



Newsletter

May 2021

RDMA & BLMA's Joint Newsletter

See Where We Work & Live P19. A Sailor's Story J Gilfellon.

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BLMA President's Report Dr Robert (Bob) Brown

First of all, I would like to thank Karen Bond for asking me to write an article for the RDMA BLMA Newsletter.

I also wish to thank Kimberley Bondeson and the RDMA executive for supporting the Northside Local Medical Association, now the Brisbane Local Medical Association.

Some eighteen months ago, the executive of the NLMA supported my proposal to expand the LMA across the Brisbane River.

For several years, there has been no Southside Local Medical Association, which was a pity as there had previously been strong doctor support. Unfortunately, our expansion plans were put on hold because of their Covid 19 pandemic in 2020. However, to some extent we now have 'clear' air to get on with our plans.

The BLMA executive consists of Drs Dilip Dhupelia (immediate past president of AMAQ), Ian Hadwen, a stalwart for many years with the NLMA, Ian Phillips, a well known GP in Morningside, Gail Tsang, a long time supporter of the NLMA and a Radiation Oncologist with Genesis Care Oncology, and Hasthika Ellepola, an O & G from Browns Plains, heavily involved in his local medical fraternity and enthusiastic for the BLMA to succeed.

With the support and great assistance of our executive, particularly Dilip, we have commenced our proposed plan.

We have had excellent support from AMAQ, as well as from Metro North PHN. I thank Dr Chris Perry, AMAQ President, AMAQ CEO Brett Dale; and Katherine Gonzalez-Cork, AMAQ General Manager- Member Relations and Communications.

We also thank Dr Anita Green, Chair of Metro North PHN, as well as Deputy Chair, Dr Jenny

Schafer.

We have been in contact with the Metro South PHN and plan to meet with them as soon as possible.

Already, we have had wonderful support from doctors from the Southside as they can see merit in the proposal.

We have begun a process alternating South and North Brisbane meetings, keeping the venues close to the River and accessible as possible from both sides.

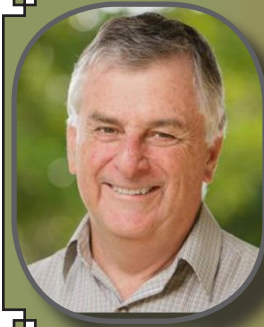
We hope to address medical issues of importance to our doctors and our patients.

We intend to extend our support to doctors in training, GP's and specialists, as well as hospitals and public health doctors.



RB
2/5/21

President
Dr Bob Brown



RDMA & BLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Brisbane Local Medical Association

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

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

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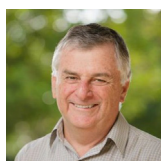
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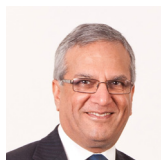
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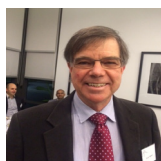
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RDMA 2021 MEETING DATES:

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

CPD Points Attendance Certificate Available
Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

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



NEXT NEWSLETTER DEADLINE

Advertising & Contribution 15th June 2021

Email: RDMAnews@gmail.com

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BLMA 2021 MEETING DATES:

W: <https://www.brisbanelma.org/>

CPD Points Attendance Certificate Available

Venue: Riverview Restaurant, Bris
Kingsford Smith Dr & Hunt St in Hamilton

Time: 6.30 pm for 7.00 pm

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



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The team behind your result



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Classifieds subject to the Editor's discretion.

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

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NEXT MEETING DATE 26TH MAY 2021

RDMA Meeting 27/04/21

Dr Kimberley Bondeson introduced the Lizelle Adams, Sponsor Representative Caboolture Private Hospital.

Speaker is Dr Sonia Anwar, Gynaecologist. Topic Infertility and Polycystic Ovary Syndrome.

Photos below clock wise to the right.

1. Lizelle Adams with Dr Sonia Anwar Speaker.
2. Dythea McLaren new member with Antone Topilskrr.
3. Lizelle Adams with Meeting Conveniers Anna Wozniak, Angela Paton.
4. New Members E-Tien Seah, Xizi Shen, Katerina Balis with Colin Chow.



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Ophthalmologist

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Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 26th May 2021

TIME: 7pm for 7:30pm start

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

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

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
	Sponsors: Peninsula Private Hospital
7:40pm	Speaker: Dr Liz Hodge - ENT Surgeon Speaker: Dr Lydia Mowlem - Respiratory Physician Speaker: Dr Ron Morris - Speech Pathologist
	Topic: Chronic Cough Main Meal served (during presentation)
8:00pm	Q&A
8:30pm	General Business - Dessert served Tea & Coffee served

RSVP: By Friday 21st of May 2021

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

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AMAQ BRANCH COUNCILLOR REPORT

DR KIMBERLEY BONDESON, GREATER BRISBANE AREA

MEMBERS UPDATE



I would like to congratulate our returning AMAQ President, Professor Chris Perry, and our returning Vice President, Dr Bav Manoharan. Both were re-elected to their positions in the AMAQ recently.

As many of you know, Professor Perry is an ENT Surgeon, and has Public appointments in Brisbane in Paediatric and Adult Otolaryngology Head and Neck Surgery. He is the Chairman of the Multidisciplinary Head and Neck Clinic at the Princess Alexandra Hospital. Welcome back Chris, it is great to see you return for another term, to continue your work as the AMAQ President.

Dr Bav Manoharan has also been re-elected for another term as AMAQ Vice-President. Bav is currently working as the Acting Deputy Director of Medical Services and Director of Obstetrics and Gynaecology at Logan Hospital in Brisbane. Bav is involved in the planning of the Covid 19 Vaccine rollout with Queensland Health, and continuing to face and deal with difficulties in this area, in particular the challenges in getting vaccines into remote areas in Queensland, including some of our Far North Queensland islands.

The vaccine rollout continues in Australia. It has been plagued with difficulties, shortages of supply, failed cold-chain issues and now, vaccine hesitancy amongst the population. I see this as a direct result of constant and incessant media coverage of possible rare side effects of the AstraZeneca Covid 19 Vaccine, Thrombosis with the Thrombocytopenia Syndrome (TTS). It is reported as been a possible side effect, affecting 1 in 8 out of 1 million vaccinated Australian, which is being investigated. Yet, almost every

single consent that I give as a doctor to a patient enquiring about the vaccine, is "Doc, what about the blood clots?".

It is of interest to note, that I do not get these questions or comments from any of my patients who have family or friends overseas – in fact, they were the first to step forward for the vaccine as soon as it arrived in my practice.

Australia is in the blessed position, where as an Island, we have been able to control our international borders and prevent community spread in the population. But this has not been without cost to the community, in terms of employment, livelihood, and the mental health of many of the community.

I have noted, that any short segments on television that show some of the ravages and problems that the Covid 19 infection is causing overseas, the most recent shown has been in India, results in a surge of people presenting for Covid 19 vaccination.

Another surge occurred recently when the Australian – New Zealand travel bubble was opened, and some of my patients wanted to travel to New Zealand. Most of these patients that presented for Covid 19 vaccination, were visiting family in New Zealand. In my view, the media has a lot to answer for, in terms of impacting on public opinion.

Social media has also contributed to vaccine hesitancy. Also, hopefully by now, our leaders, the Premier of Queensland and the Chief Health Officer will have had their influenzae vaccination as well as

AMAQ BRANCH COUNCILLOR REPORT

DR KIMBERLEY BONDESON, BRISBANE GREATER AREA

Continued from Page 6

their Covid 19 vaccination.

The media, Channel 9 and Channel 7, have recently reported that these two pivotal leaders, have not yet had their vaccinations, despite being eligible for them. Whether these reports are true or not, it has affected how some of my patients feel about the AstraZeneca Covid 19 vaccine. And I hear that Facebook and other social media platforms also have negative and incorrect comments about our Covid 19 vaccines and the Covid 19 disease itself.

It is amazing what information I get from my patients. The most recent was about what is occurring in Fiji. One patient reported that this island now has Covid 19 infection uncontrolled in its island population, and he told me that the infection were coming from overseas travelers, who were forging Covid 19 test results, and Covid 19 vaccination certificates to get into the country. They were then travelling into the villages and spreading the coronavirus infection.

On a different note, there has been a noticeable increase in presentations to both Emergency Departments and to General Practice in 2021, compared to pre-covid. This, in my area, the Redcliffe Peninsular, could be related to an increase in the population, amongst other things. Trying to get a rental accommodation in my area is extremely difficult, with between 20-30 people applying for one house. Families who have lived in a house for many years are finding that their leases are not been renewed, or that the rent is been put up and is not affordable. Or the home is been sold.

However, there is nowhere for them to go. Houses for sale are put onto the internet on a Thursday, and are sold by the following Monday or Tuesday, often sight

unseen. And attracting prices that were never heard of in this region in the past.

Homelessness is increasing, and families are been pushed further and further into the country to find accommodation, with even some of my patients living in caravans/ camper vans and looking for free areas to stay. This will have a flow on impact in their ability to access health services, as well as education, transport and so forth for their children and the elderly.

Queensland is now seen as a very favorable place to live in Australia, and this, to me, is an unexpected consequence of the pandemic. People are leaving the packed cities to live in metropolitan areas, and previous sleepy, tourist areas. This migration, also includes those expatriates who have returned, (or are trying to return) from overseas, and want their houses back, which were previously rented.

Universities are still suffering from lack of international full fee-paying students, though when these students come back (and this may take several years), there again, will be accommodation difficulties.

It really is a new world. If anyone has any stories to tell, I would like to hear them, as the medical profession has a voice, and we need to use it.

Kimberley Bondeson
Branch Councilor
Greater Brisbane Area

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- Immune function
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- The relative risk of mortality
- Nausea
- Cancer-related fatigue
- Postoperative complications
- Days spent in hospital

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|---|--|--|---|



Dr Chris Perry
President AMA Queensland

Dr Brett Dale
CEO AMA Queensland,



AMA Queensland **Leading Queensland Doctors, Creating Better Health**

We have advocated for doctors in Queensland across a number of key issues over the last month including COVID-19 vaccinations, safety in hospitals, access block in emergency departments and more.

COVID-19 Vaccination Program **Role of GPs**

GPs have proven to be the backbone of COVID-19 vaccines in Australia delivering more than half of all vaccinations. Our system of GP-led primary care is different to many other countries and provides a uniquely Australian option for vaccine distribution. GPs offer a safe clinical environment, including post vaccine monitoring that is not comparable in pharmacies or mass vaccination venues. GPs have a significant track record of administering millions of flu vaccinations annually, showing capability to administer large vaccine volumes quickly. We want all interested GPs to be able to provide COVID-19 vaccines, not just those registered in the program, and will continue to advocate for this and pressure the Federal Government to modify the program as needed to ensure GPs are adequately utilised and supported in the roll-out.



Dr Maria Boulton, Chair of our Council of General Practice, monitoring Archbishop Mark Coleridge's COVID-19 vaccine

Increase in allocations

The increase to vaccine allocations has been a step in the right direction but supply continues to be the biggest obstacle and more vaccines are needed to expedite the program. GPs have been allocated an additional 100 vaccines each week increasing those practices with 50 vaccines per week up to 150, and those with 100 up to 200. Some of our members say they can do up to 1000 vaccines a week so GPs continue to be underutilised. We will continue to put pressure on the Federal Government to shore up supply as quickly as possible so more Australians can be protected against COVID-19.

Over 50s and flu shots

We welcomed the announcement from National Cabinet to bring forward vaccinations for people over 50 in May. We have been communicating this message to the public in our media engagement and also emphasising the need for flu jabs. Influenza continues to be a major risk to public health and we are outlining this danger in our media relations and explaining the timing of 14 days between COVID-19 and flu vaccines.

Informed decisions on safety vs risk

The updated advice on the preferred use of the Pfizer vaccine for people under 50 has negatively impacted public confidence in COVID-19 vaccines. GPs reported a 30 per cent cancellation rate when the advice was released. It is good news that an additional 20 million Pfizer vaccines have been secured. However, they will not arrive until the second half of 2021 which creates a significant delay in vaccinating and protecting our community. It is vital that people under 50, particularly health workers and those with underlying medical issues, make an informed decision understanding the risks and benefits of AstraZeneca. Current data shows the vaccine remains highly effective at preventing death and severe illness among people who have contracted COVID-19 and that the incidence of blood-clotting remains very rare. We are urging Queenslanders to speak to a GP who knows their medical history to provide individual advice in relation to COVID-19 vaccines. Read our

Continued Page 8

media statement *Worried about COVID vaccine? Talk to your GP* on our website to see how we have been communicating with the public.

Our members are also reporting that once the risks and benefits of AstraZeneca are explained to patients, they predominantly proceed with the vaccination. However, this understandably takes more time. Our Workplace Relations team has produced a video for members with advice on how to streamline the patient consent process. Learn how to create efficiencies, cut costs and where possible, equip staff with communication techniques to better handle patient anxiety. Head to the Events and Training section on our website to access a recording of this video that is free for AMA Queensland members.

Indemnity risks

Some GPs remain worried about medical indemnity coverage for providing advice to patients about AstraZeneca as well as for its administration. We have been assured by Medical Defence Organisations that doctors are covered by their policies. Vaccine manufacturers have also been indemnified by the Commonwealth. Additionally, we have been in ongoing discussions with the Commonwealth about the potential long-term implications of the vaccine roll-out. We do not know what impact future claims might have on reinsurance arrangements and indemnity premiums. In recognition of our concerns, the Commonwealth has given written assurance that it will take further steps to protect and support health professionals if the vaccination roll-out gives rise to an unusual number of patient claims. While this guarantee is welcome, there is not enough detail about what mechanisms it would use and the exact circumstances that would see the Commonwealth act on this. We are calling for more clarity to ensure that, as far as possible, GPs are not drawn into future vaccine-related litigation and will continue to lobby the Federal Government for adequate protection.

Fighting for the safety of health workers

We ran a media campaign with our industrial relations partner, the Australian Salaried Medical Officer Federation Queensland (ASMOFQ), on the need for fit-testing and COVID-19 vaccinations for all frontline doctors and health workers. The campaign was guided by our survey findings in March that showed 70 per cent of respondents had not been fit-tested for the P2/N95 face masks used when treating COVID-positive patients and 43 per cent had not yet received their first COVID-19 vaccination. The campaign secured a directive from the Chief Health Officer, Dr Jeannette Young, stating that any Queensland Health employee who has direct contact with a positive COVID-19 patient is required: to wear a P2/N95 face mask; have had appropriate fit-testing completed; and must be vaccinated. This directive is welcomed, but it is not being delivered.

ASMOFQ joined a recent Queensland Nurses and Midwives Union dispute before the Queensland Industrial Relations Commission (QIRC) that was investigating the adequacy of fit-testing. This



Dr Hau Tan, President of ASMOFQ

dispute built on a commitment that ASMOFQ secured from Queensland Health last year, that it would deliver a consistent program of fit-testing PPE for frontline staff. However, Queensland Health presented an audit to the QIRC that revealed major inconsistencies and gaps in fit-testing being conducted by Hospital and Health Services. Visit the Media and Latest News section on our website to read more about our advocacy on this issue calling for greater accountability and safety for doctors.

Emergency department win but more is needed

The State Government has responded to our proactive media engagement on the crisis facing public hospital emergency departments and announced \$100 million in short-term funding. Dr Kim Hansen, AMA Queensland spokesperson and emergency physician said it was good to see the State Government responding but our public hospitals need innovative and effective models of care, as well as more funding. AMA Queensland will establish a ramping roundtable with a cross-section of emergency physicians, inpatient consultants and other experts, to develop a five-year action plan and roadmap out of ramping and access block. We are calling on the Government to recognise our population is rapidly increasing and ageing, and that hospital demand is only going to increase. The government must commit to long and short-term action, so our public hospital emergency departments are not stuck in this vicious cycle of crisis upon crisis. Visit our website to see our media engagement on the emergency department crisis.

Business support for private practice

We met with the Honourable Minister Di Farmer MP, Minister for Employment and Small Business and Minister for Training and Skills Development, to discuss support for our members who operate businesses and private practices. GP and non-GP specialist practices are often overlooked when the State Government offers support to small businesses. In addition to health care for the community, these businesses make significant direct and indirect contribution to local economies through employment of staff and procurement of local services. Our idea to support growth, business mentoring and the education and training of both clinical and administrative staff, was welcomed by the Minister. Our next step will be to work with the Department of Employment, Small Business and Training on programs and services targeted to support medical practices including small business support programs, as well as vocational education and training opportunities.

Voluntary Assisted Dying

The Queensland Law Reform Commission has stated they will now provide the draft voluntary assisted dying (VAD) legislation on 26 May to both Parliament and stakeholders. There will be a two-week window to provide feedback and a public hearing is also likely to occur but no date has been announced yet. This is an emotive debate for our community and profession. Our priority is to ensure there are adequate protections in place for the vulnerable in our community and that doctors rights are secured. We will respond to the legislation in alignment with our members' views, as outlined in our member survey on VAD.

Scorecard

We are delighted to launch the AMA Queensland Scorecard that outlines our key achievements and results delivered in the first quarter of 2021. Some of the results include: 115 ministerial, government and key stakeholder meetings; more than 2,100 member engagements; a media audience reach of 10 million; and more than 2,400 industrial relations member inquiries. The scorecard is published on our website and demonstrates our extensive work to advance and improve the medical profession in Queensland and support doctors in the delivery of exemplary health care for the community.



*Prof Chris Perry OAM
President*

*Dr Brett Dale
CEO*

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 22nd June 2021

TIME: 7pm for 7:30pm start

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

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

- AGENDA:**
- 7:00pm Arrival & Registration
 - 7:30pm Be seated – Entrée served
Welcome by Dr Kimberley Bondeson – President RDMA Inc
Sponsors: Lundbeck Australia Pty Ltd
Represented by: Barbara Wheldon & Fiona Hart
 - 7:40pm Speaker: Dr Ashim Majumdar, Psychiatrist

Topic: Supporting Mental health Treatment in Primary Care; the role of Brintellix (vortioxetine) in treating MDD, the role of Rexulti (brexpiprazole) in treating schizophrenia.
Main Meal served (during presentation)
 - 8:00pm Q&A
 - 8:30pm General Business - Dessert served
Tea & Coffee served

RSVP: By Friday 18th of June 2021

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Answers to Questions in Quora (Internet)

By Dr Mal Mohanlal

1. Why do people tell me to date the one who loves me and not the one I love? Love is blind. They are a better judge of character than you are.

2. Is ego lost in heaven? Ego is the one who created heaven.

3. What is the weakest throwable explosive that can still kill someone? Are you planning to kill someone?

4. Why do we become so vulnerable when in love? Because you are not thinking about yourself anymore.

5. How do I explain to the people that love me that I hate it when people want me to be happy and that I am the happiest when I am not dealing with those people? You must present a miserable picture every time they see you. Just present a happy picture and see what happens.

6. How do you overcome the fear of death and losing someone close to you? If you want to overcome the fear of death, you have to understand what living and dying is. If you want to overcome the fear of losing someone, you have to understand what love is. Do you know that with every breath you take, you die at the same time? Do you possess the person you love? How can you lose a person you never owned?

Please acquire some self-knowledge and learn about the ego, which causes all your problems.

7. Why can't the people that love me realise how insulted I feel when they're protective of me? It is because you do not inspire any confidence in them. They think you are immature and need protection.

8. Why is love so over glorified? You might think it is over glorified. It is because people who have not experienced love, have not experienced life.

9. Is love an emotion or a biochemical reaction within the brain? An emotion is a mental element that involves our perception and thinking. The biochemical reaction is the physical part that takes place in the brain when one feels love. It is why I keep telling people to clear up their perceptions. Distorted perceptions can produce negative physical changes in the brain. However, when we love, we make many healing chemicals that can improve our health and mental state.

10. How does it feel to fear another human to where they control your intentions and moral thoughts? If you allow another human being to control and influence you adversely, does it

not mean that you cannot think for yourself? Have you become a slave? Have you lost your identity? Once you can wake up to your true potential and take appropriate action, your fear will disappear.

11. Is there really someone out there for everyone? Or are there people who are meant to be single forever? There is a saying, "Time and tide wait for no man". So I suggest that you do not sit around and wait for things to happen. It would be best if you got around, meet people and socialised. Join a club etc. There is always someone you will find compatible.

12. What happens when you think of death? You realise you are a mortal and not a Superman.

13. When do you think that we know the limits of our minds? The mind is timeless. How do you put a limit to the timeless dimension?

14. Is it safe for acupuncture patient to get down from the table, with needles still in the skin; in case of fire or earthquake emergency? Safe or not safe, I would run for the door.

15. How can falling in love affect rational thinking? When we fall in love, we hypnotize ourselves. What we do is fall in love with the image of perfection of the other person, not the real person. We see all the positives and ignore all the negatives and allow ourselves to be manipulated. How can anyone consider it rational thinking? It is a form of madness where rhyme and reason go overboard.

16. I'm not sure if she is the one. What should I do? When in doubt, mark time.

17. How can I forget the past and focus on the present? Say, "1,2,3 Wake up Stupid. Open your eyes. This is the present. Start enjoying it."

18. What if we won't die forever? You are indeed a beggar for punishment.

19. How do I put myself in a permanent state of unconsciousness? If you are like others around you, you are already in that state. This is a hypnotic world we live in, and it is turning all of us into zombies. Please wake up from your self-hypnosis and discover the magic inside you.

20. Why are we scared to die even though we don't know what happens after we die? How can the mind fear something it does not know? Fear can only exist in relation to something we know. What we fear is not the unknown, but losing contact with the known.

Visit Website: <http://theenchantedtimetraveller.com.au/> The EBook is available at Amazon.com. As a junior doctor living in the community I

honour yo'self

by Dr Stephanie Pommerel,
Senior House Officer in Obstetrics & Gynaecology,
at Caboolture Hospital.

As a junior doctor living in the community I serve, I was galvanised late last year following the suicide of a young woman in my apartment complex.

We knew each other; I dropped into her workplace on my way home and she'd recognised me from home, so we began chatting. It was all very normal, natural, and inconsequential – I'd ask her about what her plans were once high school was finished and the like, but it wasn't until I spoke with her father after her death I realised the futility of the line of thought: if only I had known; perhaps I could have said/done something.

What struck me was the deliberateness of her choice, for the young woman had planned it. Timed with the release of her stepfather from prison, who had been her sexual abuser from a young age, her choice to stockpile amitriptyline and take too much of it was the final, definitive choice of her life.

But this also got me thinking: Why her? Why that outcome? And why not me?

In my final year of medical school, I was preyed upon by a registrar who was tasked with supervising me. After the assault, which took place in my home, I took six months off, questioning why I would want to be a doctor if that was what kind of person could be one. I had intensive mental health support as I did not cope with the shattering of the ideal that doctors were 'special people' that engender inherent trust.

Yet this experience unmasked a purpose and power to my being a doctor.

Specifically, I am a woman, who has lived experience of both sexual abuse and consequent mental ill-health. How can I not offer that back to the demographic I work with and live amongst?

Thus came the impetus to talk to the school which my young neighbour attended, and Honour Yo'self was born.

The premise is to open discussion with young women around their changing bodies, menstruation, contraception, sexually transmitted infections and pregnancy, along with the messy stuff we don't like to talk about, like unwanted sexual attention, how to get out of sticky situations, porn, relationships and love vs expectations and needs, doing what feels true versus going along with what might be popularised, and subclinical mental ill-health born of a deep lack of self-worth.

Working directly with the young women in this high school, I will work concurrently with the University of Sunshine Coast while undertaking a Graduate Certificate of Health Promotion, to develop (initially) school-based programs and workshops that tailor the conversation to what young women themselves are calling for, dovetailing with the Education Queensland curriculum and existing services.

At my local high school, the principal, teachers and guidance counsellors still carry the shock of this young woman's

honour yo'self

by Dr Stephanie Pommerel,
Senior House Officer in Obstetrics & Gynaecology,
at Caboolture Hospital.

Continued from Page 12

suicide, and their grief is palpable. What they have shared has been eye opening.

A young man also attempted suicide, and presented to Caboolture Hospital Emergency Department. There, he received mental health care, but from my third-hand understanding, was discharged without admission. The weekend passed, and his Mum sent him to school on the Monday. She called the school to advise of these events, requesting that 'someone please see him'.

The school currently hosts no qualified psychologists. Previously, the school had successfully petitioned for young mental health specialist services in the region, yet this was short-lived secondary to political factors. A funded psychology position part-shared with another local school remains unfilled.

The current school principal has previously been instrumental in implementing the 'full-service schools' model elsewhere, whereby clinic rooms enable health service provision to students, including general practice, psychology, and physiotherapy (as well, of course, as the school nurses). This is a latent opportunity for practitioners with interest and experience in youth health and well-being to embark on in-schools health promotion and advocacy.

Local not-for-profit Micah Projects hosts services for young women below the age of 25 who become mothers. Their advocacy and support are total and

encourages these young women to embrace the challenges of parenthood while celebrating their agency and capacity.

In just one group mothers' meeting with four young mums, one had had syphilis at age 16, another had been a sex worker and fallen pregnant to her pimp, a third had experienced child abuse aged 2 weeks, grew up in foster care, had herself been in a violent intimate relationship, and had currently three kids (aged 19).

It is clear the community is crying out for support where it comes to health literacy, primary, secondary and tertiary prevention, compassionate care and service provision.

Please be in touch should you wish to become involved or to receive an email upon website launch, please contact spommerel@icloud.com.

Dr Stephanie Pommerel is a Senior House Officer in Obstetrics & Gynaecology at Caboolture Hospital.

Daintree National Park Queensland

by
Cheryl Ryan



Daintree National Park, Queensland is home to one of the one of the oldest rainforests of the world, a visit to Daintree National Park is like stepping into a time machine to explore prehistoric flora and fauna.

Hundreds of these species have remained unchanged thanks to the isolated geography of Australia. But that's not all there is to Daintree, along with being the residence of Kaku Yalanjee Aborigines, it also happens to host the meeting point of the world's oldest rainforest with the world's greatest coral reefs at Cape Tribulation.

Spread across one thousand two hundred kilometers, Daintree National Park offers breathtaking panoramic views of the surrounding landscapes. It connects the two geographical regions of Mossman Gorge and Cape Tribulation, with lowlands in the middle. Entering the jungle canopy is at par with being transported to the sets of the movie Avatar (which, it also happened to inspire), while making for a unique outdoor holiday experience.

To add to the charm of this exquisite national park, the local aboriginal tribes (who protect and worship these landscapes) offer personalised guided tours and homestays at their village -- an experience you would not want to miss!

What we have planned for you

- While taking a guided day tour through the Daintree Rainforest is a must, it is the guided night tour that offers the most spectacular up-close interactions with the fauna. In both the tours, you get to enjoy a time travelling experience by exploring the wildlife that has remained unchanged for over a hundred million years.
- Hop aboard the Daintree River cruise to go searching for the saltwater crocodiles

in the legendary Steve Irwin's style.

- Post the croc-hunt, it's time to take a break from the jungle and pay a visit to the Granite wonder that is Mossman Gorge. Here, the Mossman River cascades over the granite boulders giving rise to freshwater swimming holes and pools with crystal clear waters that make the perfect location to enjoy a refreshing swim. You can even opt for a boardwalk across the emerald green canopy of the gorge or hike along the riverside trail.
- While at the Mossman Gorge, save an evening to enjoy a culturally immersive experience with the local Kuku Yalanji tribesmen, who would happily take you on a tour of their local village and offer you lip smacking local meals, the kind you would not find anywhere else in the world. Here, you will also have a chance of learning over nine thousand year old traditional techniques of fish catching and crab spearing.
- Having been through the rainforest and the tribal villages, the opportunity is ripe to pay a visit to Cape Tribulation -- the point where the ancient rainforest meets the Great Barrier Reef. This is where you can get the chance to spot the elusive Cassowary, an endangered large bird species, some of which can grow up to 2 meters in height.

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June 30 - 2021 Year end Tips

Years ago when year end approached it was a crazy shuffle of money, cheques and paperwork. Rules may have changed over the years but there are still a few legitimate areas remaining that you can address prior to year end. Below are a few standard business items for you to look at prior to the end of the Financial Year 30th June 2021 -:

Immediate Asset Write-off - Recent changes

For assets first used or installed ready for use between 12 March 2020 until 30 June 2021, and purchased by 31 December 2020, the instant asset write-off:

- threshold amount for each asset is \$150,000 (up from \$30,000) (GST exclusive amount)
- Eligibility extends to businesses with an aggregated turnover of less than \$500 million (up from \$50 million).

From 7.30pm AEDT on 6 October 2020 until 30 June 2022, temporary full expensing allows a deduction for:

- the business portion of the cost of new eligible depreciating assets for businesses with an aggregated turnover under \$5 billion or for corporate tax entities that satisfy the alternative test
- the business portion of the cost of eligible second-hand assets for businesses with an aggregated turnover under \$50 million
- The balance of a small business pool at the end of each income year in this period for businesses with an aggregated turnover under \$10 million.

Make sure you have checked the eligibility criteria for both your business & assets. (Source ATO website)

Reducing your annual profit

- Pay any superannuation liabilities before June 30 so it reduces the 2021 tax position. The contributions must be cleared funds by 30.06.2021 in the recipients Superfund to claim a deduction for 2021. With super clearing houses and electronic transfers we suggest making these contributions no later than 21st June;
- Review your depreciation schedule for obsolete items;
- Perform a full stock-take and write off obsolete stock;
- In limited circumstances prepayments of interest, subscriptions or insurances can be deductible, talk to your accountant;
- Consider paying bonuses to staff;
- If you have to purchase consumables consider purchasing them prior to 30th June, this gets your deduction in this year;
- The maximum concessional superannuation contribution for 2021 is \$25,000 per taxpayer, irrespective of age. (from 1st July 2021 this increases to \$27,500)

Superannuation: Changes applicable from 1 July 2021:

1. The annual non-concessional cap is to \$110,000. (This is non deductible contributions by you into your super fund) 2. The brought forward rule is \$330,000 for anyone under 65. Transitional cap applies if your balance is between \$1.48M-\$1.7M.

3. The amount which can be in a tax free pension became \$1.6M per individual from 1st July 2017. The transfer balance cap will be taxed to \$1.7M. For an individual already on a pension their cap will be \$1.6M - \$1.7M.

4. Anyone with over \$1.7M in superannuation will not be eligible to make non-concessional contributions.

The existing superannuation age requirements and work test will continue to apply. (Changes were announced in 2021 May budget but are not yet law)

Progressive changes to the company tax rate (Source ATO website)			
Income Year	Aggregated turnover threshold	Tax rate for base rate entities under the threshold	Tax rate for all other entities.
2019-2020	\$50M	27.50%	30.00%
2020-2021	\$50M	26.00%	30.00%
2021-2022 and future years	\$50M	25.00%	30.00%

We are here to help if you have any questions so please call 07 54379900. *Article written by Kerri Welsh*

Please note - The above does not constitute tax advice and readers should seek advice for their individual circumstances from their trusted advisor.



COVID VACCINATION ONLY PATHWAY TO MORE NORMAL LIFE JOINT STATEMENT – AMA & COUNCIL OF PRESIDENTS OF MEDICAL COLLEGES

The AMA and members of the Council of Presidents of Medical Colleges (CPMC) have said getting the COVID vaccination is the only pathway back to a more normal life.

In a joint statement released today the peak medical bodies have said the benefits of vaccination far outweigh any risks and urged all Australians to get vaccinated when their turn comes.

The AMA and CPMC also reminded Australians the vaccination program had been extended to include all people aged 50 years and over. People in this age group are assessed as being at higher risk of severe COVID-19 and death.

AMA President Dr Omar Khorshid said Australia had an “outstanding record on vaccination, with some of the highest rates of vaccine take-up in the world”, protecting the community from a wide range of serious illness. He said Australians could approach vaccination for COVID-19 with the “same confidence”.

“To date, there have been over 160 million confirmed cases of COVID-19 world-wide and a death toll exceeding 3.3 million people. It is not sustainable for Australia to rely on international border closures, restrictions, and potential lockdowns to protect the community from COVID-19.

“The Oxford-AstraZeneca vaccine is being used in 139 countries and the Pfizer-BioNTech vaccine in 90 countries. The evidence from the hundreds of millions of doses delivered in these countries is that both are protecting people from serious illness and hospitalisation and helping to stop the spread of COVID-19,” Dr Khorshid said.

CPMC Chair Dr Kym Jenkins said while Australia had avoided much of the experience seen overseas, the country would be vulnerable to its re-emergence until the population was largely vaccinated.

“Vaccines, like other medicines, can have side effects and there have been a very small number of serious adverse events

from COVID-19 vaccination that may understandably worry some people.

However, the community can be reassured by knowing these are extremely rare, and that the Therapeutic Goods Administration (TGA) and Australian Technical Advisory Group on Immunisation (ATAGI) have moved swiftly to address any safety concerns.

“Australia’s frontline doctors, who know the risks of COVID-19, have come forward in large numbers to receive either the Oxford-Astra Zeneca or Pfizer-BioNTech COVID-19 vaccines,” Dr Jenkins said.

There are a range of reputable sources of information about COVID-19 vaccinations including the Department of Health’s website. General practitioners are also experts in vaccinations and should be the first point of call for patients who want advice and help, when considering whether a COVID-19 vaccination is right for them.

20 May 2021

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Follow the AMA Media on Twitter: http://twitter.com/ama_media

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Follow Australian Medicine on Twitter: <https://twitter.com/amaausmed>

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Where We Work and Live

A Sailor's Story - John Gilfellon: [https://vietnamvets-museum.org/node/soldiers-stories-John Gilfellon](https://vietnamvets-museum.org/node/soldiers-stories-John-Gilfellon)

HMAS Perth - John Gilfellon

Olongapo, a town outside the gates of the base was where we went on nightly shore leave. It was basically a long street of bars. We were told not to venture from the main street as it was extremely dangerous. I was unlucky enough to get "Shore Patrol" duties on some of the nights I had to work.

I got to go with the American shore patrol to break up any fights that included Australians. The Americans did not like getting involved with Australians. We worked out of the local police station, the police treatment of the locals was extremely harsh. The Americans reaction reminded me of the time in Sydney hotel when an American sailor approached us and offered to buy us a drink. He said that his father, who had been to Australia during the second world war, had advised him "that if you meet any Australians, buy them a drink, don't try to fight them". We spent the next hours talking Australian for them with phrases such as, "goodday mate" "cooey cobba", and "stone the crows"

Our role included firing at enemy positions in support of American troop positions and enemy supply routes over two thirds of the North Vietnam coast. In harassing enemy supply routes and boats off the coast we came under heavy enemy fire on a number of occasions. On 18 October 1967 the Perth was hit by enemy gunfire while shelling North Vietnamese coastal batteries just north of the North/South border.

While on station we operated in four hour shifts, during the day while not on shift we would still carry out our normal duties. We normally sailed a good way off the coast but when we got a call to carry out shelling we would head closer to the coast to be in range. The day we were hit I was on morning watch (3.50am to 7.50am) (navy tradition is that the watch changes 10mins before the hour so as not to interrupt the things that have to happen on the hour) I got my breakfast and was sitting with a few mates when we heard a sound like large hail

stones hitting the ship, I jokingly said that it sounds like we were under fire when the alarms went off and we were instructed to get to our stations as we were under fire.

My station, when not on watch directly below the mess in the centre of the ship, was in our sleeping quarters at the rear of the ship. I scrapped my plate in the bins and placed the plate in the scullery (where the washing up was done) and open the door to go to my station when an enemy shell exploded in the passageway about twenty metres away.

I shut the door only to have to open it when an officer ran to the explosion and closed it after him. Four sailors were injured of which two were evacuated to the American cruiser later in the day.

For our periods of rest and recreation we visited Bangkok and Hong Kong for Christmas. While in Hong Kong myself and two others were hosted by a family for Christmas dinner. The husband worked for the Australian Egg Board and they lived in a high rise building. He drove us around Hong Kong in the afternoon and showed us the sites. During dinner we were asked if we would like a drink, only to be told that they had no alcohol as they did not drink, this was a disappointment but we got over it. As families were required to hire a local maid it was a novelty to be served by a maid and the meal was great. **Continued Next Month**



Under fire 18 Oct 1967



At my station (Australian War Memorial website)

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