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RDMA's President Report Dr Kimberley Bondeson

Well, what a year! Finally, two days ago, the public health order to wear masks was lifted in Queensland.

It felt strange to be consulting in my surgery without a mask on! That did not stop some of my patients wearing one, and if anyone coughed in the waiting room or in my consulting room, the masks came out very quickly.

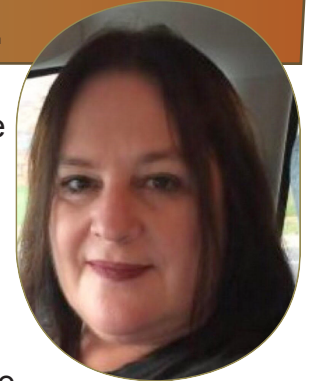
Covid 19 has changed our lives forever, and once the Queensland borders are open, we will be living with the disease – it will no longer be a pandemic, but endemic in the community.

This still makes me cautious – I am not comfortable in having any of my elderly, frail patients sit next to someone in my waiting room who has a covid 19 infection, even if they are fully vaccinated. Social distancing and hygiene measures will continue in my practice and everyday life.

I note with interest that the Australian Government Department of Health have just released today a "FACT SHEET – MBS Covid-19 Management Support Service" dated 5th November, 2021.

The Australian Government Department of Health is offering a temporary MBS Item No 93715, to "MBS item 93715 and is intended to support medical practitioners who are required to undertake additional measures, including PPE, in order to provide safe face-to-face services to patients with a laboratory-confirmed diagnosis of Covid-19 infection.

It has restrictions on what items it can and cannot be co-claimed with. I understand it is worth about \$25 (but am yet to confirm this). My own personal feeling about this is that all Covid 19 laboratory proven cases would be best served at the local hospital or in specialist respiratory clinics.



There is no doubt that there will be some face-to-face consultations with patients who have COVID 19 infections, which will not be laboratory confirmed, who will attend my practice.

But I am still not comfortable in having them sit beside my elderly, unwell and frail patients, some who are on chemotherapy, as are very common in a General Practice setting.

How this scenario will be managed is in the planning process, and I am sure other General Practices, and Specialist Practices are in the same planning phase.

Opening the borders will mean a return to interstate travel, and eventually international travel.

With this will come financial relief to the travel, tourism and hospitality industry, which has been decimated by the closure of the borders and the restrictions that have been in place over the last almost 2 years.

On a positive note, one of my 85 yo patients has just booked herself a flight to England, via Dubai, to see family. She plans on being away for 88 days.

She told me today it will **Continued page 4**

**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 2021 MEETING DATES:

For all queries contact Angela our Meeting

Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

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

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Advertising information is on
RDMA's website

www.redcliffedoctorsmedicalassociation.org/

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- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

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Classifieds subject to the Editor's discretion.

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

If you would like to advertise in the next month's newsletter please email RDMAnews@gmail.com in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page in Word with approximately 800 words.

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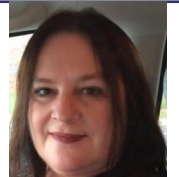


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(left) Ms Aime
Hall and (right)
Angela Paten
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RDMA PRESIDENT'S REPORT

DR KIMBERLEY BONDESON



Members Update *Continued from Page 1.*

probably be the last visit to the UK to see her family. It was with great pleasure I gave her a 3-vaccination booster, before her flight in 3 days time.

The group of people in our population who I feel have suffered the most during the pandemic are the teenagers in grade 11 and 12, and those who have completed school and entering university or tafe, apprenticeships and/or the workforce.

They have had a very isolating and restrictive life in the last 2 years – and I can only speak for the Australian experience, not what is happening in other parts of the world.

It is with relief that we are about to enter a new

phase.

And to celebrate, we have the RDMA End of Year Networking Function, on Friday 19th November, and the following Friday, the 26th November, we have the BLMA End of Year Networking Function.

Both should be relaxing and fun, and mask free.

And hopefully, we will also see some of Dr Wayne Herdy's photos from his Variety Bash !!!

Seasons greeting to everyone.

Kimberley Bondeson
RDMA President



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RESEARCH SHOWS:

- A single bout of exercise can lead to a post-exercise decrease in blood pressure in hypertensive individuals, called Postexercise Hypotension (PEH)
- All forms of exercise produced PEH in sedentary elderly hypertensive patients. However, High Intensive Interval Exercise produced the greater and more sustained PEH

NEXT MEETING DATE 19TH NOVEMBER 2021

RDMA Meeting 15/09/21
Dr Kimberley Bondeson introduced tonight's speakers.

Sponsor: Besins Healthcare
Sponsor Representative
John Jordan

Tonight's Speakers
Dr Moeman Morris & Dr Alka Kothari

Topic:
Endometrisous, and Updated Overview.

Update on Vacseen Project:
Dr Jonathan Chung

Photos below and left to the right.

1. Drs Moeman Morris & Alka Kothari
2. John Jordan
3. Joel Dulhunty
4. The Vacseen Project - an update by Dr Jonathan Chung.



End of Year Networking Party

Redcliffe & District Medical Association Inc.

DATE: Friday 19th November 2021

TIME: 6.30pm for 7.00pm start

VENUE: Renoir Room - The Ox, 330 Oxley Ave, Margate

COST: Members Free of charge, Members' partners \$60
Non-members \$60, Non-members' partners \$100

DRESS: Smart Evening Wear

SPONSOR: Redcliffe & District Medical Association Inc.
The Golden Ox

DETAILS: 7:00pm - Arrival and Registration
- Entrée served

Welcome by Dr Kimberley Bondeson - President RDMA Inc.
Guest Attendees: Associate Professor Chris Perry, AMAQ President

7:30pm - Main Meal

8:00pm - General Business

- Dessert, Tea & Coffee

RSVP: By Friday 12th November 2021
(e) RDMA@qml.com.au or 0466 480 315

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A Pictorial of The Variety Children's Bash Rally 2021

The Rain Event just added to the Adventure
<https://www.variety.org.au/>



The 2021 November Variety Children's Fundraising Bash was from Longreach to Fraser Island from the 6 – 12 November 2021 this year. The Variety Bash is not a race or a rally. It's an adventure with mates driving 30-year-old plus cars through regional parts of Australia that you might otherwise not see, all to help give Aussie kids a fair go. This year it was rain soaked.

Variety – the Children's Charity is dedicated to empowering kids who are sick, disadvantaged or who have a disability. Our work allows children to gain mobility, freedom, get out and about in the community, communicate, achieve independence and increase self-esteem.

Variety gives kids scholarships to encourage their achievements and to provide support to help them reach their full potential and follow their dreams. The Variety Heart Scholarships support kids with an existing talent across the arts, education and sport.

Variety runs inclusive programs for kids who are sick, disadvantaged or have a disability that encourage inclusion and participation and help to provide opportunities to build their self-confidence and make new friends.

Our programs include the Variety Kids Choir, Activate Inclusion Sports Days, Kids Sports Camps, Youth Ambassadors, Just Like You and Bikes for Kids. The Variety Special Children's Christmas Party is the biggest event of its kind in Queensland for kids with disabilities and their families. We work closely with schools, community groups and government organisations to invite approximately 3,000 kids.

These kids face many challenges in life including serious illnesses, physical or intellectual impairment, domestic violence, or living in underprivileged circumstances.

Variety partners with organisations to achieve our shared goal of improving the lives of children living with a disability or in disadvantaged circumstances. Variety's Financial Counselling Service helps families of kids who are sick, disadvantaged or living with a disability work through their financial situation. A free program, run by our own financial counsellors Tony Rigby & Rod White. A most rewarding experience had by all.





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North Lakes Day Hospital is easily accessible with free onsite parking.

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URGENT NEED TO TIGHTEN RULES ON USE OF ‘SURGEON’ TO PROTECT PUBLIC SAFETY, WARNS AMA

Four Corners program highlights risks of surgery and need for specialist medical college accreditation.

The AMA says the title ‘surgeon’ should be reserved for medical practitioners who have obtained specialist medical college accreditation, and objects to the use of the term ‘cosmetic surgeon’ where a practitioner is not recognised as a surgical specialist.

The AMA says only medical practitioners with a Fellowship from an Australian Medical Council (AMC) accredited specialist medical college, whose training program includes a surgical component **relevant to their field of expertise**, should be allowed to use the ‘surgeon’ title.

Patients can be misled by the term ‘cosmetic surgeon’ or ‘podiatric surgeon’, believing they are dealing with a medical practitioner who has formal and specific surgical qualifications when in fact they may not.

AMA President, Dr Omar Khorshid said the loophole needs to be closed, but action is required from health ministers.

“Many Australians will be shocked to know you can call yourself a cosmetic surgeon without any specific surgical training whatsoever as there’s no restriction on the use of the term ‘surgeon’ by doctors or by other health practitioners,” Dr Khorshid said.

Health ministers have been consulting on reforms to the regulatory scheme governing all health practitioners in Australia since July 2018. They supported restrictions to the use of titles ‘surgeon’ and ‘cosmetic surgeon’ but announced that further consultation would need to occur.

The AMA supports this reform and urges health ministers to finally complete the work they began over three years ago.

“Safe surgery required high levels of training- there are no short cuts. To protect the public, anyone using the term ‘surgeon’ must be a medical practitioner who has had the appropriate qualifications and credentialling that guarantees a minimum level of training and expertise as well as oversight of standards of practice and ethical behaviour.

“Surgery is as successful as it is because of the education and training processes, the regulatory processes, and because Colleges set standards and hold their members to account. That’s why we need to close the loopholes that allow practitioners to call themselves surgeons without necessarily meeting the necessary standards.” Dr Khorshid said.

The AMA supports changing the National Law to make it clear to patients that anyone using the title surgeon can only do so because they are a medical practitioner who has met and continues to meet the standards necessary for Fellowship of the relevant surgical college.

26 October 2021

CONTACT:

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WORKING FOR QUEENSLAND DOCTORS



Professor Chris Perry OAM and Dr Brett Dale

Queensland has come a long way since the lockdowns of July and August. We have passed the 80 per cent first vaccination mark and borders are reopening. COVID-19 vaccines have been mandated for all health care workers, booster shots are being administered, and a vaccine for children aged 6-11 is in sight.

Masks are no longer mandatory, but unvaccinated Queenslanders have been put on notice that they will not enjoy the same freedoms as vaccinated friends and families.

Now attention turns to ensuring our health system is as prepared as possible for inevitable COVID outbreaks.

MANDATORY VACCINATIONS FOR ALL HEALTH CARE WORKERS

Following months of advocacy by AMA Queensland, the Queensland Government has mandated COVID-19 vaccinations for all health care workers, including those in private practice.

AMA Queensland and the Australian Salaried Medical Officers Federation Queensland (ASMOFQ) support the vaccine mandate for Queensland Health employees that came into effect on 1 November and are pleased the order was extended to all health care workers from 15 December.



GPs and other non-GP specialists working in private practice are essentially small businesses and need certainty about their legal capacity to require their staff to be vaccinated against COVID-19.

It is critical that we protect the most vulnerable in our community from COVID. Babies, children under 11, people undergoing cancer treatment, people with certain heart conditions, people who are undergoing major surgery cannot be vaccinated at this stage. Anyone caring for them should be vaccinated.

As the Chair of our Council of General Practice, Dr Maria Boulton, told ABC Radio: "I feel safer as a parent taking my child to someone who's vaccinated."

COMPASSION FOR STRANDED QUEENSLANDERS



AMA Queensland has called for fully vaccinated Queenslanders stranded just across the border to be allowed to drive home, rather than being forced to travel by plane.

Prof Perry said it would be difficult for those close to the border, especially those with no money, to be able to go to a place where they could catch a flight.

"There should be some way that they can come in, go straight to their house, a tank full of petrol, home quarantine and get a PCR test or two over that first week," Prof Perry said.

"They are double vaccinated and we need to show some compassion and look after these people."

QUEENSLAND YOUNG AUSTRALIAN OF THE YEAR

AMA Queensland member and psychiatric registrar Dr Tahnee Bridson has been named the Queensland Young Australian of the Year 2022 for her work in helping health care workers who are experiencing wellbeing or mental health difficulties.

What began as a small WhatsApp chat group quickly became a collective of more than 2,000 health care workers on social media, called Hand-n-Hand Peer Support.

Tahnee is now a candidate for the national Young Australian of the Year 2022, to be announced in Canberra on Australia Day eve.



PUBLIC HOSPITAL REPORT CARD



The annual AMA Public Hospital Report Card 2021 was released nationally in early November, showing the increasing pressure Queensland's health system will face when borders reopen.

While the Report Card shows Queensland hospitals' performance has marginally improved over the past few years, these figures cover a time when hospitals were largely shut down due to COVID.

Even with dramatically reduced patient volumes last year, our hospitals were still overwhelmed. Most intensive care patients who need ventilating are there for a couple of days, while COVID patients may be there for weeks.

Medical professionals will always give care to patients, no matter their circumstances. All we ask is that the community considers how they can best take care of themselves and each other, and gets vaccinated.

You can read the Report Card at www.ama.com.au

QSCRIPT

AMA Queensland is aware of the frustrations our members are experiencing with the QScript rollout, and we are raising these with the Queensland Health and the Government. In the meantime, we have prepared some frequently asked questions to help members.

We support QScript as a strategy to reduce the intentional and unintentional harms caused by monitored medicines but recognise there are teething issues. We are continuing to advocate for changes and an extension to the non-penalty period.

Queensland Health has indicated that during the first 12 months of its implementation, the Department's intention is to engage and support doctors to enrol and access the system. Any regulatory action will be focused on community based providers and directed toward people who repeatedly and over time do not engage and/or refuse to access the system.

The FAQs are at qld.ama.com.au/news/QScriptQA



PRIVATE PRACTICE CONSULTANCY



AMA Queensland's Workplace Relations Consultancy offers expert workplace relations (WR) and human resources (HR) services, with a suite of services from developing and implementing new policies and procedures through to handling disputes and claims.

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AMA Queensland members will receive a five per cent discount on their first project so call us today on (07) 3872 2222 for a quote. This offer ends on 31 December so be quick before it's too late.

WOMEN IN MEDICINE BREAKFAST



We held our 12th annual Women in Medicine Breakfast in October to a sold-out audience. Three distinguished female leaders in our profession discussed the theme Reality Bites - everyday leadership, advocacy and impact.

Associate Professor Rhea Liang, Dr Alex Markwell and Dr Mellissa Naidoo shared personal experiences and advice with the audience that was both motivating and uplifting. This breakfast has continued to be a must-attend event for the profession and we look forward to reaching 13 years in 2022.

DR KATE SINCLAIR

We were truly saddened by the loss of paediatric neurologist Dr Kate Sinclair in a farming accident on the property she shared with her husband, former AMA Queensland President Dr Chris Davis.

Kate was a formidable intellect and a very good friend, and will be missed.

ABC journalist Leonie Mellor wrote an online obituary, which you can read here <https://www.abc.net.au/news/2021-10-23/qld-paediatric-neurologist-dr-kate-sinclair-obituary/100561122>.

An Invitation for Junior Doctors to Participate in Research on Speaking Up At Work

My name is Victoria Lister and I am currently undertaking PhD research on healthcare professionals and speaking up at work (GU Ref No: 2021/691) at Griffith University in Brisbane, for which I am currently seeking participants.

The research explores employee voice and silence in healthcare, specifically, what prevents hospital-based medical professionals from speaking up at work about their working conditions, suggestions for improvements to process and practice, and clinical incidents (adverse events and near misses).

The purpose of the project is to identify the factors that lead to healthcare professional silence, and to understand the relationship between becoming and being a medical professional and speaking up at work. The aim is to enhance understanding of these topics and how they interact.

If you're an **early to mid-career doctor** who works in a hospital-based healthcare setting in Australia, you are invited to attend a confidential interview of approximately 60 minutes' duration to discuss these topics.

Email victoria.lister@griffithuni.edu.au to receive a Participant Information Sheet and Consent Form and arrange an interview. Questions are also welcome.

Also – if you have colleagues you believe would be interested in participating, feel free to pass these details on to them. Early to mid-career doctors who have worked in hospital-based healthcare settings but no longer do so (e.g. GPs) or who have left the profession are also eligible to participate.

Victoria Lister | PhD Candidate

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Publications

Campbell M., **Lister V.** (2021) Examining the limits of what schools can do to reduce peer cyberbullying. In: English F. (ed.) *The Palgrave Handbook of Educational Leadership and Management Discourse*. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-39666-4_49-1

Black, A., Crimmins, G., Dwyer, R., & **Lister, V.** (2019). Engendering belonging: Thoughtful gatherings with/in online and virtual spaces, *Gender and Education*, 32(1), 115-129. <https://doi.org/10.1080/09540253.2019.1680808>

The Ego and The Paradox of Time

By Dr Mal Mohanlal

Continued on page 15

Do you know that the time dimension, as you know by the clock, is man-made? We should be all interested in time because we use time in mathematics and science. We measure time in seconds, minutes, hours, days and years.

Also, we calculate distances in time, light years away and eons etc. Time is used for cooking, travelling, growing and achieving things. Everything we do has a time attached to it – even our bodies age with time. There is time to be born and time to die for all of us.

Time consumes our thinking and our whole being. There is a saying, “Time and tide wait for no man”. Our perception of time traps us in time from the moment we are born and from which there is no apparent escape. With time there is a past, present and future, and there is always a beginning and an end.

Yet, in reality, there is no such thing as time. There is a timeless dimension that co-exists with this time. It is just as real as the time dimension we have created. Everyone experiences it from time to time but fails to recognise it because we are too occupied travelling in our time zone. Look around you, it is there, but you cannot see it or feel it.

However, if you go out into the bush, outback or on the mountain top, away from any man-made structures, you will instantly feel its presence.

The experience can leave you speechless when the observer in your mind and what is being observed become one phenomenon. It is a spontaneous occurrence, as no act of will can make it happen. At that moment, you will realise that there is no such thing as time as you confront eternity and discover that you are one with the universe.

Words cannot describe what you see and experience. But the stupid ego in your mind will come in with a remark like “How beautiful this looks...etc.” and ruin the picture. The moment you use words, you will revert to your secure time zone.

To understand the timeless dimension and discover it, you will have to understand your ego and how you are attached to time. As a true scientist, you will observe that most of our activities, if not all, are escapist activities that take us away from the present.

Anything that takes your mind away from yourself and the present is escapism - for example,

reading a book, watching TV, playing sports, listening to music, dancing etc. When you are doing this, you are not thinking about yourself. You are in a timeless zone.

When you have spent, say, two hours enjoying yourself with your friends and suddenly realise the two hours have gone, you were in that timeless zone. When you are happy, you are not even aware that you are happy. But once you become aware you are happy, you are no longer in the same state of mind.

So you see, the ego instinctively feels that when it is not conscious of time, it feels free, but it feels disharmony once it becomes aware of time. However, time also reminds us that we are mortal. Thus death becomes an anathema to the ego. It creates our pursuit of immortality, love, happiness and security as we conjure various belief systems and philosophies to appease our subconscious mind.

The words ‘spirit’ or ‘spiritual’ instantly create a world beyond our physical world where one could find comfort. We become time-travellers by using the hypnotic power of words like yesterday, today and tomorrow, to feel the past, present and future. Words give form to our feelings and emotions.

Without using words in our minds, there is only the present reality to confront. It is the hypnotic power of words that brings the ego into existence in the conscious mind. The ego is a product of self-hypnosis as the words activate the ego. It mistakenly fears that if it does not use words, it might disappear from the mind. Because of this false perception, the thinking process goes on like a squirrel in a cage in most people’s minds.

You may now wonder that if there is no such thing as time or future, how do we create our future? It is simple. The ego is a dreamer. If we want to build a house, for example, we dream and plan first where the kitchen, bedrooms, lounge etc., are going to be. However, if we keep dreaming and planning without taking action, our present becomes our future; we have no house. It remains a dream.

To create our future, therefore, we have to take action in the present. We have to buy a block of land, hire an architect, get a builder etc., and eventually, we will have a house. The corollary to this is that if one takes adverse action in the present, one will create a negative future. If one takes a positive step in the present, one will

The Ego and The Paradox of Time

By Dr Mal Mohanlal

Continued from page 14

create a positive future. It also follows that if you are miserable and depressed now and do not take any action to get rid of that misery, your present will become your future, more suffering.

Can you now see how you are creating your destiny?

To free yourself from this web of time, you have to overcome the paradox of time. The paradox is that while time forces you to change your perceptions as you grow older, on the one hand, your perception of time, as you know by the clock, antagonistically stops you from transforming yourself fundamentally on the other. It is because you do not understand how hypnotic your thinking process is.

Hypnosis is all about eliciting and manipulating a conditioned response to words in our subconscious mind. When you use words and sentences in your mind, you are hypnotising yourself. When you verbalise your emotions and feelings, you are doing the same thing. Words give form to our feelings, and they glue you to time. If you did not use any words in your mind, you would find that your thoughts and feelings have no substance.

You will be confronting the present timeless reality. A mind without words is not an empty mind. It is a peaceful mind where the thought is not a distraction. Therefore, unless you change your perception of time, you will remain trapped in time to become a time traveller for the rest of your life, chasing your shadow like the dog chasing its tail.

As one can see, the ego uses the thinking process to appear in the conscious mind. It uses the powerful hypnotic power of words to communicate with and manipulate the world around it. Our thoughts and feelings have no substance without words. We would not be able to time travel without words. Since the ego lives and thrives on words, thinking becomes an obsession. It becomes a habit that it feels it cannot stop. Time travel may be exciting, but it becomes a burden and exhausting as time weighs down like a millstone around one's neck.

The tortured mind cluttered with words yearns for peace and tranquillity. So the clever ego devises various systems of meditation to quieten the tormented minds. In all the above actions, one will observe the ego never looks at itself. It remains untouched as it creates a world of delusion. Every system and belief it makes has its stamp of a hierarchical setup. Science is

supposed to free us from ignorance, but the ego now uses science to strengthen itself, not understand itself. The result is what you see today- a chaotic, ego-centric, self-centred and confused world where there is no insight into or understanding of how our mind works. Mental illness is increasing everywhere as we become out of touch with reality with distorted perceptions.

Meditation, of course, is the way to go to discover the timeless dimension.

In my article "Meditation- A Pathway to Self-Discovery", I have shown how to find the timeless the easy way. But remember, meditation cannot be an exclusive process where you block out everything and focus on something specific. That is a path to delusion.

True meditation is an all-inclusive process where you become aware of your inner and outer worlds. You become aware of your thinking and how words and feelings affect you. When you understand the phenomenon of the observer and the observed becoming one, you will know what I am talking about. The only thing that separates you from the timeless is your perception.

Perhaps our brilliant mathematicians and scientists out there should include the timeless dimension in their scientific calculations when they are next looking at our vast expanding and contracting universe.

The search for self-knowledge is an individual pursuit.

It begins and ends with the individual.

Be a true scientist, not a pseudo-scientist. One can lead a horse to water, but one cannot force it to drink.

Please read "The Enchanted Time Traveller – A Book of Self-Knowledge and the Subconscious Mind" and learn how to change your perceptions.

Visit Website: <http://theenchantedtimetraveller.com.au>.

The book is also available at Amazon.com.

Dr Mal Mohanlal

Bruny Island Tasmania

by
Cheryl Ryan



A twenty-minute ferry ride away from the Tasmanian mainland lies the island of Bruny. Geographically it is made up of two smaller islands connected via an isthmus popularly called The Neck.

Bruny Island is known as for its polar opposite experiences -- on the one hand it is popular among locals and tourists alike for its exquisite food and wine culture; on the other hand, it is a haven for nature lovers in search of rugged, untouched mountains and terrains that whisk you away from all screens and land you into the loving arms of nature.

The more you explore Bruny Island, the more chances you get to learn about the rich history of the island that spans centuries of explorations of the South Pacific as well as the cultural nuances of the original Aboriginal inhabitants of the island.

Perhaps then, the best way to explore the island is in the company of a local who can share enthusiastic tales of sailors and whalers who helped shape the history and culture of the island.

What we have planned for you

- Begin your trip with a breathtaking glimpse of the sunrise from the viewing deck at The Neck. The Neck is one of the most picturesque spots on the entire island which offers unmatched panoramic views of the ocean on either side with a narrow passage of land in the middle. The beach on the Eastern side is home to penguins, and if you're lucky you can spot them lazing around by the rocks early in the morning.

- Make your way to the Bligh Museum of Pacific Exploration to get a taste of the island's rich history of sailing and oceanic explorations. Once you have learnt of the history, make your way to the Cape Bruny Lighthouse, a short walk away from the

museum and climb up the spiral staircase to catch panoramic views of the entire island and the surrounding ocean.

- Once you have had a taste of history, it's time to satiate your hunger starting with a visit to any of the numerous vineyards of the island. Get a taste of freshly made red wines along with organically produced cheese. Next, dine at the seaside restaurants and experience a food coma induced by the scrumptious seafood prepared from fish and shellfish caught fresh each morning.

- The size of the island is enough for you to explore it on foot as well. Make the most of this by hiking along the coastline with a tour guide who can help you spot the local wildlife as well take you on a trek through the rugged mountainous terrains. These mountains happen to be one of the oldest in the Earth's geological history and offer unmatched trekking experiences.

- Close the trip with a visit to the rocky beaches where you can find seals and penguins returning to the shore at sunset to rest after a long day of swimming and exploration.

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GENERAL PRACTICE CONTINUES TO PLAY CENTRAL ROLE IN FIGHT AGAINST COVID

The AMA welcomes the Government's recognition today that general practice must continue to play a frontline role in supporting patients with COVID-19 as Australia reopens and COVID-19 becomes endemic in the community.

The Minister for Health, Greg Hunt, today announced additional measures to support GPs to care for COVID-19 patients in the community.

AMA President Dr Omar Khorshid said: "With high rates of vaccination, most people with symptoms of COVID-19 will experience mild-to-moderate illness and GPs are well equipped to care for these patients, taking significant pressure off our hospital system."

The AMA has been calling on the Government to provide support for GPs in caring for COVID-19 positive patients and has been engaged in discussions with the Minister's office and Department of Health over several weeks, including with respect to necessary funding, the provision of pulse oximeters, the future role of GP Respiratory Clinics, support for home visits and the development of local care pathways.

Dr Khorshid said the AMA would work through the fine detail with the Government and Department of Health as it seeks to implement this new support package that, on the face of it, addresses a number of issues raised in earlier discussions by the AMA.

Confirmation of the roll out of the COVID-19 Vaccine Booster Program yesterday by the Government is also good news as this will ensure that vaccinated Australians can continue to enjoy high levels of protection against the virus and live relatively normal day-to-day lives.

Dr Khorshid said: "General practice has been the backbone of the Government's COVID-19 vaccination roll out with GPs playing a fundamental role in the achievement of world-leading vaccination rates, proactively reaching out to their patients as well as explaining the benefits of vaccination to patients who have been unsure.

"To encourage similarly high levels of take up of boosters it will be critical for the Government to support GPs to take a very proactive approach to contacting patients, sending out reminders and explaining the benefits of getting a booster shot - work that is not currently adequately funded under Medicare arrangements.

"It is also vitally important that unvaccinated Australian's continue to come forward for vaccination because COVID-19 is quickly becoming a disease of the unvaccinated with potentially very serious health impacts."

29 October 2021

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GENERAL PRACTICE IN DESPERATE NEED OF SUPPORT AMA TELLS SENATE INQUIRY

The AMA has said just as the COVID-19 pandemic has shone a light on the inadequacies of the public hospital system, it has also highlighted the long-term under-resourcing of general practice.

AMA Vice President Dr Chris Moy and AMA Council of Rural Doctors representative Dr Peter Maguire have told a senate inquiry into the provision of general practitioner (GP) and related primary health services to outer metropolitan, rural and regional Australians today that GPs “desperately need help now” if patient care across Australia is not to suffer.

Dr Moy said general practice was the “humble foundation of a world-leading health care system” providing exceptional care and coordinating access to the rest of the health system.

He said the COVID-19 pandemic had made clear the central role of general practice in the health system but had also “shone a light on the significant challenges faced by GPs” as successive governments had failed to address resourcing.

“Investment has not matched the increase in costs and demands” with rebate freezes and inadequate indexing contributing to the lack of support in providing high quality care.

Dr Moy said greater flexibility was needed in current models with many programs and incentives not likely to have a positive impact for years. He said general practice needed the support and mechanisms to evolve as community needs changed.

“There’s a desperate need to make changes now”, Dr Moy told the inquiry and said remuneration and support for doctors and their families in regional and rural settings was imperative to retaining and attracting GPs.

Dr Moy said while it was not necessary to overhaul existing classification systems which identify regions in need, other support measures which would make rural practice more viable included:

- infrastructure grants
- retention payments

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- stronger integration with local hospitals
- innovative networking models for sharing practice infrastructure.

Dr Moy said the Medicare fee-for-service model must remain the central funding pillar for general practice, primary prevention and managing more complex chronic conditions would require supplementary funding.

Dr Moy said the AMA had been advocating for more support to general practice with specific incentives for rural general practices outlined in the AMA’s ten-year primary care reform plan.

Dr Maguire told the senate inquiry there was a “crisis” in rural Australia, and he said older GPs in regional and rural areas were finding it difficult to retire because of GP shortages.

Dr Maguire said in his small WA (Western Australia) town, where he practiced as a GP, three out of the four GPs were older but there was “a struggle to recruit young doctors.” He said the situation was dire, “with no quick fixes, no single solution”.

The full AMA submission to the senate inquiry is available here:
<https://www.ama.com.au/articles/ama-submission-inquiry-provision-general-practitioner-andrelated-primary-health-services>

4 November 2021

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Where We Work and Live

***Vietnam: Colin Elliott (Royal Australian Navy),
[https://anzacportal.dva.gov.au/resources/Colin Elliott \(Royal Australian Navy\),](https://anzacportal.dva.gov.au/resources/Colin_Elliott_(Royal_Australian_Navy))***

Colin Elliott (Royal Australian Navy), The Gun Line, Department of Veterans' Affairs

Col Elliott served with the Royal Australian Navy on HMAS Hobart, as part of the 'gun line' providing naval gun support to ground forces.

Col Elliott was a very young man when he served in Vietnam on HMAS Hobart, a guided missile destroyer.

"I was given an action stations, which they said, 'Right, when action stations go, the alarm goes, you go here and this is the way you go and this is what you put on when you get there and this is what you've gotta be dressed as and this is your job and here's your position, here's your binoculars, here's your thing da da da da...'

So I was taught to do that real quick. And I was bloody quick, because I was the youngest and the bottom rank so my arse would be kicked severely if I didn't get there real quick..."

As part of the US Seventh Fleet Hobart's most dangerous mission was upriver, where she had been sent to destroy ammunition barges.

"And, we blew the barges away, we did that.

And then they opened up on us. And we were that far in and we were zig zagging that fast.

Our ship could do in excess of 30 knots and that was pretty bloody fast.

And I was watching them drop around us and I thought oh, we're going to be hit. I felt that we were going to be hit.

And at one stage there it was a really shuddering sort of thing, and we seemed to lift a little and when we came down our engines stopped, they conked out.

And ah, panic.

And we were sort of wallowing there and they were straddling us; we only just got out."



Col Elliott served with the Royal Australian Navy on HMAS Hobart,

HMAS Hobart was awarded a US Navy Unit Commendation for 'exceptionally meritorious service.'

"I was proud that we did our job and when we were given a commendation I was proud that we did what we were told to do.

And we came up against opposition and we won. We won out every time. Very proud of that.

But when I think of at what price, and I think to myself, gee, we killed a lot of people today.

I wonder how many people died today because of what we did.

Every time that gun barrel went off, I wonder how many people died because of that gun barrel and I watched it.

And I helped give coordinates to where to fire. And that worked on me.

I thought, you know, do I have a right to feel proud of that or not? I don't know."

The End

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