RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter
APRIL 2014

Marine Inhabitants of Moreton Bay http://marinelife.about.com/od/marinelifeprofiles/p/dugong.htm

Manatees belong to the order Sirenia and includes the three species of manatee as well as one other species, the dugong this is the group of animals that, some say, inspired tales of mermaids. Dugongs with their grayish-brown skin and whiskered face resemble manatees, but are found on the other side of the world.

Moreton Bay Inhabitants

See Moreton Bay Marine Inhabitants History in our historical article in our regular Where We Live And Work segments pages 3 and 20.

Manatees and dugongs are the only marine mammals that feed exclusively on plants and this characteristic impacts many aspects of their biology. A diet of aquatic plants places unique demands on manatees Cont PAGE 3

President's Message . Dr KIMBERLEY BONDESON

I went to do a house call at 7 am on a long term 96 yo patient of mine on Thursday morning. She has been a patient at my practice for over 60 years. She has a copy of the "Courier Mail" which had on the front page the following headline "Doctors Wanted" "Hire Firms Seeks Back- Up Docs".

She asked me if that meant that I would not be able to visit her at the nursing home any more to see her. As she had been a patient at our practice for over 60 years, she was quite distressed. I explained to her that no, it did not effect me as I was a private doctor, and would continue to come and see her. Her next comment was very interesting. Without any background knowledge, she said that government and the bureaucrats did not know what they were doing, and were increasing red tape. The nurses at the nursing home were also very interested in what she was saying, and in my response, as I tried to explain the current situation with the doctors contracts.

All nursing staff I came into contact with at 3 of my nursing homes was supportive of the doctors.

Interesting that the Queensland Government wants to cut salaries and costs, yet their new "recruitment company" , Victorian company "First Medical Recruitment" are offering via emails pay rates of $1800-$2600 a day for SMO or proceduralists and $2100-$2600 a day for specialists locums. Full time packages on offer range from $350,000 to $480,000 plus, depending on experience.

What a joke! Perhaps all the Queensland Doctors should consider resigning their current positions and going as a locum or full-time through the Recruitment Company. This would cost the Government a fortune, and is completely counter-productive to why the government are trying to introduce these new contracts. Does one get the feeling that the government is digging a hole for itself, which is getting bigger?

The AMA NSW head Brian Owler said a job vacated in Queensland because of unfair contracts, would not be taken by NSW doctors. This was in direct response to the recruitment campaign which is emailing doctors in NSW and Victoria.

On a brighter note, the medical profession is pulling together on this issue. This includes the joint voices of the Federal AMA, AMAQ, ASMOF, ASMOFQ, Together Union and 'Pineapple group".

Kimberley Bondeson,

RDMA Welcomes A Message From

Dr BOB BROWN,

President Northside Local Medical Association

"Doctors Contracts & Superclinics" Cont Page 3

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

2014 MEETING DATE CLAIMERS:

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

CPD Points & Attendance Certificate Available

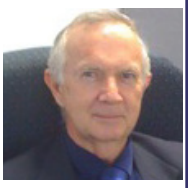
Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

	Tuesday	February 25th
	Wednesday	March 26th
	Wednesday	April 30th Date Change
Next Meeting	Wednesday	May 28th
	Tuesday	June 24th
	Wednesday	July 30th
AGM: -	Tuesday	August 26th
	Wednesday	September 17th
	Tuesday	October 29th
NETWORKING: -	Friday	December 5th Date Change

CONTACTS:

President:
Dr Kimberley Bondeson
Ph: 3284 9777



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Email: RDMAnews@gmail.com
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Mobile: 0408 714 984

MAY NEWSLETTER 2014

The 16th May 2014 is the timeline for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at RDMAnews@gmail.com
Website: http//www.rdma.org.au

INSIDE THIS ISSUE:

NORTHSIDE LOCAL MEDICAL ASSOC PRESIDENT
Dr ROBERT (BOB) BROWN

"Doctors Contracts & Superclinics"

There is good news, it seems that there is a Doctor Contract Solution on the way, were all parties working together have come to an agreement in principle.

Based on last week's negotiations, the AMA and the AMAQ are now of the 'in principle' view that a satisfactory resolution of their concerns with the contracts have been reached. There is still work to be done, with the actual contracts to be considered by each doctor.

The Minister, Mr Springborg, decision to introduce amendments to the Hospital and Health Boards Act and his announcement of a revised offer last week have resulted in productive discussions.

There is an extension of the deadline for SMO and VMO's to sign their contracts. This is seen as sensible, which will allow the SMO and VMO's time to consider and negotiate their contracts with their Hospital and Health Service.

On to Superclinics – There were to be 64 superclinics in all. The Coalition government suspended the funding for the Rockingham GP Superclinic south of Perth, along with the super clinics in Brisbane and Darwin, with little notice. The three projects were to receive $27 million in funding.

Well, that is one way to save money. Pity about the funds already spent on these 3 clinics, which most likely will be unable to be recouped.

Another example of wastage of money – these super clinics were not developed in consultation with any medical groups or medical advisers.

Dr Bob Brown
Presidents Report – NLMA

2014 Bi-MEETING DATE CLAIMER:

For all Northside LMA Meeting & Membership queries contact:

Meeting Convener:
Lucy Smith , QML Marketing Office,
Contact Details;
Phone: (07) 3121 4565, Fax: (07) 3121 4972
Email: lucy.smith@qml.com.au

Meeting President:
Dr Robert (Bob) Brown
Website and Link:
Northside Local Medical Association Website
Link: http://northsidelocalmedical.wordpress.com/

Meeting Times: 6.45 pm for 7.15 pm

2014 Dates:

1	11th February 2014	4	12th August 2014
2	8th April 2014	5	14th October 2014
3	10th June 2014	6	9th December 2014

Meeting Treasurer:
Dr Graham McNally
Contact Details;
Phone: (07) 3265 3111
Postal Address: C/- Taigum Central Medical Practice, Shop 1, 217 Beams Rd, Taigum Qld 4018

Manatee – Trichechus, http://marinelife.about.com/od/marinelifeprofiles/p/dugong.htm.

and their behavior and physiology reflects this since aquatic plants are low in nutrients, manatees must spend between 6 and 8 hours a day feeding. They consume between 5 and 10 percent of their body weight each day.

Dugongs (Dugong dugon) grow to lengths of up to three meters, weighing as much as 400 kilograms and are known as 'sea cows' because they feed on sea grass and the roots of aquatic plants in sheltered coastal waters. Dugongs are primarily herbivores, eating seagrasses and algae. Dugongs have a fluked tail enabling them to swim and their front flippers are used to steer as they swim slowly through the oceanic waters. Although they may resemble whales and dolphins in some ways, they are more closely related to elephants in fact.

Dugongs have a pronounced round head, keen hearing, small eyes and nostrils at the top of their broad snout. Bristles located on their upper lip enable them to locate food and has two lobes that can be moved together to grasp onto food from the seabed compensating for their limited eyesight. As they chew, their teeth slowly migrate forward and new teeth at the back of the jaw replace the old teeth that fall off at the front of the jaw having 10 -14 teeth. Manatees have a low nutrient diet and consequently have an extremely slow metabolism. Dugongs live as long as seventy years but have a low breeding rate, on average females bear a single calf at intervals of 3 to 7 years during their reproductive years from their maturing age of 10 -17 years.

Dugongs live in warm, coastal waters from East Africa to Australia feeding at night and rarely venturing out into the open sea. Dugongs live their entire lives in the water and feed only on aquatic plants, they are restricted to coastlines, seas, and rivers where the water Cont Page 20

AUSTRALIAN MEDICAL ASSOCIATION FEDERAL PRESIDENT
Dr Steve Hambleton

AN UPDATE FROM DR STEVE HAMBLETON

Dear Members,

Recently the Queensland Health Minister put on the table a significant offer to resolve the dispute over Senior Medical Officer (SMO) and Visiting Medical Officer (VMO) contracts in Queensland.

The AMA and AMA Queensland welcome this offer, which represents substantial progress and a real chance to settle this dispute. The AMA and AMA Queensland are working hard to ensure that the mass resignation of SMOs and VMOs is avoided.

We understand that the key elements of the offer, in addition to the already secured change to the Hospital and Health Boards Act, are:

- the incorporation of the draft addendum into the contract, appropriately worded
- the Government will remove the word profitability from clause 25(5) of the core contract
- the Clinical Senate will advise and oversight the KPI process over the next two years
- the Government will establish a collective process for future contract negotiations via a proposed "Contract Advisory Committee", which includes the option of arbitration.

In principle, the concepts outlined above address the key issues raised by the AMA and AMA Queensland with the Queensland Government.

The key now is in the detail, which we need to get right. This will require careful negotiation so that a detailed proposal can be properly considered by SMOs and VMOs.

We hope those negotiations can start in the very near future.
We now appear to be in a very different position than was faced at the start of the year.

Substantial concessions have been won and this progress must be recognised.

The future of many SMOs and VMOs with Queensland Health now hangs in the balance and it is incumbent on all parties to approach the Government's proposals in a constructive way.

Clearly, we now have the potential to deliver a fair and reasonable contract outcome that supports the delivery of high quality health services to the Queensland community and members can rest assured that we are working to get this right.

Dr Steve HAMBLETON
AMA Federal President

RDMA March Meeting 26.03.2014

Chair President Dr Kimberley Bondeson, Speaker: Dr Patrick Carroll Topic: The New Oral Anticoagulants - Your Questions Answered, Sponsor: Bayer Pharmaceuticals

Margaret McPherson with NEW MEMBER: Ambika Bhasin

SPEAKER: Dr Patrick Carroll

Geoff Talbot, Linda & Michael Fleming

Dr Patrick Carroll, Bayer Representatives Ian Adams, Elmaire Heidstra

CENTRE TOP: Speaker Dr Patrick Carroll,

Clock wise: Drs Geoff Talbot with Linda and Michael Fleming.

NEW MEMBER: Caroline Wewengkan.

Dr Patrick Carroll with Bayer Representatives Ian Adams and Elmaire Heidstra.

Margaret McPherson with NEW MEMBER Ambika Bhasin

NEW MEMBER: Caroline Wewengkang

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: Wednesday 30th April

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 Kimberley Bondeson - President RDMA Inc.
7.35pm	Sponsor: Pfizer Pharmaceuticals
7.40pm	Speaker: Dr Con Aroney Topic: What's new in cardiology.
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 25th April 2014

QML Pathology.

AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

UNITED WE STAND.....

For a bunch of people drawn from the highest intelligentsia, doctors sometimes aren't all that smart when they get out of their areas of expertise.

The Romans built an empire two millennia ago based on the principle of "Divide and Conquer". The Americans won a war of independence two centuries ago on the creed of "United we stand, Divided we fall". Yet doctors have just struggled through a bitter contract dispute which neither side won, and we failed to get 100% success partly because we ignored the lessons that even the superstitious Romans and thick-as-two-short-planks Americans managed to grasp. Disunity is death in war and politics, and our campaign was decidedly fragmented. ASMFOF and the AMA were publicly working together, but there was internal conflict, with some angry and even dangerous words aired in private settings. What was most troubling was the appearance of splinter groups with difficult-to-identify leadership and sidetracked agendas.

The role played by Chris Rowan was not helpful. He signed his own contract, and later publicly endorsed some aspects of the contracts. That was Chris' personal decision and he will depart his AMAQ presidency going down in flames, with no recognition of all the good he did [I hasten to add that I still consider myself a friend of Chris' even if I can't agree with all that he does]. Steve Hambleton came back from Canberra to mark his final months in the federal AMA presidency with a blaze of glory, to take over the AMAQ leadership role. The contract dispute was a Queensland fight, but arguably the Federal AMA belonged there because the other States are closely watching the outcome and hoping for a domino effect. The important issue for today's column is the fact that the AMA as a State/Federal coalition was very publicly a divided force.

I suppose the clear message for the AMA is that both its members and non-members lacked faith in the capacity of their organization to effectively represent their interests. If the AMA was seen to be doing what the members wanted, no splinter groups could have arisen. If I could teach the AMA just one lesson today it would be this - open the communication channels between the grassroots membership and the frontline organization. Most members did not know what their organization was doing, and many had no idea how to communicate with their representatives or executive. Those who do know how to get their message across did not feel they were being heard (and still don't - we still hear that the AMA is not working on the concerns of GP's feeling under threat from the incursion of private insurers into primary care).

If the evidence is that "Divided we fall", then the action must be to unite, and to appear to be united.

On a totally different tack, our evidence-based profession must take some pleasure in seeing that scientific evidence is being acknowledged in at least two areas close to the hearts of community-based doctors. Firstly the NHMRC has officially announced that homeopathy is hogwash (I should re-phrase that, because at least hogwash has a useful function of cleansing hogs). Secondly, there is a serious move in Queensland to make it more difficult for "conscientious objectors" to avoid the consequences of not immunizing their children. The junk science and its advocates will still be vocal, but at least evidence-based medicine is getting some political support.

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

Wayne HERDY,
North Coast Branch Councillor, AMAQ.

DAN EVERSON
PODIATRY

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AMAQ BRANCH COUNCILLOR REPORT
GREATER BRISBANE AREA
Dr KIMBERLEY BONDESON

SOCIAL MEDIA - BEWARE

Social Media - a new form of communication, which can be very beneficial and extremely quick to pass on news, both professionally and personally. It should come with a warning - Beware Social Media.

Currently, the Queensland State Government is investigating threats against doctors who have signed contracts with Queensland Health. One such threat posted in emails to doctors is as follows: "You and your fellow turncoats, who have turned their backs on our noble profession will be dealt with when all of this is finished." "Your career will be in tatters, you will be unemployable".

What sort of world are we now living in, where this anonymous "trolling" or comments by Facebook or social media trolls are threatening their colleagues or others who may have a different view to their own?

Recently, one of our own Australia Celebrities, a beautiful 40 yo woman, committed suicide as she was tormented on Facebook and twitter by anonymous "trolls". Initially she made a stand, after spending several weeks suffering severe depression in a rehabilitation facility, and actually traced the "trolls" to their workplace and reported them to their employers. She came out publically on television to tell her story. Unfortunately, it became worse, until she eventually took her own life.

As a General Practitioner, I regularly see 14 and 15yo schoolgirls who are being cyber bullied by their classmates and others, via Facebook and texting, which is resulting in severe depression.

Also, recently, 40+yo's who are being hauled over the coals and stood down by their employers for having inappropriate posts on their Facebook webpages. Facebook and twitter are a form of public media. Once you have posted something on it, you cannot get it back. It can be distributed worldwide within minutes to hours. School children today who use Facebook as a form of diary will I have no doubt, live to regret it, when their potential employers look at their social media pages to find out what sort of person they are. We are constantly reading in the press where school teachers, nurses and doctors are posting inappropriate comments, and in the case of doctors, the patients themselves recognizing the doctors description of them. This is a breach of confidentially and an invasion of privacy.

I think one of the worse forms of bullying is when a comment or article is written by someone on social media, pretending to be someone else, or imitating an imaginary existence, and these comments or articles are being believed and distributed rapidly via social media. These incorrect articles and cruel comments based on half truths and 'imagination' can have dreadful consequences on recipients of this social bullying.

We all need to be extremely careful when we come across these comments or articles as to whether they are genuine or not, whether someone owns up and stands up for their comments, or whether they are posted maliciously and anonymously.

Kimberley Bondeson,

Narangba Family Medical Practice

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Email: PCS1@narangba-medical.com.au
Mobile: 0403 151 602.

Practice Phone & Location: Phone: 07 3886 6889, Opposite the Narangba Railway Station, Main Shopping Centre, beside the Narangba Pharmacy.
Street Address: 30 Main Street, Narangba Q 4504.
Postal Address: P.O. Box 3 Narangba Q 4504

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Client Entertainment/ Meeting FBT

One of the most confusing/ debated tax topics discussed with over 90% of clients is the deductibility of Meal and Alcohol expenses at restaurants for client meetings. Given the increased review work by the ATO in recent times and the Fringe Benefits Tax (FBT) year close to an end, we thought we should take the time to have a closer look at the ATO's view on this contentious issue.

From the point of most business owners the expenses for meeting with a client at a café or restaurant for a meal or simply a coffee is viewed as fully deductible. To some business owners these expenses are viewed a necessary cost of maintaining business relationships and attracting new and potential clients.

From the ATO's point of view these expenses are viewed as entertainment rather then the necessary business expenses business owner's would see them as. Not only does the ATO view these expenses as Entertainment they class the clients portion of the expense as not deductible and the employee/ owners expense as deductible but subject to FBT.

Below are some examples from the ATO website with typical scenarios and the view taken by the ATO in relation to each for tax deductibility and whether or not they would be subject to FBT. Graph

If you are expending and claiming the above expenses you have two choices, firstly you can account for the expenses and pay FBT at the end of the FBT year. Secondly you can disregard these expenses from GST and Tax deductibility point of view and treat them as drawings or dividends. You need to be vigilant from a GST point of view as this is only claimable on the expenses that are tax deductible. If the expenses in the above table are tax deductible and subject to FBT, FBT needs to be paid on these expenses or they will not be tax deductible or GST creditable and therefore treated as drawings or dividends and taxable in the hands of the owners.

Situation	Income tax	FBT
Employee takes two clients to lunch at a restaurant - cost $150	Employee's portion $50 tax deductible Client's portion $100 non-deductible	Employee's portion $50 fringe benefit Client's portion No FBT
Employee has meal in restaurant while travelling on business trip	Tax deductible	No FBT ('otherwise deductible' rule)
Employee has meal in an 'in-house canteen'	Tax deductible	Exempt from FBT
Employer provides sandwiches and juice for working lunch in office (not entertainment)	Tax deductible	Exempt from FBT
Employer provides substantial lunch with wine for employees in office but not in 'canteen'	Non-deductible	Exempt from FBT
Employer provides social function for employees in office	Non-deductible	Exempt from FBT
Employer provides social function for employees and associates in office	Cost per employee Non-deductible Cost per associate Tax deductible	Cost per employee Exempt benefit Cost per associate Taxable fringe benefit
Employer reimburses employee for cost of private party	Amount reimbursed is tax deductible	Taxable fringe benefit
Employer provides employee and associates with theatre tickets	Tax deductible	Taxable fringe benefit

If you have any questions in relation to your expenditure on client meetings and entertainment give Poole Group a call today on 07 54379900.

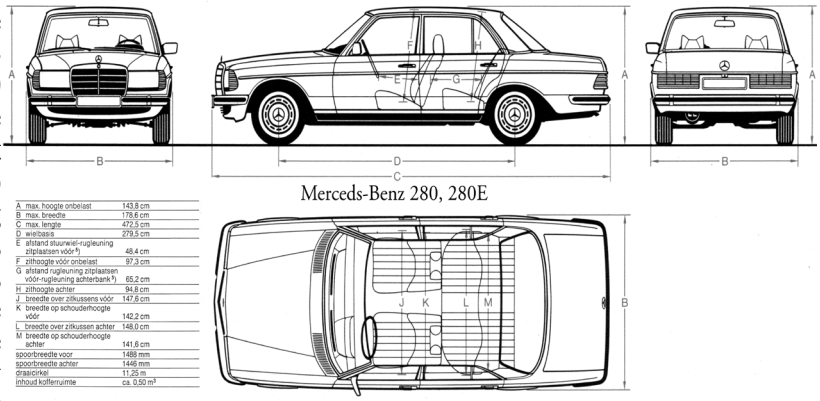
MEDICAL MOTORING
with Doctor Clive Fraser

Motoring Article #112
Safe motoring,
doctorclivefraser@hotmail.com.

1985 Mercedes 280E "Turning 30!"

As fuel prices keep climbing motorists endlessly complain about what they pay at the pump. Independent fuel retailers have always had the lowest prices, but the 4 cents off per litre shopper dockets have almost wiped them out.

The grocery duopoly have agreed to step-back from 30 cents per litre discounts, but that still doesn't stop them from having very deep pockets when it comes to sending the opposition broke by predatory pricing. But, by my calculations fuel is one of the lesser expenses when it comes to motoring. The biggest expense by far is still there even when you're not driving your car, it's depreciation. As it's a cost you don't find out about until trade-in time it sits in most motorist's blind spot.



Merceds-Benz 280, 280E

A max. hoogte onbelast	143,8 cm
B max. breedte	178,6 cm
C max. lengte	472,5 cm
D wielbasis	279,5 cm
E afstand stuurwiel-rugleuning zitplaatsen vóór [4]	48,4 cm
F zithoogte vóór onbelast	97,3 cm
G afstand rugleuning zitplaatsen vóór-rugleuning achterbank [4]	65,2 cm
H zithoogte achter	94,8 cm
J breedte over zitkussens vóór	147,6 cm
K breedte op schouderhoogte vóór	142,2 cm
L breedte over zitkussen achter	148,0 cm
M breedte op schouderhoogte achter	141,6 cm
spoorbreedte voor	1488 mm
spoorbreedte achter	1446 mm
draaicirkel	11,25 m
inhoud kofferruimte	ca. 0,50 m³

Anyone who has divorced will know just how much it costs to trade up to the new model. An average Holden Commodore SV6 would have cost you $43,790 plus on road costs in 2011. In the past three years you would have spent $6,400 buying 4,275 litres of ULP assuming that you'd driven an average of 15,000 kilometres per year. But after three years your beloved Holden Commodore is only worth $17,000 as a trade-in. Allowing for the on road costs at purchase you've lost $30,000 in three years, or $200 per week, or 67 cents per kilometre in depreciation alone.

Your Commodore is dropping in value by 26% each and every year and depreciation is nearly five times whatever was spent on fuel. This explains why accountants are very frugal when it comes to buying cars as they don't like to spend money on depreciating assets. The tax man does help generously if your vehicle is used for business by offering a deductible depreciation allowance of 30%.

But is there a way to avoid that hefty depreciation? The answer is, "yes". In 1985 a trusted colleague shelled out $65,000 for a Mercedes 280E. At the time it was a lot of money for what was a lot of car. It was the last of the W123 series which had been introduced in 1976. My colleague knew that Merc's had a reputation for longevity, but he did not know that nearly 30 years later that he'd still be driving his 280E. He's now done 417,000 kilometres, enough to circumnavigate the Earth more than 10 times. His car hasn't needed any major mechanical repairs and costs only $180 for each service every six months. He's only replaced the brake pads twice, an alternator and one radiator hose. The paintwork and upholstery are as new and it gets along very well thanks to its free-revving 136 kW six cylinder engine.

Fuel consumption by modern standards is not that great with 16.7 l/100km around town and 11.4 l/100km on the highway. The 280E runs happily on normal un-leaded petrol. Safety was ahead of its time with ABS and a driver air-bag available as options on overseas models. My colleague estimates that his old Mercedes is only depreciating at about $50 per annum at present and who knows maybe in the future it might just start going up in value!

1985 Mercedes 280E

For: Reliable and ownership lasts longer than most marriages.

Against: Modern engines use less fuel.

This car would suit: Retired psychiatrists.

Specifications:
- 2.7 litre 6 cylinder petrol
- 136 kW power @ 5,800 rpm
- 240 Nm torque @ 4,500 rpm
- 4 speed automatic
- 16.7 l/100 km (city)
- 11.4 l/100km (highway)
- $1,000 - $3,000 trade-in
- $3,000 - $5,200 private sale

Fast facts:
Mercedes built 2.7 million W123 cars.

This model was always popular with Arab taxi fleets.

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Email: doctorclivefraser@hotmail.comr

INNOVATIVE TECHNOLOGY ADDRESSES CHRONIC BACK AND LEG PAIN AT ST VINCENT'S PRIVATE HOSPITAL, BRISBANE – Dr Frank Thomas

Patients experience pain relief with the HF10 Spinal Cord Stimulation (SCS) Therapy, a novel therapy designed to treat chronic back and leg pain.

Dr Frank Thomas from Queensland Pain Clinic (QPC), located at St Vincent's Private Hospital, is utilizing the Senza SCS system for HF10 SCS therapy and has seen impressive results for patients with chronic back and leg pain. Today's treatments for patients with lower back pain have had limited success, often leaving patients with on-going pain. The HF10 therapy is designed to address both back and leg pain. This technology has been developed with patient comfort in mind, avoiding the discomfort often associated with traditional SCS systems.

Back pain is the most prevailing disorder worldwide and the second most common cause of work absence. Treating chronic back pain has long presented serious challenges for doctors and patients. The treatment options range from drug therapy to surgery. Although traditional SCS systems provide meaningful relief for leg pain, back pain relief is still a challenge for most patients and HF10 SCS has had significant success with patients who have even previously failed traditional SCS.

The HF10 SCS is an advanced neuromodulation therapy. The therapy provides both back and leg pain relief without the uncomfortable stimulations associated with paresthesia - including jolting or shocking - commonly experienced with traditional SCS therapy. The HF10 therapy allows driving without restrictions associated with paresthesia.

24 month clinical results for the Nevro therapy were published in Pain Medicine journal in March 2014. The data presented showed the pain reduction of patients that were implanted after a successful stimulation trial phase. At 24 month follow-up, 60% of the patients receiving the therapy had at least 50% back pain relief

and 71% had at least 50% leg pain relief. Patients were also able to significantly improve disability and reduce sleep disturbances at 24 months.

The Senza SCS system (Nevro Corp., CA, U.S.A.)

Dr Thomas has been using the Senza system since April 2013 and has seen similar results. Two-thirds of his patients who had tried the therapy during a minimally invasive reversible 7-day trial got significant pain relief and received the implantable device. These patients, being treated for various chronic pain conditions (e.g. FBSS, Upper Limb and neck pain, peripheral neuropathy), are getting sustained pain relief and have been able to resume a normal life. One such patient, a 41 year old man, was referred to Dr Thomas with a 6 year history of chronic back pain following a L5-S1 spinal fusion. He had a positive trial with HF10 SCS and was consequently implanted with an IPG. His overall pain score reduced from 7 at baseline down to 2. Six months post implant he has had complete resolution of his back pain and has returned to work in the mines. He is no longer using any opiates, only the occasional paracetamol but not for his original back and leg pain.

Dr Frank Thomas studied medicine at the University of Otago in New Zealand, graduating with distinction in 1992. He trained in anaesthesia and pain medicine and has worked exclusively in pain management since 2003.
He is currently Director of Pain Management at St Vincent's Private Hospital Brisbane.
His clinical interests include headache, neck pain and back pain. He has particular expertise in interventional pain techniques including spinal cord stimulators.

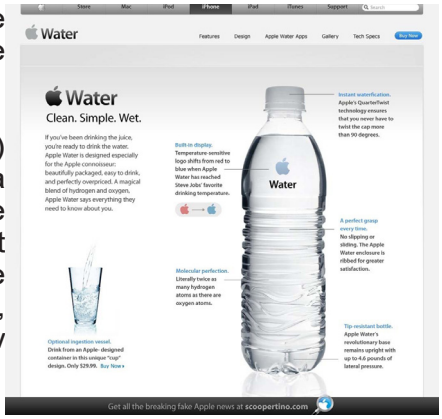
COMPUTERS & GADGETS

Email: apndx@hotmail.com.

with Doctor Daniel Mehanna

"Image Is Everything"

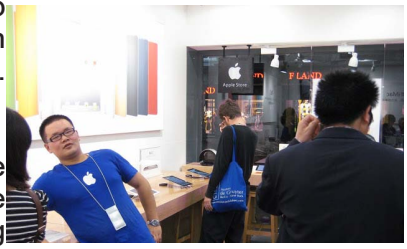
Better, faster, bigger, more features, hip and stylish ...so the marketing goes.



Behind (or rather in front of) every technology company is a coordinated marketing machine designed to convince you that your current gadget (that may be only months old) is suddenly slow, boring, unfashionable and now obsolete.

In a world where marketing image is everything, nothing is left to chance. Absolutely nothing. A case in point is Apple. The famously innovative company does everything (and more) in its power to control almost every aspect of its image, presenting a carefully and purposely manicured facade to the outside world.

And it works. Its perfectly designed (and patented by the US trademarks office) Apple stores outperform the famed Tiffany & Co. on a sales-per-square-metre basis. They are so successful that the Chinese have cloned entire stores, setting up fake Apple stores in Southwest China. Mind boggling



Recently the Apple training manual, the "Genius Training Student Workbook" used to train the Apple Genius staff for their 2 week training course was leaked and obtained by Gizmodo providing a fascinating glimpse of the lengths the company goes to carefully control their image and manipulate the customer. It reads more like a manual for psychological warfare than a dry bland electronic booklet.

In it the employees are told how to approach customers, how to behave, how and what to say, all in order to make the sale.
A particular useful skill, it is explained, is the skill of empathy. Staff are taught to use the three f's. Fell, felt and found.

For example: Customer: This Mac is just too expensive. Genius: I can see how you'd feel this way. I felt the price was a little high, but I found it's a real value because of all the built-in software and capabilities. Absolutely brilliant. Maybe that Apple product is not that expensive after all! Even more interesting and somewhat amusing is what the staff are allowed and not allowed to say.

For example, staff are not allowed to say that their software "crashes" but should say it "unexpectedly quits" or "stops responding". They should not say that the software has a "bug" but can say "issue". Similarly the Apple hardware does not get "hot" but gets "warm".

But it is unfair to just talk about Apple. Every successful company does the same. Apple's marketing just stands out as it is just so good.

I mean, what other company can convince its fans (or "fanboys" as they are called) to queue outside a shopfront all night just so that they can be one of the first to buy a new gadget? But in a delicious irony, Apple's marketing strength and perceived street credibility has also been used by its competitors to mock the brand and its followers.

Samsung, Apple's main competitor has released advertisements mocking Apple fanboys and their sheeplike devotion to the cult of Apple. It ridicules devoted Apple customers who have been queuing up all night for the launch of a new iphone and their interactions when they see a passer by using a fancy Samsung phone. Really funny stuff.

It shows the power of marketing. Interesting Links:
1.https://www.youtube.com/watch?v=tNxDd3l0IEU
2. https://www.youtube.com/watch?v=DateFKa5j_c
3. http://mashable.com/2013/01/31/apple-store -design-trademark/
4. http://www.wired.com/2011/07/counterfeit-apple-stores-popping-up-in-china/
Real or fake? A fake Apple store in Kunming, China

L3 Holy Spirit
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627 Rode Road,
Chermside QLD 4032

What is a Fractional Flow Reserve?

by Dr Roderick Chua, MB BS FRACP FCSANZ
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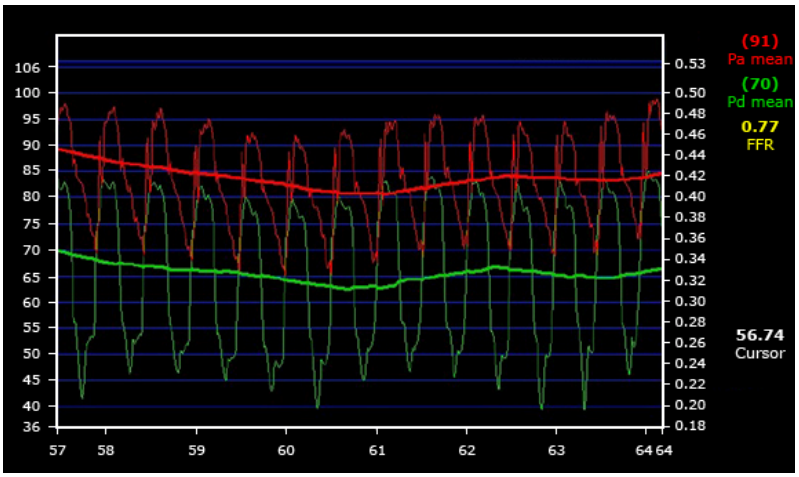
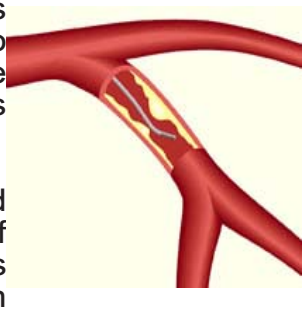
Coronary angioplasty or stenting is indicated only when demonstrable myocardial ischemia or impaired hemodynamic flow down a diseased coronary artery is present. This is usually the case when the degree of coronary stenosis exceeds 70-80% of the luminal diameter.



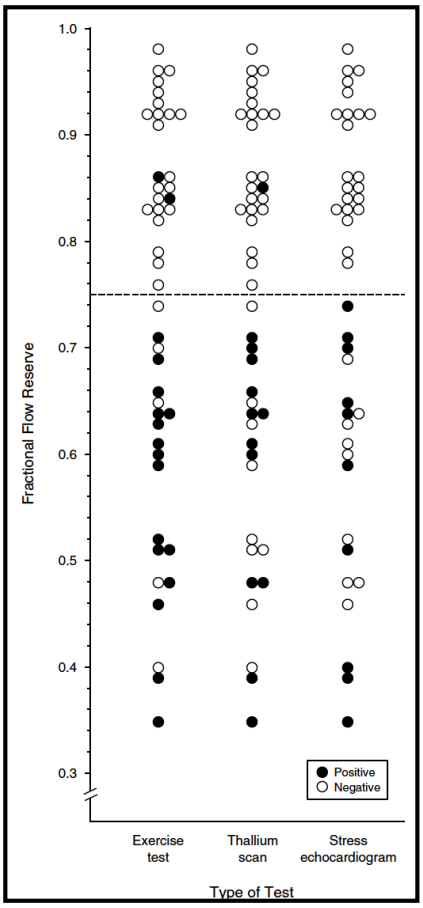
However, as coronary angiography is displayed as 2 dimensional Xray images, it can often be quite difficult to visually determine the severity of coronary artery stenosis even when multiple Xray view angles are obtained. This is particularly the case when the Xray images are degraded by the patient's body habitus, diffuse coronary artery calcification, severe interstitial lung disease etc. Moreover, coronary artery stenosis frequently present as intermediate lesions which appear to be only 40-70% in severity despite relatively convincing clinical symptoms.

Visual interpretation of the coronary angiogram as a means of predicting the physiological effects of coronary stenosis correlates poorly with actual measured coronary flow limitation during reactive hyperaemia. There is high inter-observer variability, with both under- and over-estimations of the severity of coronary artery stenosis being relatively common-place.

The technique for measuring a fractional flow reserve (FFR) especially for the assessment of intermediate coronary artery stenosis, has been developed to answer the need for precise measurement of coronary flow reserve. It measures the pressure differential between the proximal (aortic pressure) and distal end (guidewire pressure) of a coronary stenotic lesion at maximal or hyperaemic flow. This creates a pressure ratio which represents the proportion of flow across that stenosis.



Pressures are obtained during a state of hyperaemia which is usually induced by an Adenosine infusion which achieves maximal blood flow within the micro-vasculature of the myocardium. The ratio of distal coronary pressure to the aortic (or proximal coronary) pressure is called the FFR. A normal value is 1.0. A value less than 0.80 and certainly if less than 0.75, has been correlated with inducible myocardial ischemia with an accuracy of >90%. An Intramyocardial Resistance Index (IMR) can also be generated during a FFR measurement to determine whether flow limitation exists within the myocardial micro-vasculature. An index of less than 20 is considered normal.



FFR measurements don't correlate well with Intravascular Ultrasound as the latter cannot be relied upon to ascertain the hemodynamic significance of coronary stenosis. In comparison with myocardial perfusion scans, FFR has a higher correlation with coronary vasodilator reserve, inducible ischaemia and with future cardiac events.

FFR performed during diagnostic coronary angiography helps shorten the patient's hospital stay in the setting of an acute coronary syndrome allowing a functional assessment of coronary artery stenosis to be done during coronary angiography rather

WHAT GOES AROUND

His name was Fleming, and he was a poor Scottish farmer. One day, while trying to make a living for his family, he heard a cry for help coming from a nearby bog. He dropped his tools and ran to the bog.

There, mired to his waist in black muck, was a terrified boy, screaming and struggling to free himself. Farmer Fleming saved the lad from what could have been a slow and terrifying death.

The next day, a fancy carriage pulled up to the Scotsman's sparse surroundings. An elegantly dressed nobleman stepped out and introduced himself as the father of the boy Farmer Fleming had saved.

'I want to repay you,' said the nobleman. 'You saved my son's life..' 'No, I can't accept payment for what I did,' the Scottish farmer replied waving off the offer. At that moment, the farmer's own son came to the door of the family hovel.

'Is that your son?' the nobleman asked. 'Yes,' the farmer replied proudly.

'I'll make you a deal. Let me provide him with the level of education my own son will enjoy If the lad is anything like his father, he'll no doubt grow to be a man we both will be proud of.' And that he did.

Farmer Fleming's son attended the very best schools and in time, graduated from St. Mary's Hospital Medical School in London, and went on to become known throughout the world as the noted Sir Alexander Fleming, the discoverer of Penicillin.

Years afterward, the same nobleman's son who was saved from the bog was stricken with pneumonia.

What saved his life this time? Penicillin.

The name of the nobleman? Lord Randolph Churchill.... His son's name?

Sir Winston Churchill.

Someone once said: What goes around comes around

than necessitating a stress test afterwards. This approach to determine What is a Factional Flow Reserve Cont: the need for coronary artery stenting, even in the setting of unstable angina and NSTEMI, has been shown to be both effective and safe with no significant increases in procedure time, radiation exposure time or clinical event rates.

Intermediate severity coronary artery stenosis is encountered in about half of patient's undergoing coronary angiography. This encompasses lesions which on visual inspection appears to be >40% to <80% in severity. Multiple studies have confirmed that deferring intervention on lesions with an FFR >0.80 whether in single or multi-vessel disease is safe. Moreover, it has been demonstrated that when intermediate coronary lesions are treated without guidance from an FFR, there is significantly more risk for a major adverse cardiac event.

FFR is useful in deciding upon the need for and location of coronary artery bypass grafts. It is particularly helpful when coronary artery stenosis is diffuse and long such as in patients with diabetes. FFR has demonstrated that most jailed side branches following stenting of the main artery do not have functional significance that would require further stenting of the side branch.

It can aid in choosing which lesion to treat when multi-vessel coronary stenosis is present. FFR also tends to predict adverse cardiac events at follow up especially if done to assess efficacy of treatment immediately after percutenous intervention.

The FAME trial examined the argument that all coronary artery stenosis should be assessed with an FFR prior to percutaneous intervention. Over 1000 patients with multi-vessel coronary artery disease were assigned to either stenting of all >= 50% stenosis or a strategy guided by FFR. The results showed that MACE rates occurred less in the FFR group driven mainly by lower rates of myocardial infarction and re-vascularisation. Also, less stenting was performed in the FFR group.

In summary, FFR is now considered to be the clinical standard for physiological hemodynamic assessment of the functional significance of coronary artery stenosis. It can be crucial in the decision making process for deciding upon the need for coronary stenting or surgery. It has shown greater sensitivity, specificity and precision as compared to Intravascular ultrasound and stress testing. It has improved the confidence for beneficial treatment and clinical outcomes for patients undergoing coronary intervention.

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Website : http://www.ama.com.au/

"IPCC REPORT SIGNAL NEED TO PLAN FOR HEALTH EFFECTS OF CLIMATE CHANGE"

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA Vice President, Professor Geoffrey Dobb, said today that the latest report from the Intergovernmental Panel on Climate Change (IPCC) underlines the need for governments to plan to address the impacts of climate change on health.

Professor Dobb said the report sends a strong message that concerted action is needed to cut greenhouse gas emissions as soon as possible."The AMA has long highlighted the likely adverse health effects of climate change from increased emissions," Professor Dobb said.

"Human health will be affected by extreme events such as floods, fires and heatwaves, increases and changes in vector-borne diseases such as malaria, increases in water contamination by bacteria, higher incidence of food-borne illnesses, and mental health problems associated with events such as droughts, floods, and fires.

"Australia has experienced a high number of damaging extreme weather events such as cyclones, bushfires and floods in recent years, with many deaths and lasting effects on human health, both physical and mental. "We need to act now to reduce both the human and economic costs of climate change on health.

"The AMA believes the Australian Government must take strong and effective strategic action to deal with the health impacts of climate change, including the development of a National Strategy for Health and Climate Change.

"We must be prepared to respond to the health impacts of gradual climate change, extreme events, and to people's medium- and long-term recovery needs."

The AMA recommends that a National Strategy for Health and Climate Change should incorporate:

- localised disaster management plans for specific geographical regions that model potential adverse health outcomes in those areas and incorporate appropriate localised health and medical response measures, including for people who have been evacuated or relocated, temporarily or permanently,
- strong and active communication links between hospitals, major medical centres and local weather forecasters and emergency response agencies (in at-risk locations) to maximise timely responses and efficient use of health resources in extreme weather events;
- measures targeted to the needs of certain vulnerable population groups (older Australians, children, Indigenous communities, members of remote communities);
- measures to address health and medical workforce needs in rural and remote communities, particularly in mental health services;
- enhanced awareness among doctors and health professionals of the potential consequences on mental health of extreme weather events and disasters;
- development of effective interventions to address mental health issues arising from extreme events, including those involving mass casualties and from longer-term changes, including drought;
- programs to improve the education and awareness of health professionals about the links between health and climate change, and their understanding of the risks of new vector-borne diseases and likely health impacts;
- measures to prevent exotic disease vectors from becoming established in Australia and nationally coordinated surveillance for dangerous arboviruses, with public education programs promoting mosquito avoidance and measures to prevent mosquito/arthropod breeding; and
- preparedness to deal with the temporary and permanent dislocation of people due to climate-related physical events and economic conditions.

The AMA Position Statement on Climate Change and Human Health is available at https://ama.com.au/position-statement/climate-change-and-human-health-2004-revised-2008

14 April 2014
John Flannery 02 6270 5477 / 0419 494 761 Kirsty Waterford 02 6270 5464 / 0427 209 753

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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 AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription Benefits

Don't waste time! Join now!

Monthly: Newsletters, Topical Educational Meetings, 3 Course Cuisine,

CPD Points & Attendance Certificate Available

Rounded off with the End of Year Networking Meeting

Get your membership benefits! Socialise! Broaden your knowledge!

Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. 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.

Annual subscription is $100.00. Doctors-in-training and retired doctors are invited to join at no cost. This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and/ or speakers are most welcome.

RDMA SUBSCRIPTION FORM – INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email: GJS2@Narangba-Medical.com.au.

ABN 88 637 858 491

1. **One Member (July to June: $100; Oct.-June: $75; Jan-June: $50.00; April-June: $25.00)**
2. **Two Family Members ($25 Discount each) ($150 pro rata)** (Please supply details for both members)
3. **Doctors-in-training and retired doctors: FREE**

1. Dr. _____
(First Name) *(Surname)*

2. Dr. _____
(First Name) *(Surname)*

1. ***EMAIL ADDRESS***: _____@_____

2. ***EMAIL ADDRESS***: _____@_____

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

CBA BANK DETAILS: **Redcliffe & District Local Medical Assoc Inc:BSB**: **064 122 Account**: **0090 2422**

METHODS OF PAYMENT:

1. **PREFERRED INTERNET BANKING**
2. **PAYMENT BY DEPOSIT SLIP**: Remember: INCLUDE your name i.e: Dr. F. Bloggs, RDMA A/c & date:
3. **ENCLOSED PAYMENT:** (Member Subscription Form on website, type directly into it and email)
   i) **Complete form & return:**
   - **c/-QML or Redcliffe & District Medical Assoc Inc. P O Box 223 Redcliffe 4020**

   ii) Or by email to GJS2@Narangba-Medical.com.au

Where We Work And Live

is clear and shallow enough for sunlight to penetrate and support plant growth.

Breeding for dugongs occurs throughout the year, although dugongs will delay breeding if they do not get enough to eat. A pregnant female's gestation period is about 1 year when she gives birth to a calf of 3-4 feet long and will nurse the calf for about 18 months. This slow breeding rate means that dugongs are particularly susceptible to factors that threaten their survival.

Dugong at Sydney Aquarium, Darling Harbour, Australia
http://marinelife.about.com/od/marinelifeprofiles/p/dugong.htm

Moreton Bay dugongs are different. Australian dugongs are found in the northern coastal waters with their distribution stretching from Shark Bay in Western Australia, over the northern coastline and down the Queensland coast. The southern limit of dugong along the east coast of Australia is Moreton Bay Marine Park which is home to about 600-800 of these gentle sea creatures. Moreton Bay's dugongs are not completely herbivorous, as was commonly thought with research showing that they supplement their seagrass diet with macro-invertebrates, such as ascidians (or sea squirts).
Dugongs are now mostly found on the Moreton and Amity banks rather than throughout the marine park, however some are found in Pumicestone Passage and the southern bay. They are usually seen singly or in pairs elsewhere, but Moreton Bay Marine Park's dugongs are commonly found in herds of about 100 animals. Dugong can travel long distances, with Moreton Bay's dugong travelling as far as Hervey Bay, a distance of 200km north.

Dugong & Diver
http://marinelife.about.com/od/marinelifeprofiles/p/dugong.htm

In the mid 1800s herds of dugongs were once observed in incredible numbers in the Moreton Bay area. At this time Europeans began to hunt dugongs for their flesh and oil to export to Europe for medicinal purposes with the oil becoming so popular that English and European demand far exceeded supply. Demand pressure then affected quality control causing preparation irregularities, inferior product quality and uncertain supply resulting in trade cessation with Europe and shut downs of fishing stations in the latter half of the 1800s. Various regulations to manage dugong hunting has been implemented over the years with license requirements, short-term closures, rules on the usage of fishing equipment, fishing seasons and disposal requirements of flesh and offal., The Fisheries Department on 20 March 1969 introduced a total prohibition on the taking of dugong in Moreton Bay. Under the Native Title Act 1993, traditional hunting of dugong is allowed for non-commercial purposes. Traditional Hunting Activities Guidelines and Administration in Moreton Bay Marine Park have been implemented.

The dugong is listed as vulnerable on the IUCN Red List after being hunted and threatened by entanglement in fishing gear and coastal pollution. Dugong population sizes are not well known and since dugongs are long-lived animals with a low reproduction rate, according to the United Nations Environment Programme (UNEP), "even a slight reduction in adult survivorship as a result of habitat loss, disease, hunting or incidental drowning in nets, can result in a chronic decline."

Moreton Bay Marine Inhabitants

http://www.nprsr.qld.gov.au/parks/moreton-bay/zoning/information-sheets/dugong.html

Dugongs come to the surface to breathe, putting them directly in the path of boats and other watercraft making them susceptible to boat strike in Moreton Bay Marine Park. South-east Queensland's rapid population increase, and increased marine park visitors raise the risk of boat strike to dugongs especially over their seagrass beds or coral reefs posing the greatest threats.

The Moreton Bay Marine Park dugongs also face the threat of diminishing food sources. Dugong need to rely on smaller seagrass meadows for food and habitat and when the seagrass habitat becomes unsuitable for foraging, dugong populations become displaced and placed under even greater threat.

http://www.nprsr.qld.gov.au/parks/moreton-bay/zoning/information-sheets/dugong.html