



*Strathpine*

See Strathpine featuring in our Historical Pictorial in this edition page 3 and our regular Where We Work And Live segment on Page 20 .



**RDMA President's Message ... Dr Wayne Herdy**

**PRESIDENT'S REPORT.**

Queensland and Japan are settling down to the long and painful task of patching up our respective worlds after unprecedented (at least in historical times) natural disasters. In RDMA-land, we sit comfortably in a world that was hardly touched directly by the momentous events that rocked the nation's headlines.



On the other side of the world, the Arab nation is rocked by man-made disasters as civil insurrection overthrows established regimes. In RDMA-land, the worst that we face is the possibility of peaceful regime change in the next State and Federal elections.

In mainland Asia, of which we now recognise that we are a Southern cousin, few have access to the Western medical technology that has given Australians the second-highest life expectancy in the world (OK, Japan has the highest life expectancy, but I did say "mainland" Asia). In RDMA-land, the worst that we face is the prospect of ideology-driven

health reforms that are being bulldozed through despite a comprehensive lack of evidence that they will improve what you and I do to our patients – but we will probably still deliver top-shelf service regardless of what health reforms are imposed on us.

This year has given us cause to reflect that, despite the worst that nature or global financial crises or ill-considered health policies can throw at us, we are sitting in a very privileged and comfortable position, with the opportunity to deliver great services to our patients, and to be amply rewarded by society for those services. As an ex-Prime Minister once said, probably to his eternal regret, "life wasn't meant to be easy". Despite that, in RDMA-land, life could have been harder than it is. At this important time in the Christian calendar, let us all give thanks to our respective gods for the challenges that have not been given to us to answer.

Wayne HERDY

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

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## DATE CLAIMERS :

For all queries contact Meeting Convener:

Phone: (07) 3049 4429

**Venue:** The Ox, 330 Oxley Ave, Margate

**Time:** 7.00 pm for 7.30 pm

## 2011 Dates:

**Thursday** April 28 (Note Date Change)

**Tuesday** May 31

**Wednesday** June 22

**Tuesday** July 26

## Annual General Meeting

**Wednesday** August 31

**Tuesday** September 13

**Wednesday** October 26

## Year End Networking Function

**Friday** November 25

## MAY NEWSLETTER 2011

The **15<sup>th</sup> MAY 2011** is the **timeline** for **ALL** contributions, advertisements and classifieds.

Please email the RDMA Publisher at **RDMAnews@gmail.com** or Fax: **(07) 5429 8407**

Website: <http://www.rdma.org.au>

## THIS NEWSLETTER

Thank you to the following members for their contributions:

- Dr Mal Mohanlal - Time & The Timeless
- Natalie Ong- RDMA Medical Student Membership Awareness
- Dr Kimberley Bondeson - AMAQ Foundation's Black Tie Dinner Invitation

We eagerly look forward to reading and enjoying our members contributions in the next edition.

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# Strathpine



# Strathpine



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## ASX 200 – 4900 points heading to 5400 points

Our Investment Strategy for the second quarter of 2011 is unchanged from the start of the year. Thematics highlighted include currency impacts; interest rate rises; our two-speed economy; merger and acquisition (M&A) activity; and increased dividend payments.

Whilst we do not expect any major revisions to global growth this quarter, the Australian equities market stands well positioned for the months ahead. Emerging market economies will continue to be the driving force behind

global growth. The US economy will continue to recover, however external shocks will always remain a risk.

Growth in developed markets will be constrained by a rising oil price and a potential raising of interest rates by the European Central Bank and Bank of England. On the back of potential inflation risk, equities remain the preferred asset class with significant fundamental value yet to be reflected in their prices.

Our outlook for the Australian equity market (ASX200) is a fair value of around 5,400 by calendar year end 2011.

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Phone: (07) 3897 3999  
Email: [ashley.greaves@rbsmorgans.com](mailto:ashley.greaves@rbsmorgans.com)

Our key thematics for the second quarter of 2011 focus on:

1. **Commodities:** Basic Materials & Energy continue to be the fundamental driver of performance in our market.

2. **A resilient AUD:** Continued US budget deficits and rising domestic interest rates will lend support to the AUD for the remainder of the year.

3. **Outperformance from large cap resources & mid cap industrials:** Large scale miners and the engineering and industrial companies that service the sector have higher sales and better bottom lines (profits).

4. **Strong dividend yield:** Excess cash derived from increased earnings expectations in those cyclicals as we progress through a recovery.

5. **Portfolio positioning:** As a natural hedge against a resource rich portfolio, the defensives in the Australian stockmarket remain an attractive place to be for the long term.



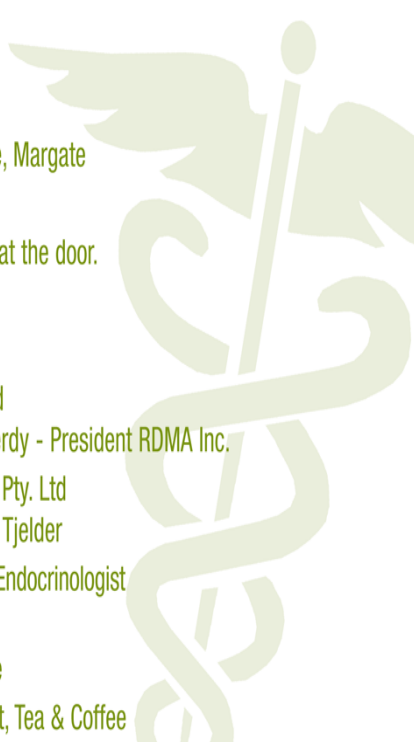
**Redcliffe District Local Medical Association's March Meeting at The Ox 25/03/11  
 Sponsor: Sanofi Aventis & Warner Chilcott, represented by Ian Thompson**



**REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.**

**MONTHLY MEETING**

- Date: **Thursday 28 April 2011**
- Time: 7 for 7.30pm
- Venue: Renoir Room - The Ox, 330 Oxley Ave, Margate
- Cost: Financial members - FREE  
 Non-financial members \$30 payable at the door.  
 (Membership applications available)
- Agenda: 7.00pm Arrival and Registration  
 7.30pm Be seated - Entrée served  
 Welcome by Dr Wayne Herdy - President RDMA Inc.  
 7.35pm Sponsor: Abbott Products Pty. Ltd  
 Represented by: Elsebeth Tjelder  
 7.40pm Speaker: Dr M D'Emden, Endocrinologist  
 Topic: Targets in Diabetics  
 8.15pm Main Meal, Question Time  
 8.40pm General Business, Dessert, Tea & Coffee



RSVP: e: tracey.jewell@qml.com.au t: 3049 4429  
 by Thursday 21 April



**CHANGES TO CLASSIFIEDS**

Classifieds remain **FREE** for current members. To place a classified please email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com) with the details for further processing.

Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

Members wishing to advertise are encouraged to take advantage of the Business Card or larger sized advertisement with the appropriate discount on offers.

**REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP**

Attendance at the Redcliffe & District Medical Association (RDMA) Meeting is **FREE** to current RDMA members.

Doctors are welcome to join on the night and be introduced to the members. **Membership application forms are in this edition and available at the sign-in table on the night.**

Meeting dates are in the date claimers on page 4  
**COST** for non-members:  
 \$30 for doctor, non-member

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# AMA QUEENSLAND PRESIDENT

*Dr Gino Pecoraro*



## Branch Council meets with Minister for Health and Director-General

At the last Branch Council meeting, AMA Queensland hosted a Question and Answer session with the new Minister for Health Hon Geoff Wilson and Director-General Mick Reid.

We asked members for questions and received enormous feedback. From the questions submitted by members, the following four topics were most frequently asked.

### 1. Q. How will Local Hospital Networks and Medicare Locals impact on Queensland's health system, in particular, will local doctors be involved in running their local hospitals?

**A. Minister Geoff Wilson:** Legislation to be passed this year to implement the COAG health reforms is being considered. Currently, only the boundaries of Local Hospital Networks (LHN) and Medicare Locals have been announced. However, the Commonwealth is currently looking at altering some of those boundaries. A decision on the boundaries will be made by April 2011. It is important that boundaries align. The plan is to establish 17 LHNs by July 2011, with them to be fully operational by July 2012.

**B. Director-General Mick Reid:** LHN boards will be skill-based, and while the original COAG agreement stated clinicians would be external to the LHN, draft legislation in Queensland will allow for local clinicians to be appointed. There is currently a proposal for a single LHN/Medicare Local model for remote Queensland to enable better delivery of services. This is yet to be finalised.

### 2. Q. Since the introduction of AHPRA, concerns have been raised by IMGs who are experiencing difficulties with their registration – what is Queensland Health doing to assist doctors affected by these changes?

**A. Director-General:** Queensland Health has been in contact with AHPRA to establish what problems have been affecting doctors. At 30 June 2010, there were approximately 16 doctors who no longer appeared to be registered. IMGs with limited registration were receiving advice from Queensland Health, and AHPRA have advised that only two doctors since July 2010 have been fully deregistered.

### 3. Q. Could you please provide an update on the VMO agreement?

**A. Director-General:** The VMO negotiations have been prolonged. Further discussions will follow a detailed briefing to the Minister on the current status.

**B. Minister:** The VMO negotiations have been an unfortunate protraction. I want to wrap it up quickly, however, there is a whole-of-government approach to wage setting. Having said that, I want to get on with the agreement.

### 4. Q. Does the Minister have any news on the waiting list for specialist outpatient appointments?

**A. Minister:** Queensland Health has a legislative obligation to publish waiting lists for outpatients annually. The last list was published in April 2010, and the next list will be published in April 2011 as part of our compliance with that legislation. The figures I've been given indicate we provide approximately 2.2 million occasions of service for outpatients annually to put into perspective a waiting list of 200,000 patients. Waiting lists are managed differently across hospitals and districts with no standardised collection. Western Australia is the only state with a standardised collection system. There is currently a project underway to collect the waiting time from across the state and consolidate the lists with the potential or it to be more publicly available.

Unfortunately there was not enough time to ask all of the questions submitted by members however a letter with those unanswered questions will be sent to the Minister and Director-General for answering at a later date.

Once all answers have been received, these will be uploaded onto the AMA Queensland website. We hope to organise another Q&A in the future, so look out for our email seeking your questions.

The Q&A session was a great opportunity to seek answers from those charged with running Queensland's health system. With so many changes taking place in our health system, it is vital that doctors are engaged to ensure health reform is a step forward – not a step back – for them and their patients.

Dr Gino Pecoraro  
AMA Queensland President



# REDAMA Report

Official publication of  
 the Redcliffe and  
 Districts Local Medical  
 Association

Issue No 1  
 April, 1989  
 Free to the Medical Profession

## LMA takes a stance on medical issues

**Thanks  
 to the  
 sponsor**

TWO major statements on patient rebates and the general practitioners fees negotiations have launched the Redcliffe and Districts LMA public relations campaign.

Media releases which attracted substantial publication in local newspapers, outlined the branch attitude towards Health Minister, Dr Blewett on the issue.

They are also expected to be published in national medical magazines including Australian Dr and Medical Observer.

The Blewett issue coincided with the appointment of the LMA's public relations consultancy.

It became the vehicle to test the media reaction to doctors becoming publicly involved in political and industrial matters.

The result was extensive use of the media releases and follow up inquiries which have indicated an improved



*"Thanks for a successful evening" was the message delivered by Dr Rod McDonald (centre) to Marlene Williams and Ian Munro, State Sales Manager of Glaxo after the March meeting of the Redcliffe and Districts LMA. Glaxo sponsored the dinner meeting which attracted a capacity attendance of 96 members and special visitors. Ian was quick to point out that the samples of Zantac left on the tables for each guest were not intended as a reflection on the dinner served by the Golden Ox restaurant in Redcliffe.*

relationship between doctors and the media.

The branch executive is now looking at other issues which can be developed into public issues through the

media.

Likely topics include improving patient awareness on heart disease, cancer, bicycle safety and developments in treatment of contemporary diseases.

The first release by Redcliffe LMA accused Dr Blewett of trying to divide the medical profession in his latest attempts to stop the AMA-backed content-based fee system.

The Association added its weight to accusations that Dr Blewett had made an "unacceptable" deal with the executive of the College of General Practitioners as part of a compromise on the fee

structure originally planned for introduction last November.

The next release revealed that Redcliffe LMA had appealed to the Prime Minister, Mr Hawke, to intervene by over-ruling on Dr Blewett's actions.

It quoted from a letter written by Redcliffe member, Dr Zelle Hodge, to Mr Hawke, before the special general meeting of the Royal Australian College of General Practitioners, in Sydney on April 1.

Another release outlined the history of the branch since it was formed in 1973 with Dr Peter Mareudy as president.

### Introducing the "Report"

Welcome to the official publication of the Redcliffe and Districts Local Medical Association. This monthly newsletter will be distributed to all areas of the medical profession within the boundaries of the branch, free of charge.

This is your publication. Contributions of interest to the medical profession are welcome. Letters to the Editor, articles on research and development or personal items on achievement are sought.

Publication is scheduled for the second Friday of each month and the deadline will be ten days before.

Send all contributions to PO Box 114, Southport 4215.

Redcliffe &  
 Districts LMA thanks

**QML COURIERS**

for delivery of the  
 'Redama REPORT'



# A special anniversary in the history of medicine

REDCLIFFE and Districts Local Medical Association, officially Australia's biggest regional medical group will celebrate a special anniversary in June, 16 years after a dedicated band of doctors held their first meeting in the Nurses' quarters at the Redcliffe Hospital.

That small gathering of enthusiastic practitioners has now grown into the Redcliffe and Districts Local Medical Association, with 360 members stretching from Kilcoy in the north to Banyo and Everton Park in the Brisbane urban area.

"It is a huge area that has members in almost every town and suburb within those boundaries set back in 1973," is the proud boast of the vice president, Dr Carole Gahan.

❖ Redcliffe LMA began as an informal gathering of doctors at the fledgling hospital about a year after it was officially opened in 1965 by the then Minister for Health, Mr Tooth.

Today's medical superintendent, Dr Reg Neilsen and his "right hand man" at the time, Dr Peter Marendy, were the two principal organisers who decided in 1973 that perhaps it was time they formalised their growing group.

"In those days, we had outgrown the Nurses Quarters and our meetings were held in the Physiotherapy Department," recalls Dr Neilsen.

They obtained a copy of a draft constitution from the AMA, looked at a map and selected the boundaries they thought would be needed to get enough members, and called a general meeting.

Dr Marendy was elected as the first president in June, 1973 and Dr Neilsen served the following year as the group established its identity and started attracting members from suburbs outside Redcliffe.

❖ Today, both men are still active members, attending the monthly dinner/business meetings but adopting only a "fatherly overview" of the day-to-day activities.

Their first dinner meetings were held at Sutton House but

later they moved around to venues such as the Moreton Bay Hotel, the Country Club Hotel at Strathpine, the Kallangur Hotel, the Redcliffe Hotel and in recent years, to the Golden Ox Restaurant complex in Redcliffe.

The growing membership lists boasts a diverse range of addresses that reads like a page of index in a street directory.

Kilcoy, Woodford, Caboolture, Beachmere, Banyo, Sandgate, Taigum, Burpengary, Carseldine, Bray Park, Aspley and Brighton are some of the suburbs and towns dotted among the Redcliffe and Kippa Ring addresses.

## HOW IT ALL BEGAN

This is an extract from a feature-style media release issued by the Redcliffe LMA on the history of the branch.

It is reprinted here for the benefit of members who may have missed it in the local newspapers when it was first published.

Members who have any old records, photographs or recollections about the branch are invited to send them to the secretary to assist in building up a library for the future.

Many of the members have practices in the City but prefer to maintain their AMA activities with the regional branch.

Others live on the Sunshine Coast and travel to the monthly meetings from their surgeries within the branch's borders.

And the branch maintains a tradition established in the early days of attracting women members, many who have held executive positions, including the only woman president.

Dr Carole Gahan, who was president for two years before Dr Rob Hodge took over last July, is now vice president with Dr Helen Mahoney as secretary.

Dr Ian Baker is treasurer. The president's honour

board includes the names of many well known practitioners: Max Chappell, Bruce Hansen, Ross Boulton, Jeff Karrasch, David Campbell, Len McKeering, Kerry Garske, Pat Tomasiello and Ralph Smallhorn.

❖ Although the 16 years of activity have produced many spirited debates, fiery flurries at political level and intense medical discussions, the branch has remained generally amicable, apart from one notable outburst.

The normally placid Dr Neilsen was so disappointed at the attendance of members the night he handed over the presidency in 1975 to Dr Mal Aitken.

"There is a solid cross section of the medical profession actively involved but most importantly, the specialists and the general practitioners are using the opportunity to exchange news and views," Dr Neilsen observes.

"There is much greater emphasis on further education for the doctors than there was in the early days and the fraternal bonds are much stronger, too," he said.

Dr Gahan, who also holds the role of Media Liaison co-ordinator, explains that the executive believes the medical profession has a moral responsibility to promote greater public awareness of "prevention is better than cure."

"This may sound like a contradiction in terms but it really means that by preventing unnecessary illnesses or injuries, doctors have more time to dedicate to treating the cases that do occur.

❖ "We don't want to see medicine become little more than a process line with numbers replacing patient's names and treatment on a Government-controlled roster system," she said.

But the vice president is concerned that complacency may creep into the ranks if doctors think it's a "full house" at the meetings held on the fourth Friday of each month.

"We need to continue building up our numbers so that the voice of the medical profession is properly represented in negotiations with Government, medical authorities and educational interests," she said.

Doctors living or practising in the area embracing Redcliffe, Sandgate and Caboolture districts, wishing to join the branch, can contact the secretary's office on 284 6666.

# SNAPSHOT FROM THE PAST

## REDAMA Newsletter from April, 1989 Issue 1

### EXECUTIVE MESSAGE

By LMA Chairman, Dr Rob Hodge

Welcome to the first edition of the monthly newsletter of this our Local Medical Association.

The Vice-President, Dr. Carole Gahan, who is our Media Liaison Officer, has laboured hard to achieve this resultant newsletter.

She has been ably backed by our Secretary, Dr. Helen Mahoney and Treasurer, Dr. Ian Baker, who have provided continuing solid support for our members.

Our L.M.A. has been actively involved in the discussion of the new agreement between the executive of the R.A.C.G.P. and the government, with press releases and letters to relevant politicians.

Our interest in the discussion had not been levelled at the fee aspects of the agreement but rather at other aspects of the agreement, such as the compulsory government control of continuing medical education requirements.

We have expressed our concern over the audit of general practitioner referral patterns to specialists and the coming limitation of their requests for x-ray and pathology requirements.

Concern has also been expressed about the disadvantage to women medical practitioners and to the exclusion of special interest groups, for example, sports medicine practitioners from the C.R.O.M.P. of new approved general practitioners.

To this end, our representatives are meeting Senator Reynolds and Senator Robert Hill in official delegations this week commencing Monday, April 17.

I, as your chairman and representative of the Local Medical Association will be representing the views of the Association at the A.M.A. Convocation the weekend of April 21-22.

We will endeavour to convey the concern of our members and their desire to have the State Branch Council and the Federal Branch Council of the AMA participate in discussions with the executive of the R.A.C.G.P. to protect those general practitioners who are not fellows of members of the R.A.C.G.P. i.e. approximately 80 per cent of practicing general practitioners in Australia.

This stance is in accordance with the overwhelming vote at the March monthly meeting of our Association.

### LOCAL DOCTOR SEEKS PETRIE

Redcliffe LMA member, Dr Bruce Flegg, has been endorsed as the Liberal candidate for the Federal seat of Petrie at the next Federal election.

Dr Flegg, 35, was chosen from a field of six candidates to oppose the sitting Alp member, Gary Johns.

The date of the election is still unknown although the Prime Minister, Mr Hawke, has been reported as ruling out a poll during 1989.

Dr Flegg and his wife, Dr Karen Flegg, live at Scarborough and operate one of the biggest private medical practices in the area.

Dr Flegg has already begun campaigning in his bid to overcome the slender 1.3% margin held by Mr Johns after the last election in 1987.

He admits one major point in his favour is that the seat has changed political hands at each of the last four elections.

Dr Flegg, father of three and an active member of the LMA, is making his first attempt for political honours.

He has worked for the Liberal Party on several previous campaigns as "a backroom boy."

His presentation to the pre-selection panel earned him the chance to regain the seat lost to the ALP by John Hodges.

### Joining the pacesetters on publicity

Redcliffe LMA has joined the Gold Coast branch as the only two regional groups of the AMA to have a public relations service.

"Our plan is to build up a regular service of advice and information on medicine and the treatment of illness to make the public aware of how to lead a healthier, happier life," said Media Liaison co-ordinator, Dr Carole Gahan.

"Of course, we will continue to address issues within the medical profession but our first aim will be to establish doctors and allied medical services closer to the general public," she said.

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### Redcliffe & Districts LMA Redaction Report

Redaction Report  
• Comp  
• Specia

### Local Medical Association

Local Medical Association  
the weekend of April 21-22.

### Doctors protest at drug prices "blackmail"

Doctors protest at drug prices "blackmail"  
reducing their prices will be referred to Federal and State politicians by the Redcliffe and Districts Local Medical Association.

### FREE CLASSIFIEDS

FREE CLASSIFIEDS  
medical field are invited to make use of the free classifieds section of Redama Report. Send details to the Redcliffe LMA secretary by the first Wednesday of each month.

### WANTED KNOWN

WANTED KNOWN  
of the free classifieds section of the Redama Report to publish details of new phone or address, vacancies, locum requirements etc. Send copy to Redcliffe LMA secretary by the first Wednesday of each month.

### FOR SALE

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space in Redama Report. Circulation 600 copies monthly to the medical profession between Banyo and Kilcoy. Rates as low as \$2 per scc. Phone (075) 97 1677 for details.

### ADVERTISING

ADVERTISING  
space in Redama Report. Circulation 600 copies monthly to the medical profession between Banyo and Kilcoy. Rates as low as \$2 per scc. Phone (075) 97 1677 for details.

### New Zantac 300

## Now Available

**GIVE US A NEW NAME**  
A competition has been launched to see if a new name can be found for the Redcliffe LMA.

The prize of a bottle of imported French champagne will be awarded to the best name submitted by the annual general meeting in June.

But it will only be adopted if it is accepted by a majority of members.

The proposed name change is part of the efforts to improve the public profile of the branch.

Vice president, Dr Carole Gahan, explains that the current name does not recognise the wide spread of members.

"And it does not lend itself to headlines in newspapers or magazines," she said.

The executive is hoping to find a catchy, marketable name which will readily identify the district, the medical group and the cause.

Suggestions already received include Moreton LMA, or Redama which has been chosen for the interim title of the Newsletter.

Members who have a suggestion should put it in writing to the secretary in time for a full discussion at the June meeting.

### Meeting

Meeting  
Secretary on 284 6666 by April

Historical physician, Dr Ian Brown talk on "Snoring is a Health Issue" at the April meeting. Dr Brown had a special guest in former Cabinet heavyweights, Russ

Acatures and pictures of the famous politician, in slide form, were used to illustrate points in Dr Brown's discussion.

Attendance at the March meeting stretched the capacity of the room to the limit.

Picture at left shows part of the audience as Dr Brown delivered his talk on the snoring topic.

# MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #80



Safe motoring,  
Doctor Clive Fraser  
[doctorclivefraser@hotmail.com](mailto:doctorclivefraser@hotmail.com)

## “Are You Registered”

Everyone who owns a car in Australia is familiar with the concept of re-registering their vehicle once a year. This normally occurs after receiving a renewal notice in the mail, a cheque is then attached, the notice is returned and without fail a registration certificate is invariably forwarded back to the owner of the vehicle a week or so later.

Some States may require an annual roadworthy inspection which is akin to an annual medical check-up and once again all of this happens with a minimum of fuss.

Sadly, with a change to the national registration of doctors last year there were many instances of renewal notices not being received and of registrations not being renewed. Even when all the paperwork was done correctly it was still possible to find that your details on the Internet were not up-dated and I briefly found myself registered as a Public Health Physician when I had never undertaken any training in that field.

So it was with some trepidation that I awaited the process of re-registration for 2011.

For me this began last week with the arrival in my “junk mail” folder of an email from AHPRA.

Once retrieved from my “junk mail” folder this email gave me the option of renewing my registration online, a much safer mode of renewal, or so I thought.

After providing AHPRA with all of my details in 2010 I was quite pleased to see that familiar information come up on the screen, but I was surprised to see that my practice address was now the same as my postal address and that both addresses were a Post Office Box at Buderim in Queensland.

Whilst I had always prided myself on helping out the “little” people and my secretary had always been able to slot in an extra patient or two, the cramped confines of a Post Office Box wouldn't suit most practitioners.

I had been working at Mooloolaba for 20 years and the old Medical Board of Queensland had never failed to remember this from year to year, but AHPRA had misplaced my information in two consecutive years.

And how could it be possible to have a practice address that was a Post Office Box?

I dutifully corrected this and proceeded on-line to the point where it was time to pay. Whilst the old Medical Board had always accepted my favoured American Express card, AHPRA had gone the way of many other retailers and did not accept this piece of plastic. No

worries I thought because my wallet usually contains more pieces of plastic than slips of paper. I put another credit card number in and there was an extra box asking for my “CVN”.

Not knowing what a “CVN” is there was thankfully an icon above the box explaining what to do. Unfortunately this icon did not work on the website.

After trying different combinations of numbers on the back of my credit card, one of them thankfully worked and I submitted my renewal notice.

On the next web page I was rather surprised to see that my “Certificate of Registration” would be sent via snail mail to my postal address “following completion of the renewal period” which for me would be on the 30<sup>th</sup> September 2012.

Whilst I am still fearful that my details will be lost again due to a computer glitch I must say that one of the advantages of national registration is that I can practise across the border with no extra fees incurred. But then again I have always been able to drive my car anywhere in Australia, so this probably is not such a big deal after all.

Safe motoring,  
Doctor Clive Fraser



# AMAQ FOUNDATION'S FOURTH ANNUAL BLACK-TIE GALA DINNER INVITATION 13th May 2011

*Kimberley Bondeson*

Hello Everybody,

I hope you are all recovering slowly from the incredible weather events in Australia and overseas.

Surely we all, and I mean everyone, all over the world, need a break to recoup and regroup from natural disasters and their consequences.

On the note of recouping, there is a thoroughly enjoyable Black-Tie Gala Dinner coming up, which is put on by the AMAQ Foundation once a year.

This year, it is on Friday May 13th, at the Moda Events Portside in Brisbane.

The AMAQ Foundation Charity raises funds to improve medical services for the underprivileged and disadvantaged persons in Queensland and South East Asia.

It comprises a dinner, local jazz group and an auction. All proceeds go to the foundation.

There is something to bid on for everyone, from:

- A gift bag of toiletries,
- Jewellery,
- Paintings

and so forth which has been donated to the charity.

There is a major auction towards the end of the evening, which usually includes one or two overseas airfares or trips.

Remember, any money spent at the auction goes to charity. I have been to the last 2 Gala Dinners and can highly recommend them.

It is a very mixed group of guests, from doctors, medical students and the general public, which is a mix that we don't generally see a lot of at our doctors groups.

I have put in a couple of bids for sought after items, but haven't been the lucky final bidder who gets to take the treasures home. It could be my turn next time.

The venue is very nice, and this year I would like to arrive early, so we can enjoy the verandah and its view of the Port of Brisbane, and any boat that are docked.

We would love to put a table together from the Redcliffe and District Area - the table sizes are for 10, so hope to see some of you there!

Please contact Kimberley Bondeson on (07) 3284 9777 if you are interested.

You are cordially invited to the  
**AMAQ FOUNDATION'S FOURTH ANNUAL  
 BLACK-TIE GALA DINNER.**

Join friends and fellow members for a night of excellent food, complementary wine and local jazz.



International and domestic holiday packages, fine wine, jewellery and art will be up for grabs in live and silent auctions throughout the night.

**DATE:** FRIDAY 13 MAY

**VENUE:** MODA EVENTS PORTSIDE. HAMILTON, BRISBANE.

**COST:** \$220 PER PERSON OR \$1,950 FOR A TABLE OF TEN.

**DRESS:** BLACK TIE

All profits raised will assist the AMAQ Foundation with a variety of projects to improve medical services for underprivileged and disadvantaged persons in Queensland and South East Asia.

To book tickets or a table, please contact Neil Mackintosh on (07) 3872 2267 or email [n.mackintosh@amaq.com.au](mailto:n.mackintosh@amaq.com.au).



**EXECUTIVE DIRECTOR REDCLIFFE HOSPITAL**  
**Metro North Health Service District**  
**Donna O'Sullivan**



## Redcliffe Hospital “Helping Us Improve” Day

Redcliffe Hospital’s second ‘Help Us Improve Day’ was held on 30<sup>th</sup> March. As it turned out, the day was miserable: cold and wet!

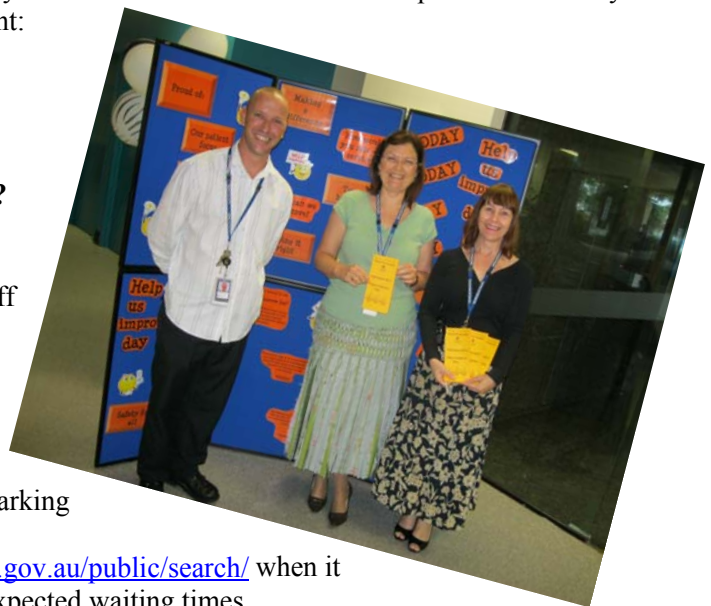
The “Help Us Improve Day” idea was instigated by Redcliffe Hospital’s Customer Service Forum in 2010. It is designed to gain meaningful feedback from community members about areas for improvement.

Staff spoke to over 700 community members as they arrived at the front door of the hospital. From nearly 200 written responses three key themes were evident:

- Car parking
- Informing our patients on waiting times
- Cleaning

### What are we doing with the information gained?

- Progressing car parking initiatives including introduction of designated staff car parking at rear of car park thus freeing up space for patients and visitors
- Inclusion of a one page handout with Outpatient appointment letters. This could be on the reverse side of the car parking handout.
  - Link to <http://clininfo.health.qld.gov.au/public/search/> when it goes live so people can search expected waiting times.
  - Advice that emergent situations may delay your actual appointment time on the day
- Review of cleaning protocols for the outside areas of the hospital in particular
- The erection of a display informing patients and visitors of the changes we have made at their suggestion will also be considered.



It is planned that these improvements will be implemented over the next few months.

In summary results from the written surveys completed (n=200) yielded the following:

- 95% of the respondents felt they receive enough information (no change from last year)
- 98% of the respondents felt that staff communicate well with them (4% improvement on last year)
- 96% of the respondents liked the first impression of Redcliffe Hospital (1% improvement on last year)
- 97% of the respondents liked the service they received from our staff (3% improvement on last year)

If you would like any further information regarding this or any other issue regarding the hospital please feel free to contact me.

Cheers: Donna

PHOTO CAPTION; Dr Donna O’Sullivan (Centre), Karen Hines & Matt Yates staff members involved in talking with members of the community on 30 March 2011 with “Help Us Improve” questionnaires and information.

# AMAQ & FEDERAL COUNCILLOR REPORT

*North Coast area representative, AMAQ Branch Council,  
Queensland Area Representative, AMA Federal Council.  
Wayne Herdy,*



## WHAT'S IN A NAME?

What letters do you put after your name if you are a medical graduate? Are you a M.B., B.S. (or Ch.B.) or are you an M.D.? If somebody collapses at a public function and a bystander calls for a "doctor", is the first responder a person with a PhD in quantum physics or the medical practitioner with a bachelor's degree?

This long-debated question has re-emerged under a new guise, highlighted in an article in the December 2010 edition of the Medical Journal of Australia (circulated free to AMA members).

There is a ban on full-fee-paying places for domestic undergraduate medical students. (The ban does not apply to overseas students, who are welcome to bring foreign dollars into the education pool.) Melbourne University has created a new course, a Doctorate in Medicine, to get around this. They, and other medical schools, take graduates and offer a *postgraduate* Doctorate course, in which they can validly enrol full-fee-paying places for domestic *postgraduate* medical students. The graduands will have the degree of M.D. This impliedly states that they have a higher qualification, or a higher level of training and/or expertise, than those of us who have a humble Bachelor's degree.

Medical schools in every other Commonwealth country offer one degree across the nation. This new Doctorate departs from that precedent. The AMA is arguing that every medical graduate in Australia should have the same degree, whether they are all M.B.B.S. or all M.D. We are all given nationally consistent training and should all claim a nationally consistent academic qualification. We should not support an academic system that issues qualifications that imply that graduands of one school are superior or inferior to graduands of any other school in the same country.

## RETIRED DOCTORS

The AMA struggles to resolve the position of retired doctors. We have many doctors who are retired or are soon to retire, and we work just as hard to preserve their rights as we do to support the welfare of other members.

However, retired doctors are challenged by the stance of the new national registration body (AHPRA = Australian Health Practitioners Registration Authority) to deny them practicing status unless they identify as full-time practitioners (and pay a full registration fee and maintain CME requirements, and so on). The AMA has fought hard to represent the views of retired doctors – no fewer than nine representations to the National registration process. But we did not succeed in getting you the outcome that you want.

Retired doctors claim that they only want to refer and prescribe for friends and family, for mutual convenience. This unfortunately brings them into conflict with long-standing policy of the Medical Boards, supported by the medical profession including the AMA. Increasingly we have discouraged doctors from treating family and close friends. This policy is based on the clear premise that if you treat somebody with whom you have a close relationship you cannot be truly objective. It is also very difficult for the patient to take remedial action (including

formal complaint or even litigation) in the case of an avoidable adverse outcome.

To make the environment even less clear than it might have been, the AMA has had to lobby hard to protect all doctors' prescribing rights. There are many others – optometrists, podiatrists, nurse practitioners, even pharmacists – who are demanding limited or unlimited prescribing rights. The AMA has had to adopt the view that a legal prescriber must have full training and current experience. Either you are a doctor or you aren't a doctor. And the fallout for retirees has been an acceptance that the registration authority will only accept that either you are a practising doctor or you aren't. It is impossible to argue against that, unless you are prepared to concede prescribing rights to practitioners who are not doctors (and we partly lost that fight anyway).

What role is the correct one for retired doctors who still want to contribute but don't want the burdens of full-time registration? Partial clinical practice is not going to be an option for the future. But there are alternatives. Most obviously, there is a glaring need for teaching staff. There is a critical deficiency of experienced clinicians available to train the ever-increasing numbers of undergraduates and postgraduates. And the training institutions cannot afford to employ an army of full-time teachers. Any takers on part-time teaching as an alternative to full-time clinical practice?

Retired doctors want to retain the use of the honorific title "doctor". The AMA has no problem with this, and even support it. Practitioners who have devoted their lives to their patients and practices are entitled to maintain a suitable level of respect and recognition long after they have ceased to serve the community. The title "doctor" is not a protected title in Australian law and there is no barrier to the title being used by any suitably qualified person who has no intent to deceive. Go ahead – keep calling yourself "doctor" and have it inscribed on your gravestone if you want. Nobody can stop you from getting the recognition that you have worked your entire life to deserve.

## PEER SERVICES REVIEW.

One of the many unsung achievements of the AMA has been to press successfully for a review of the PSR. The AMA and Peer Services Review committee share a commitment to uphold its statutory processes and responsibilities. We just disagree on the execution of the plan. Doctors who come before any tribunal are entitled to the protection of legal processes, some of which have been glaringly absent from the PSR process. Public statements from the PSR have been prejudicial to the presumption of innocence and the right to a fair trial, and have threatened to affect the clinical decision-making process. With the recently-announced review of the PSR, the AMA hopes to see fairness restored to its enquiries, and a halt to pre-emptive ill-considered public statements.

As always, the opinions expressed herein remain those of your correspondent,

Wayne Herdy.

# Interesting Tidbits NATTY MOMENTS



1 Last Wednesday a passenger in a taxi heading for Salford station leaned over to ask the driver a question and gently tapped him on the shoulder to get his attention.

The driver screamed, lost control of the cab, nearly hit a bus, drove up over the curb and stopped just inches from a large plate window.

For a few moments everything was silent in the cab. Then, the shaking driver said "are you OK? I'm so sorry, but you scared the daylight out of me."

The badly shaken passenger apologized to the driver and said, "I didn't realize that a mere tap on the shoulder would startle someone so badly."

The driver replied, "No, no, I'm the one who is sorry, it's entirely my fault. Today is my very first day driving a cab. I've been driving hearse for 25 years."

2. King Ozymandias of Assyria was running low on cash after years of war with the Hittites. His last great possession was the Star of the Euphrates, the most valuable diamond in the ancient world.

Desperate, he went to Croesus, the pawnbroker, to ask for a loan. Croesus said, "I'll give you 100,000 dinars for it." "But I paid a million dinars for it," the King protested. "Don't you know who I am? I am the king!" Croesus replied, "When you wish to pawn a Star, makes no difference who you are."

3. Evidence has been found that William Tell and his family were avid bowlers. Unfortunately, all the Swiss league records were destroyed in a fire, ...and so we'll never know for whom the Tells bowled.

4. A man rushed into a busy doctor's office and shouted, "Doctor! I think I'm shrinking!" The doctor calmly responded, "Now, settle down. You'll just have to be a little patient."

5. A marine biologist developed a race of genetically engineered dolphins that could live forever if they were fed a steady diet of seagulls. One day, his supply of the birds ran out so he had to go out and trap some more. On the way back, he spied two lions asleep on the road. Afraid to wake them, he gingerly stepped over them. Immediately, he was arrested and charged with -- transporting gulls across sedate lions for immortal porpoises.

6. Back in the 1800's the Tate's Watch Company of Massachusetts wanted to produce other products, and since they already made the cases for watches, they used them to produce compasses. The new compasses were so bad that people often ended up in Canada or Mexico rather than California. This, of course, is the origin of the expression -- "He who has a Tate's is lost!"

7. A thief broke into the local police station and stole all the toilets and urinals, leaving no clues. A spokes person was quoted as saying, "We have absolutely nothing to go on."

8. An Indian chief was feeling very sick, so he summoned the medicine man. After a brief examination, the medicine man took out a long,

thin strip of elk rawhide and gave it to the chief, telling him to bite off, chew, and swallow one inch of the leather every day. After a month, the medicine man returned to see how the chief was feeling. The chief shrugged and said, "The thong is ended, but the malady lingers on."

9 A famous Viking explorer returned home from a voyage and found his name missing from the town register. His wife insisted on complaining to the local civic official who apologized profusely saying, "I must have taken Leif off my census."

10. There were three Indian squaws. One slept on a deer skin, one slept on an elk skin, and the third slept on a hippopotamus skin. All three became pregnant. The first two each had a baby boy. The one who slept on the hippopotamus skin had twin boys. This just goes to prove that.. the squaw of the hippopotamus is equal to the sons of the squaws of the other two hides.

11. A skeptical anthropologist was cataloging South American folk remedies with the assistance of a tribal Brujo who indicated that the leaves of a particular fern were a sure cure for any case of constipation. When the anthropologist expressed his doubts, the Brujo looked him in the eye and said, "Let me tell you, with fronds like these, you don't need enemas."

**W**e gratefully acknowledge Natalie Ong's contribution to RDMA by making sure medical students were aware of RDMA's membership offer and benefits. Natalie ensured our Free Membership to Medical Students was advertised on the University of Queensland's Medical Students UQMS Noticeboard (below)

## UQMS Noticeboard.

Monday, 4th April 2011

### SWIM's CET is BACK!

Hey Year 1's, it's that time again! SWIM's Clinical Examination Tutorial - Respiratory Styles will be held on **Sunday, 10 April at Herston** starting at **11:15am**. This is your chance to brush up on your auscultation skills just in time for your evaluations, and hear from our incredible guest speaker Dr. Ian Yang. Please [sign up on the online register](#) before Wednesday, 6th April - spots are limited and are first come first serve! Don't hesitate, it's time to palpate and percuss like a pro!

### HEAL: Health, Ethics and Law group

HEAL - the Health, Ethics and Law group - has been formed in conjunction with the Australasian Association of Bioethics and Health Law with the support of UQ's School of Medicine and QUT's Faculty of Law.

Medical students with an interest are especially invited to attend HEAL's inaugural monthly discussion forum, "*Resuscitating the resuscitation debate in Qld: where do you stand?*," to be held **tomorrow night, 6pm**, at the **RBWH Education Centre lecture theatre**.

>>Read More<<

### Redcliffe & District Medical Association

The Redcliffe & District Medical Association offers free membership to medical students in the area. Check out the [membership form \(PDF\)](#) for more details.

### UQ seeking student volunteers

The UQ Advancement Office is seeking student volunteers to participate in the Thank-a-Thon. Over \$300,000 was raised from UQ alumni and friends



### New To This Issue

- QMO Concert - This SATURDAY
- Tomfoolery
- Surgical Specialties Evening
- Teddy Bear Hospital
- UQ Med XV vs Griffith Med rugby
- AMSA Global Health Conference sign-up
- Rural Careers and Info Night
- SWIM's CET is back
- HEAL: Health, Ethics and Law group
- Redcliffe & District Medical Assoc.
- UQ seeking student volunteers

### Returning Articles

- International Info Night
- Med Sports recruiting
- UQ Language Exchange Program
- Upcoming conferences

### Calendar

**Saturday 9 April**  
QMO Concert 1

# TIME AND THE TIMELESS

*Mal Mohanlal*



If I were God, I would be most disappointed and angry with the human race.

By giving me human attributes they think that I think like them and can be emotionally manipulated. The world they have created is all self-centered. There is pursuit of desire and self-gratification. They fight with each other and kill each other all in the name of God. The Jews, the Christians, the Moslems, the Hindus, the Buddhists etc they all think that by praying to me and worshipping me, I will be on their side and can be bribed and placated. Is it not, very naïve and childish?

People have built huge temples, mosques and churches in my honour believing that in return I will forgive them of their transgressions and bring them peace and tranquility. Again how naïve one can get.

They forget that this universe is a manifestation of my energy which permeates right through all the living creatures as well as the non animate material. It is subject to certain physical laws as you may have discovered through your study of science. Not only that but you are also subject to mental laws which if you transgress you suffer the consequences. I admire your cultivation of science and technology but I am afraid you have not tried to understand your own thinking process and the mental laws. Clearly you have not changed in your thinking since your primitive days even though you claim to be civilized. You continue to think in emotional and non scientific terms which lead to your obvious distorted perception of reality. It seems that messages I send to you from time to time in the form of earthquakes, tsunamis, floods, cyclones and hurricanes etc have no impact. I am being constantly misinterpreted. Your beliefs and behavior show no insight or change.

One would think that with all the knowledge of science you have acquired, you would have observed that I do not discriminate against any believers or non believers, the good or the evil, the enlightened or the non-enlightened. Everyone is subject to the physical laws I have created.

The fact is if you are in the wrong place at the wrong time you will bear the consequences. It does not matter which God you worshipped.

Also if for some reason your life force is withdrawn, it means that your number is up. No matter where you are or how many doctors may be gathered round you, you will not survive.

If you have observed the aging process, you will find that it is tied to your perception of time and gravity. So if you constantly travel back and forth in time, that is the past, the present and the future, you will age faster than you should. When you travel in time, there is always a beginning and the end. It is indeed very exhausting when you travel in time. Have you ever tried to discover the timeless, which is all around you? The only thing that separates you from your man made time zone and the timeless zone is your perception. Yet many of you say you believe in God.

Gravity is the force you are dealing with 24 hours a day. If you do not correct your posture, your weight, your flat feet etc, you will wear out your body faster and will be subject to all sorts of degenerative diseases. Next to your bed is the coffin. Gravity wants you to be six feet under the ground, not six feet above.

So if you do not want to jump into your coffin, the golden rule is keep moving.

To understand me, you have to understand your own mind and thinking process because your mind is subject to mental laws in the same way as the physical world is subject to physical laws.

So if you possess something there is always a feeling of loss attached to that something. Since you are all self-centered and selfish beings should not you try to understand what possessiveness does to you?

Also when you say you love someone do you understand what love is? Do you possess a person when you love? Do you possess your children? If you do, you do not understand what love is. Do you understand that love is a beautiful unconditional feeling that cannot be expressed in words? It exists whether the person is with you or elsewhere. So please understand that. When you love you never lose. That person is always with you. What you possess you must always lose.

So you think there is a future. Unfortunately, future is not what you imagine. Anything can happen tomorrow. Tomorrow does not exist. It is unreal. If you look at yesterday, last week or last year, it does not exist. It is also unreal. The past is gone forever and cannot be changed. It is only a memory. What you must do is learn from your past and become wiser, not disappointed and dejected, no matter how terrible your experiences might be. The past is never meant for regrets or bitterness. It is to teach you a lesson in life.

The present is the only reality that matters. It is only the actions you take in the present that creates your future. Otherwise your present becomes your future.

Doing good and helping others always makes one feel good. But if you make a person dependent on your help, as sure as night follows the day, you are going to create problems for yourself and society.

Positive actions lead to positive results. Negative actions will produce negative results. Contradiction distorts your perception of reality. You must eliminate it. It leads to mental ill health. If you live in contradiction, you live in stupidity. If you want peace you must resolve the conflict within you. If you want unity, you must get rid of barriers that create divisions. If you want to get rid of poverty, you must get people to use their brains and not make them dependent. Such are the laws of the mind. If you transgress these, you are sure to create your own hell on earth. Never say it is God's will.

Just imagine what this world would be like if all the nations of this world spent their defense budget on helping each other instead of fighting. Would it not be like living in heaven?

But hold on, I am not God. I am just a mere mortal, subject to all the physical and mental laws that 'God' created. Why should I be questioning the concepts, wisdom and beliefs of our world leaders and religious forefathers? Shouldn't anyone? Yes, God is in heaven and all is well with the world.



**Lillian van Litsenburg MP**  
**Member for Redcliffe**

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Redcliffe Q 4020  
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[redcliffe@parliament.qld.gov.au](mailto:redcliffe@parliament.qld.gov.au)



were delighted to perpetuate it.

It is a tradition that they only associate with Easter.

Chocolate is a delicacy that is almost universally enjoyed and produces a range of emotions but most often guilt, particularly among women.

Easter is a time to celebrate guilt free with a little of your favourite chocolate.

Moderation as usual is the buzz word. The days for having a competition to see who can eat the most Easter eggs are probably gone.

Instead of quantity go for quality.

## Easter Celebrations

Easter is a mind field of sweets, guilt and school holidays.

It's easy to feel pressured to buy a lot of Easter eggs for the children and it is difficult to get away from Easter eggs as they are the centre of our Easter celebrations along with hot cross buns.



Choose your favourite chocolate. Most brands have their Bilby, Bunny or if eggs are not your style. Go for the quality chocolate.

In these days when many people are disconnected from the Religious elements of our traditional celebrations it is important to develop your own family traditions attached to each celebration that will give your children special memories about Easter long into their adulthood.

The chocolate with the highest cocoa bean content, which is not always the most expensive, is the best for you.

They will continue those traditions in their own families when they grow up. Those traditions define what they expect from the Easter celebration and increase their enjoyment because they are associated with an annual celebration.

Instead of six Easter eggs of indifferent quality but higher in fat and sugar content give your children three better quality eggs and mix them with those traditions and rituals that are special to your family and that will give them memories to last a life time.

Colouring and decorating hard boiled eggs for Easter Sunday morning is a great creative family activity that everyone can enjoy and it can also be a great bonding time.

The Sunday morning Easter Egg hunt is a classic that children love whether they are three or thirteen.

Not so long ago I was at an Easter Egg hunt as part of a group of ten adults. There was as much whooping, laughter and competition to find the most eggs as when each of them was twenty years younger.

**Lillian van Litsenburg MP**  
**Member for Redcliffe**

This is a tradition that each one of these adults had grown up with and had enjoyed so they

## The Unique Pivotal Role of Doctors in the Australian Health System

### AMA Position Statement on the *Role of the Doctor*

The AMA today released a new Position Statement on the Role of the Doctor.

AMA President, Dr Andrew Pesce, said that at a time of significant health reform that involves moves towards team-based approaches to health care, it is important to set out the unique qualities that make doctors the pivotal players in Australia's health system.

Dr Pesce said that when people are sick or injured or want advice about staying healthy, they want to see a doctor.

"People have trust and confidence in the skills and experience of doctors, and it is important that the strength of the doctor-patient relationship is acknowledged and reflected in health reform," Dr Pesce said.

"Doctors are uniquely placed to provide leadership across the whole health system.

"It is important that this leadership role is supported as the Government proceeds with major reforms such as Medicare Locals and Local Hospital Networks.

"Health reform will only deliver benefits to patients and the community if doctors are consulted closely prior to the development and implementation of new policies and processes.

"And doctors must have leadership roles in the management of the delivery of health services in primary care and in

our hospitals," Dr Pesce said.

The AMA Position Statement on the Role of the Doctor covers:

- Trust and the patient-doctor relationship;
- Diagnosis and prognosis;
- Complex decision-making;
- A multidisciplinary approach to health care;
- Professionalism;
- Leadership in health services and in the community;
- Training the current and next generation of doctors; and
- Medical education and training.

The AMA Position Statement on the Role of the Doctor is on the AMA website at <http://ama.com.au/node/6569>

14 April 2011

CONTACT:

John Flannery  
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Geraldine Kurukchi  
02 6270 5467 / 0427 209 753

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

### ADVERTISING

RDMA Newsletter advertising guidelines stipulate that the amount of advertising is not to exceed 25% of the newsletter.

If you are interested in advertising please email [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com) for a price list for all size advertisements. Discounts are available for ongoing advertisements.

## REDCLIFFE AND DISTRICT LOCAL MEDICAL ASSOCIATION INC.

The objects for which the Association is established are:

- (1) THE PROMOTION OF THE MEDICAL EDUCATION OF THE MEMBERS, AND OF THE LOCAL COMMUNITY.
- (2) PROMOTION OF THE MEDICO-POLITICAL INTERESTS OF THE MEMBERS, PATIENTS, AND THE LOCAL COMMUNITY.
- (3) LIAISON WITH OTHER MEDICAL REPRESENTATIVE BODIES.
- (4) THE PROMOTION OF QUALITY MEDICAL SERVICES.
- (5) PROMOTION OF AN ENVIRONMENT TO FACILITATE AND ENCOURAGE SOCIAL INTERACTION BETWEEN ASSOCIATION MEMBERS.

We are here to

- (1) TEACH AND LEARN
- (2) BE INFORMED ON MEDICAL POLITICAL ISSUES AT ALL LEVELS
- (3) LOBBY ON LOCAL POLITICAL ISSUES
- (4) WORK WITH OTHER DOCTORS' GROUPS
- (5) WORK FOR THE BENEFIT OF OUR PATIENTS
- (6) NETWORK AND HAVE A GOOD TIME TOGETHER.

### MEMBERSHIP APPLICATION AND RENEWAL FORM

**MEMBERSHIP SUBSCRIPTION FOR THE PERIOD: 1ST JULY 2010 TO 30TH JUNE 2011**

The Redcliffe and District Local Medical Association Inc. invites you to join our Association.

YOUR MEMBERSHIP GETS YOU

- FREE ENTRY TO OUR MONTHLY MEETINGS (10 MEETINGS A YEAR)
- MONTHLY NEWSLETTER (AT LEAST 10 ISSUES A YEAR)
- FREE ENTRY TO OUR END-OF-YEAR NETWORKING MEETING.
- THE ONLY LOCAL CONVOCATION FOR GENERAL PRACTITIONERS AND SPECIALISTS TO SOCIALIZE AND TO DISCUSS LOCAL AND NATIONAL MEDICO-POLITICAL ISSUES.

Subscription rates:

|   |               |
|---|---------------|
| Member's Full Annual Rate                                     | \$100.00      |
| Membership Half Year from now until 30/06/2011                | \$ 80.00      |
| Doctor Spouses of Members Annual Rate                         | \$ 50.00      |
| Doctor Spouses of Members half-year from now until 30/06/2011 | \$ 30.00      |
| Students and Doctors-In-Training                              | Complimentary |
| Retired Doctors   | Complimentary |

NOTE THAT AMA MEMBERSHIP DOES NOT GRANT YOU RDMA MEMBERSHIP.

WE PREFER PAYMENT OF YOUR SUBSCRIPTIONS BY INTERNET BANKING. IT SAVES YOU WRITING CHEQUES AND SAVES US HAVING TO BANK THEM. YOU WILL RECEIVE YOUR RECEIPT BY EMAIL IF YOU SUPPLY YOUR EMAIL ADDRESS TO THE TREASURER ON [GJS2@NARANGBA-MEDICAL.COM.AU](mailto:GJS2@NARANGBA-MEDICAL.COM.AU).

### REDCLIFFE AND DISTRICT LOCAL MEDICAL ASSOCIATION Inc

ABN 88 637 858 491

*I hereby apply for membership of the Redcliffe and District Local Medical Association, and agree to abide by the Rules of the Association.*

|  |           |
|--|-----------|
| Signed:  |           |
| Doctor:  |           |
| (First Name)   | (Surname) |
| Email Address:   |           |
| Practice Address   | Postcode  |
| Phone  | Fax       |
| <i>Please tick the appropriate box: "I do <input type="checkbox"/> / do not <input type="checkbox"/> give consent for my name and practice address to be included in the Association's website."</i> |           |

Membership fee enclosed, or

**PREFERABLY Paid by: Internet Banking (Remember to place your name on the deposit i.e: Dr. F. Bloggs RDMA) Account: BSB 064 122 Account: No: 0090 2422 Redcliffe & District Local Medical Association/ Date and Bank Paid**

Please complete this form and return to: Redcliffe & District Local Medical Association Inc. P O Box 223 Redcliffe 4020 OR c/-QML or by email to [GJS2@Narangba-Medical.com.au](mailto:GJS2@Narangba-Medical.com.au)

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