Hill Meatworks, Brisbane.

- Queensland medical researchers have studied tropical and subtropical fevers since the establishment of the Commonwealth Institute of Tropical Medicine, in Townsville in 1910. Later, extensive arbovirus research conducted at the Queensland Institute of Medical Research, led to the discovery by Professor Ralph Doherty of the viral cause of epidemic polyarthritis (Ross River Viremia), in 1963.

- Professor John Kerr, a Brisbane pathologist, was the first to describe the phenomenon of apoptosis, a fundamental theme in all biology. This phenomenon is a process of cell self-destruction, not degeneration and without inflammation. With two colleagues, Professor Kerr named this phenomenon "apoptosis" in 1972. The continued research into the mechanisms of apoptosis is one of the most important themes in world medical research in the twenty-first century. It has led to an understanding of much in embryology, organ growth and regulation, the remodelling of tissues and the potential treatment of cancer.

- Professor Ian Fraser, a physician and immunologist based at the Princess Alexandra Hospital and the University of Queensland in Brisbane, established (after 20 years of painstaking research) a new vaccine effective against some seventy percent of cervical herpes virus infections. The widespread use of such immunisation has the anticipation that secondary cancers of the cervix will be dramatically reduced in the decades to come.

WOMEN IN MEDICINE.

Queensland has been a leader in the promotion

and appointment of women in medicine.

- Dr Lillian Violet Cooper (1861-1947) was the first woman doctor to be appointed to a hospital post in Australia - at the Hospital for Sick Children, Brisbane, in 1896. In an international perspective, she was also one of the first women military surgeons, serving on active service in the Balkans campaign in Serbia in 1916. She was the first woman surgeon in Australia and the first female Fellow, a Foundation Fellow, of the Royal Australasian College of Surgeons.

- Dr Josephine Mackerras (nee Bancroft: 1896-1968) was the senior medical entomologist and a senior doctor of the Medical Research Unit of the Australian Defence Force, based in Cairns from 1943. Her work, with that of others, led to the control of malaria by the drug Atebrin - thus giving the allied troops an overwhelming advantage in the Pacific campaign in World War Two. It was said of her that "few women made a greater contribution to the success of the Allied war effort".

- Sister Elizabeth Kenny (1880-1952) became the best known woman in the western world in the era from 1945 to 1952. In 1931, during a poliomyelitis pandemic, she introduced the system of heat and massage treatment for victims of poliomyelitis. Innovative, indomitable, and controversial, she was feted throughout five continents.

- Dr Phyllis Cilento (later Lady Cilento: 1894 - 1987) was a pioneer of the teaching of mothercraft and the home skills needed to raise children. She became an international advocate for the sensible nutrition of infants and young children. She was the first Queensland woman to be included in the biographical compendium *Women Physicians of the World*, and was Australia's best-known doctor in the era from 1965 until her retirement in 1985.

- Professor Tess Cramond, (nee Brophy). Professor Cramond was the first woman President of the Australian Medical Association in Queensland (1982), and the first woman and the first anaesthetist to be appointed as a Councillor of the Royal Australasian College of Surgeons. Elected as Dean of the Faculty of Anaesthetists (within the Royal Australasian College of Surgeons 1912-1974), she was the first Queensland woman to be a member of the Court of Honour of the Royal Australasian College of Surgeons. A Gold Medallist of the Faculty of Anaesthetists of the Royal College of Surgeons (1983), she was the first Australian woman doctor to be appointed to staff rank (full Colonel) in the Australian Defence Force (1976); and the first woman Professor to be appointed to a University Chair in Medicine (1978), in Australia. Professor J Pearn Email; j.pearn@uq.edu.

Capital Gains Tax and the Main Residence Exemption

Many people purchase a property to live in and consider it their home. Upon acquiring the property, they are required to move in and establish it as their main residence as soon as practicably possible. When they eventually decide to sell, particularly in times of increased property values, they should be aware that such a sale typically triggers a Capital Gains Tax (CGT) event. However, there's an important exception: if the property has been their main residence, the CGT event is disregarded under the main residence exemption if the requirements are satisfied.

What are the Basic Conditions

The CGT main residence exemption applies only if:

- i. The taxpayer is an individual, defined as being a 'natural person'
- ii. The dwelling was the main residence of the taxpayer throughout the ownership period
- iii. The interest in the property did not pass as a beneficiary or trustee of the estate of a deceased person, and
- iv. The capital gain or loss arises out of one or more specified CGT events

For a property to qualify for the main residence exemption from CGT, there must be a dwelling on the land. Generally, vacant land does not qualify unless it is adjacent to a building and the total land area is two hectares or less. In such cases, the land must be used primarily for residential or domestic purposes in association with the dwelling. Additionally, garages, storerooms, and other structures that are associated with the dwelling can also attract the main residence exemption, provided they are primarily used for residential or domestic purposes.

The Factors the Australian Tax Office (ATO) Considers in Assessing Main Residence

The length of time the taxpayer lived in the dwelling	Whether the taxpayer's family lives there
Did the taxpayer move their personal belongings in	The address where the taxpayer's mail is delivered
The taxpayer's address on the electoral roll	Connection of services such as phone, gas, electricity
The taxpayer's intention in occupying the dwelling	This assists in proving a main residence is established

Foreign Residents are Excluded from 9 May 2017

From 7.30 pm on 9 May 2017 (ACT legal time), foreign residents are not able to rely upon the main residence exemption unless they can meet specific conditions at the time of the CGT event.

Rules that Extend the Main Residence Exemption - Some Common Examples

Suppose a taxpayer acquires a dwelling that is to become their main residence and still owns an existing main residence. In that case, both dwellings are treated as the taxpayer's main residence for up to 6 months, subject to certain conditions.

If a dwelling that was a taxpayer's main residence stops being their main residence, the taxpayer may choose to continue to treat it as a main residence. If the dwelling is not used for income-producing purposes during the taxpayer's absence, this choice can apply indefinitely. However, if the property is used for income-producing purposes, the maximum period the dwelling can be treated as the taxpayer's main residence is 6 years.

In some circumstances, the main residence exemption can be applied to land owned by the taxpayer for an additional period of up to 4 years if the taxpayer builds, repairs, renovates, or finishes building a dwelling on the land. In such a case, the exemption applies from when the land is acquired. However, if the land was acquired more than 4 years before the dwelling became the taxpayer's main residence, the exemption period starts 4 years before the dwelling became the taxpayer's main residence. The Commissioner of Taxation may extend the 4 year period.

Rules that Limit the Main Residence Exemption – Some Common Examples

Where a dwelling is the taxpayer's main residence, and another dwelling is the main residence of the taxpayer's spouse, only one of the dwellings can be treated as the main residence of both the taxpayer and their spouse for that period. Otherwise, both dwellings can be treated as main residences for the period, and the exemption will be split. Where a marriage or relationship breakdown occurs, a rollover may be available to the transferor spouse.

Where a dwelling is the taxpayer's main residence, and another dwelling is the main residence of an economically dependent child of the taxpayer who is under 18, in that case, only one of those main residences can be treated as a main residence for the purposes of the exemption.

If you require accounting, wealth and advisory assistance, please contact our experienced accountants at Poole Group on 07 5437 9900 or poole@poolegroup.com.au



AMA welcomes Dr Antonio Di Dio as new Professional Services Review Director

The Australian Medical Association welcomes the appointment of Associate Professor Antonio Di Dio as Director of the Professional Services Review (PSR).

Associate Professor Di Dio is an accomplished general practitioner and a highly respected member of the medical profession.

With more than 30 years' experience as a practising clinician, he has also held many significant federal and state medical policy roles, helping improve outcomes for the community and the profession.

AMA President Professor Steve Robson said Associate Professor Di Dio was very well qualified to lead the PSR.

"I would like to congratulate Antonio on this appointment," Professor Robson said.

"In addition to his clinical work, Associate Professor Di Dio has been a champion for protecting and improving the mental health and wellbeing of the medical profession.

"Antonio's many years of service to his community and leadership within the profession was recognised with the AMA President's Award in 2020.

"In recent years, Associate Professor Di Dio has done outstanding work as an expert in doctors' health and as deputy chair of Drs4Drs — an organisation helping doctors and medical students with their mental health and wellbeing."

Professor Robson said the AMA looked forward to continuing to work constructively with the PSR to ensure the regulator balances the important role of ensuring the integrity of the Medical Benefits Schedule with fair treatment of practitioners.

"The AMA has regular meetings with the PSR and I am looking forward to this

continuing under Associate Professor Di Dio," Professor Robson said.

"The AMA has used this collaborative working relationship to drive improvements to the PSR process, including having section 92 agreements reviewed.

We will continue to hold the PSR to account and make sure member voices are represented to Associate Professor Di Dio and the PSR.

"I commend the federal government on this sensible appointment, and I wish Associate Professor Di Dio every success in his new role."

Associate Professor Di Dio was previously president of AMA ACT and a Federal AMA board member.

Professor Robson also thanked former PSR acting director, Dr Sarah Mahoney, for her service.

11th July 2024

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Where We Work and Live

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

Roy 'Zeke' Mundine (Australian Army), Indigenous Serviceman,

Prior to serving two tours in Vietnam, Roy Mundine had served in Malaya in 1959. He was mentioned in dispatches in 1969 when he had continued to command his section after being severely wounded by a mine and until he could safely be reached. He later became the Australian Army's first Indigenous Elder.

Roy Mundine, a Bunjalung man, grew up in Australia at a time when Indigenous people had very few rights and almost no status in society.

"I came up in the days of the Exemption Certificates, you know, where you had to have them to get a job, to get to school, if caught on the street after a certain time under the Native Protection Acts and of course South Africa adopted those things from us."

But in the army, he found a particular kind of equality.

"I think it was Colin Powell said, when they asked him about it, course they had a segregated army, and he said: 'Misery, in the front pitch, needs company.' And that's a known fact.

You all depend on one another. And you become like a secret society sort of a thing. And I think this is why when veterans get together for these reunion things, like Anzac Days and all that, they all welcome one another like long-lost prodigal sons." Roy did two tours to Vietnam, the second as a section commander. He had a firm view of his responsibilities.

"A Civil War general in the Union Army said, when he was a corps commander; he was out and exposed I think at Gettysburg. And one of his aides said, 'Sir, you're exposing yourself, you'll get killed.' And he said, 'there are times when the corps commander's life doesn't count'. And at times it looked that way, that at times you've got a responsibility to try and get those people home." In 1969, while leading his section on patrol, Roy's luck ran out.



**Roy 'Zeke' Mundine (Australian Army),
Indigenous Serviceman**

"We saw this bunker system, so I went forward to have a look at it and I tripped a mine of some description and it just went off, bang! Blew my leg off." Roy's men tried to get to him, but he ordered them back.

"Well they started to move forward and they would have probably come into the area where there was more mines and if there was anyone up there then they would have shot them. So we had to reorganize back on the ground so if anyone in that system had attacked us we'd be able to hold them off.

And that's what happened. Because it's better one's mangled than ten. You know. Roy returned to Australia, underwent a long period of rehabilitation and stayed in the army until 1995. Even now, it remains a large part of his life.

"And I went and helped veterans with pension things, went to different states and seen blokes, went to funerals of blokes who'd hung themselves or killed themselves, died of cancer and all that.

In lots of ways, Australia has probably failed the Aboriginal people, but they will never ever admit it; and that's a sad fact of life, whether they like it or not."

Continued next month.

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