



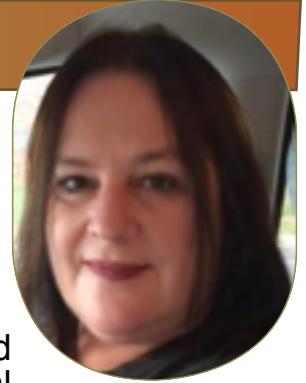
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Vietnam War
1962 - 1975

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RDMA's President Report Dr Kimberley Bondeson



This is the beginning of spring, and we are looking forward to a hot summer and a bushfire season. Already the local councils are back burning in anticipation of this.

The Voice Referendum is coming up shortly, and there is a lot of mail being sent to people, but very little fine detail on what it all means.

The Payroll Tax issue is still ongoing. The Queensland State Revenue Office has released a new public ruling, which states that "Treasury will issue a new Public Ruling next week that makes it clear that patient fees, including any out-of-pocket expenses, will not be subject to payroll tax when they are paid directly by a patient to a GP for that GP service". (AMAQ media release, 14th September, 2023).

It will be interesting to see what the fine details of this announcement include. Along with this announcement, the GP Payroll Tax amnesty has been extended until the 10th November 2023, to allow practices to seek further legal advice concerning their potential liability.

Many practice owners are still finding this situation hanging over them as a nightmare. It takes away from patient care, and causes undue stress.

The role of AI in medicine is a fascinating area. There are now a variety of studies which are giving some interesting results. Will it ever take over from the role of an actual human doctor? I don't think so, but it can certainly contribute in a positive way, using IT's massive data base to assist with difficult clinical situations. Or, as

one study has shown, IT's use in predicting representations to Accident & Emergency, within a month of their last GP visit.

It is a data base called Diversion. "Clinical instinct vs AI: Which is best at keeping patients out of hospital?". An interesting study, (Australian Doctor 11 September 2023) which goes on to describe the accuracy of the AI-powered decision-support tool.

However, whilst it was able to use an algorithm which correctly predicted 74% of presentation, within one month of their last GP visit, it did not do as well in predicting ED presentation in the next 31-265 days, only getting 37% correct.

One of the difficulties described in this type of software is whether the data going in is useful and accurate. It is an ongoing work in progress.

Coming up shortly at the end of September is the AMAQ Conference in Portugal, which is the first overseas conference since the pandemic. It should be informative, and enjoyable.

Kimberley Bondeson

**Note: Free RDMA
Membership For
Doctors in Training**

**RDMA Meeting Dates
Page 2.**



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

RDMA 2023 MEETING DATES:

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

CPD Points Attendance Certificate Available

**Venue: The Komo, WaterView Room 1,
99 Marine Parade Redcliffe**

Time: 7.00 pm for 7.30 pm

Next Meeting

Tuesday	February	21st
Wednesday	March	29th
Wednesday	April	26th
Tuesday	May	30th
Wednesday	June	28th
Tuesday	July	25th
Wednesday	August	30th
✓ Tuesday	September	26th
ANNUAL GENERAL MEETING AGM		
Wednesday	October	25th
NETWORKING MEETING Post Office Hotel, 1 Bowser Pde Sandgate		
Friday	November	17

Newsletter Editor Dr Wayne Herdy

Newsletter Publisher.

M: 0408 714 984

Email:RDMAnews@gmail.com

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- ▶ No charge to current RDMA members.
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QML Pathology has spent more than 90 years servicing Queensland and northern New South Wales medical practitioners and patients.

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RDMA Executive Contacts:

President:

Dr Kimberley Bondeson
Ph: 3284 9777



Vice President :

Dr Wayne Herdy
Ph: 5491 5666



Secretary:

Dr Alka Kothari
Ph: 3883 7777



Treasurer:

Dr Peter Stephenson
Ph: 3886 6889



Email: rdma.treasurer@gmail.com

Committee Member:

Dr Geoff Hawson
Ph: 0418870140



Email: geoffrey@hawson.org

Meeting Conveners Ph:3049 4444

Email: qml_rdma@qml.com.au

Anna Woznaik
M: 0466480315



NEXT RDMA MEETING ON 26TH SEPTEMBER 2023



Monthly Meeting

Date Tuesday 26th September 2023

Time 7pm for a 7:30pm start

Venue Waterview Room,
The Komo
99 Marine Pd
Redcliffe

Cost Financial members, interns, doctors in training and medical students – FR
Non-Financial members – \$30 payable at the door (Membership application available).

7:00pm Arrival & Registration

7:30pm Be seated – Entrée served
Welcome by A/Prof Geoff Hawson – RDMA Inc

7:40pm **Speaker: Dr Yanez Peerbaccus**
Topic 1: IBD, differential diagnosis, clinical evaluation, and management of UC
Sponsor: DrFalk Pharma

Agenda

Topic 2: BIB intragastric Balloon weight loss system
Sponsor: Apollo Endosurgery
Main Meal served (during presentation)

8:00pm Q&A

8:30pm General Business - Dessert served
Tea & Coffee served

RSVP

By Friday 22nd September 2023

RDMA@qml.com.au or 0466 480 315

RDMA MEETING AUGUST 30TH 2023

Introductions:

Kimberley Bondeson introduced our Sponsor Tilray's representative Nicole Atkins.

Speaker

Dr Peter Deogeius, Pain Specialist and Rehabilitation Physcian, Noosa

Topic

Medicinal Cannabis in Treating Chronic

Pain.

Below Clockwise:

Photo 1

Speaker Dr Peter Geogeius.

Photo 2

Dr Peter Geogeius & Nicole Atkins Rep.

Photo 3

Zac Ryan & Anna Wozniak

Photo 4

Kym Irving and Geoffrey Hawson

Continued on over to page 6



Supporting vital research into breast cancer

\$5 donated from every Mammogram with us during October

Lime Radiology provides the full range of breast imaging and intervention including 3D mammography, ultrasound, MRI, nuclear medicine and pre-op localisation procedures.



We have a dedicated team of breast imaging trained staff, including a fully qualified breast specialist Radiologist doctor, mammographers, nurses, and sonographers onsite to provide all breast-related medical imaging.

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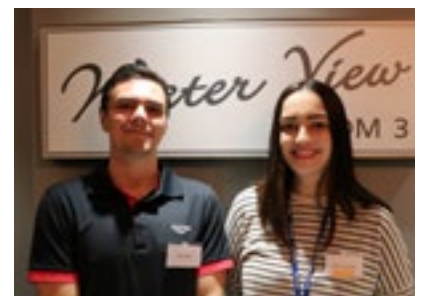
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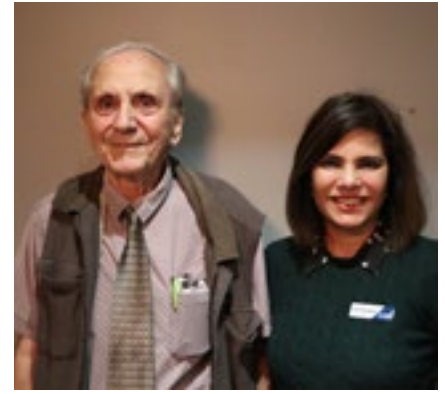
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Left to right

Photo 5
Anna Wozniak and Alka Kothari



Left Photo 6
Drs Carol and Larry Gahan,



Left Photo 7
Catherine Yelland and New Member Barbara Woodhouse



Left Photo 8
Dr Peter Marendy and Alka Kothari



Left Photo 9
Dr Peter Geogeius and Nicole Atikins.

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EXERCISE PHYSIOLOGISTS & THE WORKERS COMPENSATION SCHEME

Exercise Physiology is a highly valued service through Workers Compensation QLD (WCQ). The primary goal is to successfully return the injured worker to their pre-injury work duties and hours with specific exercise prescription, motivational interviewing, and education.

THE SPORTS & SPINAL EXERCISE PHYSIOLOGY TEAM CAN HELP YOUR PATIENTS TODAY.

REFERRALS VIA MEDICAL OBJECTS, FAX OR PHONE.



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SEEING AN EP THROUGH WORKERS COMPENSATION QLD

-  EPs work as part of a multidisciplinary team to ensure the mental and physical components of the patient's injury, and barriers to recovery, are addressed.
-  An injured worker is usually referred by their GP, specialist, or physiotherapist to an EP for assistance with rehabilitation after their injury.
-  EP's place a large focus on communicating with the injured worker's GP, case manager, employer, specialists, and other allied health professionals to ensure the patients return-to-work duties and hours are paced.
-  Once an injured worker's acute pain is managed the exercise prescription aims to replicate the exact work demands of the injured worker.





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the children's charity

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"2023 Variety Bash Toowoomba to Cairns via NO's Rock'n Country is an adventure with mates driving 30+ year old cars through regional parts of Australia to help give Aussie kids a fair go"

2023 Fundraiser HALLOWEEN SHOW

Dinner



Lucky Door Prize

Fancy Dress Prize

Doors Open:

6:00pm Saturday 14th October 2023

Palmwoods Memorial Hall

Corner of Main and Margaret Streets, Palmwoods

Absolute Aerials

ASTRIIX

Oxytocin

Magic Mitch

Live band



Licensed Bar

18+

\$70 donation door entry includes meal and entertainment
TICKETS: ticketebo.com.au/varietybash2023Palmwoods

MEDIA RELEASE

Friday, 1 September 2023

Flexibility is key to growing the medical workforce

Doctors and medical students need access to flexible working and training arrangements to support and grow the medical workforce, and improve diversity and equal opportunity in the sector.

The Australian Medical Association has updated its [position statement on flexibility in work and training practices](#), reflecting the evolving needs of Australia's medical workforce and the shift in societal attitudes for greater flexibility in workplaces and training environments.

The position statement outlines initiatives that will help medical training providers and employers support doctors to take up flexible work.

AMA President Professor Steve Robson said lifestyle and flexible working practices were among the most important factors for doctors when deciding on specialty careers.

"Most training programs in Australia provide opportunities for trainees to complete their training in a flexible manner, but unfortunately there's evidence that shows trainees find it hard to request flexible training and work due to structural and cultural issues," Professor Robson said.

"The burden is often placed on the trainees to negotiate their own terms of flexibility and support, resulting in poor uptake of flexible training.

"Flexible training and flexible working environments promote equal opportunity and diversity, while enhancing the overall participation of doctors in the workforce and support high quality patient care."

Professor Robson also noted [research from the Diversity Council Australia](#) highlighted the role flexible working arrangements can play to help close the gender pay gap by enabling greater workforce participation for those with caring responsibilities.

"Access to flexible work is important for both men and women who want to be able to share the parenting load. Caring duties disproportionately fall to women, and men find they are discriminated against when asking for access to flexible work," Professor Robson said.

The AMA's updated position statement provides practical suggestions to improve access to flexible work and training, including flexible full time, job-share and part-time positions.

Other suggestions include removing caps on interrupted training due to parental and carer's leave and support for doctors with disability to arrange bespoke flexible training and work arrangements.

The AMA is also urging trainees to take part in this year's [Medical Training Survey](#), which is asking questions about flexible work and training arrangements for the first time.

Dr Hannah Szewczyk, chair of the AMA's Council of Doctors in Training, said the survey gives trainees the opportunity to share their unique insights and will generate data that will ultimately improve the quality of medical education and training in Australia.

MEDIA RELEASE

Thursday, 21 September 2023

Health services must be considered essential services to help crisis response

Doctors and health services in rural and regional Australia must be classified as essential services to ensure patients are looked after both during and after a crisis, and greater efforts need to go into making sure our health system continues to function as part of an effective disaster response.

In a submission to a Commonwealth Department of Home Affairs consultation on crisis response, the Australian Medical Association has called on governments to declare health services in rural and regional areas essential services so they can get the immediate support they need following a crisis.

AMA President Professor Steve Robson said the Lismore floods showed how important it is for governments to formally designate medical and other healthcare services as essential services and ensure appropriate funding flows quickly and efficiently to support patients to access health services when disasters hit.

"I went to Lismore last year and I saw the devastation. There was a lack of infrastructure almost a year after the disaster. The AMA campaigned for a year before local healthcare services received funding. Funding needs to be provided to healthcare workers to look after patients who have survived so much loss and devastation."

The AMA's submission says there are also important lessons to be learned from the COVID-19 response on the value of consulting doctors to ensure the health impacts of crises are managed.

"We need to improve disaster planning arrangements and consult more effectively with key providers in our health system, like general practice, while making sure the health system has the supplies and equipment it needs to function effectively.

"Our National Medical Stockpile was put under immense pressure during COVID-19 and there is no doubt this had a detrimental impact on our response, particularly, the lack of access to personal protective equipment."

Professor Robson said health experts also have an important role in informing crisis response measures as well as being able to communicate with the public on important public health issues.

"We know there will be further crises, with climate-related events increasing in frequency and severity. Climate change is a health emergency, and we need coordinated response measures with healthcare professionals as part of the strategic mix."

The AMA's submission also outlines key areas in which the health profession can offer expert advice such as communication and coordination efforts, health service support, and community support.

"Doctors can help with public messaging and talking with other doctors and allied health professionals. They also know what health infrastructure is needed to provide continuity of care for patients.

"Doctors also need to be enabled to provide primary care through things like having access to Medicare benefits while practicing in temporary premises or having access to essential medicines and personal protection equipment."

[Read the AMA's submission.](#)

Large Scale Natural Disasters in Queensland. Why Medicine is Missing and What Needs to Change.

Dr Geoffrey Beadle, (Medical Oncologist from Icon Cancer Centre

Queensland is the most disaster-prone state in Australia and the Pacific region is the most disaster-prone region in the world. Climate change impacts are increasing in frequency and severity nationwide and, in response, federal and state governments have undertaken numerous reviews to assess past shortcomings and identify new strategies; as a result, transformational change is afoot.

In the past, disaster response followed a top-down approach – “experts know best”. Now the emphasis is that Local Government Areas, in full consultation with the local community, coordinate disaster management, firstly by proactively deploying all community resources when a response is necessary, and secondly by empowering the community to assist in disaster preparedness and mitigation strategies.

Currently, the health care system and the medical profession are poorly structured to deal with disaster response. Queensland is a health care rich state but also a health care sparse state. Queensland’s vast area means that optimal hospital-based services will be remote from many future impacts or themselves may be isolated by impacts. That is not going to change. The medical practitioner model has a related problem – “you come to us”. In response to a large-scale disaster, it needs to be “we come to you” – deployment is necessary.

The most important challenge for deployment in the setting of a medical workforce crisis is “Who?”. Perhaps the most potentially available group are Queensland doctors starting to transition from full time work towards retirement. This group is credentialled, CPD active and indemnified. These doctors also bring a wealth of experience and a life-long discipline of continuous learning that can be adapted to the upskilling required to deploy or to bring non-deployment functions to a new professional enterprise.

At the same time, deployment to physically and functionally disrupted environments inhabited by psychosocially impacted people has particular challenges for doctors whose prior work life has been conducted in the relative comfort of a familiar office or hospital. In a setting of existential ambiguity, personal and health resilience underpin the ability to care for the sick and vulnerable as well as to support each other as colleagues. Adapting to new challenges and learnings is well within the existing skillset of many doctors, and is essential to complement existing, but numerically small, front line medical agencies.

The medical profession needs to be part of a proactive response to large-scale population disasters, and a medical reserve of Queensland doctors needs to be placed at the intersection where disaster collides with Queensland people.

14 September, 2023



Media release

*Remy, Nurse Alyssa Kemp
and Nurse Anne Tin*

Every smile is priceless thanks to your support of Redcliffe Hospital Giving Day

The countdown is on to the third annual Redcliffe Hospital Giving Day on Thursday 12 October, a time when the community from Scarborough to Shorncliffe gives together to help the region's biggest little hospital dish out plenty of smiles, along with medical treatment.

For the hospital's smallest patients, like 6-year-old Remy from Brighton, the extraordinary power of giving is helping ease nerves as they wait in the Paediatric Ward. The ward's new distraction trolley is packed with surprises, spreading joy, smiles and distraction through fun. The trolley is just one of the many important projects funded from more than \$220,000 raised on last year's Redcliffe Hospital Giving Day.

"In a community as tight knit as the Moreton Region, almost everyone has a connection to Redcliffe Hospital," said the RBWH Foundation CEO Simone Garske.

"When we talk about making a difference, we're making that difference for your family, your friends, your staff and your neighbours."

Giving Day is the main event for Raise it for Redcliffe Hospital, a partnership between the RBWH Foundation and Redcliffe Hospital. All funds support innovative patient care projects, life-changing health research and other hospital initiatives.

Every donation received by Redcliffe Hospital Giving Day will be doubled by Giving Day Impact Partners, for twice the impact. It is never too early to contribute so donate online at www.redcliffegivingday.com.au

Stay up to date with the latest Giving Day News, including community fundraising events, by following the Raise it for Redcliffe Facebook page.

The main focus this year is renovation of the hospital's Palliative Care Unit, adding touches of home that make the stay more comfortable for patients with a life-limiting illness. The Unit cares for about 600 patients each year.

"The lounge and courtyard area give patients and their families a place to break away and have a breath of fresh air, because when you're spending a significant time at hospital with an unwell family member, it can be quite draining," said Palliative Care Nurse Unit Manager Kim Shesgreen.

"A renovation would enhance the quality of time with the patient, by providing an area that feels more warm, homely, and comfortable."

The Redcliffe District Medical Association has supported Redcliffe Hospital Giving Day in recent years as a Research Giving Circle member. To learn more about Raise it for Redcliffe Hospital, Redcliffe Hospital Giving Day or the Research Giving Circle, email Fundraising Manager Sharyn Tidswell at s.tidswell@rbwhfoundation.com.au

MEDIA CONTACT:

RBWH Foundation Senior Media and Communications and Advisor Dana Lang

Phone: 0404 866 903

Email: d.lang@rbwhfoundation.com.au

MEDIA RELEASE

Friday, 22 September 2023

AMA supports major reforms to end retail vaping in Australia

The Australian Medical Association has supported a proposed overhaul to vaping laws, which would put an end to the retail sale of vapes in Australia and help people kick the dangerous and addictive habit.

Under reforms proposed by the Therapeutic Goods Administration (TGA), the importation, manufacture and sale of vaping products — regardless of nicotine content — would be banned outside of therapeutic use prescribed by a doctor and dispensed by a pharmacist.

[In a submission to the TGA](#), the AMA has supported the proposed reforms, which include the use of plain, pharmaceutical-like packaging with warning signs for vaping products.

AMA President Professor Steve Robson praised the TGA for using expert medical, public health and scientific advice to guide reforms.

He also commended the federal government for taking an important step in the fight against tobacco and nicotine addiction by [introducing new reforms to Parliament this month](#).

“The AMA welcomes the federal government’s strong action against smoking and vaping addiction. The government has listened to the advice of the AMA and public health experts and is closing loopholes and exposing blind spots exploited by the predatory tobacco industry,” Professor Robson said.

“We are in a situation where kids are becoming so addicted, they are hitting the vape in schoolyards and classrooms.

“This is an entirely unacceptable situation — but it’s not the kids’ fault. This crisis is on the hands of big tobacco and the industry’s insidious tactics to lure kids with bright colours, fruity flavours and false assertions the products are free of nicotine.”

The reforms will include legislative changes to allow Commonwealth, state and territory governments to enforce the new rules with criminal offences, civil penalties and improved information sharing, among other measures.

Professor Robson said there was no strong evidence to suggest vaping is an effective smoking cessation tool, despite the best attempts of irrational proponents who claim the opposite.

“The AMA’s support for the TGA’s proposed reforms is based on cold, hard evidence, which shows people who vape are three times more likely to take up smoking than people who have never vaped, and that former smoking addicts who vape are more likely to relapse,” Professor Robson said.

The TGA’s reforms include many long-standing AMA proposals, including limits on the flavours and volume of nicotine that can be prescribed or ordered and ending the personal importation scheme, which is a major loophole in the current system.

MEDIA RELEASE

Friday, 15 September 2023

State and territory governments must act to ensure consistency on payroll tax

State and territory governments must apply a nationally consistent approach to payroll tax to ensure struggling general practices across Australia aren't left to deal with a hodgepodge of payroll laws, leaving patients in some part of the country with higher out of pocket costs.

Australian Medical Association President Professor Steve Robson welcomed yesterday's news that Queensland's Revenue Office is expected to clarify that patient fees, including any out-of-pocket expenses, will not be subject to payroll tax when they are paid directly by a patient to a GP for that GP service.

"This news, which follows ongoing advocacy from Queensland AMA, is very welcome, but it's taken far too long to reach this decision," Professor Robson said.

"Until now it seemed the state government was intent on applying an additional payroll tax burden on general practice contrary to past practice. We have yet to see the detail, but we hope this will provide certainty to the state's general practices.

"We have said all along that state and territory revenue offices have been trying to shift the payroll tax goal posts. It is critical they now take a different to approach, working instead to support general practice, not penalise it.

"We also need to make it as easy as possible for general practices to ensure they are meeting their payroll tax obligations. Imposing additional red tape on struggling general practices will do nothing to support them and only lead to greater compliance costs."

Professor Robson said it was clear that revenue offices in some states and territories had taken a highly coordinated approach to this tax grab on general practice and it was now time for state/territory governments to step in and work together to fix the mess they have created.

Professor Robson said governments must put in place arrangements to ensure practices will not face retrospective payroll tax bills and will also have time to seek further advice and make sure their arrangements are entirely consistent with revised rulings.

"With a health system in crisis, state and territory governments must act to support general practice and make sure that patients are not hit with extra out of pocket costs.

"It's time for all governments to get on the same page and provide a nationally consistent approach, to avoid further impacting a health system that's already in crisis."

BRISBANE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Brisbane LMA produces a similar newsletter

For full details re advertising go to their

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

Answers to Questions in Quora (Internet) - 12

By Dr Mal Mohanlal

Continued Page 15

What other ancient books are there like "Vigyan Bhairav Tantra" (which describes methods of meditation?) I'm looking exactly for ancient meditation techniques texts.

I am afraid that if you depend on the ancient texts for meditation, you will be chasing your shadow for the rest of your life. The ancients built an escapist world of delusions, and we are following the same path, making a bigger and better one with our modern technology. People do not understand meditation and its purpose. They practice self-hypnosis, not meditation. Please read my online articles to understand meditation and how to meditate correctly.

Once someone has gone through a deep spiritual awakening, can they ever return to their old life?

There is no such thing as "spiritual awakening.". We live in a hypnotic world of delusions. Please read my online article to understand enlightenment. When you are enlightened, your perceptions change, so there is never going backward. Google: mal mohanlal vocal

Why is it important to understand the role of the subconscious in human behavior? How does one go about doing this?

Do you know that your subconscious mind controls all your vital functions? The subconscious mind could keep the body alive even if you were brain dead. Not only that but your feelings and emotions are all under subconscious control. Even your thinking and the words you use directly influence your subconscious mind. Your subconscious mind, together with your conscious mind, is one mind. So shouldn't you think everyone should learn more about it and acquire self-knowledge? Self-knowledge is about learning and becoming aware of how our ego operates in our minds. It is about becoming aware of the hypnotic effect of words on our minds when thinking. Please read my article on the brain, the ego and the mind to learn more about your mind.

What does it spiritually mean when you feel shocks/tingling in your right leg in the night?

If you are trying to connect your physical symptoms with something spiritual, you live in a world of delusions. Do you know reality is timeless and eternal? The word "spirit" instantly takes you away from this world. How will you ever understand your relationship with reality? Please read my latest article on the ego, the delusional thinker. It will give you new insight into your mind. Google: mal mohanlal vocal

What effect can meditation have on a person's process to spiritual enlightenment?

Meditation used for spiritual enlightenment is an exercise in delusional thinking. It is self-hypnosis and creates a whole world of delusions. However, there is a wrong and a right way of meditating. Please read my article on the Internet to find out how one can experience the timeless dimension before you in the present.

Has anyone of you or someone you know ever had hypnosis and does it work? If you or someone you know had it and it worked, what was it for?

Do you know that you are already hypnotized and are still asking this question? When you think you are hypnotizing yourself. We live in a hypnotic world, and millions like you do not know it. The TV, the radio, the movies, the mobile phone, and the books you read all hypnotize you. Your ego is a product of self-hypnosis. Please read my online article to understand hypnosis and acquire self-knowledge. Google: mal mohanlal vocal

What is your definition of enlightenment? How would you know if you have reached this state in your life, and what are the signs that you have not yet reached enlightenment?

Most people are not aware that their ego is a product of self-hypnosis. Waking up from this self-hypnosis is what I call enlightenment. When enlightened, your thinking process changes from the thinker and the thought mode to the observer and the observed mode. Please read my online article on enlightenment to acquire self-knowledge. Google: mal mohanlal vocal.

What are the limits of hypnosis? Can you make people do things while under hypnosis that they wouldn't normally do without being under hypnosis?

There are no limits. You do not understand hypnosis. No one can make you do things you do not want to do. Our thinking process is hypnotic. When we are thinking, we are hypnotizing ourselves. When we follow suggestions, read a book, follow a story etc., we are hypnotizing ourselves. The ego in our mind is a product of self-hypnosis. Please read my article on hypnosis to learn more.

What are the benefits of being at peace with oneself? Do people who are genuinely at peace with themselves emit an aura that others can pick up on?

What stupid question is this? You are seeking peace because you are in conflict with yourself. If you do not see the benefit, you can remain in conflict. Why do you want to make a simple thing complicated?

Is it possible to have a spiritual awakening or mystical experience without knowing what it feels like beforehand?

Spiritual awakening, or mystical experience, is in the realm of delusional thinking. We live in a hypnotic world. Our ego is a product of self-hypnosis. We hypnotize ourselves when we think. Waking up from this self-hypnosis is called enlightenment. When that happens, your perception of reality changes from the thinker and the thought mode to the observer and the observed mode. There is nothing spiritual about this. Please read my online articles to wake up from self-hypnosis. Google: mal mohanlal vocal

Can the sutra where Osho talks about absorbing the universe and all space into the head be done with eyes open? It's a meditation in book of secrets by Osho

There is only one right way of meditating: in the observer and the observed mode. All other methods are exercises in self-hypnosis that lead to a world of delusions. Please read my online article if you wish to wake up from self-hypnosis. Google: mal mohanlal vocal

How does meditation affect depression and anhedonia?

Most people do not understand meditation. They practice self-hypnosis, not meditation. Now, depression and anhedonia are disorders of perception. If the person has no insight into their mind, medical treatment may be the only solution. To have insight requires an understanding of what perception and awareness mean. So, if a person does not understand what these mean, meditation would be a futile exercise. However, one can test oneself by reading one of my articles. If it makes sense, you have insight. Google: mal mohanlal vocal

My boyfriend just told me he hates me, wishes he never met me and likes another woman. This is the first time he's said something like this. What should I do?

Say to him "If you feel this way, I wish I had never met you before too. Good bye and good luck".

Portugal

By

Cheryl Ryan



Once a highly influential and powerful nation, with its dominion established over many parts of the world, today, Portugal is a laid-back peaceful country that boasts the legacy of its cultural history. Located along the Atlantic coast and bordering Spain, this lovely country is perfect for a lazy holiday. Bask at the balmy beaches

The Atlantic coastline is a major part of the mainland and as such features warm sandy beaches and soothing blue seas. Relaxing at Praia de Rocha, one of the famous beaches, will truly give you the Mediterranean feel.

Discover hidden natural beauties
The coastal side brings with it many hidden treasures like charming little palm groves, creeks, and hidden beaches. One of these beauties is the Benagil sea cave, which can be accessed by boat or a short swim. Once there, the cave offers on display, its beautiful natural rock formations in the dome, opening in the roof to the blue skies above.

Go wine tasting in the Douro Valley
When talking about wines, one of the famous names that comes up is Port, and what better place to get the authentic experience of port wine making and tasting than in its birthplace itself- Portugal. Douro valley comprises beautiful terraces of vineyards and offers wine tasting tours. Don't forget to explore the small village there before you get tipsy.

Scout and relax at the Ilha Deserta
As its name suggests, this little island is pretty much deserted. One can get there by boat, complete with a local wildlife

expert, who will point out the flora and fauna encountered. This place is a must visit for a day of relaxation, fun and some delicious culinary indulgence at the humble eco-friendly restaurant there.

What we have planned for you:

- Have a sumptuous breakfast at some of the finest cafes in Lisbon.
- Rent a car and head out to Benagil beach.
- Kayak, swim or canoe your way to the Benagil sea cave and take your time exploring the beautiful cavern.
- Head back to the beach and dine at one of the restaurants that offer an amazing assortment of seafood.
- You can choose to enjoy the vibrant nightlife in Lisbon or spend your time walking through the streets exploring the local culture.

There are always plenty of options available if you must pick between adventure and relaxation.

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How Can a Self-Managed Super Fund Work for You?

Have you ever asked yourself how a self-managed superannuation fund (SMSF) can work for you?

When you choose to set up an SMSF, you are choosing to take control of your superannuation investments by making investment decisions that fall within superannuation and tax laws. This is a significant financial decision, and as Trustees (or directors of the Corporate Trustee), you need the time and skills to ensure that the SMSF is run correctly and in the best interest of its members.

You will need to formulate and give effect to an investment strategy that you review and update regularly, while understanding and complying with the restrictions on the investments SMSFs can make.

It costs money to set up and run an SMSF. You may find that the fees you pay for an SMSF are more than you will pay in another type of super fund. SMSFs are required to have a set of financial statements and tax return prepared each financial year, and are legally required to undergo an audit by an independent registered SMSF auditor. Most Trustees don't have the necessary knowledge to look after all aspects of running an SMSF, and will engage other professionals to offer services such as:

- Preparing the SMSF annual financial statements and tax return (your accountant)
- Financial advice (your authorised financial planner/ advisor)
- Assistance with fund administration (your accountant)
- Valuations of the SMSF assets
- Legal fees (for example, if a trust deed needs to be amended, or if a new lease for a property needs to be drawn up)
- Actuarial certificates (for SMSFs paying income streams/pensions)

- Insurance for members (where Life/TPD/Income protection policies are held in the name of the SMSF on behalf of members, premiums are deductible to the SMSF).

An SMSF is not a means to get early access to your super or to buy a holiday home or artwork to decorate your house; this is illegal, and severe penalties will apply. However, they can be useful vehicles for holding particular investments for the benefit of your existing family group of entities.

Most retail or industry superannuation funds will allow you to invest directly into assets such as shares, fixed interest and property via managed funds, however there are often restrictions, and you don't always have visibility of the underlying asset that you are exposed to. SMSFs can offer additional options, including direct shares, direct property (commercial or residential), physical gold and other commodities, and listed or unlisted unit trusts.

In some instances, an SMSF can borrow (via a Bare Trust) for investment purposes. Some small business owners hold their business premises within their SMSF. You may have a larger deposit and/or borrowing capacity using your superannuation balance than you do personally. Holding such property within an SMSF may also offer asset protection, security of tenancy and benefit succession planning. A complying SMSF also receives the benefit of a 15% tax rate, which is significantly less than the personal marginal tax rate of most individuals working in the medical field.

If you are considering if an SMSF is right for you, it is best to seek advice from a qualified, licensed financial advisor with experience in the SMSF space.

Christine Benson, MPA
Accountant – SMSF Team

If you are looking for an accounting firm with a dedicated SMSF team to help you with the day to day running of your SMSF, or would like a complimentary SMSF health check, please contact David Darrant at Poole Group Accountants and Business Advisers today.

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AMA Summit to Address Australia's Rural Medical Workforce Dilemma

The Australian Medical Association will bring together leading doctors and experts in rural medicine to unearth much needed solutions to some of the most pressing issues affecting Australia's regional medical workforce.

In response to crippling rural workforce shortages and a lack of specialist training opportunities throughout regional Australia, the AMA will hold a Rural Medical Training Summit in Canberra today.

The event will coincide with the launch of the AMA's Plan for improving access to rural general practice, which proposes a range of measures to improve access to primary healthcare for rural communities.

Proposed measures outlined in the plan include the establishment of a National Rural Health and Workforce Strategy — with funding for an independent workforce planning agency — and expanded training pathways for doctors in rural areas.

The Rural Medical Training Summit will help the AMA and other key health stakeholders develop priorities for advocacy and reform in rural specialist training.

AMA President Professor Stephen Robson said the expertise of participants, including one of the world's foremost authorities in rural medical education — Professor Roger Strasser AM — would be a key part of collaborative efforts in rural medical training reform.

"Medical workforce shortages are among the biggest threats to rural health in Australia," Professor Robson said.

"There is a severe lack of specialist training options for medical graduates in rural areas, meaning they are forced to return to the cities, where there are far more doctors per capita than in rural areas.

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"The maldistribution of Australia's medical workforce is not something that can be fixed overnight, but collaborative initiatives like the AMA's Rural Medical Training Summit can help form real, long-term fixes, rather than band-aid solutions such as only increasing the number of medical graduates."

Professor Robson said Australia already produced medical graduates at a rate higher than the OECD average, but there remained limited opportunities for graduates to undergo specialist training in rural areas.

He said the summit would examine how to address this issue, as well as ways to reform outdated policies to adapt to a more modern, flexible, and transient workforce.

The summit will also showcase the many rich and rewarding experiences of training in rural and regional Australia and discuss the need for extra support measures for those who work in those areas of the country.

The all-day event will be split into several sessions focusing on various policy issues including incentivising rural practice, creating training places in rural centres, supporting international medical graduates and thriving in rural practice.

Contact:
AMA Media: +61 427 209 753 media@ama.com.au

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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>

Neil Ralph (Royal Australian Navy), Helicopter Pilot

Neil Ralph served with the Royal Australian Navy Helicopter Flight Vietnam.

After the war he continued a distinguished career with the Navy.

In 1967, the Royal Australian Navy assembled a new helicopter squadron for Vietnam "" the RANHFV.

The flight commander was Neil Ralph.

"We didn't know much about Vietnam and we didn't know much about the war. But, we had to come up to speed very quickly."

The Australians were attached to the U.S. Army 135th Assault Helicopter Company. The American commander had already decided on a name for their squadron - the EMU Squadron.

"The colonel, who was the commander, he told me about the emu "" 'EEMOO', and he said, 'We were looking for a fast, aggressive bird.' That's fine. And I said, 'The only thing is it doesn't fly.' 'Oh.' Anyway, that was glossed over.

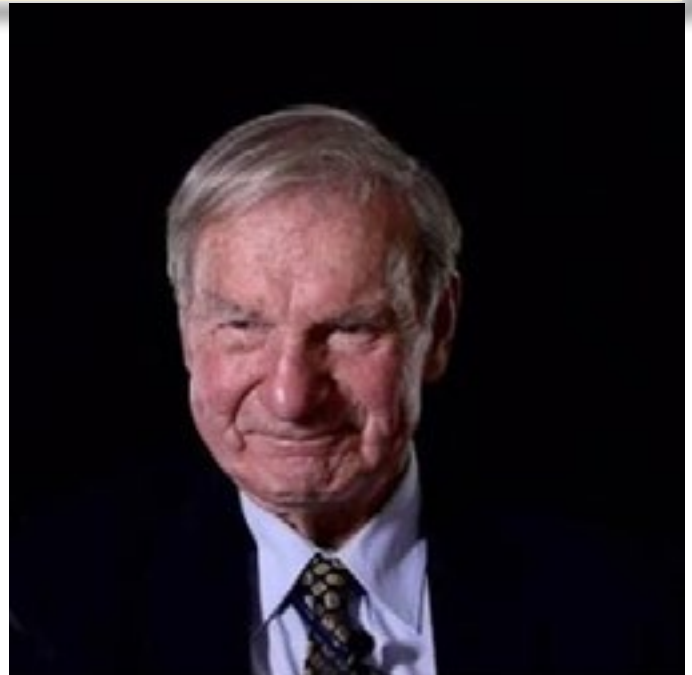
Together with the 135th, the Australian pilots flew hundreds of missions, dropping troops into battle, often under fire.

"It's a very vulnerable situation, it's the most vulnerable when the formation of 10 is coming in to land, just before the touchdown and the guns stop, the door guns stop, that's the most vulnerable time.

The troops get out very quickly, it's a matter of seconds and they're out. And once that's happened, off goes the formation.

Well they're more vulnerable to ground fire in the air, ten feet, twenty feet, 'Cos they make better targets there, than they are on the ground.

But mind you, I mean they couldn't miss on the ground either."



The RANHFV was so successful as a unit that the USAF decided to award them military honours.

There was just one problem.

"The American 1st Aviation Brigade commander called me up and said, 'Now Ralph, you get your troops into that thing because I want to pin medals on their chests.'

And I said, 'But we're not allowed to accept them.' 'Cos that was the rule.

'I'm going to pin them on your chest and if you don't like it, put 'em in your pocket!'

Anyway they were that gung-ho, they were really good and they thought a lot of us and we thought a lot of them.

And as one of my colleagues said, 'We were trained to do it and we did it.'

And I think that's the attitude most people would take."

At the end of his tour, Neil returned to Ship's duties aboard HMAS Sydney. He would go on to become an admiral in the RAN, leaving the war behind.

Stories continued next month

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