



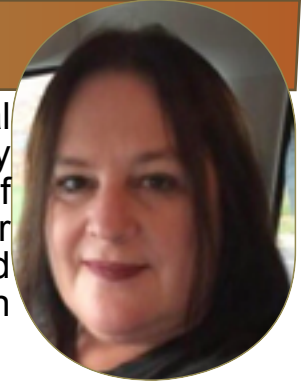
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RDMA's President Report Dr Kimberley Bondeson



It is a beautiful winter's day, bright sunshine and 24 degrees. Winter came on suddenly, we went from hot summer days to chilly nights, down to 8 degrees. And I am thoroughly enjoying it.

We have a new budget, and it has some interesting items in it for Doctor's. General Practice is being encouraged to Voluntarily Enroll Patients (VPE), with the government yet to explain what this will entail, and what at the Payroll Tax Implications of doing so. There does not appear to be any funding attached to it to encourage GP's to do the paperwork, and we are yet to see the reasoning behind it. I am sure it will unfold.

Queensland has removed the restrictions for obstetricians to enable them to do locums in Queensland, as well as work for Queensland Health. This is in a bid to enable local Queensland obstetricians to do locum work within their own state. Prior to this, Queensland obstetricians were not able to work in Queensland, and many were doing locums in other states. It is yet to be seen whether this will fill the need in rural Queensland, where several towns are without an obstetrician.

Opioid addiction General Practitioners in Queensland are heading towards retirement, and this is leaving a big gap in this vulnerable patient population.

The AMAQ is currently working towards getting confirmation from the State Revenue Office of what they consider to be

an acceptable General Practitioner tenancy arrangement. This will of course be applicable for specialist groups, and other groups who are in the SRO firing line.

Vaping reform – the health Minister Mark Butlers budget vaping reforms aim to stamp out youth vaping. He has banned the products most likely to appeal to youth, while allowing every General Practitioner to prescribe vaping for smoking cessation without having to sign up to an authorized prescriber scheme. It will be interesting to what the uptake is by General Practitioners to prescribe vaping.

This is despite recent evidence that “Young teenagers who smoke both e-cigarettes and normal cigarettes are more likely than just cigarette smokers to continue smoking into late adolescence, US and UK research suggests.” The Medical Republic, 15th May, 2023.

This weekend is the ASADA Dinner Meeting, at the Brisbane Club. And the following Friday evening, is The Dinner for the Profession at Customers House. I hope to see some of you there!

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 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 Meeting

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

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ASADA Dinner Meeting Pictorial by Kimberley Bondeson



NEXT RDMA MEETING DUE 30TH MAY 2023

Introductions:

Kimberley Bondeson introduced Sponsors Bayer represented by Representative Kate Ziebell and Brendan Greig

Speaker

Dr Yong Wee MBBS, Cardiologist TPCH and Latona Cardiology Sunnybank

Topic

Evolving Cardiovascular Risk. Your Patient's Past Present and Future. An interactive case based discussion.

Photo 1 Below Clockwise:

Dr Yong Wee Speaker,

Photo 2 Bayer

Representatives Kate Ziebell, Branden Grieg.

Photo 3 Hayley Finley and

New Member William Richardson

Photo 4 Geoffrey Hawson,

New Member Tkido Titasey, Graham McNally.

Photo 5 Colin Chou, Neew

Member Parsa Emamisim, Tkido Titasey, Hayley, Finley, William Richardson

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 30th May 2023

TIME: 7pm for 7:30pm start

VENUE: Room 3, Waterview Room, The Komo, 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: Redcliffe District Medical Association
7:40pm	Speaker: Dr Wayne Herdy Topic: The changing face of addiction medicine. Main Meal served (during presentation) Q&A
8:30pm	General Business - Dessert served
8:40pm	Tea & Coffee served

RSVP: By Friday 26th May 2023

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"Medical students commend budget's primary healthcare investments, whilst highlighting need for long-term workforce planning"

9 May 2023

The Australian Medical Students' Association (AMSA) welcomes and commends the federal budget's key investments into primary healthcare, with the focus on disadvantaged and vulnerable populations, however, effective primary healthcare workforce planning remains unaddressed, jeopardising the nation's future health outcomes.

Healthcare workforce

"We strongly welcome the \$4.5 million in funding into the single employer model trials to 10 additional sites for GP registrars in regional, rural and remote care, which will see increased retention and support for rural doctors and address longitudinal healthcare accessibility for rural patients," said Tish Sivagnanan, AMSA President.

"The investments into primary healthcare delivered in this budget must be supported by cohesive long-term workforce planning to ensure rural and remote Australians have improved quality and equitable access to healthcare," said Ms Sivagnanan.

"AMSA continues to strongly advocate for immediate investment into increasing medical student interest in general practice and rural health as the single-most important solution to addressing the increasing shortage of doctors in general practice and rural health," said Gabrielle Dewsbury, Vice President External of AMSA.

"Despite years of advocacy, we have not seen enough clear, tangible investment in this direction," added Ms Dewsbury.

The \$4.2 million funding to support James Cook University to deliver training via the Rural Health Multidisciplinary Training Program is a key initial step in increasing medical student interest to practice rurally, with expanded opportunities to undertake long term and possibly longitudinal rural clinical placements.

AMSA is additionally relieved to see investment into improving mental health workforce and accessibility through the \$91 million allocated to 500 post-graduate psychology places and 500 one-year internships for provisional psychologists.

"However, with the significant psychiatry deficits across Australia, and rural and remote areas only having three licensed psychiatric professionals per 100,000 people, the Government must fund quality education and better exposure to non-acute community psychiatry at a medical school level as an immediate measure to reverse this trend," said Ms Sivagnanan.

Public health

AMSA welcomes the commitment to raise the rate of Youth Allowance by \$40 per fortnight but continues to advocate for targeted support for healthcare students who undertake

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numerous hours of unpaid placement and are often subject to multiple relocations within the length of their degree, impacting both likelihood and accessibility of employment.

“The Budget’s \$90,000 annual funding for LGBTQIASB+ health via the *10-Year National Action Plan For LGBTIQ+ Health and Wellbeing* barely scratches the surface for meeting the continually underserved needs for Australia’s LGBTQIASB+ community,” said Dineli Kalansuriya, Chair of AMSA Queer.

“Whilst we appreciate the spotlight on LGBTQIASB+ health, it leaves issues such as access to life-saving gender-affirming care for transgender, gender-diverse and non-binary people significantly unaddressed and unanswered,” added Ms Kalansuriya.

Additionally, AMSA would like to see further investment into the recruitment and retention of Aboriginal and Torres Strait Islander medical students by establishing support services to complete their degrees, including scholarships and expansion of ABSTUDY eligibility.

AMSA is the peak representative body for Australia’s 18,000 medical students.

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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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Proposed RACGP Educational Activity Hours Event

WHEN: Saturday 19th August 2023, 8.30am - 3.30pm

WHERE: Pier 33, Mooloolaba

MC Dr Rob Park | Pain Specialist, Dr Ingrid Hutton | Rheumatologist,
Dr Stephen Byrne | Neurosurgeon, Dr James Tunggal | Orthopaedic Surgeon,
Travis Schultz | Lawyer, Dr Paul Frank | Pain Physician, Dr Peter Georgius | Pain Physician,
Dr Daevyd Rodda | Orthopaedic Surgeon, Dr Tim Butson | Rehab Physician
+ Psychologist, Neurologist, Sports Doctor, Musculoskeletal GP & more!

RSVP: conference@sportsandspinalphysio.com.au





Friday, 19 May 2023

Let's celebrate the family doctors at the heart of healthcare

The special role played by family doctors is celebrated today on World Family Doctor Day.

AMA President Professor Steve Robson said this year's theme "*Family Doctors: The Heart of Healthcare*" was a welcome reminder of the role GPs play, both in the healthcare system and in the lives of patients.

"Today gives us an opportunity to reflect on just how special the relationship is between family doctors and patients," Professor Robson said.

GPs are the highest trained general health professional, with ten to fifteen years of formal training, extensive clinical experience and a commitment to ongoing professional development.

The World Family Doctor Day campaign highlights the continuity of care, patient-centered care, integrated care and community engagement that GPs provide.

Professor Robson said this would resonate with many Australians as they reflect on their personal relationship and their family's relationship with their GP.

"GPs are at the very heart of patient care in Australia, with around 85 per cent of people seeing a GP each year, and more than 95 per cent of patients attending the same practice. That ongoing relationship and continuity of care, ensures Australians can feel safe knowing their doctor knows their healthcare needs now and into the future."

Professor Robson applauded GPs for their hard work and dedication to their patients, especially in the face of the pandemic and the stress and strain this placed on top of an already demanding workload.

"Our GPs are really special. Australians thank them for being at the front line of healthcare, keeping themselves and their communities safe and healthy whilst under incredible pressures and uncertain circumstances.

"GPs are the first point of call in our health system, often providing care for patients and their families from childhood to their adult years. This is a long-term relationship.

"GPs treat patients as a whole person, using their deep clinical knowledge to assess all a patient's health needs rather than just focusing on a symptom or a complaint. Importantly, they work with other medical specialists and health professionals to ensure that patients get the right care from the right health professional as part of a well-coordinated team. Australia has a great health system, built on the solid foundation of general practice."

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PRESIDENT AND CEO REPORT



Dr Maria Boulton and Dr Brett Dale

With the first half of 2023 rapidly drawing to a close, AMA Queensland continues to work for all doctors and patients to secure the best healthcare for our community. We have seen an injection of investment into general practice in the federal budget, and moves by the state government to make regional practice more financially viable for overseas and interstate doctors. We are continuing to call for real solutions from all levels of government. The decisions we make now will be felt in the healthcare we receive in 10 years' time.

FEDERAL BUDGET

General practice was front and centre of the federal budget for the first time in a decade with the tripling of the bulk billing incentive, a new formula for increasing Medicare rebates, funding for some wound treatment and for the shingles vaccine, and some investment in workplace incentives.

We will be looking into the detail of these changes, and the proposal for some voluntary patient enrolment measures, over the coming weeks.

However, it is already clear that trebling the incentive will not have the impact on bulk billing rates the government has predicted. It may help practices that currently bulk bill to stave off the decision to start charging vulnerable patients, particularly in rural and remote areas. However, it will do little for practices in metropolitan areas.

It's an encouraging short-term measure but it doesn't fix the bigger problems with Medicare rebates, which have not kept pace with inflation for decades.

We were disappointed there was nothing in this budget for our public hospitals, for ramping and our overstretched emergency departments, and will continue to work with our colleagues around the nation for an increase in Commonwealth funding for public hospitals.

We need action from both levels of government to address the challenges facing our healthcare system.

Read more at ama.com.au/qld/news/Transcript-4BC-Budget

REGIONAL WORKFORCE

The state government has listened to our calls for action to attract and retain doctors and healthcare workers to regional Queensland, and announced financial incentives for interstate and international doctors to relocate.

We are seeking more information on how the incentive scheme will work, including which stages will qualify, and whether it will include private practitioners as well as Queensland Health staff.

Queensland Health is developing a workforce plan. It is critical that the plan covers GPs, other specialists, nurses, allied care, pharmacists, physiotherapists, public hospitals, private hospitals, and aged and disability care.



We also need streamlined regulations to make it easier for international medical graduates (IMGs) to enter Australia and begin practising, while still ensuring we are training enough Australian graduates.

Read more at ama.com.au/qld/news/Regional-Incentives and ama.com.au/qld/news/Transcript-4CA-Budget

STATE BUDGET



The Queensland government will hand down its budget on 13 June. While last year's budget promised significant investment in our hospitals, in particular the 2,500 new hospital beds, we still don't know where Queensland Health will source the staff needed to operationalise those beds.

Our main priority this year is workforce, particularly the women's health workforce. Public obstetrics and gynaecology services are failing throughout Queensland. Maternity units are closed or on indefinite bypass in many regional, rural and remote towns including Biloela, Gladstone, Theodore and Cooktown.

This situation is disgraceful in an advanced economy. We have called for immediate funding to support at least 20 GPs to train as GP obstetricians, and urgent implementation of statewide credentialling for all public health staff.

We will be releasing our budget submission in the coming weeks and will update you on budget outcomes in the next edition.

MOCA 6

The Medical Officers' Certified Agreement No 6 (MOCA 6) has been certified, providing the employment contract for all junior and senior doctors who work for Queensland Health.

Our industrial relations partner, ASMOFQ, first started negotiating MOCA 6 with Queensland Health in March 2022 and we commend them on their work for doctors.

MOCA 6 includes wage increases of 4 per cent, 4 per cent and 3 per cent over the three years, backpaid to 1 July 2022, rostering improvements and increased attraction and retention allowances for rural generalists.

AMA Queensland and ASMOFQ will be hosting events to share information and answer questions about the new agreement.

Read more at ama.com.au/qld/news/MOCA6finalised.



INFLUENZA SEASON



We remain concerned about levels of influenza vaccination in our community. Queensland is well below the national rate of vaccination for people aged under 50 years.

As of 14 May, only 8.5 per cent of Queensland children under five years had been vaccinated, compared to 21.5 per cent in the ACT and 10.6 per cent nationally. For children five-14, the figure was 5.1 per cent compared to 6.2 per cent nationally, and for those aged 15-49, it was 10.8 per cent compared to 11.7 per cent.

While reminding patients about vaccination is important, it's also critical that vulnerable patients are aware of their eligibility for antiviral treatments for influenza and COVID.

If a patient is at high risk of severe illness and they have symptoms of COVID or flu, they should see their doctor for a PCR test so they can start treatment as soon as possible.

Read more at ama.com.au/qld/news/Transcript-ABC-Flu-RAT-kits

PHARMACY PRESCRIBING

In the lead up to the federal budget, the AMA launched a campaign calling for the implementation of a Pharmaceutical Benefits Advisory Committee (PBAC) recommendation to implement 60-day dispensing for selected medicines.

We wrote to Health Minister Mark Butler and followed up with letters to MPs, prompting support from independent MP Monique Ryan.

The RACGP also backed our calls for the change.

The government has agreed to implement PBAC's recommendation. The discretion to prescribe a two-month supply of one of the 325 selected medicines will remain in the hands of a patient's doctor and can only happen where the patient is considered stable and clinically suitable.

These are medications for chronic conditions and they are for people who have been very stable and well-managed on those medications.

This is a considerable win for patients.

Our patients are increasingly distressed because of cost-of-living pressures, and whatever helps patients to access healthcare more easily, safely, and with less expense makes good sense.

Read more at ama.com.au/qld/news/Transcript-60-day-dispensing

Watchdog backs doubled dispensing

NATASHA ROBINSON
HEALTH EDITOR

The chair of the Pharmaceutical Benefits Advisory Committee has dismissed concerns that 60-day dispensing will cause medicine shortages, concluding such problems are determined by factors unrelated to the change in maximum dispensing.

Federal Health Minister Mark Butler asked the PBAC to consider whether the proposed Maximum Dispensed Quantity change

cinces were subject to shortages.

"The 325 medicines are available in different strengths and combinations across 933 Pharmaceutical Benefits Scheme codes," the Pharmacy Guild said in a letter to MPs.

"Of these 933 codes, the TGA lists, at time of writing, 133 as existing shortages and a further 25 as anticipated shortages."

Mr Butler labelled the claims an "outrageous scare campaign"

"The PBAC believes concerns raised publicly about medicine supply shortages present no reason to change its previous advice regarding increased maximum quantities for a range of medicines used to treat stable conditions."

"The PBAC considers this change can be safely implemented and will benefit people with stable medical conditions requiring long-term use of included medicines."

BRISBANE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Brisbane LMA produces a similar newsletter

For full details re advertising go to their

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

VAPING

The federal government has also announced a crackdown on liquid nicotine products to tackle the scourge of vaping. We welcome the changes to ban the importation of non-prescription nicotine vapes and making vapes only available in pharmacies with a doctor's script.

Queensland was awarded the AMA/ACOSH Dirty Ashtray Award last year for the government's failure to regulate and enforce regulation of the sale of vaping products to protect children and young people. With their bright packaging and sweet flavours, vapes are clearly targeted at attracting a new generation of non-smokers, not as a cessation aid for older smokers. People who have never smoked before are vaping.

Together with the Queensland government's proposed tobacco control laws, which are due for consideration by the parliament this month, we are finally seeing action on this emerging threat to our young people's health. Read more at ama.com.au/qld/news/Transcript-ABCBrisbane-Vaping

QUEENSLAND PARLIAMENT



It is a sign of our hard work and advocacy on behalf of patients and doctors around the state that we keep getting mentioned in the Queensland Parliament.

We were constantly name-checked during debate on the *Health and Other Legislation Bill*, which made Health and Hospital Board directors responsible for staff mental health and wellbeing, and the *Police Powers and Responsibility and Other Legislation Amendment Bill*, which expanded the police drug diversion program to drugs other than cannabis.

Read more about our advocacy at ama.com.au/qld/news/hansard-mentions

SENIOR DOCTORS CONFERENCE

We are pleased to be partnering with the Australian Senior Active Doctors Association (ASADA), led by AMA Queensland Board member Dr Geoff Hawson, to host the second Senior Doctors Conference at Waters Edge Brisbane in August.

Save Saturday 19 August and register at ama.com.au/qld/events/SeniorDoctorsConference to secure your place.

Last year almost 100 senior active and retired doctors from across the nation travelled to Redcliffe for the inaugural conference, discussing topics ranging from CPD requirements to encore careers for those choosing to wind down practice. We welcome suggestions for topics and speakers. Contact events@amaq.com.au.



SAVE THE DATE

AMA Queensland
Senior Doctors Conference
Saturday 19 August 2023 | Waters Edge, Brisbane

AMA QUEENSLAND ASADA

Ego – The Delusional Thinker By Dr Mal Mohanlal

Continued Page 15

Do you know that we live in a world of delusions? It is because we live in a world of words. However, there is a world without words that exists right before us in the present, what we call reality, which is eternal and timeless. The only thing that separates us from it is our perception. When we meditate, what is our purpose? Are we trying to understand how we relate to this timeless dimension and be free of the time dimension we know? Or are we trying to escape from it? It is not meditation if you are trying to escape, but just another way of using self-hypnosis.

Our thinking process is delusional and hypnotic. The ego in our mind is a product of self-hypnosis. It means you cannot appear in your conscious mind without words. It implies that without words, you cannot think. Words hypnotize you. It is the only way you can control your mind. You do not have to believe it or take my word for it. All you have to do is try to disprove what I write and see what happens in your mind.

Yes, you have to use words to appear in the conscious mind. Most people fear that the ego might disappear from their minds if they stop thinking. That is why, in most people's minds, the thinking process goes on and on, nonstop, like a squirrel in a cage.

Do you know how delusional our thinking process is? Our hopes, fears, and desires lead us to create belief systems behind which we hide and gain comfort and strength. It affects our perceptions, which influence our thinking and behavior. Our ego is not interested in searching for truth. It seeks self-gratification, and satisfying our desires is our primary pursuit. We use words to express our thoughts and feelings for communication and entertainment. We invent words to describe what we see, imagine, and think. For example, everyone knows "Santa Claus" is not real. So, if someone believes such a person exists, we call him deluded. Now when we say "heaven", a place we imagine we go to after we die, how many of us believe it exists and is real? Same thing with the word "hell". How many of us think that hell exists? Do you consider these people deluded?

Also, do you realize that we live in a hypnotic world? When we use words in our thinking process, it hypnotizes us. So when you use phrases like "I love you.", do you know you are hypnotizing yourself? If you keep repeating it, you will likely fall in love with that person. The same thing happens with the way you become anxious and worried. If you keep repeating phrases like "What is going to happen?", "What is keeping him late?", "I hope everything is OK." you will create anxiety and tension in your system. But if you say the opposite words like "Everything is fine", "Probably delayed in traffic", "Everything is OK", etc., even if you do not mean it., you will feel a lot better. Our subconscious mind reflexively responds to words, not their meaning. That is the hypnotic effect words have on you.

So, can you see that whatever we create in the thinker and the thought (the thinker thinking) mode can only make a world of delusions, a fantasy world, an escapist world? In reality, there is no such thing as time. But we create our time dimension by using words. The terms "today, tomorrow, yesterday" instantly transport us from the present to the future and the past. We create an instant fantasy world when we say words like "reincarnation, resurrection, heaven, hell, spiritual, etc.". Our imagination instantly creates a world beyond the present for us—a world of self-hypnosis.

Thus, can you now understand how important words are to our existence? We cannot live without words. Words create our whole world. Without words, the ego cannot appear in our consciousness. So thinking becomes a nonstop habit. It becomes an obsession. We communicate, entertain, learn, and express our feelings and emotions with words. Our whole civilization and philosophies exist in words. Yet, a world beyond words exists right before our eyes. It is eternal and timeless. Yet no one seems interested in understanding their relationship to this timeless dimension. All we do is pray, build churches, temples, mosques etc. Where have all the people who call themselves scientists gone?

As one can see, the words instantly take us away from this reality when we think. It is a hypnotic effect. It is how we create and live in a delusional world of words. Since thinking nonstop becomes a problem for the individual, causing chaos and confusion in the mind, the clever ego has invented various forms of meditation to quiet the mind. The idea is to stop or slow down the thinking process.

If you observe, these self-centered activities and meditation techniques, which the ego uses, only artificially achieve the peace and tranquillity one wishes for. They are not true meditations but exercises in self-hypnosis. They cannot possibly lead to understanding how the ego operates and, therefore, also exercise delusional thinking. It is true that if you want to experience the timeless dimension, a world beyond words, you have to stop thinking. There is only one way to do this and, at the same time, acquire self-knowledge, and that is to go into the observer and the observed mode.

Do you know what happens to the ego if you stop thinking? You do not disappear from the mind. It is a false perception. You merely go into the observer and the observed (the observer observing) mode. It is the only correct mode to meditate in. In this mode, you can only acquire learning, understanding, and wisdom. In this mode, you can become aware of reality and dehypnotize yourself. It is a passive mode that the ego does not like because it does not want to be in the background and cannot be directly in control.

So how do we go into a passive mode to understand reality? It is simple. Wherever you are or whatever you are doing, become aware of the present moment and look at the picture before you. Expand your vision to take in the view of everything, except the back of you, without saying a single word. Now you have a panoramic view without words. Because of your habit of verbalizing everything, your thoughts will try to intrude. Do not resist. Allow your thoughts to appear. Do not verbalize or analyze. See what happens to your thoughts. If emotions intrude, treat them the same way. You will find that your thoughts and emotions have no substance without words. Words activate your thoughts and emotions. It is how one meditates and acquires self-knowledge. As your understanding of your mind and how words affect you grows, your thinking process will automatically become more peaceful and less intrusive. Life becomes an eternal meditation when, without conscious effort, your normal thinker and the thought mode in your mind become the passive observer and the observed mode.

Understanding why you must meditate in the observer and the observed mode is essential. Many people may experience this spontaneous phenomenon where the observer in mind and what is being observed become one when they are out in the wilderness or on a mountaintop. It is a unique experience where you have momentarily stepped into a timeless dimension. In this state of mind, you are fully aware and are one with the universe and the universal mind. It is an experience beyond words, not a delusion. It is a world that always exists; only our perception separates it. Thus, meditation aims to understand and become one with this timeless world. We are all part of this timeless universe and should meditate this way to discover it before we die because, after death, we all return to this timeless dimension.

In this article, I have tried to show you how we live in this superficial world of words and how delusional and hypnotic our thinking process is. Technology and our thinking take us away from this reality. The more we escape into our fantasy world, the more mental illness we suffer. We are in the same situation as Tennyson's Lotus Eaters, who ate the lotus fruit and lost all desire to wake up to reality. The consequence of not waking up is to continue chasing your shadow for the rest of your life. We will keep philosophizing, justifying our actions, and praying. That is how civilization has been progressing all these centuries. If you wish to discover your mind and understand reality, please read my online articles and book "The Enchanted Time Traveler: A Book of Self-Knowledge and the Subconscious Mind". Visit the website: <https://theenchantedtimetraveller.com.au>.

Kerala Backwaters

India
By
Cheryl Ryan



Situated on the southwestern end of India and popularly known as God's territory,

Kerala is one of the most sought-after tourist places in South Asia. Kerala is known all over for its rich heritage, exceptional hospitality, and exotic destinations. Tourists come from all over the globe to see the panoramic view of the backwaters of Kerala which is a series of lagoons, canals and lakes running parallel to the Arabian sea.

Like a patty in a burger, this scenic beauty is in between the sea and the hills which is like icing on the cake. The dense landscape, tall palm trees, coconut farmsteads and the village houses make you experience the rawness of nature, and the visitors get swayed away by its natural richness.

Discover the magnificence of the backwaters

If you are visiting the backwaters and not planning to hire a Kettuvallam which is a Kerala style houseboat that the journey won't be complete. This quintessential experience is one of the most calming and tranquil things you can do in India. You can even hire a local guide who can make your ride educative and intriguing while you can enjoy having fresh Indian food and chilled beer.

Kayaking to heal your soul

Kayaking in the Alleppey backwater is the heart of all those adventure enthusiasts who want to experience the intimacy of the narrow channels that the houseboats can never even dream of going through. Paddle through the undisturbed waters, filled with the most vi-

brant birds moving in their winding airways.

Learn the beauty of magic boats

The kettuvallam is bestowed with magnificence to give rise to majestic boats for everyone visiting the serene backwaters in Alummkadavu. Skilled craftsmen create the finest boats with eco-friendly materials which further epitomize the natural essence of this beauty.

This spot gives a chance to all those inquisitive tourists who want to learn the mysticism of coir production.

What we have planned for you

- Take a ride through the Venice of India exploring the beauty of Alappuzha.
- Take Ayurveda massages and meditation sessions to relax your spirit in Kumarakom.
- Watch some rare migratory birds at the Kumarakom bird sanctuary.
- Enjoy the lighthouses and boat building yard of the old harbour town, Kollam.

Journeying through the enchanting waterways and enjoying the lush green landscape of Kerala will give you an experience you will never forget!

123Travel – Cheryl Ryan



Federal Budget 2023-2024 Summary

The major tax-related measures announced in the Budget include:

Small businesses instant asset write-off threshold: to be increased to \$20,000 for 2023-24 for businesses with aggregated annual turnover of less than \$10 million. The \$20,000 threshold will apply on a per asset basis



Small Business Energy Incentive: businesses with annual turnover of less than \$50 million will be able to claim an additional 20% deduction on spending that supports electrification and more efficient use of energy. Eligible assets or upgrades will need to be first used or installed ready for use between 1 July 2023 and 30 June 2024

Small business lodgment penalty amnesty: will be provided for small businesses with an aggregate turnover of less than \$10 million to encourage them to re-engage with the tax system. The amnesty will remit failure-to-lodge penalties for outstanding tax statements lodged in the period from 1 June 2023 to 31 December 2023 that were originally due between 1 December 2019 to 29 February 2022

Small business unpaid tax and super: additional funding from 1 July 2023 to assist the ATO to engage with taxpayers who have high-value debts over \$100,000 and aged debts older than 2 years where those taxpayers are either public or multinational groups with an aggregated turnover of greater than \$10 million, or privately owned groups or individuals controlling over \$5 million of net wealth

FBT rules for electric vehicles (EVs): the eligibility of plug-in hybrid electric cars will sunset from 1 April 2025 from the FBT exemption for eligible electric cars

Build-to-rent properties: for eligible new build-to-rent projects where construction commences after 7:30 PM AEST on 9 May 2023, the Government will:

- I. Increase the rate for the capital works tax deduction (depreciation) to 4% per year
- II. Reduce the final withholding tax rate on eligible fund payments from managed investment trust (MIT) investments from 30% to 15%

The major superannuation-related measures include:

Non-arm's length income (NALI): the amount of non-arm's length expenses (NALE) taxed at 45% as NALI will be limited to twice the level of a general expense from 1 July 2023 for SMSFs and small APRA funds. In addition, fund income taxable as NALI will exclude contributions to effectively exempt large APRA regulated funds from the NALI provisions for both general and specific expenses of the fund

Super account balances above \$3 million: the Budget confirmed the Government's intention to apply an additional 15% tax on total superannuation balances above \$3 million from 1 July 2025

Payday super: employers will be required to pay their employees' super guarantee at the same time as their salary and wages from 1 July 2026

Pension drawdowns: no reduction in minimum - the Budget did not announce a further extension to 2023-24 of the temporary 50% reduction in the minimum annual payment amounts for superannuation pensions and annuities

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Strides in health on general practice focus in federal budget

The government has been listening to AMA calls for new initiatives to tackle the viability crisis facing general practices, improve access to general practice for vulnerable Australians, tackle inadequate Medicare indexation and make medicines more affordable for consumers battling with the cost of living. AMA President Professor Steve Robson said the AMA had been calling on the government to make this budget a health budget, and it has clearly listened with a strong focus on supporting general practice. "Tonight's budget outlined in some detail how the previously committed \$750 million secured by the AMA as an election commitment would be spent, while also detailing significant new funding over and above this that will go straight towards addressing the viability crisis facing general practices and tackling out of pocket costs for patients," Professor Robson said.

"Firstly, the AMA welcomes the government investing a record \$3.5 billion to triple the bulk billing incentive for concession card holders and children under 16, with this applying to most GP consultations. With access to GP care getting more difficult for these patients due to increasing out of pocket costs, this targeted support is much needed and will make a real difference, especially in rural and regional areas. "We are also particularly pleased to see the \$445.1 million in additional funding for the Workforce Incentive Program, which has been underfunded for years. This extra money will encourage general practices to engage more nursing and allied health professionals and support the delivery of well coordinated multidisciplinary care — all under one roof. This will ease pressure on GPs and help make care more convenient and accessible for patients, and is based on what the AMA has long called for. "\$99.1 million in new funding for GP consultations that last for sixty minutes or longer will help those patients with very complex health care needs and support GPs to spend more time with these patients."

The government also announced the MyMedicare program, which will give patients the opportunity to voluntarily enrol with their preferred GP. This is intended to strengthen the role of general practice in the health system and follows a number of reports recommending the Commonwealth implement a system of Voluntary Patient Enrolment (VPE), and was called for in the AMA's Modernise Medicare campaign. "The government has delivered its response to those recommendations and importantly has learnt from past

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

mistakes, such as the Health Care Homes Trial, preferring a blended funding model in which additional funding is made available on top of existing fee for service arrangements. This also means that VPE will be tailored to the Australian context and will not follow the capitated model used overseas in countries like the United Kingdom." Professor Robson said while most of the implementation detail still needs to be worked through, it appears VPE will open up funding and access to additional telehealth services, enhanced GP led care for frequent hospital users, better targeted chronic disease items, and extra incentives for GP services in Residential Aged Care. "The AMA will be examining the details of the proposals more carefully and will work with government to ensure MyMedicare works for patients and GPs alike and results in genuine improvements in health care."

"The government has also adopted reforms put forward by the MBS Review Taskforce including a six minute floor for a Level B consultation item, the simplification of GP chronic disease management arrangements and the encouragement of longitudinal care. Critically, the savings generated by these changes are all reinvested back into general practice." The budget also contains \$50 million for a wounds consumable scheme in general practice — a scheme first proposed by the AMA in submissions to the MBS Review Taskforce and further developed and modelled by the AMA in its Solutions to the Chronic Wound Problem in Australia paper. "I also welcome the changes to the formula for indexing Medicare rebates that will deliver an extra \$1.5 billion over and above the former framework that had been in place since 1996 and saw the value of a patient's rebate fall significantly in real terms. The AMA ran a strong campaign on the issue of Medicare indexation and the impact of the Medicare freeze, and tonight we've seen recognition of the successive underfunding in stealth of Medicare by substandard indexation." The budget also confirms the government is proceeding with its announcement to move, over time, 325 medicines to a situation where a stable and clinically suitable patient can access 60 days supply of their medicine and a 12-month prescription from their doctor. "The forecasts in the budget suggest total expenditure on Medicare is going to be less than expected. "In our discussions with the Minister for Health he clearly indicated general practices was going to be a key focus for the government.

Where We Work and Live

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

Jim Richmond (Australian Army), The Battle of Long Tan

Jim Richmond served with the Australian Army in Vietnam, and in 1966 was wounded during the Battle of Long Tan.

In August 1966, 105 Australian and three New Zealand soldiers held out against an enemy force of over 2,000.

It was in a rubber plantation near Long Tan. Jim Richmond was there.

“There was that much fire coming in - there was small like, the rubber trees around us, they were getting just like a magic finger was taking bits of rubber from the trees themselves.

It was just, there was that much noise. You couldn't hear, like you're yelling out to your mates if they were okay but the noise was that bad that you couldn't try to find out how your friends were.

And the enemy fire, they were coming from the trees, from the ground. We were being overrun; we called in for artillery support.

And a couple of those shots went, well a couple of drop shots, that they come instead of hitting the enemy, they fell a bit short and that's when I was wounded.

It was like getting hit with about a twenty-eight pound sledgehammer.

There was no pain but it felt as if my stomach was driven into the ground and my head and shoulders were like my feet and head were sort of meeting each other at the middle.”

When the survivors of his platoon pulled back, Jim still lay on the battlefield. He was badly wounded.

“I started to pray during the night. I've never prayed for a long time.

And I just hoped that if I could get through that night I promised the big fellow up top that I'd go back to church again.



Jim Richmond (Australian Army), The Battle of Long Tan

But I broke them promises when I come back home anyway.”

The next morning, Jim's company returned.

“Then I heard Sergeant Buick's voice.

So I put me hand up. He's not a good looking bloke Bob, but I nearly could have kissed him that day anyway, so.

The dream I have all the time is all the young blokes that were killed on the day I still see their faces.

Like Doug, Shorty, Mitch, Glen, you still tell them that when I wake up in that morning you know, that next morning that they'd all wake up with me, but they never do.”

18 Australians died and 24 were wounded. The enemy lost hundreds.

Stories continued next month

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