



RDMA's Newsletter

Newsletter September 2022

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RDMA's President Report Dr Kimberley Bondeson

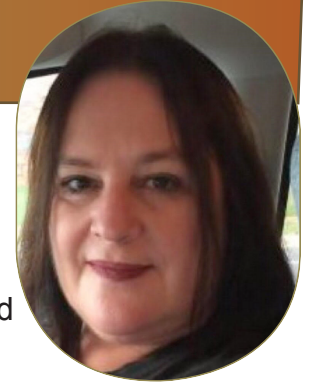
A new age is upon us, with the recent death of Queen Elizabeth the II, and the crowning of King Charles the III. Her Majesty the Queen was the Sovereign Ruler of the Commonwealth, which Australia is part of, for the last 70 years. An extremely remarkable achievement. Up until 2 days before her death at the age of 96 years of age, she was actively working and had just sworn in a new Prime Minister in the United Kingdom. Whether you support the monarchy or not, this was an incredible feat. Australia has a public holiday as a National Day of Mourning to mourn the Queens passing, on September 22nd 2022.

Another change we have seen recently is the return of polio. Which has been found in the New York City water supply in the United States, and in Orange County (sewage sample), in April. The first and only polio case confirmed in the US is a New York State resident who contacted the virus. The US was officially polio free since 1979 and has been eradicated in most parts of the world.

The role of "social media" – is being questioned in the medical industry. There are Tic Tok videos advertising cosmetic surgical procedures, showing them in a glamorous and unprofessional manner, as well as the TV program "60 Minutes" showcasing these Tic Tok videos, patient testimonials and patient complaints. The role of the medical watchdog, APHRA has also been questioned. This is following on from the recent event of a GP Registrar who protested, at the recent AMA National Conference. The GP Registrar then tried to "converse with the Medical Board Chair, Dr Anne Tonkin, through a megaphone aimed at his iPhone and also at protestors" whilst live streaming the event.

I believe that social media should not be used this way, as an advertising and promotional arena, and, it would appear, as a source of

"scientific information, which is just a personal opinion in disguise." We live in a world full of social media, but I personally feel there needs to be sensible constraints on how it is used by the medical profession. It seems that the court of public opinion, whether correct or not, is being expressed via social media. I am not sure why this is happening, but it is concerning.



We are also seeing mask mandates dropped, in airports, on flights, both domestic and international, and in public transport. To date, they are still required in Aged Care Facilities, hospitals, and medical settings. However, Covid 19 is still out there.

The Government's plan for Urgent Care Clinics, which are reported to be run by General Practitioners on top of their normal clinics is ongoing. It is stated that the GP's will run their own normal clinics during the day, and then man the After Hours Clinics, and rely on bulk billing. Oh dear. I can't see this working. Years ago, there was a similar plan, and was called GP Super Clinics. With many older doctors retiring, and only 15% of new graduates interested in being a GP, this is a concern. Hospital ramping, which is at an all time high, is pushing these plans to try and deal with the patient load. Public Hospital Public Outpatient Clinics' waiting lists, from a GP's

Continued Page 5

**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 2022 MEETING DATES:

For all queries contact Angela our Meeting

Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Next

Tuesday	February	22nd
Wednesday	March	30th
Tuesday	April	26th
Wednesday	May	25th
Tuesday	June	21st
Wednesday	July	27th
ANNUAL GENERAL MEETING AGM		
Tuesday	August	23rd
Wednesday	September	28th
✓ Tuesday	October	25th
NETWORKING MEETING		
Friday	November	18th

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Advertising information is on
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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.

CLASSIFIEDS

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

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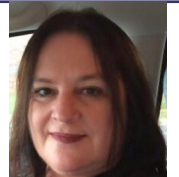
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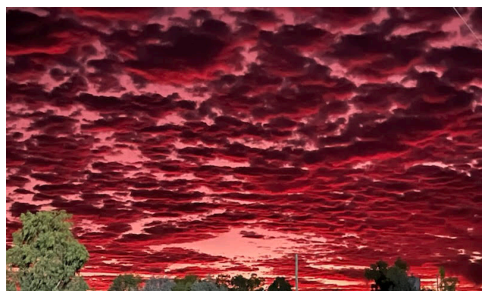
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Variety Bash Winton to Yeppoon via Birdsville Pictorial 27/8-7/9/2022 by Wayne Herdy

Most unsealed roads out here are closed - or at least the local councils don't want 200+ vehicles churning them up - so we have sealed roads in shortish runs. Rain and more rain. It doesn't take much to close roads out here. Variety has changed its path a little. This year, one of our more visible gifts was to give a new bicycle (and helmet) to each of the 78 kids in Tambo school. Bedourie has a Main Street 750m long, a population of a few hundred, but a large community hall that hosted our masses. The camp area has free public shower/toilet units that look like little motels. At Bedourie our road to Birdsville is still open, but roads coming West are all closed, crowds hoping to get to races are blocked at Windorah. Its a challenge to get through.

Finally we arrived in Birdsville and the races are on. The track was graded until 10 minutes prior to the race start. Had a great time with Birdsville on my bucket list, I can now tick it off. Departing there are roadblocks already to depart Birdsville heading North to Boulia then across to a red sky in Winton. A totally different day today. Goldie can't be fixed up here. She is heading back on a tilt tray, and likely to be back in Brisbane by the end of week. RACQ Ultra Care will look after that. Our Variety Bash 2022 fundraising sadly comes to a close until next year.



NEXT MEETING DATE 25TH OCTOBER 2022

RDMA President Report from Page 5

perspective, are long, and getting longer. I have patients waiting 2 years for an Orthopaedic review, let alone getting onto a surgical list. And it is getting worse, not better.

Our RDMA Executive was returned mostly unchanged with Alka Kothari nominated as Secretary and Geoff Hawson Committee Member.

On a lighter note, Dr Herdy has completed his Variety Bash, and I am looking forward to seeing the photo's and hearing how it went!
Kimberley Bondeson

RDMA AGM Meeting 23/08/22

Kimberley Bondeson introduced Pine Rivers Private Hospital Representatives Claire Honey, General Manager and Robyn Carrington. **Centre Right Photo.** ASADA President Geoff Hawson gave an update on the Inaugural Meeting. **Below: Speaker** Presenter Dr Charana Perera, **Topic:** Watch them grow safely; a judicious use of psychotropics in pregnancy and women of child bearing age., **Below Centre: Pine Rivers Private Hospital** Michelle Da Costa Business Development Manager and Rose Mason GP Liaison Officer.

Below Bottom: Debra Sheenan and Anna Wozniak QML Meeting Conveners **Bottom Right New Members:** Rhana Berlin and Johanna Joyce.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 28th Sept 2022

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: Bayer Australia Ltd
		Representatives: Brendan Greig, Kate Ziebell & Elmarie Heidstra
	7:30pm	Speaker: Dr Kieran Dauber - Electrophysiologist, Cardiologist
		Topic: Management of Atrial Fibrillation in 2022
	8:00pm	Q&A
	8:30pm	General Business - Dessert served
		Tea & Coffee served

RSVP: By Friday 23rd Sept 2022

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

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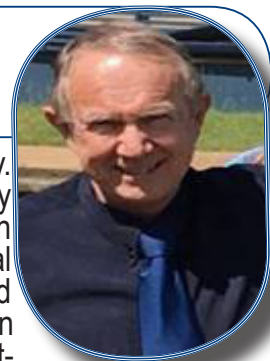
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RDMA VICE PRESIDENT'S REPORT

DR WAYNE HERDY

HAS THE PENDULUM SWUNG TOO FAR?



To remind my readers, I have an addiction practice. Well, a third of my practice is devoted to addictions and chronic pain and the grey areas in between. For my sins, I attract a cohort of patients on long-term opioids, often for reasons that are blurred in the mists of an increasingly-complex personal medical history. Many have acquired the demanding and anti-social habits of the true addict – which does not deny that the original prescribing was for a legitimate and documented physical pathology. Many, maybe most, are referred by colleagues who are uncomfortable with long-term prescribing of opioids. Often, I fail miserably to significantly reduce their doses. But practically always I manage to bring their aberrant behaviours under safe control. So that summarizes the demographic that is the subject of today's discussion.

I am constantly exposed to evidence that opiophobia is endemic in the medical profession. There are good reasons for this. Anybody who prescribes narcotics will, no matter how canny they are, be cheated by an addict in the guise of a genuine patient. Even genuine patients will cheat – I have seen more than once a sweet little old lady dying of cancer who supplements her pension by selling off her palliative acre medications. Doctors have egos and we hate being deceived. Almost as much we hate being perceived as the go-to prescriber for every questionable patient seeking controlled drugs. Opium has been used for thousands of years for pain management. That has evolved into some very sophisticated and high-potency modern analgesics. A century ago, narcotics were regarded without much suspicion, but the past few decades have seen a very strong trend away from the too-liberal use of potent analgesics. From what I see, I think the opiophobia pendulum has swung too far.

In it's simplest form, what I see on a daily basis is patients whose usual GP is frightened to use or to continue potent analgesics even for undeniably painful chronic conditions. These are the patients referred to me (and who, by the way, I mostly refuse to accept) or to real pain clinics. This is not the place to argue about ceiling doses, tolerance or hyperalgesia, or the death rates associated with some high-potency opioids, but I have to disclaim that I know about those problems. Refusal of adequate analgesia is, in my humble opinion, inhumane. But the medical board has imbued us all with such a paranoid terror that we all forget the Hippocratic principles or the invocation to cure sometimes but to comfort always. This article, or its timing, is prompted by two cases that recently crossed my consciousness and which made me ask again whether the mantra of opiophobia has become too strong.

My first case involves a long-term addict, stable and free of illicit drugs for more than a decade, whom I inherited a decade or more ago on a high dose of methadone. He is still on a higher dose of methadone than I would usually prescribe. He was admitted to a public hospital

for laparoscopic cholecystectomy. Prior to admission, it was all nicely pre-arranged with his surgeon and anaesthetist that the hospital would continue his established dose of methadone, and add prn post-op analgesia. Day one post-op, the ward nurse looks at his medication regime, sees a dose of methadone that she was unfamiliar with and refuses to administer it. The medication had been brought into the hospital as dispensed and labelled by his community pharmacist. My patient becomes upset, to put it mildly, explains that the medication was prescribed by a hospital doctor and is his usual dose. The nurse did go so far as to call a pharmacist down, who also decided that this was an unusual dose of methadone and refused to ratify it. The ward doctor was called who made the same call. My patient is going into withdrawal (or maybe only thinks he is, since methadone has a long half-life), demands they call the surgeon, the anaesthetist and myself as his long-established QOTP prescriber. The story is that the anaesthetist and surgeon were unavailable (if they were called at all). And I know the hospital staff did not call me. In a mix of anger, frustration, and incipient opioid withdrawal, my patient self-discharges from hospital and demands that they return his community-supplied medications so he can go home. And he did.

My second case involves an older man, riddled with degenerative joint disease which would have earned him a few hip replacements if only he could lose half his body weight. Minor fall at home, fracture to lower limb. Present at emergency department, with a few pain patches on board. What are those for? Ask the emergency staff. Without waiting for an answer, they rip off the patches. And provide no adequate substitute analgesia for the next few days while my patient languishes in pain and increasing withdrawal while awaiting a slot in the operating theatre list for ORIF of his fracture. And, by his version, hardly sees a nurse, let alone a doctor, for the next two days. The story gets more complicated, as it must, but the message is clear. If a patient is admitted to a hospital and they decide for whatever logic to cease his insulin or his antihypertensives, they will at least monitor the BGL's or the BP readings, and reintroduce medications as indicated by their observations. But a chronic pain patient on long-term established analgesia not only has the medications ceased but has no ongoing monitoring of his pain and is offered no substitute analgesia.

I'd like to say that these two cases are isolated events. While they may be more extreme than what I usually see, in my practice such management is commonplace. The bottom line – the medical profession is so frightened of misconceptions, and the medical board is highly guilty of promoting that paranoia, that we have forgotten how to provide compassionate care for pain patients. The opiophobia pendulum has indeed swung too far.



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PHYSIOTHERAPISTS: EDUCATION

- Empower and reduce catastrophizing
- Restore normal movement/posture
- Monitor & advise on exercise rehab program

EXERCISE PHYSIOLOGISTS: RE-INFORCE EDUCATION

- Help develop & implement graded exercise program
- Restore normal movement & posture with physiotherapist

OCCUPATIONAL THERAPISTS:

- Assist with aids/home setups/RTW plans
- Work closely with allied team to provide an effective pathway to functional outcomes

DIETITIAN:

- Reduce diet-induced pro-inflammatory state, weight management

PSYCHOLOGISTS:

- Tackle beliefs & address past trauma
- Manage stress, depression, anxiety, tools to help cope

PRESIDENT AND CEO REPORT



Dr Maria Boulton and Dr Brett Dale

The COVID wave is receding for now but AMA Queensland has been busy working behind the scenes on several policy areas.

We have established an Opioid Stewardship Roundtable to achieve best practice in opioid management for acute pain, and we have launched a survey of international medical graduates to determine how we can best meet the needs of this valuable medical cohort.

We will also be taking part in the Queensland Government's healthcare workforce summit on 27

September, while continuing to advocate for a mental health and wellbeing summit for a workforce that has been left overwhelmed and fatigued.

We are seeing increased strain in regional and rural areas like Gladstone where the bypass of the hospital's maternity unit forcing women to travel to Rockhampton to give birth. We are seeing more and more GPs unable to afford to continue to bulk bill. The pressures on our health system may have been unprecedented, but they were by no means unpredictable. COVID simply highlighted what we have been warning about for years. We are continuing to advocate for solutions with governments and other stakeholders.

PPE SUPPLY EXTENDED

Thanks to AMA Queensland's advocacy efforts, GPs and other healthcare workers can continue to access federally funded personal protective equipment (PPE) for a further three months.

The following measures will remain in place until 31 December 2022:

- continued access to PPE, treatments, rapid antigen tests (RATs) and other supplies from the National Medical Stockpile for aged, primary and disability care, and First Nations health services
- increased funding to support residential aged care providers with the costs of managing COVID-19
- new MBS items and rebates from 1 October 2022 for COVID and other respiratory virus testing
- continued in-reach testing in aged care homes, and RATs for frontline healthcare workers and those most vulnerable to severe disease
- continued MBS items for telehealth sessions to prescribe antiviral treatments and for face-to-face GP visits for COVID-positive patients.



IMG SURVEY

AMA Queensland has launched an online survey to support international medical graduates (IMGs) in Queensland. IMGs face unique and complex obstacles in recruitment, training, professional development and everyday practice which can be difficult to resolve but are poorly understood by the medical profession.

The survey was initiated by AMA Queensland's IMG Working Group to provide considered and expert advice on IMG matters to the AMA Queensland Council. Please share it widely with your networks:

qld.ama.com.au/news/IMGsurvey

NORTH QUEENSLAND PHARMACY TRIAL



Dr Boulton speaking to ABC 7.30

We succeeded in putting the North Queensland pharmacy prescribing experiment on the national agenda with an in-depth ABC 7.30 story in August. You can watch it on ABC iView or on the ABC's YouTube channel:

<https://www.youtube.com/watch?v=J8qh4UwutZA>

We still do not know when the pilot, which was supposed to start in June, will begin, which towns and communities are taking part, which medical conditions it will cover, and if any pharmacists have undertaken the 120 hours of online training.

There's plenty more here. qld.ama.com.au/Stop-NQ-Pharmacy-Trial

RESIDENT HOSPITAL HEALTH CHECK

The seventh annual survey of doctors in training has closed and the results are being collated to rate hospitals on how well they address issues affecting junior doctors.

It is critical to understand where hospitals are doing well and where there is room for improvement on issues including working conditions, overtime, training and culture. This survey drives our advocacy activities and ensures we support the growth of our medical workforce.

The survey is run by AMA Queensland and our Committee of Doctors in Training in collaboration with ASMOFQ the Doctors' Union. Results will be released in late September.

DIRTY ASHTRAY

AMA Queensland reluctantly accepted the AMA/ACOSH Dirty Ashtray Award as the jurisdiction doing the least to protect children from the dangers of smoking. The Queensland and Victorian governments were the joint 'winners' for their lack of regulation around e-cigarettes and vaping.

We displayed the award at the Cancer Council Queensland showcase in state parliament in September, drawing MPs' attention to the need to take urgent action on vaping.

Despite laws prohibiting the sale of cigarettes to children, Queensland does not enforce the existing regulations, or require tobacco product retailers to be licensed.

Read the letters we wrote to the Minister for Health and the Attorney-General, calling on them to urgently rectify these failures: qld.ama.com.au/news/DirtyAshtray.



Assistant Health Minister Julieanne Gilbert and AMA Queensland policy lead Erin O'Donnell with the Dirty Ashtray Award

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Raise it for Redcliffe Hospital

Proudly supported by the **RBWH Foundation**

Dear Kimberley,

Thank you for your interest in Raise it for Redcliffe Hospital which is helping the wellbeing of people on the Peninsula and throughout the Moreton Bay Region.

I am pleased to share that thanks to the generosity of people like you the newly built Jacaranda Suite at Redcliffe Hospital is now complete. The suite provides patient-centred care and comfort to families who have experienced the loss of their baby.

You really are helping your local community, thank you.

Our wonderful advocates are also bringing the community together to Raise it for Redcliffe Hospital. There are many wonderful fundraising events for you to enjoy in September and October. Find out how you can participate as we get ready for the second **Redcliffe Hospital Giving Day on Friday 14th October 2022** in partnership with 99.7 Bridge FM. Please read more about this and other important initiatives in our current newsletter.

Would you like to **share your story** about Redcliffe Hospital? I would love to hear about your experiences. You can share your story [here](#). Thank you again for your incredible support.

Kind regards,
Sharyn Tidswell
Raise it for Redcliffe Hospital



YOUR IMPACT

Impact Partner Program Launches

Last month the business community united at Tempest Restaurant in support of Redcliffe Hospital. The celebration, generously hosted by GKS Law, signified the launch of the Hospital's Impact Partner program and welcomed GKS Law, BallyCara, and Holistic Horizons Support Services as Impact Partners. GKS Law also pledged an outstanding \$20,000 to the hospital! Please [contact](#)

[Sharyn](#) to find out more.

Thank You to Our Generous Donors

Peace of mind is priceless. Thank you to Running for Premature Babies for raising an incredible \$18,887 to help save more precious little lives at Redcliffe Hospital. Your gift of two neonatal monitors will ensure the Neonatal team are best able to monitor a baby's vital signs at critical times. Thank you for helping Redcliffe Hospital care for our tiniest patients and providing their parents piece of mind.



Comfort to Parents, Thanks to You

Thanks to your generosity the newly built Jacaranda Suite is complete. The suite provides patient-centred care and comfort to families who have lost their babies. The purpose-built room features new fixtures, a mini kitchenette and a lounge space designed for a support person to stay. It also includes dedicated spaces for additional equipment, allowing staff to provide continuity in care without having to leave the room.



Philanthropic Foundation of the Year

We are proud that the major partner of 'Raise it for Redcliffe Hospital', the RBWH Foundation, was awarded the inaugural 'Philanthropic Foundation of the Year' at the Queensland Community Foundation Awards. The annual awards celebrate the work of individuals and organisations that significantly contribute to Queensland's philanthropic sector.

One of the most powerful ways you can support Redcliffe Hospital is by **leaving a gift in your Will** through the RBWH Foundation. A Gift in Will, no matter the size, has a vital role in funding health research and patient care initiatives, that will transform lives for generations to come.

FUNDRAISING CHAMPIONS

REDDY Fun Run/Walk

In June, the REDDY Fun Run/Walk welcomed over 150 participants, countless volunteers and local businesses to raise much-needed funds through our friends at the Redcliffe Hospital Auxiliary. The day brought together the Redcliffe community to raise an outstanding \$12,197 for Redcliffe Hospital patients and their families. A HUGE thank you to everyone who got involved.



Research Giving Circle Returns

The Redcliffe Research Giving Circle is an exciting initiative that invites individuals to commit \$2,500 to advance high-quality health research in alignment with Redcliffe Hospital Giving Day. In July, The Golden Ox generously launched the 2022 Research Giving Circle. Thank you, Nick and Virginia Tzimas for your warm hospitality and the team's outstanding service.



Schools raise it for Redcliffe

Local primary and high schools – state, private, and Catholic – are working together to 'raise it for Redcliffe' in partnership with SchoolAid, an organisation that inspires young philanthropists. From a Community Hero dress-up day to a Business Breakfast, we are inspired by how local children and teenagers are helping to care for the community. Sign your school up at [Raise it for Redcliffe Hospital - SchoolAid](#).



Do you have an upcoming **birthday celebration**? Why not 'Raise it for Redcliffe' by hosting a birthday fundraiser?

UPCOMING EVENTS

'Raise it for Redcliffe', proudly supported by the RBWH Foundation, has plenty of exciting events and fundraisers coming up. Grab your calendar and save the dates. See you there!



Crew Legal Spring Gala Ball - Friday 9 September: Don your fanciest cocktail attire for the inaugural Spring Gala Ball to support your local hospital, thanks to Impact Partners, Crew Legal. While tickets have sold out, you can still get involved in this event to kick off the Redcliffe Giving Day campaign. Contact us [here](#) if you would like to donate an auction or raffle prize.

Bunnings Rothwell BBQ – Saturday 17 September: Grab a snag to support Redcliffe Hospital staff volunteering their time to 'Raise it for Redcliffe'. Be sure to thank them for the amazing work they do to care for your community.

'A World of Possibilities' Gala Ball - Friday 30 September: This Impact Partner event hosted by Holistic Horizons and Team Musicare is sure to bring the Giving Day excitement to a fever pitch. Like us on Facebook to find out more [here](#).

Redcliffe Hospital Giving Day - Friday 14 October: Thanks to radiothon partners 99.7 Bridge FM and Channel 7, Redcliffe Hospital Giving Day is less than two months away! Find out more at www.redcliffegivingday.com.au if you are interested



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The MBAQ is a not-for-profit organisation comprised of voluntary medical and other professionals who provide their time, expertise and service at no cost.

The Medical Benevolent Association of Queensland was founded by members of the profession in 1967 with the sole objective of financially assisting Queensland medical practitioners and their families in need.

Financial crisis may strike at any age in the life of a medical professional. The Medical Benevolent Association is able to offer financial assistance to members of the profession if they request assistance and if they meet the criteria for a grant from the Association.

Risks exist for medical practitioners at all stages of their lives and periods of absence from work through illness or injury, disability or domestic and family violence may precipitate emotional as well as financial stress.

Since our founding, MBAQ has regularly provided emergency financial support to doctors. Between 2017 and 2021, with the help of donors, the MBAQ has supported 34 medical practitioners in need with financial grants totalling close to \$400,000.

Veronica was a doctor working in Far North Queensland who was a victim of domestic and family violence. The stress from separating from her partner and relocating had a significant impact on her mental health and increased financial stress as she was unable to work her usual work hours. This in turn impacted her ability to complete her fellowship exams.

MBAQ was able to provide a financial grant to Veronica which assisted her to complete her fellowship examinations so she could create a secure financial future for herself and her children.

In order to provide an effective and valuable service for Queensland medical practitioners and their families, we require donations. This will enable us to continue to support our colleagues in need. All donations to the MBAQ are tax deductible.

Now, more than ever, our service is essential in relieving temporary financial stress to our doctors in crisis.

Donations to the Association are tax-deductible and receipts will be issued.

"MBAQ's support last year was instrumental in giving me the stepping stone I needed to get my family to a financially secure state"

ANON – DECEMBER 2021

"We are going through an extremely difficult time due to unforeseen circumstances but the help from MBAQ will mean so much in that we will have a little breathing room and ability to feel less stressed as a family."

ANON – JANUARY 2021

"I was fortunate to receive support from MBAQ in 2009 and am now able to repay your generosity to me in coming months. I wanted to thank you again for the tact and kindness my application was met with. I was subsequently able to support my two children and pass two fellowships. Thank you for the work you do."

ANON – DECEMBER 2018

If you need emergency financial assistance, you can apply by calling AMA Queensland on (07) 3872 2222 or via our website www.mbaq.org.au

Answers to Questions in Quora (Internet)- 6

**By
Dr Mal Mohanlal**

What is the difference between mindfulness and awareness? How can you explain it to someone who is not familiar with these concepts?

Do you know that some smart ego is always trying to confuse us? Mindfulness is another term to describe awareness. Please read my article on the ego's modus operandi to understand how we create a world of delusions.

What is the explanation of "the mind is the seat of our consciousness"?

There is a general confusion about the mind. From my observations and understanding, I regard the mind as the intelligent energy that keeps our body alive. Consciousness is a property of the mind. But the mind cannot express consciousness without the brain. Please read my article on the brain, the ego and the mind to learn about the relationship.

How did "new words open up new worlds"? What kind of words were discussed that made a huge impact on the theory of mind? What evidence is there that new words had this impact?

Do you know that the ego in your mind is a product of self-hypnosis? It is dependent on words to appear in our conscious mind. It uses words to travel in time. It uses words to create theories and believes in the bull-dust it creates. The ego lives and thrives on words. That is the reason one feels one cannot stop thinking. We are delusional thinkers. For example, the word 'reincarnation' instantly creates a whole new world beyond our present. The same thing happens when we use the word 'resurrection'. We love making new words. That is how we escape from reality. Please read my article on the ego's modus operandi to wake up from your self-hypnosis.

What is the psychology behind our perception of time moving more slowly when we are bored and more quickly when we are having fun?

In reality, there is no such thing as time. The ego in your mind is a product of self-hypnosis. It uses words to hypnotize itself. When we are thinking, we are hypnotizing ourselves. We create time and travel through time by using words. Without words, we will be stuck in the timeless present. Please read my article on the paradox of time to learn more about time.

What part of my brain is not working? Ok for the past 1 year i have been forced to take psychiatric medication such as Risperidone, Sodium Valproate, Lithium for a mid-diagnoses of Bipolar.

Continued Page 15

Answers to Questions in Quora (Internet)- 6

By Dr Mal Mohanlal

Do you know that mental illness is a disorder of perception? Distorted perceptions create mental confusion, and your thinking becomes crooked. If you can straighten out your perceptions, the world might become more harmonious for you. Please read my articles on the Internet and see if you have insight and if they make sense to you. If what I write does not make sense to you, then I am afraid you will be stuck with your medications for the rest of your life.

Can hypnotherapy or meditation increase intelligence? If so, how long does it take and what are the results like?

Intelligence is a property of the mind. But to acquire it, you must use your brain, which requires clear thinking and reasoning. If a person does not use this talent, I am afraid no technique will make any difference. It is why a person should acquire self-knowledge so one can think clearly. Please read my articles on the Internet to see if they make sense to you.

Do hypnotists plant post-hypnotic suggestions in stage volunteers to make them act silly?

You do not understand what hypnosis is. When you follow anyone's suggestions, you are hypnotizing yourself. You cannot be hypnotized if you do not follow. Please read my article on hypnosis to learn more about it.

To what extent are people's thoughts and actions controlled by societal conditioning?

We are all conditioned beings, conditioned by the environment in which we live. Our thinking process is hypnotic. When we think we are hypnotizing ourselves. The individual must wake up from this conditioning (self-hypnosis) or turn into a zombie. Please read my articles on the Internet to see if they make sense to you.

Can mental thoughts and emotions cure physical ailments, illnesses and diseases?

Mental thoughts and emotions can profoundly affect your physical and mental well-being. Words make up your thoughts and intensify your feelings. Negative words produce harmful chemicals in your brain, and positive words produce positive chemicals. All these chemicals can affect your immune system negatively or positively. So one must straighten out their perceptions to think clearly. If not, please prepare for a life of struggle and misery. Please read my articles to find out if your perceptions are not distorted.

Chitwan National Park, Nepal By Cheryl Ryan



Home to eight out of ten of the world's tallest mountains and a melting pot of various cultures and languages existing in harmony, Nepal is one of those countries where traditions and age old customs still hold firm.

What's more interesting is the beautiful Chitwan National Park, located in Western Nepal, famous for its natural beauty and animal safaris.

Over the mountains and plains you go!

Located a short 20 minute flight away from Chitwan, Pokhara is one of the largest cities in Nepal and one of the famous paragliding destinations in the world.

It doesn't matter if you're a novice at the game Or an expert paraglider, there's options for everyone here. This sky ride offers some of the most beautiful views of lakes and hills and picturesque settings of villages and plains.

Walk or ride around the park

When in the heart of nature, walk. Walking is not only beneficial for one's health, but also nourishment for the soul. What better place to walk around and explore the surroundings than in a beautiful forest?

Better yet, you have a guide along who will ensure you stay on the right path as you freely take in the fresh air and the sights of the beautiful park.

Canoeing through the Rapti river

Another relaxing option for the laid back is to drift down the beautiful Rapti river in a traditional 'dug out' canoe.

Don't forget to keep your eyes peeled out for any of the exotic birds and animals that may curiously peek at you through the forests.

What we have planned for you

- Trekking through the forests in the wee hours of the morning, to beat the heat and rejuvenate in the arms of nature.
- Have your breakfast at 'Friend's Café' where, if you're lucky, you may get to meet an elephant.
- Take a jeep safari through the Chitwan park and observe the animals in their natural habitat.
- Take a canoe ride through the river.

123Travel – Cheryl Ryan

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Looking to Downsize – New Rule Changes Making This More Attractive, with even more on the way.....



Recent changes (effective 1st July 2022) to the Downsizer Contribution rules mean selling your principal place of residence is about to get more attractive for a larger percentage of the population. From 1st July 2022, homeowners aged 60 years or older (previously 65) will be eligible to access the Downsizer Contribution Concession.

The Downsizer Contribution allows homeowners who have continually owned their Principal Place of Residence for a period of 10 years or more to make a contribution to their super fund from the proceeds of their property sales of up to \$300,000 each (\$600,000 for a couple). This contribution does not count towards your Concessional or Non-Concessional Caps in the year it is made. The contribution is treated as a Non Concessional contribution and is not subject to contributions tax in the fund.

In order to satisfy the requirements to access this concession you need to be able to answer all of the following questions with a yes:

- You are over 60 years of age (prior to 1 July 2022 this was 65)
- Your home was owned by you or your spouse for 10 years or more prior to the sale
- Your home is located in Australia
- The proceeds of the sale are exempt from Capital Gains Tax (CGT) under the main residence exemption
- You provide your Super Fund with a Downsizer Contribution into Super Form (NAT 75073), either before or at the time of making the contribution
- You make the Downsizer Contribution within 90 days of receiving the funds from the sale of the property
- You have not previously made a Downsizer Contribution to your super fund from the sale of another property or from a partial sale of your home

New tax amendments introduced into parliament last month also look to reduce the age to access this concession to 55 years of age. These have not currently become law, but it is expected they will be legislated as early as October this and will apply from this date. Keep an eye out for updates.

For more information please feel free to contact our office on 07 54379900 anytime.

Dale Trickett, Director

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Address the Logjam to End the Cycle of Horror Stories

The AMA today renewed its call for reform of public hospital funding, following a week of harrowing media stories highlighting the plight Australians face from an under-funded and under-resourced hospital system.

AMA President Professor Steve Robson said the horror stories coming out of every state and territory were the result of increased pressure on hospitals and a funding agreement that is “failing the health system and Australians who rely on that system”.

“Story after story is showing a system buckling under pressure. People are dying waiting to be seen which is unacceptable in a country that prides itself on having a world-class health system,” Professor Robson said.

“NSW is facing record wait times for emergency departments and essential surgery, as ambulance ramping spikes, one in 10 people are leaving the emergency department without receiving care, and more than 18,700 people are overdue for surgery. This is no surprise, given reports of patients stuck in hospital beds for more than five years, waiting for disability or aged care services — beds that are needed to provide hospital care.

“In QLD, there are reports of patients dying as they wait for ambulances, with one suicidal patient waiting more than two hours for an ambulance and being found dead by paramedics, and another dying as the ambulance arrived nine hours after the call for help.

“How many more people need to die before we act?”

Professor Robson said the ACT also has beds taken up by patients who are waiting for disability or aged care services, and while the federal government’s new plan will help address this, more is needed to address systemic hospital issues.

“As inflation — and therefore the cost of providing care — continues to increase, the dollars available to provide healthcare will decrease, which was highlighted in a report on Victoria’s health budget over the weekend.”

The states and territories agree the current funding model is inadequate and have joined the AMA’s call for a permanent 50-50 funding split with the Commonwealth; with SA and TAS re-stating their position this week as they grapple with unprecedented demand and GP shortages.

“The previous federal government failed to act on an inadequate funding system, and decisive action is needed from the current government to address the issue,” Professor Robson said.

“We appreciate the decision to extend pandemic-related funding arrangements for another three months, however the health minister’s suggestion yesterday that the current funding agreement should run until 2025 isn’t good enough.

Our hospitals were in crisis before COVID-19. The horrific stories we are hearing are simply the result of inadequate funding arrangements.”

The AMA’s Clear the Hospital Logjam campaign is calling for 50-50 funding between the Commonwealth and states to improve hospital performance, expand capacity, and address avoidable admissions. It also calls for the 6.5 per cent cap on activity to be scrapped, to allow hospitals to meet community demand.

“Over the next few months, the AMA will be renewing our push for hospital reform through our campaign. We will be advocating for funding to address elective surgery and outpatient appointment wait times, the bed block created by having inadequate aged care and NDIS funding and proposing solutions to the current GP crisis.

“My hope is that we give hospitals what they need, and soon. “Behind every horror story of an avoidable death is someone’s loved one, and all Australians deserve better — it’s time to act.”

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Where We Work and Live

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

Gary Beck. Royal Australian Air Force, Bomber Pilot

Gary Beck flew Canberra bombers with the Royal Australian Airforce in Vietnam. They flew low-level missions that required accurate flying.

In 1967, eight Canberra bombers were sent to Vietnam by the Australian Government as part of its commitment to the war. A young pilot named Gary Beck was very keen to fly one.

"I was standing in the crew room and my posting came to Caribous in Vietnam, and I said, 'Oh God no, I don't want to do that!' And the CO heard me. Beck! Come in here!' 'Yes sir, what's wrong?' 'You saying you don't want to go to Vietnam?' 'Oh no sir, I just don't want to go on Caribous'. 'What do you want to do?' 'I want to fly Canberras, Sir'. And that day was the only time I ever had any influence over anyone; my posting was changed to Canberras."

Gary joined No. 2 Squadron RAAF as part of the US Air Force 35th Tactical Fighter Wing. They were based at Phan Rang Air Base. "We were blown away by the size of the American air base. We landed and the number of aircraft in the revetments, and the length of the runways, it was just massive. But the thing that really blew us away was the Australian compound that had been built for us by No. 5 Airfield Construction Squadron. We happened to have the only water closet toilets on the base and the Americans were quite impressed with that." The Canberras mostly undertook low-level daylight bombing missions. Accuracy was everything.

"We always operated with a forward air controller, and the forward air controller would brief us and designate the target by firing a rocket. And the smoke, a little white smoke would appear and he would say, 'Alright magpie, I want you to bomb 10 metres right of the smoke and 50 metres short of the smoke.' And so the navigator is saying,



Gary Beck (Royal Australian Air Force), Bomber Pilot

'Right, I've got the smoke, left, left, steady, steady, steady, right steady, steady, steady, steady, steady, left steady. Hold it, hold it hold it, you've got it, bomb gone'. And you could relax then. We learned to fly much more accurately than we had ever flown on operations or exercises in Australia. This was a whole new world to us."

Unlike the experience of other returning veterans, Gary believes that the No. 2 Squadron crews found life less confronting. "We were so occupied all the time; there was never this feeling for us that we weren't welcomed home, or we've missed out on something. And I think that was true of anyone on our squadron certainly, and anyone in the air force, because we weren't part of the Nashos. We had no experience like that.

So I think all those feelings were mostly felt by those who came back from the army tour in Vietnam and suddenly had nothing. They were just in a sort of a friendly wasteland." The No. 2 Squadron crews were astonishingly accurate. They flew 5% of the Fighter Wing's missions but accounted for 16% of the bomb damage. Five crew members were killed during the war.

Stories continued next month

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