



RDMA's Newsletter

Newsletter October 2021

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Vietnam Vet
Snapshot

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RDMA's President Report Dr Kimberley Bondeson

This year seems to be going incredibly quickly, with the festive season and Christmas parties just around the corner. We have also started storm season, with hail storms in South East Brisbane, as well as wild wet weather all up and down the coast, including Melbourne, Sydney, Brisbane and the Gold Coast.

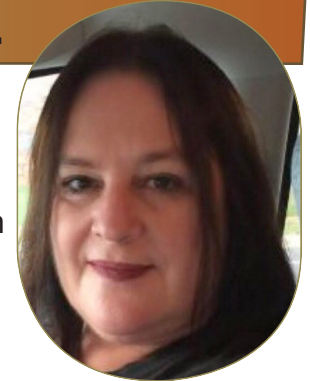
Covid 19 is still in the top of everyone's minds, with NSW about to hit their vaccination goals of 70% - 80% and talking about easing restrictions, which includes opening their international borders. Victoria is not far behind, and Queensland still has a way to go. All the Government Officials, Premiers and the Prime Minister seem to be working on a plan to open up the country, and live with Covid 19.

There is some confusion still as to how they are going to do this, and efforts to co-ordinate this nationwide is in discussion.

Today, there are discussions that NSW will be open to the rest of the world, but Queensland's and Western Australia's border's will still be closed. This is causing some angst among the population, particularly in the tourism industry, who have been in lockdown for months with no income.

Victoria has recently been on the news with the hospitality industry talking about a shortage of hospitality staff, as many who previously worked in the industry have either found new jobs or moved away.

It is with pleasure that we watch other countries live without restrictions and lockdowns. It is something that I am very much looking forward to in Australia. It is with sadness I hear some of the other countries who are struggling with Covid 19, and have a long way to go before their vaccination levels are high enough to allow more freedom.



On one hand, compared to 12 months ago, living in Australia (Queensland is indeed a lucky state), there has been huge advances in living with Covid 19.

On the other hand, Victoria and NSW have really struggled with prolonged lockdowns and difficulties getting their vaccination rates to increase amongst the population. Rapid Covid 19 tests are on the way, and will be available to purchase online and in pharmacies in Australia.

In Queensland, this weekend, vaccination clinics offering Pfizer vaccinations are popping up in Bunnings Carparks, available for walk in's to the public. Pfizer is now being offered to anyone 12yo and above, and a 3rd booster shots is been offered to the immunocompromised.

ATAGI is considering licensing the Pfizer vaccine for children aged 5yo and above, which is already occurring overseas. What a difference from 6 months ago!

We have our End of Year Networking function coming up in November, which is nearly upon us – hope to see everyone there to relax and enjoy, after this particularly difficult year.

Kimberley Bondeson
RDMA President

**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.

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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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www.redcliffedoctorsmedicalassociation.org/

NEXT NEWSLETTER DEADLINE

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- ▶ 10% discount for 3 or more placements
- ▶ 20% discount for 11 placements (1 year)
- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

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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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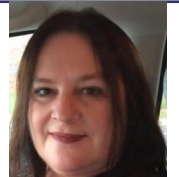


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Ph:3049 4444

Email: qml_rdma@qml.com.au

(left) Ms Aime Hall and (right) Angela Paten
M: 0466480315





Draft 10 Year Reform Plan for Primary Care

The Federal Health Minister, Mr Greg Hunt has released his draft 10 year reform plan for primary care.

It states that voluntary registration for GP patients should be introduced from July next year. According to Medical Observer (Ausdoc, 15/10/21) "if the system is adopted, patients will only be able to register with accredited practices.

Patients will have to have had three face-to-face consultations at the practice in the previous two years to be eligible.

Once registered, they will need to visit the practice for face-to-face consult once every two years". According to Ausdoc, the main selling point is that it will ensure access to MBS-funded

telehealth, one of the few health benefits to come out of this pandemic.

Is this capitation by stealth?

The government has yet to publish the final stage evaluation, (Ausdoc). Let's watch this and see what happens.

I have yet to see any new government initiative that decreases a doctor's workload, or increases their income stream.

Now Q Scripts – how this system works is as clear as mud, at this stage. If anyone has worked it out, please let me know.

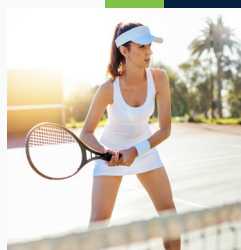
Dr Kimberley Bondeson



LATERAL EPICONDYLALGIA / TENNIS ELBOW: THE ROLE OF PHYSIOTHERAPY

SPECIAL INTEREST
PHYSIOTHERAPISTS AVAILABLE AT
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SPRINGFIELD CLINICS

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RESEARCH SHOWS:

- Tennis elbow is a common source of elbow pain and disability, effecting approximately 1-3% of the population
- Risk factors include: smoking, obesity, age 45-54, two or more hours of repetitive movement per day
- LE usually self resolves in a period of 6 months – 2 years, however physiotherapy has shown to be beneficial in reducing pain, disability, and improving overall recovery time
- physiotherapy modalities such as orthoses, taping, manual therapy, and laser have been shown to provide short term benefits and can be implemented to improve patient outcomes

NEXT MEETING DATE 26TH OCTOBER 2021

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

Sponsor: Bristol Meyer Smith
BMS & Pfizer
Sponsor Representatives
Kelly Graham, Barry Phillips

Tonight's Speaker
Dr Geoffrey Hawson,
Haematologist & Medical
Oncologist.

Topic:
How numbers can help you be
a more effective doctor.

Photos below and left to the
right.

1. Kelly Graham, Geoffrey
Hawso Speaker, Phillip Barry

2. Aime Hall, Optatus Chipa
New Member, Angela Paten

3. Geoffrey Hawson, Optatus
Chipa and Wayne Herdy.



Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 26th October 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: Besins Healthcare Represented by: John Jordan
7:40pm	Speaker: Dr Moemen Morris & Dr Alka Kothari Topic: Endometriosis, an updated overview Main Meal served (during presentation)
	Q&A
8:00pm	General Business - Dessert served
8:30pm	Tea & Coffee served

RSVP: By Friday 22nd October 2021

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RDMA VICE PRESIDENT'S REPORT

DR WAYNE HERDY,



HOTEL QUARANTINE – A PERSONAL EXPERIENCE.

I recently had a trip to Tasmania, a week bush-walking a fairly secluded, if not remote area. Near the end of my sojourn, a lawless traveller infected with COVID entered Hobart and managed to create a few hotspots in town before being apprehended. Tasmania over-reacted and marked the entire SE quarter of the island for lockdown for 3 days, to allow contact tracing. I happened to drive through the lockdown area in a private vehicle to reach the airport. No human contact on the way, and nowhere near the sites contaminated by the errant carrier of the pestilence.

On return to Queensland, despite the lack of contact with any possible source of infection, I was told that I was going into hotel quarantine. But I was assured, independently by no fewer than 5 police officers, that the quarantine (ignoring the derivation of the word as “40 days”) would end when Tasmania came out of lockdown, expected to be 6 pm the next day. This was despite being a native Queenslanders returning home having had no apparent contact, being double-vaccinated, and being an essential worker.

On the first morning, I was COVID-swabbed, assured that the results would be available before 6pm that evening, the time of my expected release. The result was not signed off until later the following morning.

Sure enough, at 2pm the next day, the premier of Tasmania announced that the lockdown would indeed end at 6pm that day. A series of hurried telephone calls to my captors and guards downstairs assured me that a draft direction had been written and was only awaiting the signature of somebody whose pay scale empowered them to actually make a decision. That nameless person went home without making a decision. I and 14 others were doomed to spend a second night in the seclusion of our rooms.

Despite numerous telephone calls the next day, and assurances that I could pack my bags and await the call to flee, it was not until 2pm that I was officially told that I was granted a ticket of leave. But it was not until 4pm that I was actually allowed to leave my room. And the “COVID-safe” taxi did not arrive until after 5pm. Nearly an extra 24 hours of enforced solitary confinement because nobody within Queensland Health was prepared to sign off on a decision that the premier of another State had announced unequivocally more than a day earlier.

The message is clear. The COVID management protocols are unable to efficiently manage an

unprecedented circumstance. The channels of communication within Queensland Health are ineffective; it is difficult for Queensland Health employees and police enforcers at the battle front to identify and communicate with a superior officer who actually has the power to make a decision. And those officers who do have the power to make a decision are reluctant to take the risk of putting their names on a piece of paper. One of my communicants described a bureaucracy as a giant machine operated by midgets.

And how was it on the inside? I was directed to my room by a uniformed armed policeman with a taser hanging off his belt, not the same as my usual experience of hotel concierges. From the time I entered the lift up to my room to the time I left it on the circuitous path homebound, I saw no other human being. Food was delivered in plain brown paper bags, a knock on the door and instructions to wait 60 seconds before coming out masked, sufficient time for the delivery person to make escape. The telephone to front desk did not work at first, so I contacted front desk via mobile phone to the hotel number. I was only there for two nights and part of three days, but if that degree of dehumanized isolation had continued the full 14 days on my quarantine notice I am sure that even the most robust detainee would have entered some very dark thought places.

The food was low-standard takeaway style, unimpressive but adequate. The room was large and comfortable. I was lucky to have a reading book and laptop with internet access – I do not usually travel to the wilderness with such baggage. But my lasting impression will be one of frustration – a deep sense that under all the circumstances I should not have been there in the first place (even the police at the airport questioned the detention) and an ever-growing sense that the staff at the front counter (hotel staff plus a health officer plus police and an Army clerk), polite and helpful as they tried to be, were quite incapable of developing a meaning channel of communication with the faceless nameless people in power, who were deaf to the arguments of logical persuasion and refused to take responsibility for decision-making.

Oh, and by the way, if I had stayed in Tasmania until the lockdown lifted then hopped on the next flight back to the Sunny State, I would have been home in my own comfy bed 24 hours earlier.

BRISBANE AREA'S COUNCILOR REPORT

DR KIMBERLEY BONDESON,



Brisbane Local Medical Assoc Meeting BLMA meeting at the Queensland Cricketers Club, East Brisbane on 14th October, 2021

Photo 1.
Dr Chris Perry, AMAQ President and Dr
Geoffrey Hawson, RDMA

Photo 1.



Photo 2.
Dr Bav Manoharan, Vice-President,
AMAQ

Bav gave a brief presentation on the new
AMA CPD portal.

Photo 3.
Dr Bob Brown, President, BLMA

Photo 2.

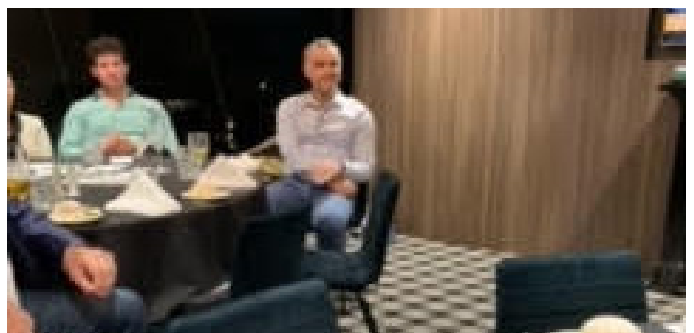


Photo 4.
Dr Peter Caine, General Cardiology and
Cardiac Imaging, who gave a talk on
Coronary Calcium Scoring.

Photo 3.



Photo 4.



GP REQUIRED KIPPA-RING / REDCLIFFE PENINSULA

- Skin Cancer Doctor required for privately owned Computerised Skin Cancer Clinic
- Total Body Photography with Derm Doc Technology
- Fully Equipped Theatre and Treatment Rooms
- Full Time Nursing Support
- Private Billing
- Bright Spacious Rooms
- High Socioeconomic Patient Demographic
- Fully Computerised
- Medical Director and Pracsoft
- Work your won roster

Phone: 07 3880 1444 (Vicki)

E: manager@majellanmedical.com.au

Redcliffe Hospital Research Giving Circle Applauded for Philanthropic Partnership

Team page 10

Presenting RDMA's Cheque to Redcliffe Research Fund by RDMA Executive Geoff, Alka, Kimberley



Drs Geoff Hawson, Alka Kothari, Kimberley Bondeson.



Dr Alka Kothari & Dr Joel Dulhunty at the FundRaiser



Joel Dulhunty (far right) Accepting RDMA's Donation. Kim & Geoff Hawson, Alka Kothari, Kimberley Bondeson and Joel Dulhunty



99.7 Radio Interview with Kimberley RDMA President.



Dr Joel Dulhunty raising research funds



Dr Joel Dulhunty and his Penny Farthing.

The inaugural Redcliffe Hospital Giving Day, Wednesday October 13, has been declared a success, exceeding its fundraising target of \$100,000 by close to \$60,000. *Continued Page 10*

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Redcliffe Hospital Research Giving Circle Applauded for Philanthropic Partnership

Continued from page 8.

October 15, 2021

Held in partnership with Royal Brisbane and Women's Hospital (RBWH) Foundation, the day is also being celebrated for strengthening the region's engagement with Redcliffe Hospital and its dedicated health care workforce.

100% of all donations raised will be distributed to Redcliffe Hospital health research and patient care initiatives.

A driving force behind Giving Day was Redcliffe Hospital Director of Research and Medical Education, Dr Joel Dulhunty, who raised almost \$20,000 through an ambitious 500km Penny Farthing fundraising marathon.

We caught up with Dr Dulhunty as he celebrated, and rested, after a busy Giving Day campaign.

Q: How are you feeling today after the success of yesterday?

A: Redcliffe Hospital Giving Day was an amazing day of community spirit, celebration and opportunity to connect with so many people. It was such a high to be in the phone room towards the end of the day and watch the fundraising milestones as they were reached and the \$150,000 mark surpassed. I am little tired after the many events of the previous day, however, the happy memories still linger.

Q: What does it mean to hospital staff that the public and local business supported the hospital?

A: Redcliffe Hospital Giving Day brought together so many people for a common cause: to make a difference and support our hospital to go above and beyond in caring for our community. As a staff member, it meant so much to have the opportunity to meet and work alongside local business groups, organisations and passionate individuals from diverse backgrounds. The support from our local businesses and the public is so heart-warming and the enthusiasm and encouragement it brings is infectious – the good kind!

Q: Why was the support of your local medical fraternity and RDMA so heartening?

A: As doctors, care for patients is central to everything we do, and Redcliffe Hospital Giving Day brought a special opportunity to partner and collaborate with the wider Redcliffe medical fraternity working in hospital and community

settings. The significant role played by the Redcliffe District Medical Association in supporting and being founding members of the Redcliffe Hospital Research Giving Circle was instrumental in reaching our funding goal.

Q: Are there any people in particular you would like to highlight?

A: Special thanks goes to Associate Professor Cliff Pollard for establishing the Redcliffe Hospital Research Giving Circle and to Associate Professor Geoffrey Hawson, Dr Kym Irving, Dr Kimberley Bondeson, Dr Alka Kothari and the Redcliffe District Medical Association for their generous support both in the lead up to and on Giving Day. A huge thank you to Fundraising Manager Sharyn Tidswell and the RBWH Foundation team for ensuring the success of the day.

Q: What will this mean to health research and patient care initiatives?

A: The funds raised will help a number of key initiatives that support patients and families in our Palliative Care and Rehabilitation Units, life changing research and important staff initiatives. One of the initiatives I am especially passionate about is establishing a joint hospital-university nursing and midwifery senior research position at Redcliffe Hospital to lead world-class research and mentor the next generation of nursing and midwifery staff in patient-centred research. The funds raised will make this possible.

Q: Why is it important that Redcliffe can conduct health research and introduce new ideas in patient care programs?

A: Redcliffe Hospital has a long and rich history of conducting and participating in research that benefits patients. We know that the best outcomes for our patients are achieved when research is closely aligned with clinical care. Not only does research foster and develop health professionals with enquiring minds, it leads to innovation and evidence-based practice that benefits current and future patients cared for at Redcliffe Hospital and, potentially, in other health care around the world.

Redcliffe Hospital Giving Day may be over, but philanthropic engagement with an engaged community will continue year around. For more information, head to www.raiseitforredcliffe.com.au.

Director Identification Numbers

If you are a company director, than this is an important announcement for you! All company directors, as of November 2021 will be required to have a Director Identification Number (DIN). Company directors will need to apply for their DIN themselves and cannot use agents to apply on their behalf. You can apply for this through the Australian Business Registry Services (ABRS) website.

Company directors will only have one DIN which they will keep forever even if they change companies, stop being a director, change their name or move interstate or overseas. Furthermore, the DIN will confirm your identity and trace your relationships to companies.

Here is an excerpt from the ABRS website as to when you must apply:

When you must apply for your director ID depends on the date you become a director.

Date you become a director	Date you must apply
On or before 31 October 2021	By 30 November 2022
Between 1 November 2021 and 4 April 2022	Within 28 days of appointment
From 5 April 2022	Before appointment

Furthermore, your director ID obligations include:

1. applying for a director ID within the relevant timeframe for your situation
2. applying for a director ID when directed by the Registrar to do so
3. not applying for more than one director ID (unless directed by the Registrar to do so)
4. not misrepresenting your director ID to a Commonwealth body, company, registered Australian body or Aboriginal and Torres Strait Islander corporation
5. not being involved in a breach of the above director ID obligations.
6. If you can't apply by the date you need to, you can apply for an extension. Information on how you can do this will be available here in November.

If you don't meet your obligations, there may be civil or criminal penalties or you may be issued with an infringement notice.

We are here to help if you have any questions, so please call 07 5437 9900.

Article written by Brooke Fenwick.



Professor Chris Perry OAM and Dr Brett Dale

WORKING FOR QUEENSLAND DOCTORS

As the nation comes closer to opening up from COVID-19 lockdowns, AMA Queensland has been working with the State Government on preparing to live with inevitable outbreaks. We urge all Queenslanders to get vaccinated as soon as possible, and all general practices to take part in the vaccine rollout.

Our Ramping Roundtable is continuing its work on solutions to emergency department (ED) pressures to ensure our hospitals are prepared for any COVID patients.

We are also working with the Government on the implementation of Voluntary Assisted Dying (VAD) legislation. Our industrial relations partner ASMOFQ has had advocacy wins for Visiting Medical Officers (VMOs) and on private practice billing.

ROADMAP OUT OF COVID

The Queensland Government has finally announced its timetable for reopening the borders, a week after AMA Queensland called for certainty as the nation moves to more freedom.

However, there is still much work to be done to ensure that the health system is prepared for any COVID outbreaks.

AMA Queensland continues to call for public health orders to make vaccinations mandatory and accessible for all workers in health care facilities, not just Queensland Health hospitals and public health sites.

More work is needed to support GPs to play their part in keeping hospital intensive care units freed up for the most critical patients, as highlighted by the New South Wales and Victoria experiences.

Programs like Hospital in the Home, where GPs provide telehealth consults to COVID patients who would otherwise be taking up hospital beds, need preparation and legal certainty for the doctors who take part, including accreditations, indemnity and personal protective equipment.

We saw how long it took the Federal Government to finalise the COVID vaccine no-fault compensation scheme, so the Queensland Government must address this now.

EMERGENCY DEPARTMENT WAIT LISTS

AMA Queensland's Ramping Roundtable met in early October for the third time, as ramping issues and Code Yellows at Queensland hospitals made national news.

There is a very real threat of our hospitals becoming overwhelmed with any COVID outbreak.

We need our hospitals at 90 per cent capacity to allow the flow of those in emergency departments through the hospital system. It's imperative we have an action plan developed this year.

The Queensland Audit Office has called for changes to how ED wait times are measured, finding a lack of reporting on factors affecting how quickly EDs can receive and treat patients, including available beds and staffing of ED and inpatient wards.

Roundtable members met with Opposition Health Minister Ros Bates and Opposition Leader David Crisafulli in October.



“

Hospital bed access and ramping must be urgently addressed before the inevitable outbreak of the Delta strain in Queensland. There is a very real threat of hospitals becoming overwhelmed as we have seen happen already in New South Wales and Victoria.

Dr Kim Hansen

AMA Queensland Ramping Roundtable Chair and Emergency Physician



QSCRIPT

AMA Queensland has prepared some frequently asked questions to help members with the new QScript prescription monitoring system, which helps health practitioners identify high-risk clinical situations and assists them to manage their patients.

All prescribers, regardless of setting, are required to look up QScript when prescribing or providing a treatment dose of a monitored medicine.

QScript will not prevent a doctor from prescribing—it provides further information to inform decision-making. The decision on whether to prescribe remains with the prescriber (whether they have checked QScript or not).

We support QScript as a strategy to reduce the intentional and unintentional harms caused by monitored medicines but recognise there are some teething issues as the software and process is implemented. AMA Queensland is continuing to advocate for an extension to the period before penalties apply.

You can read our FAQs at qld.ama.com.au/news/QScriptQA.



VAPING



From 1 October 2021, consumers need a valid prescription to import nicotine vaping products, such as nicotine e-cigarettes, nicotine pods and liquid nicotine.

This decision closes a loophole in federal legislation which allowed the unregulated importation and illegal sale of nicotine containing vaping products, or e-cigarettes.

There is evidence that nicotine vaping products act as a 'gateway' to smoking in youth and exposure to nicotine in adolescents may have long-term consequences for brain development.

AMA Queensland does not support the use e-cigarettes as a quit smoking strategy because of the limited evidence supporting their use in cessation, and our view is that GPs, in working with their patients, should not feel pressured to prescribe them.

We recommend members provide proven smoking cessation products, such as behavioural counselling, nicotine replacement therapy, and some prescription medicines.

You can read more at qld.ama.com.au/news/vaping

WIN FOR VMOs

Our industrial relations partner the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ) has secured a 2.5 per cent pay increase for Queensland Health VMOs, back paid to 1 September 2021.

ASMOFQ has worked hard to secure this pay increase and ensure VMOs receive similar benefits to all medical officers. Only last month, VMOs gained access to the Queensland Industrial Relations Commission as an important option to resolve workplace disputes. Furthermore, VMOs will be included under the upcoming Medical Officers' Certified Agreement 6 (MOCA 6) to be negotiated in 2022.

When VMOs join AMA Queensland, they also become members of ASMOFQ at no extra cost.

VOLUNTARY ASSISTED DYING



VAD laws will come into effect from 1 January 2023 and AMA Queensland will work with the Government to ensure that patients and doctors are protected throughout the scheme's implementation.

A survey of AMA Queensland members overwhelmingly called for early career doctors to be exempted from the scheme, and we will continue to advocate for this.

The Victorian and Western Australian VAD schemes limit eligibility to doctors who have practised for at least five years after completing a fellowship and who have relevant experience in treating or managing the medical condition of the patient.

This is particularly important as the Queensland legislation allows patients with an expected 12 months left to live to request VAD, while other states require a six months life expectancy.

Our survey responders were from all specialties and ages, socially conservative and progressive alike, and almost 90 per cent said doctors in training should be exempt from the VAD scheme.

ADVOCACY WIN FOR PRIVATE PRACTICE BILLING

ASMOFQ and AMA Queensland have been working hard to find a solution for medical imaging specialists who are affected by changes to private practice billing that came into effect on 1 July 2021.

ASMOFQ raised this issue several months ago with the Health Minister and also in detailed discussions with the Director-General in August.

As a direct result of our advocacy, Queensland Health has circulated a proposal to affected specialists for their feedback, outlining an interim billing process while a permanent resolution is developed over the coming months.

We have received constructive feedback on the proposal from members and will continue to work towards a satisfactory resolution for members.



PRIVATE PRACTICE SEMINAR – SATURDAY 13 NOVEMBER

Doctors either starting in or enhancing their private practice will be able to learn the intricacies of dealing with the Medicare system at our seminar on 13 November.

Director of the Professional Services Review (PSR), Professor Julie Quinlivan, will be a keynote speaker at the event. The PSR is the Independent Statutory Agency responsible for regulation of Medicare and the Pharmaceutical Benefits Scheme (PBS). This is just one of many experts who will be speaking at the seminar to help guide private practices at any stage of their business. Head to our website to register now gld.ama.com.au.



DOCTOR Q INTERVIEWS SHADOW HEALTH MINISTER



Members will have received the spring edition of *Doctor Q* where we interviewed the Queensland Shadow Health Minister, Ros Bates MP, about the state of the Queensland health system.

Other feature articles include recipients of AMA Queensland awards at the *Dinner for the Profession*, a first-hand account of being a doctor in quarantine during the recent Brisbane outbreaks, and Self-Care September – a month-long initiative by the Council of Doctors in Training.

We are always keen to hear your feedback so please let us know if you have any suggestions for content and articles you would like to see in our flagship magazine.

Please email your inquiries, suggestions and feedback to amaq@amaq.com.au.

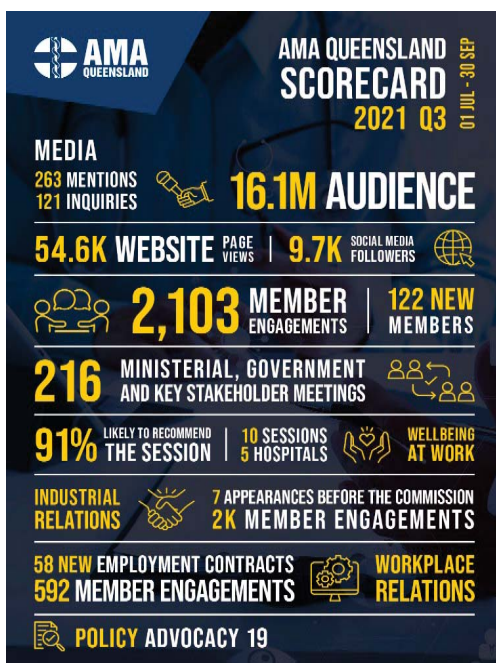
CASUAL CONVERSION EMPLOYER TEMPLATES

Laws governing the conversion of employees from casual to permanent are now in place, affecting private medical practices in different ways depending on their number of employees.

We are here to help you check your compliance, with template packs and instructions that give you the tools to make offers and grant or reject requests, available now for just \$55.



Contact our Workplace Relations Team today to find out more and purchase your pack at workplacerelations@amaq.com.au or 07 3872 2211.



AMA QUEENSLAND SCORECARD

It's been another busy quarter as our July-August Scorecard reveals, with 216 Ministerial, Government and key stakeholder meetings, 10 Wellbeing at Work sessions at five hospitals, and more than 2,100 member engagements.

Thanks to the 122 new members who joined up in the past three months.

Your contribution is helping us reach a media audience of more than 16 million people, support members before the Queensland Industrial Relations Commission and prepare 58 new employment contracts for private practices.

You can join Queensland's peak body for the medical profession today at qld.ama.com.au/join.

The Brain, The Ego & The Mind

By Dr Mal Mohanlal

Continued on page 16

Do you know how intimately connected we are to our body and mind? The energy that keeps us alive, where does it come from? When it leaves the body, the body dies. Where does this energy go?

Most of us are involved in our daily routine of living and surviving on this planet earth. Despite all the technical knowledge and advances we have made through science, we have plenty of evidence that our mental health is deteriorating. It is because most people have no idea how the mind works. Here I will try to help you understand my understanding of the mind. You do not have to believe what I say, but please try to disprove it in your mind and see if what I write makes sense.

It is evident there is a greater intelligence beyond our thinking process at work. If we looked at our body, we think it is our brain where all our brilliance lies. It is because the brain is the physical part we use for thinking and reasoning. If we are unable to use our brain for any reason, we would feel handicapped. The brain protects us from our environment and helps us take evasive action if any danger threatens us. Without the brain, we would not survive or understand our world and our mind. Life would become challenging if we could not use our brains.

Thus the brain plays a crucial role in our perception of reality. It is the organ we use to understand our mind. It is the organ that helps us perceive reality. If we did not use it properly, it is the organ that can lead to physical and mental ill-health. It is the organ the mind uses to express our talents and personality. Without the brain, the mind cannot function fully. So what is the mind? As I see it, the mind is the energy source (the current) that keeps us alive.

For convenience, we can divide it into two parts, the conscious and the subconscious. But in reality, we have one mind. The self or ego operates in the conscious part of the mind. It is a concentration of our desire to survive on this planet. It is territorial and possessive and wants to control everything. It builds itself (ego-boost) on the knowledge and experiences in life to become a well-defined entity and hides behind beliefs. It wants to continue to live forever and is tied to time.

It has an immense capacity to delude itself. We need the ego to interpret reality in front of us. We also need the brain to develop our egos. Without the ego, we cannot function as individuals. The brain allows the ego to experience consciousness and awareness, which are the

property of the mind. So one can see how intimately the brain and the ego are connected.

However, our subconscious mind is also connected to the brain. It controls all our vital functions and systems in our body, such as the cardiovascular system, respiratory system, digestive system etc. People take the subconscious mind for granted and show very little understanding of how the ego influences the subconscious mind. It is the subconscious mind that makes us happy or sad, depending on how we stimulate it. I

t has no discriminating power. It does not recognize right from wrong, the good from the bad. Whatever we do in life, we are always trying to appease our subconscious mind. For instance, when we pray to God or some other entity, we try to appease our subconscious mind. We are doing the same thing when we are playing music, dancing, singing etc. Our subconscious mind is the piano we use to play the tune we want. The keys of the piano are the words we use to produce a specific sound. We can play a happy tune or a sad tune, depending on how we use the words. Therefore, shouldn't we try to understand how our subconscious mind works?

If we looked at our body, intelligence permeates right through, from the central (the brain) to the individual cellular level. Yes, there is perception taking place even at the cellular level. Every cell in our body knows its function and how to replace itself. The skin cells know their function of protecting us from the outside environment, the lung cells know how to transfer oxygen from the air, the kidney cells know how to purify our blood, the digestive cells in the gastrointestinal system know how to digest food etc., and so it goes on.

All this is under subconscious control. Even our immune system, which involves the healing process, is under subconscious control. The conscious mind, where the ego operates, has very little control but indirectly influences all these areas. Hence, ignoring the subconscious mind and taking it for granted would be a stupid thing to do. Yet, it is what we have been doing and are doing today.

So what happens when we incur some damage to our brain? One can have a stroke or have a head injury from a fall. One can suffer from some degenerative brain disease like Alzheimer's or a motor neuron disease, etc. The symptoms and signs we will suffer from will depend on the area of the affected brain. We can lose our consciousness, lose our memory, or we

The Brain, The Ego & The Mind

By Dr Mal Mohanlal Continued from page 15

can become paralyzed, etc. When this happens, our ego or self cannot function correctly. We will feel handicapped. When a person becomes brain dead, the conscious mind or the ego cannot function at all. Yet, the subconscious mind can keep the vital functions going, and the person can continue to live. When we switch off the life support system, the body dies as the mind separates from the body. Yes, our brain is like the hardware of the computer system. If it malfunctions for any reason, the software (the mind) will crash.

A perfect example of a mind trapped in a crippled body is the case of Dr Stephen Hawkins. He was a British scientist who suffered for 55 years from motor neuron disease, which only affected the motor areas of his brain. Since other areas of his brain were unaffected, his ego (the conscious mind) could function normally; that is, he could think and reason. Therefore, it is clear that specific areas of our brain are involved in maintaining our consciousness and awareness, without which the ego cannot operate.

In the Brisbane Courier-Mail Qweekend Magazine of 24/4/2021, there was a story about three young adults aged 20, 21 and 22 from different backgrounds dying in their sleep. They went to sleep and never woke up. They suffered from epilepsy and died from SUDEP (Sudden Unexpected Death in Epilepsy). This tragedy shows that any defect in our brain can cause it to malfunction, and our life can be at risk.

Our mental and physical health depends on our ability to use our brain not just for ego-building exercise but also to understand how our mind works. We should learn how the ego influences the subconscious mind. We should become aware of how our perceptions influence our thinking and how our thinking affects our actions. Our perception of time that we have created makes us time-travellers. We are caught in this net of time and always travelling between the past, present and future. But in reality, there is no such thing as time.

There is a timeless dimension all around us. It is just as real as the time dimension of our creation. The only thing that separates the two is our perception. Everyone experiences this timeless dimension from time to time when the observer in mind and what is being observed become one phenomenon. But because the ego is so dependent on thinking and fearful of disappearing into the timeless that it cannot recognize it.

To experience the timeless dimension, one should go to the mountain top or out in the bush away from any man-made structures. Here the pull of nature is so powerful that it is easy to observe the phenomenon of the observer in your mind, and what is being observed become one. But one can experience this anywhere. When this happens, you will discover that we have only one mind.

Your mind is experiencing eternity in this state, and you are fully alert and aware of both your inner and outer worlds. The ego is there, and you are not in a trance. You will realize that you are not separate but one with the universe. You will realize that you are also part of this timeless dimension. There is no thinking but just awareness. But once the ego uses words to describe what you see, you will revert to our familiar time zone.

From the above observations, one can see that we have only one mind, and the ego is not the whole mind. The ego cannot operate effectively without a healthy brain. The brain allows the ego to think and reason. The brain allows us to perceive reality. The ego ties itself to time without realizing that it is a part of the timeless dimension.

What the ego is creating is an escapist world today. The more one tries to escape from reality, the more out of touch with reality one becomes. It is distorting our perceptions, and we will suffer from more mental health problems.

It is, therefore, time to understand our ego better and become aware of our perceptions and thinking. We have to use our brains to understand the timeless dimension and lose the fear of death before our mind separates from the body.

Without self-knowledge, you are like a ship without an engine on the ocean of life. The rough seas will buffet you. You will be worse for wear when you arrive at your destination.

However, if you want to be a ship that can plough through the rough seas without much effort, empower yourself with the engine of self-knowledge.

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

AMA WELCOMES TGA ORAL CONTRACEPTIVES OVER-THE-COUNTER INTERIM DECISION

The AMA has welcomed the TGA's interim decision rejecting over-the-counter access to oral contraception.

The AMA said the interim decision preserves safe access to these medicines and ensures people can come to informed decisions about the best contraception for their needs, as part of a holistic approach to care.

In the interim report the TGA said the complexity of prescribing and risk factors necessitated regular medical reviews with a GP even after initial consultation.

The TGA said a GP is qualified to find the most appropriate form of contraception for a patient, which may not even be an oral contraceptive pill.

The TGA has been considering two applications to downschedule oral contraceptive pills from Schedule 4 (prescription only) to Schedule 3 (pharmacy only).

If approved the applications would mean women can access contraceptive pills over the counter at pharmacies without a prescription, if they meet certain conditions such as having had the contraceptive pill previously prescribed by a GP.

AMA President Dr Omar Khorshid said if accepted by the TGA it would mean the compromise of patient safety and quality of care.

"This interim decision gives us confidence women's health is being taken seriously with the continuation of appropriate medical settings for consultations and prescribing," he said.

"Retail pharmacies are not appropriate private clinical settings for anyone to monitor and manage their contraceptive health, or to discuss details of sexual health and medical history.

"Pharmacists, while experts in medicines, are not qualified to make clinical assessments.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

"Taking the oral contraceptive pill is not without risks, and people need to talk to their GP about which contraceptive option is right for them. It can take a long time to determine which contraceptive pill is appropriate, and this is best done under the advice of a doctor.

"Research shows contraceptive pill consultations are often about much more than getting a script. GPs often pick up health issues and conduct preventative health checks. Annual visits to the GP are also important to review contraception options.

"Medical and personal circumstances of the patient, including mental health are discussed. Other medical conditions, such as endometriosis might go unresolved without these important consultations," Dr Khorshid said.

"The federal government must ensure it invests in evidence-based GP-led primary health care instead of ill-considered substitution strategies which gives people poorer quality care," he said.

Dr Khorshid said the AMA's concerns outlined in its submission to the TGA, had also been reflected by the TGA's Advisory Committee on Medicines Scheduling and the Delegate of the Secretary.

He said there were already mechanisms in place if a person needed an urgent prescription or emergency contraception, such as telehealth, ePrescribing, and emergency pharmacy supply.

18 October 2021

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Where We Work and Live

Vietnam: Bill Shakespeare, Australian Army, <https://anzacportal.dva.gov.au/resources/bill-shakespeare-australian-army-partners-allies>

Bill Shakespeare (Australian Army), Armoured Personnel Carriers

Bill served in Vietnam commanding armoured personnel carriers in support of infantry. One day, their luck ran out.

Bill Shakespeare served in Vietnam from 1967 to 1968. He commanded a section of three armoured personnel carriers.

“An armoured personnel carrier’s primary design role is to transport infantry across a battlefield in protection against small arms fire and shrapnel. One of its advantages is it’s fast, very manoeuvrable; it’s a highly mobile, flexible gun platform, and it can get right in close and support the infantry. But it’s a bit dodgy in some circumstances because it, hasn’t got anywhere near the armoured protection of a Centurion. So hence the high casualty rate.”

That high casualty rate would increase on one very bad day for Bill and his men. They were carrying a full infantry complement up a jungle track.

“My lead vehicle, George Thompson, he looked back, indicated, ‘Which way?’ And I sort of shrugged and thought, ‘Well, which way?’ He chose to go to the left and ran over a huge mine which turned the vehicle over upside down, backwards, with devastating consequences ‘cos it was loaded with infantry. The infantry M60 gunner was trapped under the vehicle by his legs; and of course the engine, the transmission, the differential is full of oil and of course that’s running at very high temperatures. And so if someone gets doused in the oil from the shattered components then they have very serious burns and this infantry lad was trapped by his legs, compound fractures, and of course, with the oil as well.

My driver had not made any sort of appearance out of this machine and so I got one of the other vehicles, and put a steel wire round one of the bases on that side and managed to get the vehicle up to about 45 degrees before the rope snagged on this stump. And I then discovered that the driver was deceased, with pretty horrific injuries, and I was pretty determined to get him



**Bill Shakespeare (Australian Army),
Armoured Personnel Carriers**

out. I wanted dignity for him.

Trapped by his right leg and so, I’m up through the same hole as he is dangling from and ah, a fair bit of bodily fluids involved. And, you learn to understand the smells associated with such things, and the hydraulic oil, hot oil.

There are many of those smells that are with me today. In any case I worked very hard to try and release him, keeping in mind the vehicle’s at 45 degrees going twang, twang, twang. And I had to abandon that effort.

The Roman Catholic padre who was travelling with the infantry, he came along and said, ‘Would you like me to perform the Last Rites on your soldier?’ And I said, ‘Certainly.’ And so there we are on the battlefield and out of his haversack produced his priest’s gear and dressed himself and blessed the deceased. That was particularly nasty and has been with me for all of my life.”

After Vietnam, Bill remained in the army, serving full-time for 21 years. “People’s humanity is very important. If you’re going to come out the other side reasonably well. The humanity gets put in the closet for a few years, and then, years later, if your humanity survives, then it will come out and it will reassert itself. And that’s what happens for a lot of veterans.”

The End

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