



Scotts Point

See Scotts Point Progress Park and surrounds featuring in our Historical Pictorial in this edition page 3 and the history of Scotts Point on page 5 and our regular Where We Live And Work segment page 20



RDMA President's Message ... Dr Wayne Herdy

PRESIDENT'S REPORT

Traditionally, health facilities share information with somewhat less regard for patient privacy than other professions would deem to be a counsel of excellence. We don't share clinical information without regard to the identity of the recipient (which usually we obtain with a high level of assurity) but we are often not quite as careful about obtaining patient consent for every disclosure.

Our practices have rarely given rise to genuine concern, and have worked well especially where urgency creates a premium on outcomes over formalities.

A government facility in our area has apparently suddenly changed its policies. Documents relating to nursing home patients have, in the past, been shared freely enough without express patient consent, provided the recipient is known and identifiable.

Recently, the government facility has been demanding, for demented patients, a consent signature from a member of the nursing home staff.



A member has described his attempts to get the same government facility to forward copies of specialist letters. The documents were refused, without written patient consent, even though the requesting doctor was the referring doctor, and the original letter (either never mailed or never received) was written to the doctor making the request. I

t took intervention from the specialist before copies of the lost originals were sent.

This appears to be a local problem and is clearly the type of issue that a Local Medical Association should address. Hopefully, next month I will be able to write a sequel that resolves the problem.

Wayne Herdy
 RDMA President

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

QML Pathology. | Redcliffe Laboratory

Partnering with Redcliffe & District Medical Association for more than 30 years.



DATE CLAIMERS:

For all queries contact Margaret MacPherson Meeting
Convener: Phone: (07) 3049 4429

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

2012 Dates:

NEXT MEETING

Tuesday April 24

Wednesday May 30

Tuesday June 19

Tuesday July 24

Annual General Meeting
Wednesday August 29

Tuesday September 18

Wednesday October 24

Year End Networking Function

Friday November 30

MAY NEWSLETTER 2012

The **20th May 2012** is the **timeline** for ALL
contributions, advertisements and classifieds.

Please email the RDMA Publisher at

RDMAnews@gmail.com

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

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CONTACTS:

President & AMAQ Councillor:

Dr Wayne Herdy

Ph: 5476 0111



Vice President:

Dr Kimberley Bondeson

Ph: 3284 9777



Secretary:

Dr Ken Fry

Ph: 3359 7879



Treasurer:

Dr Peter Stephenson

Ph: 3886 6889



Meetings' Convener:

Mrs Margaret MacPherson

Ph: 3049 4429

Newsletter Editor: Dr Wayne Herdy

Ph: 5476 0111

For general enquiries and all editorial or advertising
contributions and costs, please contact: RDMA
Newsletter Publisher. Please email (preferred) any
correspondence to:

Email: RDMAnews@gmail.com

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

Mail: RDMA, PO Box 223, Redcliffe 4020

Fax: (07) 5429 8407

Mobile: 0408 714 984

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contained in this publication.

Scotts Point



ATTENTION AMA MEMBERS

In the next month, you will be receiving ballot papers to elect your AMA Federal Councillors.

I am nominating again, seeking a fourth term. It is pleasing to see that there are other candidates also prepared to put in the effort.

What I ask of AMA members is to make sure that you actually vote. Typically only 20% of members do vote, and the majority decline to exercise their rights as members.

Naturally, I am also hoping that you will vote for me, to keep representation inside our LMA area. If every member of this LMA votes for the local candidate, that gives a real chance for our LMA to continue to be represented at the highest levels in the AMA.

Don't waste your opportunity to exercise some power as an AMA member. **Vote!**

Wayne HERDY



AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT *Dr Richard Kidd*

AMA Queensland Meets with New Health Minister and Assistant Minister for Health



On the day Mr Campbell Newman announced the Queensland Cabinet AMA Queensland congratulated the new Minister for Health, Mr Lawrence Springborg and the Assistant Minister for Health, Dr Chris Davis – an active geriatrician and past president of AMA Queensland.

While we look forward to working constructively with them to fix Queensland Health we will be firm in holding them to account.

AMA Queensland has met with both ministers since their appointments and raised a number of key issues with them including improving access to paediatric ENT services, reducing long waiting times for elective surgery and increasing investment in mental health following more than a decade of underfunding.

Mr Springborg and Dr Davis have been given copies of our *Seven Stiches to Fix Queensland Health* document, which offers solutions to the system's most troubled areas; a disengaged health workforce, a crippled public hospital system, an underfunded mental health system, an unplanned medical education program, a hospital system disengaged with general practitioners and the lack of adequate services to whole areas of our society – indigenous and rural.

I commend all our members download and read this document from the AMA Queensland website.

AMA Queensland will work hard to ensure Government implements Local Health and Hospital Networks (LHHN) with appropriate relationships to Medicare Locals and Lead Clinician Groups to deliver increased

capacity with better delivery of care services to patients as success.

and measures of

Underpinning this, AMA Queensland recommends senior positions in all hospitals should be a medical appointee who is involved in patient care.

We intend to produce a 100 days of new government report for health and use our *Seven Stiches to Fix Queensland Health* as one of our yardsticks.

Health is everyone's business and it is time for real leadership and action from this new Government to ensure our patients receive "the right care, in the right place, at the right time".

Dr Richard Kidd
AMA Queensland President

MEMBERSHIP NOTICE

If you have any topic of interests to share with our membership please email RDMAnews@gmail.com. The article can be either a Clinical or Non Clinical Topic, A Traveller's Tale, an Article for Discussion, Poems, an Advertisement or any combinations. Don't forget to email your articles and graphics to me for inclusion in our monthly RDMA Newsletter.

Scotts Point History

Scotts Point



Scotts Point lies between Margate and Woody Point, in the Redcliffe City district, along a coastal strip featuring one of Moreton Bay Shire's longest mainland stretches of sand beach. Margate and Scotts Point with their long expanses of clean white sand and sheltered waters are popular swimming spots for families with young children,.

Scotts Point is the start of a 1 kilometre long low rocky bluff and reef section that terminates at the southern Woody Point. Along the central northern section is a narrow 200 metre long high tide beach backed by a boulder seawall, walkway and vegetated bluffs, with rocks and reefs littering the intertidal zone.

When the wind is up, Scotts Point at the southern end is perfect for windsurfing. This is one of the few locations close to Brisbane which is not majorly affected by tides.

The quaint swimming pavilion at Scotts Point is an historical reference to a bygone era as are the many Norfolk Pine trees lining the esplanade that were planted by the first settlers in the area, more than 150 years ago. Conveniently located eateries and seaside stores on esplanade and nearby Oxley Avenue, Margate and Scotts Point are well worth a visit for a day or an extended holiday.



RDMA Meeting 28/03/12



RDMA President Wayne Herdy opened the meeting introducing Kirsty Krimmer. Sponsor Merck Serona, Ashley Stevenson and the IVF

Sunshine Coast Team. The Speaker for the night was James Moir whose topic was Assessment and Day Surgery Treatment - Pelvic Pain and Bleeding. Clock wise from top left hand corner: James Moir, Garry Ferris, Gopi Singaravel. Group: Ray Collins, Glen Talbot, William & Anastasia Baun & Max Wilson. IVF team Moemen Morris, Ashley Stevenson, Kristy Krimmer, Dominica Bartlett & Pravin Kasan. (New Member) Rebecca Noble & Amelia Stephen, James Moir & Moemen Morris, (New Members) Sarah Wood & Mandy Wu.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

- Date:** Tuesday 24th April 2012
- 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: Sanofi Pharmaceuticals
 - 7.40pm Speaker: Dr Colin Kennett
Topic: Osteoporosis Myths and Management
 - 8.15pm Main Meal, Question Time
 - 8.40pm General Business, Dessert, Tea & Coffee

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 13th April

 **QML Pathology.**

AMAA & FEDERAL BRANCH COUNCILLOR REPORT
North Coast area representative, AMAA Branch Council,
Queensland Area Representative, AMAA Federal Council.
Dr Wayne Herdy



**Patient Controlled Electronic Health Record and
Aged Care Reform**

The Patient –Controlled Electronic Health Record (PCEHR is now customarily but irreverently pronounced “pecker”) is due to be born on 1st July, after a decade-long gestation period. Will it be stillborn or a strong healthy baby with infinite growth potential?

The signs are not auspicious.

The medical profession has balked at the concept of patient control. If a patient controls the content, then doctors fear that the record will lack clinical relevance. Patients will want to include material that is irrelevant to real clinical decision-making. Other patients will want to conceal some history – STD’s and abortions and drug or alcohol abuse are embarrassing and sensitive but highly relevant to diagnosis and management. We have no objection to patients controlling who has access to the record – but we will be suspicious when a patient refuses to allow us access. What other conduct would you expect of a doctor-shopper?

The initial launch of the PCEHR proposes to populate the demographic fields and little or nothing more. So why would a clinician spend valuable consultation time exploring a database that discloses name and address and other identifying data that is already on the file created by our reception staff?

The Shared Electronic Health Record (and I deliberately distinguish between the SEHR and the PCEHR) is much wanted and needed –and it is an embarrassment to both the medical profession and the IT profession that we have been unable to apply secure database management that banks have applied successfully for a long time, with only a few breaches of security or reliability...The process has to start somewhere, so let the games begin.....

AGED CARE REFORM.

The Commonwealth government has finally bitten the bullet and announced aged care reform.

The official AMA response to the Living Longer Living Better plan welcomes the extra dollars and the concept of allowing elders to live in their own homes longer, but reminds us that even more dollars are needed and expresses concern that the medical component of aged care has been overlooked.

The non-AMA Wayne Herdy response is not so kind or diplomatic:

(a) If the government expects tomorrow’s patients, with needs equal to today’s nursing home patients, to achieve equal care in their own homes, the issue of manpower needs more thought. At a time when

we struggle to get GP’s (let alone geriatricians or other specialists) to visit nursing homes, we expect to struggle even more to get those reluctant doctors to visit patients’ homes, where hourly rates of earning will be even poorer, and access to the simplest medical resources such as ear syringes will be poorer again. Even if incentives were created to get doctors to do more home visits, we do not presently have the manpower to meet the need. Likewise, nurses and allied health personnel will not be able to provide individual home visits with the level of care now expected in nursing homes. A partial answer is to provide transport to take patients to the health professionals, but this is almost as expensive and will be at least inconvenient and uncomfortable for patients who presently qualify for residential care.

(b) A major component of nursing home care revolves around medication management, especially the need for a clinician (ie a real nurse) to exercise discretion based on clinical assessment before making decisions about use of prn medications. Any GP with a nursing home practice knows the frustrations of dealing with pharmacies servicing nursing homes. Those problems will be magnified by an order of magnitude when each patient’s home becomes a nursing home from the pharmacy supply viewpoint.

(c) The government overlooks the large number of telephone calls from nursing homes to GP’s. Many questions arise in daily nursing management, but in a nursing home the GP at least has the benefit of some level of nursing expertise before the telephone call comes. If a patient’s condition changes in a house with no trained nurse, will the GP have the advantage of basic observations such as temperature, BP, pulse and urinalysis before the phone call is made?

The government’s plan will focus on keeping elders in their homes longer. This is what most patients want – and I would want it myself. But is the government motivated by human compassion, or are they simply aiming to reduce the level of capital outlay on specialized buildings without taking the politically unpalatable step of making patients sell the family home to pay for their own care?

While some of the information herein is acquired from the AMAA environment, the opinions expressed herein remain those of your correspondent.

Wayne Herdy



REDAMA Report

Official publication of
the Redcliffe and
Districts Local Medical
Association

Issue No 12
April, 1990
Free to the Medical Profession

HOSPITAL UPGRADE IS PROMISED BY HOLLIS

The new MP for Redcliffe, Ray Hollis, expects to be able to reveal plans for the upgrading of Redcliffe Hospital within six months.

Mr Hollis told the March dinner meeting of the Redcliffe and Districts Local Medical Association the Minister, Mr McElligott, is now studying the comprehensive report, *Toward 2000*, which was compiled by senior staff at the Hospital earlier this year.

He described the report as an "outstanding document" which deserved congratulations for those who were responsible for its compilation.

"I have great admiration for Dr (Steve) Buckland that he was willing to put down on paper all the cracks in the service," Mr Hollis said.

"It shows there are many errors to be corrected but the good

news is that something is going to happen.

"In the past, Redcliffe has had promises about the construction of Stage 2 and it's become something like the rail service to Redcliffe.

"But the Minister has the report and he

money at the moment."

He said the good news was the return of a Labor Government in Canberra because it meant Queensland would now get a better deal in the allocation of Federal funds.

"There is going to be

State Budget towards the second stage of Redcliffe Hospital."

During question time with Mr Hollis, he was asked if there was any breach of the Sex Discrimination Act by preventing male doctors from being employed in Womens Health Clinics.

Mr Hollis promised to seek an answer from the appropriate departments.



LEFT: LMA President, Dr Kerry Garske listens intently as Labor MP for Redcliffe, Ray Hollis, fields a question from a member at the March dinner meeting.

has assured me he is going to put things right," Mr Hollis said.

However, he conceded that the Labor Government faced a financial crisis:

"We simply have no

a difference in the allocations this time," Mr Hollis promised.

"The priorities are Health, Welfare and Education and we will be allocating \$15-million in this year's

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SNAPSHOT FROM THE PAST - Historical Article

REDAMA Newsletter from April 1990 Issue 12, pages 3 & 5

Members of the Redcliffe and Districts LMA have been urged to cast a YES vote in the current survey by the AMA State Branch on restructuring the council.

A questionnaire sent to AMA members asks doctors to indicate if they want a restructuring of the council and if so, if they approve of the proposal for regional and craft representatives.

The Redcliffe LMA executive has urged all members to support the Yes reply on both counts to give the association at least one permanent voice on the State Council.

The proposal allows for expansion of the council to include one from each of the six city regions - Redcliffe, Brisbane, Ipswich, Logan, Moreton, Pine and Redlands.

EXPANDED

The country regions of Gold Coast, Darling Downs, Sunshine Coast, Capricorn, North and Far North Queensland would supply a further six delegates.

The craft groups would elect nine councillors and

MEMBERS URGED TO VOTE 'YES'

there would be an expanded executive of nine plus the Queensland regional representative to the AMA Federal Council - if he is not already a member of the State Branch council.

The LMA executive was disappointed that the case for the YES answer in the survey was not as expansive as the NO case.

It contains only four

terse points compared with a detailed argument by Dr Rod Morris, currently the longest serving member of the State council.

ENCOURAGE

The LMA executive believes the strongest point for a YES vote is that a restructuring as planned, would give regional members equal representation.

It would encourage more members to seek election because they would perceive a greater chance of success than under the present system.

The executive supports the proposition that elections each year would prevent councillors becoming firmly entrenched and therefore difficult to remove.

A restructuring modelled on the Federal AMA restructure is also a strong point in its favour, the executive points out.

Questionnaire forms should be returned to the AMA office as soon as possible, although there is no formal deadline.

Annual conference places limited

Only a limited number of late nominations can now be accepted to the annual Queen's Birthday Weekend conference of the Redcliffe and Districts LMA.

The conference will be held at Sea World Nara Resort on the Gold Coast and convenor, Dr Bob Brown, expects it to be an outstanding success.

The theme for the conference is "Medical Challenges for the 90s" addressing political, commercial and clinical aspects of medicine.

One of the chief speakers will be Alan

Mears, a senior officer of the State Department of Transport who will discuss managerial stress and management.

Dr Brown is also planning speakers on practice management and has invited submissions from members who can contribute material relating to the general theme.

The social programme includes a barbecue on the Saturday night and some "surprises" with a family theme.

Late bookings for the conference should be made with the secretary, on 284 6666 as soon as possible.



UK CANCER EXPERT JOINS GUEST LIST

For the second time in two months, a distinguished international doctor has been a special guest at the Redcliffe and Districts Local Medical Association dinner meeting.

At the March meeting, Dr Geoff Hanks, a world recognised authority on the use of morphine for cancer pain, was introduced to members after speaking at a special meeting of medical, nursing and paramedical staff at Redcliffe Hospital.

Dr Hanks, (pictured seated at right with his host Dr Cliff Pollard) is a consultant in palliative care medicine at the Royal Marsden Hospital in the UK.

Dr Hanks said he enjoyed the LMA meeting and the opportunity to meet a large number of local doctors at one venue.



Interesting Tidbits NATTY MOMENTS:



Some Political Axioms

If you don't read the newspaper you are uninformed; if you do read the newspaper you are misinformed. -Mark Twain

Suppose you were an idiot. And suppose you were a member of Congress... But then I repeat myself. -Mark Twain

I contend that for a nation to try to tax itself into prosperity is like a man standing in a bucket and trying to lift himself up by the handle. -Winston Churchill

A government which robs Peter to pay Paul can always depend on the support of Paul. - George Bernard Shaw

A liberal is someone who feels a great debt to his fellow man, which debt he proposes to pay off with your money. -G. Gordon Liddy

Democracy must be something more than two wolves and a sheep voting on what to have for dinner.

-James Bovard, Civil Libertarian (1994)

Foreign aid might be defined as a transfer of money from poor people in rich countries to rich people in poor countries. -Douglas Casey,

Giving money and power to government is like giving whiskey

and car keys to teenage boys.

-P.J. O'Rourke, Civil Libertarian
Government is the great fiction, through which everybody endeavors to live at the expense of everybody else.

-Frederic Bastiat, French Economist (1801-1850)
Democrat's Government view of the economy could be summed up in a few short phrases: If it moves, tax it. If it keeps moving, regulate it. And if it stops moving, subsidize it.-Ronald Reagan (1986)

I don't make jokes... I just watch the government and report the facts. -Will Rogers

If you think health care is expensive now, wait until you see what it costs when it's free!

- P.J. O'Rourke

In general, the art of government consists of taking as much money as possible from one party of the citizens to give to the other.

-Voltaire (1764)

Just because you do not take an interest in politics doesn't mean politics won't take an interest in you! -Pericles (430 B.C.)

No man's life, liberty, or property is safe while the legislature is in session. -Mark Twain (1866)

Talk is cheap...except when Congress does it. -Unknown

The government is like a baby's alimentary canal: a happy appetite at one end and no responsibility at the other.

-Ronald Reagan

The inherent vice of capitalism is the unequal sharing of the blessings. The inherent blessing of socialism is the equal sharing of misery.

-Winston Churchill

The only difference between a tax man and a taxidermist is that the taxidermist leaves the skin.

-Mark Twain

The ultimate result of shielding men from the effects of folly is to fill the world with fools.

-Herbert Spencer, English Philosopher (1820-1903)

There is no distinctly Native American criminal class...save Congress. -Mark Twain

What this country needs are more unemployed politicians.

-Edward Langley, Artist (1928 - 1995)

AND THE BEST ONE.....

A government big enough to give you everything you want, is strong enough to take everything you have.-Thomas Jefferson

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MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #90

Safe motoring,
Doctor Clive Fraser
doctorclivefraser@hotmail.com



Driving in Denmark “Bluetooth - Bridging Connections”

The Oresund Bridge connecting Denmark and Sweden is undoubtedly an engineering marvel. For millennia the only other way across the Baltic Sea had been by boat. But on July 1st 2000 the world's longest cable-stayed roadway bridged the gap between Malmo and Copenhagen and Scandinavia finally joined the rest of Europe.

For 285 Danish Kroner (\$49 AUD) you can pay the toll plus a cab fare and travel across the Scandinavian border. And from the deck of the bridge the water doesn't seem that far below. That was until I mistakenly asked the Danish taxi driver how far exactly above the Baltic we were. I should have been happy with his first answer which was that the bridge was tall enough to allow the Queen Mary 2 to pass underneath. But I knew that the Queen Mary 2's funnels were 62 metres above the water-line and it just didn't seem that far down as we made a steady pace across the bridge. It was at that point that the Danish taxi driver told me that he'd check straight away whilst he mumbled something about the QM2's funnels being able to be lowered.

Well we all know how dangerous it is to talk on a mobile whilst driving, even in Denmark. And texting whilst driving is arguably even worse. But my taxi driver seized upon the opportunity to Google up the answer on his 3G smart-phone (whilst driving). Picturing us plunging into the Baltic I suddenly announced that my question about the height of the bridge didn't really matter, but the taxi driver's belief that his country had built the biggest and best bridge in the world would not allow him to sit back and just drive the cab. His persistence reminded me of how many other drivers that I'd seen in Denmark talking, texting and surfing on their phones whilst driving.

You see in Denmark there is a hefty fine of 1,500 Danish Kroner (\$260 AUD) for doing any of the above, but the offence is not policed strongly and the Dane's don't like to be interfered with. Another example of this is the fact that they don't have fixed speed or red light cameras in Denmark. Apparently attempts to introduce them in

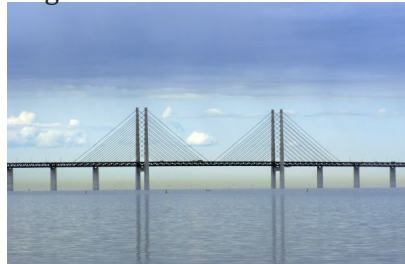
2008 were met with guerrilla war-fare and the devices were quickly disabled in mid-night raids by free-spirited Danes.



This seems incongruous with the fact that the Danes happily register almost every other aspect of their lives in Government databases which provide a rich source of data for demographers and epidemiologists.

So how did I get the taxi driver to put his smart-phone down and concentrate on driving the cab?

Well, I asked him another question about the cultural significance of the Oresund Bridge's construction and



he told me about the last attempt to bridge the cultural divide between Denmark and Scandinavia. You see that King Harald of Denmark (aka Bluetooth) united the

Danes with the Norwegians in the tenth century in an attempt to stave off domination from the Germans.

This unification (aka Bluetooth) became the name that the Swedish company Ericsson used to describe a short-range wireless technology that connected PC's and mobile devices with the logo reflecting the stylized initials of the King.

And looking more closely at the silhouette of the Oresund Bridge I noticed that it mimicked the Bluetooth logo as well. I didn't dare debate any of this with the taxi driver!

Oresund Bridge Specifications:

Total length = 7,845 metres
Longest span = 490 metres
Width = 23.5 metres
Clearance below = 57 metres

Meaning that the captain of the Queen Mary 2 would shave five metres off his funnels (which don't lower) if he attempted to sail underneath the Oresund Bridge, but please don't try to argue this point with your Danish taxi driver!



REDCLIFFE DISTRICT MEDICAL ASSOC (RDMA) VICE PRESIDENT

Dr Kimberley Bondeson



DIFFICULT PATIENTS

It was my last appointment on a Saturday morning, when 2 new patients came in. The wife was crying, as she had been lost to recall, and only just found out there was a letter from the hospital 12 months prior that told her her husband needed to come in urgently for a recall for his cancer.

She was dressed in a nurses uniform, and said she was tired from completing an agency shift at a nearby nursing home. When I enquired which nursing home, she mentioned one which was in a nearby suburb - far enough away so that it was not one I attended.

Her husband looked very tired, and explained that they had just moved to the area to be near his elderly parents, and would I be his new GP. His records were lost in the packing, but he needed an urgent referral to see a cancer specialist. He did however, have an old letter and some details of his disease.

I examined the patient, and saw his operation scars. I was extremely concerned, as the type of cancer he had was potentially treatable, if acted on quickly enough.

So I organized an urgent CT scan, and urgent specialist review at the local hospital.

On the Monday morning, I received a phone call from the specialist at the hospital, to tell me that they could see the patient ASAP - that day, or the next day if needed, and could I just check his phone number, as they had been trying to ring him. So myself and my staff tried consistently to find my patient.

The hospital rang again the next day, and the day following. I received a follow up letter to say they were still trying to contact the patient.

Two weeks later, I received a letter from the Drugs of Dependency Unit, informing me that my patient had seen 80 other doctors in the previous 6 months, all of who had prescribed oxycontin 40mg for pain for this patient (myself included) - "Doc, I have just run out of my tablets, and anti-nausea medication" in the last 5 minutes of the consultation. This equated to 1060mg of morphine a day.

It was the best con I had ever been aware that I was exposed to.

The previous time was when I was working as an after hours doctor, and called to see a patient in the Valley who had severe rheumatoid arthritis. I prescribed this poor man oxycontin again, and the police informed me 2 weeks later that I was one of 20 doctors who had done the same thing over a 4 week period, and they had caught the patient selling them for \$40 each at the local pub.

One of my colleagues, rings the doctor shopping phone number prior to seeing any new patient, and I am inclined to start doing this, as sometimes the information that you get given is very interesting.

Kimberley BONDESON
RDMA Vice President

“My Favourite Things”

Dear medical colleagues,

Contribution by
Dr Ray Collins.

I believe this should be on the wall of every Senior Citizens Club, Resident Aged Care Facility and Geriatric Ward in Australia! (NB. The lyrics are apparently in the public domain).

“My Favourite Things”

Performed by Julie Andrews on turning 69, at Manhattan’s Radio City Music Hall, for the benefit of the American Association of Retired Persons (AARP).



Botox and nose drops and needles for knitting
Walkers and handrails and new dental fittings
Bundles of magazines tied up in string
These are a few of my favourite things.



Cadillacs and cataracts, hearing aids and glasses
Polident and Fixodent and false teeth in glasses
Pacemakers, golf carts and porches with swings
These are a few of my favourite things!

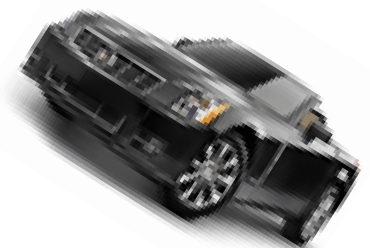


When the pipes leak, when the bones creak
When the knees go bad
I simply remember my favourite things
And then I don’t feel so bad!

Hot tea and crumpets and corn pads for bunions
No spicy hot food or food cooked with onions
Bathrobes and heating pads and hot meals they bring
These are a few of my favourite things.



Back pain, confused brains and no need for sinning
Thin bones and fractures and hair that is thinning
And we won’t mention our short shrunken frames
When we remember our favourite things!



When the joints ache, when the hips break
When the eyes grow dim
Then I remember the great life I’ve had
And then I don’t feel so bad!

MEMBERSHIP NOTICE

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EXECUTIVE DIRECTOR, REDCLIFFE HOSPITAL
Dr Donna O'Sullivan



Redcliffe Hospital's First Indigenous Doctor Honoured

I had great pleasure in officiating at a historic event at Redcliffe Hospital recently, which served to celebrate the strengthening of the relationship between the hospital and the Aboriginal and Torres Strait Islander communities of the local area. It was an event to honour Redcliffe Hospital's first Torres Strait Islander doctor.

Dr Arabena's decision to take a new challenge in general practice at a local medical centre will certainly provide an opportunity for our patients at the hospital to continue that connection with Dr Arabena in the wider community.

Dr Danielle Arabena, whose family is from Mer (Murray) Island in the Torres Strait, joined the medical staff of Redcliffe Hospital in 2009 as an intern. During her medical career development, working for all the hospital's patients, but with a special interest in and connection to the Peninsula area's Aboriginal and Torres Strait Islander communities, Dr Arabena brought great energy and commitment to the care of her patients.

Our hospital family wishes Dr Arabena well in her new venture.



Dr Danielle Arabena and Dr Donna O'Sullivan proudly display the commemorative framed Dari now displayed at Redcliffe Hospital.

The celebratory morning tea at the hospital acknowledged Dr Arabena's professional contribution to the hospital. It was attended by local Elders and other community leaders and featured the display of suite of contemporary Aboriginal artworks and a replica of a magnificent Dari – a traditional

Working tirelessly and with great humility and understanding, Dr Arabena's support of the Aboriginal and Torres Strait Islander populations helped us all as we began the first steps towards learning and understanding more about the connection between Indigenous community groups and the physical environment – and their particular health issues. Her commitment to her role and boundless energy has assisted the forging of valuable links with Local Elders who inform and guide us as we strive for cultural awareness and understanding of the needs of our patients.

Torres Strait Islander headdress, recently purchased by the hospital for display around the facility.

The morning tea event also provided an opportunity for Redcliffe Hospital staff and the wider community to recognise and celebrate the efforts being made towards 'Closing the Gap' in health outcomes between Indigenous and non-Indigenous Queenslanders.

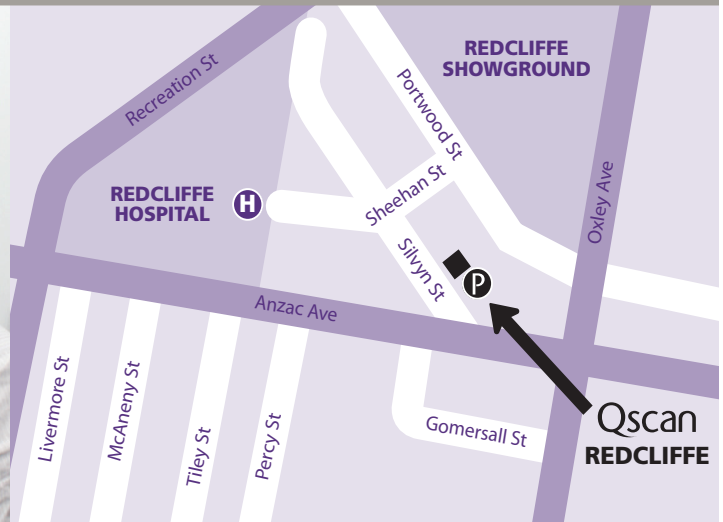
Donna O'Sullivan

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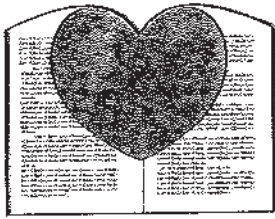
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The Enchanted Time Traveller: A book of self-knowledge and the subconscious mind

Author	Dr Mal Mohanlal (MB, BS, Dip CH)	Contact:	Author Mal Mohanlal
Format	Hardcover Casebound	Phone:	07 3284 9777
ARP	\$35.00	Email:	malkosh1@optusnet.com.au
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PUBLISHED

Although the body and mind are two separate systems, the power they have to impact the wellbeing of one another is increasingly astonishing. Have you ever considered that your several failed attempts to quit smoking may likely be due to your state of mind? Or that your inability to sleep can be solved through verbal exercises? Would you believe that your entire quality of life can be revitalized by redirecting your thought patterns? Now you will.

The Enchanted Time Traveller is the recent work of experienced clinical doctor, Mal Mohanlal. Although Dr. Mohanlal works in General Practice and specialises in Medical Acupuncture and Spinal Manipulation, he also has considerable experience in Clinical Hypnotherapy and this particular interest of his led to the production of this insightful book.

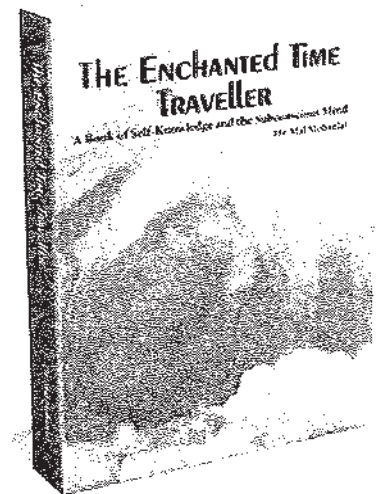
The chapters of this book travel through many of the chief physical and mental aspects to life such as habits, stress and insomnia, and delve into the underlying causes of our happiness and misery. The Enchanted Time Traveller reveals and evaluates the ways in which we consciously and unconsciously affect our wellbeing and self-worth, and empowers readers with the awareness and understanding required to change their current state of mind, and ultimately, their life.

Dr. Mohanlal writes in a way that a wide variety of readers can clearly understand and relate to. He does not elevate himself above his audience and delivers only reliable and useful information, making it clear that this book is not just another self-indulgent attempt to affirm and feed an author's ego, but that it is a perceptive and dynamic book that comes from a place of compassion and a desire to serve others.

Through this book, Dr. Mohanlal provides an opportunity to improve the quality of life for all readers, by paving the way to a state of happiness, security and self-content.

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MEMBERSHIP NOTICE

If you have any topic of interests to share with our membership please email us at RDMAnews@gmail.com.

The article can be either a Clinical or Non Clinical Topic, A Traveller's Tale, an Article for Discussion, Poems, an Advertisement or any combinations.

Don't forget to email your articles and graphics to me for inclusion in our monthly RDMA Newsletter.

Email: RDMAnews@gmail.com.



GOVERNMENT DELIVERS STRONG PACKAGE FOR OLDER AUSTRALIANS – BUT MEDICAL CARE IS LACKING

The AMA congratulates the Government on its Living Longer Living Better plan to support older Australians.

In particular the measures to assist them to live in their homes for longer, but is disappointed that the issue of access to quality medical care has not been properly addressed.

AMA President, Dr Steve Hambleton, said that the plan is a strong response to a policy area that has been long neglected, but the Government should have gone the extra step of giving older Australians the comfort of knowing they could get access to their doctors at a time of life when they most need them.

“Living at home allows individuals to age with dignity as an active participant in the community with a sense of place, and this is very important,” Dr Hambleton said. “But it is equally important to have easy access to medical care, at home or in residential aged care.

“The AMA welcomes the commitment to improve access to general practitioners through the use of video consultations. This is something the AMA highlighted with the Government in the Telehealth initiative.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

“The Government will provide increased support for doctors to undertake more timely dementia diagnosis.

“We also welcome the additional funding for palliative care.

“And we are pleased that there is a safety net for the many older Australians who don’t have the financial capacity to pay for aged care.

“However, the funding for the health care aspects of the package falls well short of what is needed, and many areas of primary care for older Australians have not been addressed in this package.

“We will be seeking more details from the Minister for Health and Ageing about the health care aspects of this package, especially access to primary care services,” Dr Hambleton said.

20 April 2012
CONTACT:
John Flannery
02 6270 5477 / 0419 494 761

Kirsty Waterford
02 6270 5464 / 0427 209 753

1. Follow the AMA Media on Twitter: http://twitter.com/ama_media
2. Follow the AMA President on Twitter: <http://twitter.com/amapresident>

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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CHANGES TO CLASSIFIEDS

Classifieds remain **FREE** for current members. To place a classified please email: 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 Inc.**

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription due for the period: 1st July 2011 to 30th June 2012

Dear Doctor

The Redcliffe & District Local Medical Association Inc has had another successful year of interesting and educative meetings on a wide variety of medical topics. It's now time to show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

As this is now June 2011 your subscription to cover until the 30th June 2012 will be \$100.

Doctors-in-training and retired doctors are invited to join at no cost. This subscription not only entitles you to ten (10) dinner meetings but also to a monthly magazine. Contributions and suggestions on topics and/ or speakers are very welcome.

Please can you endeavour to pay your subs by internet banking as it is so much easier for all concerned, saving you writing cheques and us having to bank them? You will receive your receipt by email if you supply your email address to me on GJS2@Narangba-Medical.com.au.

Yours sincerely

Dr Peter Stephenson
Treasurer

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION INC.

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Note: **Two Medical Practitioners from the One Family Qualify for a \$25 Discount each**

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