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RDMA's President Report Dr Kimberley Bondeson

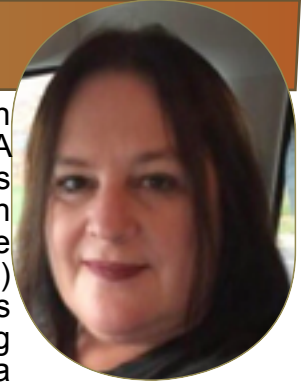
The year is moving on, the months seem to be flying by. On the good news, Easter will soon be upon us, and I hope we have good weather. We are now entering autumn, and are seeing hot days up to 38 degrees still along with the occasional cooler nights at 19 degrees.

I was also at a meeting the other day, where it was calculated that there would be a tremendous General Practitioner shortage in 2030. I am not surprised General Practice is becoming more unpopular, as more and more pressure is put on the profession in general. However, the way our current health system in Australia works, General Practitioners are a vital mainstay of the medical system. We need to work out a way that we can all pull together and make General Practice more appealing to younger graduates. And this starts from the top down, specialists, Private and Public, as well as General Practitioners.

The government is not making it any easier, targeting General Practitioners with "nudge letters", the latest being over the use of Qscript prescribing for schedule 8 medications. Some 5000 letters were sent out to Queensland GP's concerning this issue. According to AusDoc (17th March 2023,) "Five thousand doctors have received "intimidating and insulting" compliance letters for allegedly not checking script-monitoring software before prescribing drugs of addiction. My thoughts are if the numbers are this high, there is probably a problem with the current system.

APHRA also has to hold some responsibility as well for the small number of doctors entering GP land, as they appear to listen and believe every vexation complaint, and this causes considerable distress to doctors from all areas of the profession, not just General Practitioners. According to "The Medical Republic" 58.2% of notifications are closed with no further action. ((20th March 2023).

New Laws passed in October, 2022, gave AHPRA the ability to issue warnings about registered health practitioners if patients were deemed at risk.(AusDoc) 17th March, 2023. This is without fully investigating the complaint. Apparently a doctor will receive an email "at least one business day before" a public warning is published. I see these powers open to vexatious complaints and misuse that could cause a doctor severe distress and destroy their career.



There is also a shortage of obstetrician locums, in Queensland, and according to AusDoc (17th March 2023) "D'Ath says locums are being greedy." However, in the same article, "Associate Professor Gino Pecoraro, President of the National Association of Specialist Obstetricians and Gynaecologists, said none of the doctors he has spoken to were aware of the issues raised by the minister. However, they had reported that Queensland health was not a "desirable" employer compared with other states." He lists a variety of reasons in his discussion in AusDoc – it is well worth reading.

On a more relaxing note, The Dinner for The Profession is being held at Customs House in Brisbane on Friday the 26th May, 2023. It should be a lovely evening in a great venue!

Kimberley Bondeson

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

**RDMA Meeting Dates
Page 2.**

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



RDMA 2023 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	21st
Wednesday	March	29th
✓ Tuesday	April	26th
Wednesday	May	30th
Tuesday	June	28th
Wednesday	July	25th
ANNUAL GENERAL MEETING AGM		
Tuesday	August	30th
Wednesday	September	26th
Tuesday	October	25th
NETWORKING MEETING		
Friday	November	17 or 24th TBC

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Sunday, 12 March 2023

More trouble ahead for general practice unless Medicare is better indexed

The Australian Medical Association (AMA) says critical problems in general practice of access and affordability can't be addressed without better indexation of Medicare.

Comparing Medicare indexation of 1.6 per cent with the indexation figure of 3.7 percent for public hospital services, released recently by the [Independent Health and Aged Care Pricing Authority](#) (IHACPA), shows just how poorly Medicare is indexed, contributing to declining bulk billing rates and higher out-of-pocket costs for patients.

The IHACPA indexed the National Efficient Price (NEP) for 2023–24 at a rate of 2.9 per cent per annum, plus an additional 0.81 per cent to account for increases in the minimum superannuation guarantee between 2020–21 and 2023–24.

AMA President Professor Steve Robson said the formula for indexing Medicare was broken, and the IHACPA decision was more evidence of this.

“The formula for indexing Medicare has become a joke. It is delivering an indexation rate that falls well behind the rate of increase in key economic measures like the Consumer Price Index, Average Weekly Earnings, and the Wage Price Index.

“Years of inadequate indexation has meant the Medicare rebate no longer bears any relationship to the actual cost of providing high-quality services to patients, and this is one reason why we're seeing more practices unable to offer bulk-billing for even the most vulnerable of patients, with wages and increasing practice running costs all funded from the rebate,” Professor Robson said.

The AMA analysed the effect of [poor Medicare indexation](#) on the item most often used by doctors, the Level B item for consultations lasting less than 20 minutes, and identified \$8.6 billion the government has 'saved' since 1993.

The [AMA Gaps Poster](#) demonstrates that successive governments have been stripping healthcare funding from Australian taxpayers through poor indexation and shifting the cost of care onto everyday Australians.

“We can see how poor indexation saves the government money, but this is really stripping out essential funding in Medicare by stealth, with patients bearing the brunt of higher out-of-pocket costs.

“Doctors can't keep absorbing these costs and if the government is serious about addressing affordability and access to medical care including general practice, it just can't ignore indexation, it's as simple as that.”

NEXT RDMA MEETING DUE 26TH MARCH 2023

Kimberley Bondeson introduced Sponsors Cronos Australia Representative Madeline Kennedy.

Speaker Dr Jim Connell, General Practitioner FRACGP

Topic Prescribing Medicinal Cannabis in General Practice

Photo Below Clockwise:

Alka Kothari, Maria Bolton & Kimberley Bondeson

Photo 2: Mark Karaczun, Speaker Jim Connell and new attendee Matthew Sheehy

Photo 3: Dr Geoff Hawson and Sponsors Madeline & Ash

Photo 4: Cheryl McNally, Alka Kothari, New attendee Yamuna Karunasekara & Dr Paul Angel

Photo 5: Geoff Hawson and new attendee Parsa Emami

Photo 6: Dr Hawson, Med Student Eran Soonyaarachchi, Speaker Dr Jim Connell

Photo 7: Medical Students Hayley Finley and Parsa Emami

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 29th March 2023

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
	7.35pm	Sponsors: Mayne Pharma Represented by: Nikki Ewin
	7:40pm	Speaker: Dr Caroline Harvey MBBS (Hons) MPM MPH Grad Dip Sexology DRANZCOG FRACGP Topic: What's NEXT in Contraception
	8:00pm	Main Meal served (during presentation) Q&A
	8:30pm	Great Moments/Discoveries in Medicine
	8:40pm	General Business - Dessert served Tea & Coffee served

RSVP: By Friday 24th March 2023

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

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Ahpra data confirms traumatic effect of regulatory process on doctors and need for change

Data released by Ahpra to media outlets and seen by the Australian Medical Association has confirmed the terrible impact current regulatory processes are having on doctors and the need for a change in approach.

Australian Medical Association President Steve Robson said the information released by Ahpra was confronting but should be a wakeup call for health ministers.

The Ahpra study looked at the distress in health practitioners involved in a regulatory process, identifying 16 deaths and four instances of attempted suicide or self-harm among practitioners who were subject to regulatory notifications within a four-year study period from January 2018 to December 2021.

“The AMA has consistently raised the impact the regulatory process has on a doctor’s health and wellbeing,” Professor Robson said.

“This information should send a strong message to health ministers that they can no longer ignore the AMA’s calls for better support for doctors including an explicit exemption from mandatory reporting for treating doctors.”

“This report means that health ministers can no longer ignore the significant impact that the notification process has on practitioners,” Professor Robson said.

“Health ministers, who are responsible for the Health Practitioner National Law which is implemented at state and territory level and enforced by Ahpra and the National Boards, have failed to maintain an appropriate balance between protecting the public and protecting health professionals in recent years.

“We saw this with the mandatory reporting laws and the recent amendments which allow public statements to be made about practitioners before the conclusion of an investigation.

“Health ministers must take heed of this data and move to quickly reverse the changes they have made to allow these public statements.”

Professor Robson said the AMA was reiterating its calls on the health ministers to make more deliberate efforts to treat health practitioners fairly and recognise the impact that regulatory processes have on them.

The AMA wrote to the health ministers in November last year raising serious concerns about the potential adverse impact of Ahpra investigations on the mental health of health practitioners arising from being investigated.

Professor Robson said the AMA had yet to receive a response to the letter, which sends a worrying signal that ministers simply don’t care about the impact of their decisions on doctors.

In the letter the AMA called for the health ministers to:

- mandate, either through a Ministerial Directive or changes to the National Law, that Ahpra has a duty of care to the Registrant and in particular a duty to minimise the mental health impacts and financial effects on the health practitioner who may be subject to a notification
- require Ahpra and the Medical Board of Australia to offer confidential support by an independent mental health professional to any health practitioner under investigation
- require all investigations to be completed promptly – with an average target of 6 months except in exceptional circumstances

- o ensure that a practitioner has the right to be personally present and to be legally represented during all stages of the investigative process – with the practitioner or their legal representative having the full and unfettered right to support their case.

“The vast majority of Ahpra investigations (71 per cent) result in no regulatory action being found and no wrongdoing on the part of the practitioner, yet the process is often lengthy and highly stressful,” Professor Robson said.

“Ministers also need to consider providing Ahpra with extra funding to do its job. It is clear that Ahpra carries a significant workload and ministers keep asking it to do more. This is contributing to the significant delays practitioners face when subject to investigation and potential regulatory action and these delays and uncertainty are the cause of significant distress.”

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2023 Senior Active Doctors Conference

AMA Queensland will be hosting the Senior Active Doctors Conference this year, held in conjunction with the AMA Qld Senior Doctor Craft Group and ASADA. This will be a one-day event held on

**Saturday, 19th August 2023
Water's Edge, Portside Wharf, Hamilton, Brisbane.**

The venue is a short drive from Brisbane airport. There are accommodation options nearby at Portside, Ascot and Hamilton. More information will be become available on the events page of AMA Queensland.

<https://www.ama.com.au/qld/events>

**Ass Prof Geoffrey Hawson
AMA Qld Council Senior Doctor Craft Group Representative
President Australian Senior Active Doctors Association Inc. <https://asada.asn.au>**

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Landmark intersex rights bill introduced in the ACT. All state and territory governments should follow suit

22nd March 2023

The Australian Medical Students Association (AMSA) urges all state and territory governments to follow the lead of the ACT and introduce intersex rights legislation.

During Sydney WorldPride Human Rights Conference, Chief Minister Andrew Barr announced the ACT Government will introduce a historic bill to protect intersex people against unnecessary and permanent 'normalising' medical procedures until they are able to consent.

"This is nothing less than a historic and life-saving bill. If passed into law, it will be an Australian-first and pave way for further critical legislation and policy protecting the human rights of intersex people," said Dineli Kalansuriya, Chair of AMSA Queer.

"Every state across Australia should view this ACT bill as a far overdue necessity that defends the autonomy, identity and fundamental rights of all intersex people and children, and act immediately to follow suit in their own jurisdictions," added Ms Kalansuriya.

"The western medical system continues to be an unsafe, prejudiced and inequitable system for intersex people. This bill is a necessary and vital step toward protecting a community that has for too long been silenced and mistreated by a system that should have protected them," said Tish Sivagnanan, President of AMSA.

AMSA acknowledges the tireless efforts of the intersex community in advocating for their rights. We echo Intersex Human Rights Australia (IHRA) who say the impact of this bill is "immediate and profound" and that it is "a milestone in the advancement of intersex human rights".

AMSA stands alongside the intersex community in the fight for the right to safe, equitable and affirming health. We call upon the Australian state governments to:

- Outlaw non-consensual, non-therapeutic interventions on people with intersex variations.
- Ensure all decisions and legislation are strongly consultative and representative of the intersex community and their needs. 'Nothing about us, without us.'
- Adhere to the state obligations and recommendations outlined under *Principle 32* of the *Yogyakarta Principles plus 10 (2017)*.

AMSA is the peak representative body for Australia's 18,000 medical students. AMSA Queer represents LGBTQIASB+ medical students across Australia and advocates for health equity for all people through affirming, supporting and celebrating diverse sexualities and gender presentations.

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PRESIDENT AND CEO REPORT



Dr Maria Boulton and Dr Brett Dale

It's been another busy month. We are continuing to secure wins for members and the Queensland community, with the state government heeding our calls on drug law reform, vaping, and an "amnesty" on payroll tax for private practitioners.

The North Queensland pharmacy prescribing pilot appears to have been further delayed and we continue to call on the Queensland government for complete transparency about how this dangerous experiment will be conducted.

DRUG LAW REFORM

The Queensland Government has acted on the recommendations of our 2021 Drug Law Reform Roundtable, introducing legislation to expand the Police Drug Diversion Program (PDDP) to first-time offenders caught with minor amounts of all drugs, not just cannabis.

Our roundtable brought together medical, legal and law enforcement professionals, academics and people with lived experience of substance use. The overwhelming consensus was that substance use should be treated as a health issue, not a criminal issue, and where possible early offenders should be diverted away from the criminal system and toward support services.

Premier Annastacia Palaszczuk has introduced legislation to expand the PDDP, in a move supported by Queensland Police, the Alcohol and Drug Foundation and the Queensland Network of Alcohol and other Drug Agencies (QNADA).

This move is too important to be politicised. We are proud to have spearheaded this change. It is predicted that 17,000 people will access the program in its first year. We hope this means 17,000 fewer people will end up in more trouble with the law or with potentially life-threatening addictions.

TOBACCO AND VAPING

Last year, it was our unhappy duty to accept the Dirty Ashtray Award from the AMA and the Australian Council on Smoking and Health (ACOSH) for the Queensland Government's failure to act on protecting young people from the dangers of vaping. We wrote to the Health Minister and Attorney-General at the time, and displayed the Dirty Ashtray at Parliament House.

This month, the Queensland Government announced new laws around the licensing of nicotine sales and a parliamentary inquiry into vaping.



Dr Maria Boulton with Queensland Police Commissioner Katarina Carroll and former commissioners at Parliament House

Continued Page 12

UK report provides more evidence of the strain Australia's GPs are under

Only 8 per cent of Australian GPs say they enjoy their work and do not have any symptoms of burnout, and more than half of Australia's GPs surveyed said their job was extremely/very stressful according to a new report out of the UK.

Australian Medical Association President Professor Steve Robson said the crisis facing general practice was reflected in the results of the UK Health Foundation report: [Stressed and Overworked](#) and if something is not done Australia could face a further exodus of GPs.

Less than half of Australia's GPs are 'extremely' or 'very satisfied' with practising medicine, with this number having fallen from over 60 per cent in 2019.

"While this report is very much focused on the impact of the survey results for UK GPs, it provides further evidence of just how difficult things are for our GPs," Professor Robson said.

"It's clear Australia's GPs are facing increased burnout from the COVID-19 pandemic and its aftermath, growing patient demand, and increasing financial and sustainability issues. This will only get worse if action isn't taken."

The Health Foundation worked with the internationally respected Commonwealth Fund to survey primary care physicians across 10 high-income countries between February and September last year.

"Our GPs who worked so tirelessly during the pandemic, are still seeing more patients than ever and many are feeling burnt out," Professor Robson said.

"The results of this survey are no surprise given how difficult it has been to maintain a practice in the face of rising costs, poor Medicare indexation and workforce issues. The most recent Report on Government Services released by the Productivity Commission revealed that government expenditure per person on general practice had fallen in real terms despite growing demand and the increased complexity of GP services.

"They reflect Australian research by the RACGP that found concerning themes relating to general practice sustainability, such as unsustainable workload, burnout, mounting administrative burden and inadequate remuneration."

"The [AMA's Plan to Modernise Medicare](#) campaign includes a seven-point plan outlining practical and implementable solutions to help GPs who are under enormous pressure.

"While we have seen a welcome commitment of nearly \$1b over 4 years to support general practice from the federal government, along with the recommendations of the Strengthening Medicare Taskforce, this does not make up for the years of neglect from successive governments that have left general practice in a parlous state. This is why we are calling for the May budget to be a health budget."

This is a great win for community health and comes as a result of strong AMA Queensland advocacy. Our requests to meet the Treasurer went unanswered from November 2021 until this month. The Premier, the Treasurer and the Health Minister repeatedly denied any changes in tax law interpretation following rulings in NSW, and the Queensland Revenue Office (QRO) refused to provide us with written advice on why GPs were being hit with retrospective bills going back five years.

PHARMACY PRESCRIBING

Guidelines for the North Queensland pharmacy prescribing pilot have been released and it appears the first pharmacists taking part will not complete their training until late this year.

While it is unclear whether they will be able to start autonomously prescribing before passing their course, it is another welcome delay to the start of this dangerous experiment with North Queenslanders' health, which was originally due to start in mid-2022.

The number of conditions covered has also been cut from 23 to 17.

Unlike trials proposed in New South Wales and Victoria, where state governments have pledged to reimburse patients, pharmacists in the North Queensland trial will charge patients between \$20 and \$55 for consults and there are no patient subsidies from Medicare or the Pharmaceutical Benefits Scheme.

It is essential the Queensland government is transparent with the community about this scheme. When the urinary tract infection (UTI) pilot began, no information was given to doctors on how to report any adverse outcomes for patients.

We are working with our colleagues nationally to fight these proposals as they emerge in every state and territory.



EVENTS

We held two events on the one day on Super Saturday 18 March – our second Medical Careers Expo and our inaugural Private Practice Finance, Technology and Innovation Conference.

You can see photos on our Facebook page.

Our next big event is our AGM on 26 May, which will be immediately followed by the Dinner for the Profession. Registrations are open now at ama.com.au/qld/events/DFPAGM



BRISBANE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Brisbane LMA produces a similar newsletter

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website: www.brisbanelma.org Email: info@brisbanelma.org



Tuesday, 21 March 2023

IPCC report reinforces need for urgent and immediate action on climate change

The Intergovernmental Panel on Climate Change (IPCC) 6th report reinforces the need for urgent action to mitigate the extreme and compounding health impacts of climate change.

AMA President Professor Robson said human health ultimately depends on the health of the planet and its ecosystem and the impact of climate change was already devastating entire communities.

“We are seeing increasingly devastating weather events like the extreme rainfall that caused the floods in Lismore, which not only affected the health of residents but also had a terrible impact on many health providers and their businesses,” Professor Robson said.

“In other parts of Australia and around the world we are seeing weather extremes that have a clear connection to increased mortality. More generally, climate change is predicted to cause increases in food and water borne disease, airborne allergens, respiratory illnesses and mental ill-health.”

Professor Robson said the AMA is urging the government to take immediate, rapid, and large-scale action to reduce greenhouse gas emissions to mitigate the extreme and compounding health impacts of climate change.

“The AMA supports the government’s establishment of a National Health Sustainability and Climate Unit and a commitment to develop a National Health and Climate Strategy. But these need to be implemented with a sense of urgency to achieve net zero emissions in the health care system.

“As a doctor, it’s my role and the role of my colleagues to advocate for action on climate change, which is so important for the health of Australians.

“It is our patients and communities that are affected by a changing climate. And it is our workplaces – our health facilities – that are impacted when things go wrong – which is why we need them to be equipped appropriately and designed for the future.”

The AMA declared climate change a health emergency in 2019 and has committed to a net zero healthcare sector by 2040, with an interim goal of an 80% cut to emissions by 2030.

[Read the IPCC’s 6th report](#)

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What is Enlightenment? By Dr Mal Mohanlal

Continued Page 15

Most people are confused. They do not know what hypnosis is. They do not know what meditation is, and they do not know what enlightenment is. I have written on hypnosis and meditation, but not on enlightenment. So here is my contribution to the knowledge we have.

In my mind, the ego is a product of self-hypnosis. It cannot appear in our conscious mind without words. That is why most people think and feel they cannot stop thinking. When we think, we use words, and words, hypnotize us. We live in a superficial, hypnotic world of words. The ego depends on words' hypnotic power to travel, develop, and entertain itself. For twenty-four hours a day, we are involved in escapist activities—the radio, the TV, the cinema, books, computers, mobile phones, etc.—not realizing that we can only create a world of delusions in this "thinker and the thought" (the thinker thinking) mode. It is a typical mode of thinking for most of us. If we observe, we will find that we live in a sea of words and are drowning in it twenty-four hours a day. It is a delusional mode that takes us away from reality. Whatever we do in this mode makes us lose touch with reality. Thus, our perceptions and mental health are constantly affected.

Reality is timeless. In my mind, an actual timeless dimension exists in the present beyond the world of words we have created. The only thing that separates us from it is our perception. Anyone can experience this when they go out in the wilderness or on a mountain top. However, for this world to appear in your mind, the world of words must cease or end. That means your active thinking must stop because thinking (words) takes you away from reality into a world of delusions.

So how do we do this? The only way we can do this is to go into observer and the observed (the observer observing) mode. Please remember in this mode that you have not disappeared from your mind but stopped thinking and started observing. In this mode, you are dehypnotizing yourself. In this mode, you learn, understand, and acquire knowledge and wisdom. It is the correct mode you use for meditation. Please read my article on the wrong and right ways of meditating. It's all self-hypnosis in the thinker and thought mode, which can only create a world of delusions for you.

How does one feel enlightened or know that they are enlightened? What is enlightenment? I looked up ChatGTP, and this was the reply: "Enlightenment" refers to a state of spiritual awareness and intellectual clarity characterized by freedom from ignorance and self-delusion and a heightened capacity for understanding and rational thought. In various spiritual and philosophical traditions, enlightenment is seen as a state of heightened consciousness and insight into the true nature of reality, often achieved through spiritual practice or meditation."

As one can see, AI software can only produce the information that it was programmed to do. The knowledge of its programmers limits it. Thus, it is just another world of words created by the ego to keep everyone in the same delusional world we started (the thinker-thinking mode). Will anyone be any wiser after reading it?

Enlightenment, to me, is a state of mind where an individual acquires self-knowledge and can see and experience the difference between his present and former state. It changes one's perception of reality. As one acquires self-knowledge, the observer-observing mode automatically replaces the constant thinker-thinking mode in mind. So life becomes an eternal meditation in contrast to the chaotic world of the thinker-thinking mode. I'm afraid

this isn't a sudden spiritual awakening, as some may believe. It is a gradual, deeper understanding of reality where the phenomenon of the observer in mind and what is being observed become one, becomes a reality.

So what is the purpose of meditation? It is basically to discover our relationship with the timeless dimension that exists in the present. One can do this by harmonizing one's inner and outer worlds and understanding how our hypnotic thinking process (verbalizing and not verbalizing) affects our thoughts and emotions. However, one can only do this in the observer and observed modes. Any other mode will be self-hypnosis.

Most people meditate the wrong way in the thinker and the thought mode. As stated before, one can only create a world of delusions in this mode. Meditation is not just about acquiring peace of mind or calming the mind. It is also a path to self-knowledge, where you learn how your thoughts and feelings affect you. Meditating the right way (the observer-observing) will change your perceptions and how you view the world and help you understand your thinking process. If you meditate the wrong way in the thinker-thinking mode, you will be chasing your shadow for the rest of your life.

Please do not take yourself seriously. Let me illustrate how delusional our thinking process is. Everyone knows the word "Santa Claus." It refers to a mythical person, not a real person. But if a person believes such a person exists, it would become a delusion. Let us again consider another word, "spirit" or 'spiritual.' It is a word we use to describe a world beyond the present. If people believe that spirits exist, do we think they may be deluded? As one can see, whenever we are in the thinker-thinking mode, we can only create a world of delusions. We do not realize that words can instantly create a whole new world for you—words like heaven, hell, reincarnation, resurrection, etc. Can you see how we all want to live in a world of delusions? Such is the hypnotic power words have over us and look at the fantastic world we have created. We have all the teachings and stories from the Vedas, the Gita, the Bible, the Quran, etc., to keep us happy, entertained, and secure until we die. And guess who created them? They were all created by the ego, to whom death is an anathema?

Please be aware that we live in a hypnotic world of words. So if you feel negative or positive, it is because you use negative or positive words. We can talk about peace, or we can speak of war. The ego, without self-knowledge, can take us in either direction. Enlightenment, therefore, is waking up from this hypnotic world of delusions and realizing our oneness with the timeless present. When one becomes enlightened, the timeless present becomes a new reality for the individual. One stops being a time-traveller.

After reading the above, have you gained any understanding of your thinking process? Does what I have written make any sense to you? Do you feel you should learn more about your mind? Most people are not interested in searching for or finding the truth. If you are in this category, you will not find Enlightenment because Enlightenment is awakening from the world of delusions.

Please read my other articles on the Internet to help you discover the world without words around you. When you next go into your garden, look at the flowers and plants without saying a single word in your mind and see what happens. You will find peace and tranquillity in the timeless present and understand the purpose of my writing. To learn more, visit the website at <https://theenchantedtimetraveller.com.au>.

<https://malmohanlal.medium.com/what-is-enlightenment-e2924236ab25>

Marrakesh, Morocco

By

Cheryl Ryan



Experience a taste of an imperial and regal past in the beautiful 'Red City'- in the Kingdom of Morocco. Once, the capital city itself, Marrakesh still retains its magnificent appeal. Located towards the west of the foothills of the Atlas Mountains, the city of Marrakesh is a must visit.

Marvel at the Medina

Marrakesh is an old fortified city that is divided into quarters, each having its own mosque. This Medina quarter has been declared a World Heritage Site by UNESCO and rightly so, given its wealth of cultural legacy and striking monuments.

Admire the beautiful Jardin Marjorelle This garden was built by the French painter Jacques Marjorelle and is famous for its beautiful succulents and the signature blue painted studio of the late artist himself, which is now a museum featuring his many works.

Shop at the Souks

A souk is a traditional Moroccan marketplace or bazaar. This is also the most colorful part of the medina, with its many maze-like alleyways and stalls that line them, selling everything from carpets and spices to perfumes and electronics. This is definitely a place to get your camera out and take a bunch of magazine cover worthy pictures.

Rejuvenate yourself at the Hammam

Navigating through the labyrinthine Medina is often a tiresome adventure. Fortunately, public bath houses or hammams provide respite with their luxurious spa services.

Escape into the palm groves

The Palmariaie or palm groves are oases of palm trees just outside Marrakesh. If you want some quiet time away from the bright lights and sounds of the city, this place offers just that. Walk through the grove or pick an option to ride through it on camelback or horseback.

Wrap it up at the Riad

Riads are old Moroccan style mansions with central courtyards that are now converted to hotels.

It is a perfect way to end an adventure filled day.

What we have planned:

- Start your day with a sunrise hot air balloon ride for a panoramic view of the desert landscape.
- Visit the beautiful Jardin Marjorelle.
- Admire the beautiful architecture of the Bahia Palace.
- Experience a guided tour through the medina for your souvenir needs.
- Relax at the bathhouse

123Travel – Cheryl Ryan



Payroll Tax – Amnesty or Not?

As many of you may be aware the Queensland Revenue Office (QRO) released a ruling on the 22nd December 2022

in relation to their stance regarding relevant contract between Medical Centre's and various Health Practitioners. This ruling for those who are interested can be located at the following web address, <https://www.treasury.qld.gov.au/resource/ptaq000-6/>. There was a lot of focus in Medical publications and in the media regarding this ruling, with a lot of backlash from the medical community on this stance and a perceived new "tax" on patients.

Following the above ruling and subsequent feedback from the medical industry groups, the QRO have now released a proposed amnesty for General Practitioners on the 8th February 2023, this proposal calls for interested parties to register their interest with the QRO before the 30th June 2023. The proposed amnesty will cover the periods between 2018 and the 2025 financial years. Importantly this amnesty will only apply to General Practitioners who are registered with the Medical Board of Australia and not to other medical specialists and allied health professionals who maybe in the same boat as their General Practitioner friends. This amnesty importantly extends to medical practices that have:

- Not been paying payroll tax on payments to contracted GP's
- Been, or currently are, subject to compliance activity in relation to payments to contracted GP's

This means it is not too late even if you have had or currently are involved with a QRO investigation in to your payment previous years Payroll Tax compliance.

The expression of interest to be apart of the amnesty is available at the following link, https://qldtreasury.syd1.qualtrics.com/jfe/form/SV_bjURYbmYr0dnHla we would however recommend seeking professional advice before filling out this expression of interest form to make sure this is in your best interests.

The full details and requirements of this amnesty have not been released and as always, the devil will be in the detail, we will keep abreast of further information as it becomes available and post up a follow up article in future months once more details are published by the QRO.

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Australia failing to uphold the human rights of people in custody, including children, says AMA

Australia continues to fail to uphold the basic human rights of young people in the legal system and all people in custodial settings, with systemic racism entrenched, the Australian Medical Association has said. In a new position statement released today the AMA has called on governments to ensure the medical and health rights of young people and adults in custody and has once again called for the age of criminal responsibility in all jurisdictions to be raised to a minimum of 14 years of age.

AMA President Professor Steve Robson said the fundamental human rights of all people must be upheld in custodial settings, including through access to safe and appropriate health care at all stages of the custodial cycle and by raising the age of criminal responsibility to a minimum of 14 years of age.

“On an average night in the June quarter of 2021, there were 677 children between the ages of 10–17 in detention facilities. The AMA strongly maintains these facilities are no place for children — they are not rehabilitative and have deeply adverse effects on physical, psychological and emotional development,” Professor Robson said.

He said the 2023 AMA Custodial Health Position Statement updates the previous AMA position, with an emphasis on Aboriginal and Torres Strait Islander community-controlled services, culturally safe health care services and stronger supports for people who are leaving custody, returning to the community.

“It is imperative people in custodial settings retain their entitlement to the Medicare Benefits Scheme and the Pharmaceutical Benefits Scheme to ensure access to appropriate health care and treatment. The principle of universal access should be extended to people in custody to ensure a standard of care equivalent to that within the Australian community.

“The Australian Institute of Health and Welfare reports 40 percent of prison entrants reporting having had a mental disorder at one point in their lives and yet they are unable to establish a Mental Health Treatment Plan while in custody. Aboriginal and Torres Strait Islander peoples in custodial settings cannot access the MBS 715 health check, which is a key intervention in managing chronic

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disease. People with complex medical conditions that require highcost drugs have their treatment determined by state justice health departments – not the PBS. This is not equitable,” Professor Robson said.

He said custodial health providers also needed to ensure people had access to appropriate mental health care, primary and specialist care services and continuity of care with community health and other service providers, post-release. Lack of access to MBS fragmented care, with people having to start again on their health journey after release.

“Aboriginal and Torres Strait Islander peoples comprise approximately 3.8 percent of the total Australian population, yet as of June 2021, represented 30 percent of the prison population.

“The disproportionately high rates of incarceration of Aboriginal and Torres Strait Islander peoples in Australia must be redressed through fundamental policy and legislative reform and investment in community-driven diversionary and rehabilitation programs as outlined in the recommendations of the Royal Commission into Aboriginal Deaths in Custody,” Professor Robson said.

“The impacts of systematic racism in the Australian legal system must be redressed, as well as more broadly across education, health, housing, employment and land rights to ensure Aboriginal and Torres Strait Islander peoples experience self-determination, good health, and equal opportunities.”

Professor Robson said culturally safe health care was essential for custodial settings and should be prioritised through staff training and appropriate health programs at all stages of the custodial cycle. “The growth of the Aboriginal and Torres Strait Islander workforce across the legal system, including in health service delivery, must also be a priority for governments,” he said. Read the AMA position statement.

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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>

Howard Dillon (Australian Army), Army Chaplain

Over 70 men served as chaplains in the Australian Army during the Vietnam War. Howard Dillon arrived in 1969, eager and naive.

“Even chaplains didn’t tell you what you were likely to confront, you just went there.

So, it was quite a shock to be at the hospital and find that you were supposed to give the last rites to dead soldiers.

When you’re young and invincible, you take on the world.

The medical team, even though they were working on the soldier, there was no one to actually be there for the person.

So I found myself as being the kind of anchor person that was there reassuring the soldier.

Sometimes I felt that you were kind of powerless.

I mean nurses are giving injections and people are taking pulses.

And I wondered whether I was doing any good.

And I talked to the CO about it and I said, ‘Sometimes I feel we’re just in the way.’

He rebuked me pretty strongly and said ‘No, you’re the one normal thing here.

Everything else is abnormal.

We’re all flat out saving the digger’s life, but you represent mother, father, brother “” the normal world.

You do for him what a family would do.’



Howard Dillon (Australian Army), Army Chaplain

So you’d find yourself stroking his forehead, holding his hand, praying.

Talking quietly in his ear, that’s if he could hear.

Sometimes with the mine explosions they were deaf.

Sometimes they had things on their mind so it becomes a kind of confessional.

The young men that I trained went off and did all that was asked of them and then came back to be treated with disdain.

I think a mortal blow to the whole of our generation, and I think that the kind of social problems that Vietnam vets now display I put largely at the door of those community leaders who, oh really, piddled on us from a great height.”

Stories continued next month

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