RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
APRIL 2015

ANZAC Gallipoli 100 Years

See Where We Work & Live on page 20

Overview: Events leading up to the Battle of the Landing at Gallipolii Peninsula: On 19 February 1915, the sea off the entrance to the strait of the Dardanelles in Turkey was calm with no wind and the sun shone. A few kilometres offshore from the old Ottoman imperial forts guarding either side of the entrance -- Seddulbahir at the toe of the Gallipoli peninsula and Kumkale on the Asian side, a small fleet of British and French warships took station and began a leisurely bombardment of the forts. All day shells fell on Seddulbahir and Kumkale without reply. When the Allied ships came to within three kilometres range the Turkish gunners fired back, showing that the forts had not been destroyed. Continued page 7, 11 and 20

President's Report Dr Kimberley Bondeson

Herd Immunity - we have all heard of it - in order to be beneficial we need 90% vaccination rate in the community. This Herd Immunity protects those people in the community whose immune system is very low or who are compromised.

Vaccination is the most effective public health method that we have in our society. It is however, not without its risks, but these risks are by far outweighed by its overall benefits of vaccination.

Patients still talk about a "link with autism", despite this being discredited time and time again. This sort of misinformation seems to be readily and easily available on the internet, and propagated on social media. And it really is misinformation and lack of education. One of my patients recently did not want to give their child any vaccinations, and stated "polio does not exist anymore, does it?"

My reply was: "See that person in the clinic over there? Notice their limp? That is from having polio as a child".

One of the problems is that parents are not seeing the illnesses that we vaccinate against, and therefore do not believe of their existence. Measles, mumps, rubella, - these are still out there, and I see at least 1 - 2 cases a year, often in adults.

The government's new policy "No jab, no pay" is an interesting one, which is being supported by the majority of the public. Child payment benefits are from the public purse. People are still entitled to say no to vaccination, but the public purse will not support them. Interesting, once there is money involved, parents "conscientious objections" often dissolve.

It will be interesting to see, what the numbers of "conscientious objectors" are in 12 months time, once the public purse stops paying them. I sincerely hope that we hit the 90% vaccination rate we need, to protect those in the community who have a very low immune system, or are compromised. Maybe I will start seeing less measles, mumps and rubella patients in my practice.

And whooping cough, of course, which tragically takes the life of several infants every year in Queensland.

Dr Kimberley Bondeson
B.Sc(Hons). MBBS, FRACGP, DAME.

President
Redcliffe and District Local Medical Association.

RDMA & NLMA's Joint Newsletter
WELCOME FROM

Dr BOB BROWN

President Northside Local Medical Association

See Medical Benevolent Association's Message Page 4

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

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RDMA 2015 MEETING DATES:

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 24th
	Wednesday	March 25th
Next	Tuesday	April 28th
	Wednesday	May 27th
	Tuesday	June 30th
	Tuesday	July 28th
	Wednesday	August 26th AGM:
	Tuesday	September 15th
	Wednesday	October 28th
	NETWORKING:	
	Friday	December 4th

RDMA NEWSLETTER DEADLINE

Advertising & Contribution is 15th MAY 2015
Email RDMAnews@gmail.com
W: www.redcliffedoctorsmedicalassociation.org

NLMA 2015 Bi-MEETING DATES:

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
Website and Link:
Northside Local Medical Association Website
Link: http://northsidelocalmedical.wordpress.com/

Meeting Times: 6.45 pm for 7.15 pm

1	10th February 2015	2	14th April 2015
3	9th June 2015	4	11th August 2015
5	13th October 2015	6	8th December 2015

CLASSIFIEDS remain FREE for current members. To place a classified please email: RDMAnews@gmail.com with the details. Classifieds will be published for a maximum of three placements. Classifieds are not to be used as advertisements.

INSIDE THIS ISSUE:

AUSTRALIAN MEDICAL ASSOC PRESIDENT
Dr Shaun Rudd

Members' Update

Dear Members,
As you may have seen in the media, AMA Queensland recently expanded our Lighten Your Load campaign targeting obesity in rural Queensland. As a GP, I'm often taken aback by the number of patients who are overweight or obese, but I am most disturbed when I see young children whose parents are unaware that their child's weight is a problem. Stage 2 of the Lighten Your Load campaign was targeted towards teaching children and their parents about healthy eating habits and the importance of exercise. Rolled out in Hervey Bay, Cairns, Townsville, Mackay and Rockhampton, we were able to visit a range of schools and athletic clubs and speak directly with children and their parents.

The message of this phase of Lighten Your Load isn't about encouraging children to diet; rather it's about encouraging healthy swaps such as carrots instead of chips or water instead of juice as well as regular exercise. The campaign was picked up by local media outlets at each of the regions we visited, allowing us to further deliver this message, get people thinking about their health, and teach kids healthy habits early so we can raise healthy adults. Beyond the Lighten Your Load campaign, children's health has been in the media following the announcement that the Abbot Government will introduce a 'no jab, no pay plan.' Under the plan, parents who choose not to vaccinate their children will lose access to welfare benefits. It's a hardline approach but, with a conscientious objector rate that has doubled in the last ten years, a hardline approach is needed. I'm glad to see measures implemented that seek to boost immunisation rates, though this must be part of a multifaceted approach that continues to educate the public about the importance of immunisation.

Immunisation has long been a priority of AMA Queensland and is a key area of focus in our Health Vision, the first chapter of which will have been released by the time you get this newsletter. The Health Vision is our five year blueprint for advocacy that was developed in consultation with members. At the heart of it are partnerships with Government, local communities and key stakeholders to work towards better health outcomes for Queenslanders. The Health Vision will benefit medical practitioners and patients as it works towards long-term goals to improve the healthcare across the state. Keep an eye out for the next four chapters of the Health Vision which we will start to see released in the coming months. If you have any questions or would like to contribute to AMA Queensland's advocacy, I encourage you to contact our membership team on 07 3872 2222 or membership@amaq.com.au.

MBA Queensland

Medical Benevolent Association of Queensland

Medical Benevolent Association of Queensland
88 L'Estrange Terrace Kelvin Grove Qld 4059
Phone : 07 3872 2222
ACN : 126 718 376

Re: Medical Benevolent Association Queensland – financial assistance for doctors.

Adversity, financial stress and loss of income can happen at any time.

Many of our colleagues have numerous financial commitments and when these commitments continue in the face of an unexpected event it may lead to a financial setback.

In addition, periods of absence from work due to illness may cause financial stress. Insurance payments are often available, but MBAQ might be able to provide short-term financial relief.

If you would like more information, please contact Sonia Wright via e: mbaq@amaq.com.au or ph 07 3872 2222 or visit: www.MBAQ.org.au

Thank you and kind regards,

Dr Robert Brown Chairman MBAQ

Donate or subscribe today!

MBAQ can help.

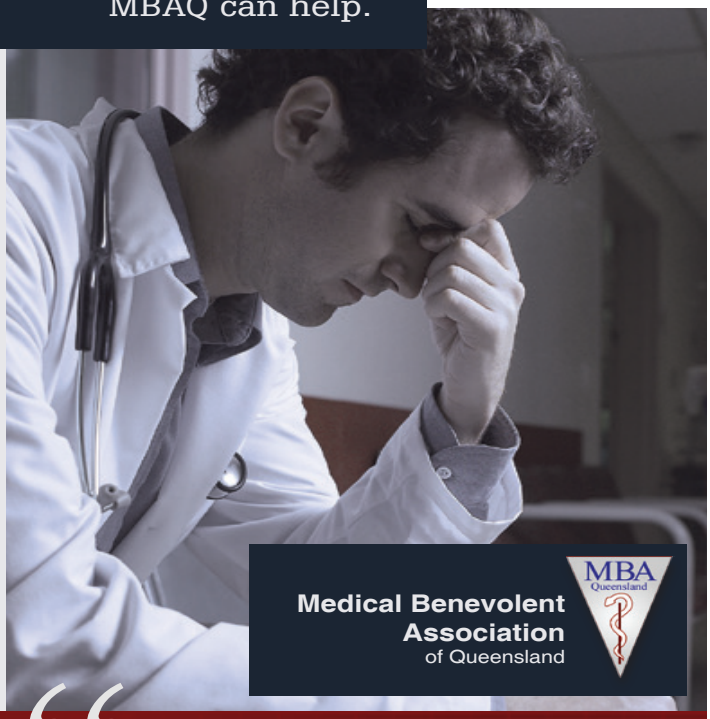
How the MBAQ can help you

If you find yourself in a financial crisis, then make contact with the MBAQ to receive the application forms for assistance.

How you can help the MBAQ

You may contribute to the Medical Benevolent Association of Queensland in several ways: -

- By becoming a member of the Association:
  Subscriptions - Ordinary Annual membership $30 p/a
  - Life membership $50 one sum
- By making a tax-deductible donation to the Association.
- By making a bequest in your Will.
- By naming the Association as the beneficiary where there is a surplus following functions such as Year Reunions or LMA Dinners.



More Information

Further information can be found on the MBAQ website at www.MBAQ.org.au

All donations are tax deductible

> "Tragedy is unpredictable and may strike at any age in the life of a medical practitioner..."

The Medical Benevolent Association of Queensland was founded by members of the profession in 1967 with the sole objective of financially assisting medical practitioners in times of crisis.

Tragedy strikes at all ages and is unpredictable and this may lead to a sudden loss of income. Many of our colleagues have numerous financial commitments including home and practice repayments, school fees and the expenses of daily living. When these commitments continue in the face of a tragic event it may lead to a financial crisis. In addition, periods of absence from work may precipitate emotional as well as financial stress.

Support for our colleagues during these times of financial crisis is vital in assisting them to endure and re-establish their practice and income.

The Medical Benevolent Association of Queensland, on application, may be able to provide a grant to assist our colleagues. To continue this service, the Association relies on the ongoing generosity of donors.

The Association is managed by a Board of Trustees consisting of mostly medical practitioners with several non-medical professionals.

Donate today.

The MBAQ is a not-for-profit organisation comprised of voluntary medical and other professionals, and relies on contributions and donations in order to provide an effective and valuable service for colleagues in need.

*All donations are tax deductible (excludes member subscriptions).

Name: _____

Address: _____

_____

_____

Email: _____

Phone: _____

☐ I wish to make a donation of $_____

☐ I wish to become a member of MBAQ: ☐ Annual - $30 p/year
☐ Life - $50 one-off

☐ My cheque for $_____ is attached. (Make payable to MBAQ)

☐ Please charge my credit card for the amount of $_____

Credit card type: ☐ Visa ☐ AMEX ☐ Mastercard

Credit card number: | | | | | | | | | | | | | | | | |

Expiry date: ____/_____

Cardholder's name: _____

Cardholder's signature: _____

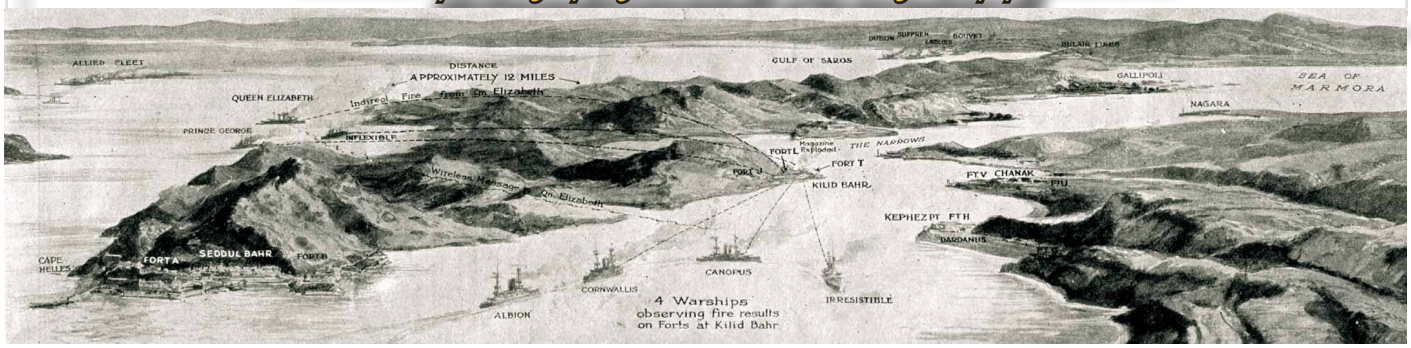
Please return this form to:

Attn: MBAQ, PO Box 123, Red Hill QLD 4059

You can also donate via phone by calling AMA Queensland on (07) 3872 2222, or visit the MBAQ website at **www.mbaq.org.au**

ANZAC - Gallipoli 100 Years 25th April 2015

Source: Dr Richard Reid, Gallipoli, Department of Veterans' Affairs, Canberra 2012.
http://www.gallipoli.gov.au/battle-of-the-landing/index.php



The bombardment of the Turkish forts. Original illustration published by H W Wilson, British journalist and naval historian, editor of The Great War: The Standard History of the All-Europe Conflict, a popular part series published by the Amalgamated Press in 13 volumes, 1914 to 1919.

Panorama: the bombardment of the Turkish forts. Four warships are shown in the Dardanelles, observing fire results on the forts at Kilid Bahir, the Albion, Cornwallis, Canopus and Irresistible. The British and French attempt to knock the Ottoman Empire (Turkey) out of World War One had begun and known as the 'Gallipoli campaign' and it lasted until 8 January 1916, when the last British soldiers left the Gallipoli peninsula from positions near Seddulbahir.

Russia appeals for assistance: The attack on Gallipoli was one of the more imaginative strategies of the First World War when the German army delivered a crushing blow to Russia at Tannenberg at the start of the war and began driving eastwards. The Russians threatened by a Turkish advance through the Caucasus appealed to their allies for assistance. Control of the narrow straits of the Dardanelles leading to the Sea of Marmara and the Turkish capital, Constantinople would re-establish communications with Russia and release wheat and shipping locked in the Black Sea by Turkey.

Could Constantinople be taken by naval forces alone? Russia's request spurred Churchill to ask the Commander of the British Squadron in the Aegean if the Dardanelles could be forced and Constantinople taken by naval forces alone, i.e. without a substantial land contribution. The answer Churchill received was heavily qualified, but he did not inform the War Council of these reservations, and on 19 February 1915 the naval attack on the Dardanelles began. In view of this the Turkish commanders immediately became aware of their vulnerability to further attacks and strengthened their defences to include carefully laid minefields, well-sited guns and searchlights that swept the narrows at night.

Naval attack fails. Three months later, a British and French fleet that included 18 battleships, attempted to force its way through to Constantinople. Three capital ships were lost and three crippled. It was an utter failure, the combination of Turkish mines and mobile howitzers being more than a match for the fleet of ageing battleships that had been committed to the operation. Unknown to the Allies, the Turkish gun batteries had almost exhausted their ammunition supplies in this effort, and the fleet could have sailed on through the straits with little further damage. Instead, the naval commanders came to the conclusion that they could not force their way through the Dardanelles unless troops were first sent to occupy the Gallipoli Peninsula in force to silence the Turkish guns. Planning for the landing of troops on Gallipoli commenced.

Australian Iinfantry Force diverted to Egypt: The AIF was raised to fight against German forces, but en route to Britain in October 1914 it was diverted to Egypt because of a shortage of suitable accommodation and training areas in Britain. It was fortuitous, therefore, that the AIF was on the spot when British attention turned to the possibility of attacking Turkey through the Dardanelles.

Troops would have to land: Although one of the initial attractions of the Dardanelles operation had been that it would not require a significant number of troops, and even then mainly in a garrison role on the Gallipoli peninsula once the straits had been forced and the Turks cleared from the area, the War Council gradually came to the view that troops would have to be landed on the peninsula to overcome the Turkish defences so that mine clearing operations could proceed with minimal interference, thus allowing the fleet to force the straits and advance towards Constantinople. The only regular British division not committed to the Western Front, the 29th, was not deemed sufficient by itself to carry out the land operations against the Turks. Churchill added the Royal Naval Division, the French committed a division, and the Australian and New Zealand forces, then training in Egypt, were conveniently on hand to swell the available numbers.

The landings are planned: The Commander-in-Chief of the Mediterranean Expeditionary Force, General Sir Ian Hamilton, decided to mount his main attack at the base of the Gallipoli peninsula, landing the bulk of his forces on five beaches around Cape Helles, with a secondary landing by Australian and New Zealand troops designed to seize the Sari Bair Ridge, thereby providing cover for the remainder of the force to move to the eastern side of the peninsula thus cutting it off from Turkish reinforcements. The Royal Naval Division would mount a diversionary attack, and the French would land on the Asiatic coast to prevent heavy Turkish batteries from interfering with the British landings at Cape Helles. Time was short, however,cont page11

AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

An ANZAC-Gallipoli Tribute and A Triumph Of Science Over Stupidity.

ANZAC - GALLIPOLI 100 YEARS

Every Anzac Day, I pin a few puny medals to my shirt and field a few questions through the day about what I did and where I went to earn them. I don't wear them to show the world my own military history. I wear them to show the world my respect for all those who went before me. I am conscious that I have only a few insignificant scraps of metal to show my contribution, but I am grateful that they are so few. My personal contribution to world peace is truly quite insignificant compared to the contribution of those who did go before me.

In April every year, we pay our formal respects to the sons of farmers and city larrikins who, exactly one hundred years ago, were carried by steamboat via their final training camps in Egypt to the brutal hills of Gallipoli peninsula. Lest we forget, we echo.

But we pay less attention to the sons of Turkey, a country that lost three times as many as Australia did, defending their land from our invasion.

Every year I remind my audience of how I see the true significance of the Anzac legend. It was the first time that a recently-formed Commonwealth of Australia fielded troops who were Australians, not Victorians or Queenslanders or New South Welshmen. And in the same breath I remind my audience that just as this horrific crucible became the forge for a fledgling Australian nation to appear on the world stage, it was equally a nation-building experience for Turkey, which threw off the last of the yoke of the Ottoman rulers. We always talk of mateship and sacrifice around the Anzac spirit, but this was the moment when Australia was truly born.

The other lesson that we are uncomfortably reminded of is reflected in the words of a song, The Green Fields of France: "Did they really expect that this war would end wars? For, young Willy McBride, it all happened again, and again and again and again and again. "A week before Anzac Day, my own Brisbane-based unit, the 7th Brigade, sent hundreds of our country's young finest into harm's way. In Vietnam, we learned how to deal with what has become the modern form of warfare, one without a traditional front. And now a new kind of war is evolving, the war dictated by lone-wolf terrorists who will surface, anywhere anytime, inspired by extremists on the other side of the world and transformed by words carried over the internet.

Every Anzac Day, I am forced to reflect on the words of a greater mind than my own: "We have wars so that we can have peace." Some time, maybe mankind will evolve to the level of true civilization envisaged by Mahatma Gandhi and John Lennon, a world where peace can exist and endure without the threat of potential war as a necessary deterrent, a world in which peace can survive by its own power.

VACCINATIONS

Break out the Bollinger. Prepare the fatted calf. Whatever it is that you do within your culture to celebrate, the time has come. In a rare moment of political strength, we are seeing a government give precedence to science over wanton ignorance.

I am of course referring to the decision to put some real pressure on the anti-vaxxers, testing the reality of their conscientious objections by removing dollars from government handouts if parents persist in refusing to immunize their children. The overall immunization rate is still only around 95%, not enough to produce herd immunity for the more infectious diseases such as measles.

Maybe 1.3% of children remain unvaccinated because of claims of conscientious objection, a figure that has doubled in less than a decade. Can it be true that mass ignorance is increasing in a world that enjoys unprecedented access to an information smorgasbord? The rest of the unvaccinated are presumably mere oversights, parents who are just too slack.

In a world where parents have lots of time pressures to do everything for their kids, school concerts and swimming carnivals take precedence over the unpleasant world of mass immunization. Those parents now face a $10,000 incentive to get every box ticked. [As an aside, as a boomer whose children left the nest cold a long time ago, I was astounded at the size of the public largesse that is attracted by the patter of little feet.]

cont page 8

AMAQ BRANCH COUNCILLOR REPORT continued from p7

Dr WAYNE HERDY

I hold out real hope that this strategy will pick up all those stragglers who just haven't found the time to do the absolute best for their kids.

And what of the 1.3% of supposedly genuine conscientious objectors? I suspect that we will watch that figure fall again over the next decade to a number that reflects the real percentage of our population that will never believe reality, along with those who cling to the flat earth theory and fervently believe that homo sapiens walked alongside dinosaurs.

And what will be the harsh realities at the ballot box? The conscientious objectors will object very loudly, as vocal minorities do.

I firmly believe that if this government loses 1.3% of votes at the next election, it will gain nearly that number from parents and grandparents who are grateful to a government that had the guts to protect the little lives that we hold most precious.

It does no good when I read headlines that claim that the medical profession is split on this not-too-subtle coercion. As a profession, we should be making it as easy as possible for the government to stand firm on this policy, which is even accepted by the Opposition. We should not be giving the ant-vaxxers the tiniest crevice in our armour.

Australia has the second-highest life expectancy in the world, with each successive generation living a few years longer than their parents. This is not because of antibiotics or statins. It is because of effective public health policies put into place by generations of family physicians (OK, let's acknowledge the engineers who gave us clean water and effective sanitation). Immunization has been the biggest single contributor. We owe this much to the memory of Edward Jenner.

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

Wayne HERDY,
AMAQ Branch Councillor

ANZAC - Gallipoli 100 Years 25th April 2015 cont from p7

and the operation, originally scheduled for April 23rd, was postponed by bad weather until the 25th.

1915 Map: the Gallipoli Peninsula, depicting Turkish forts and minefields in the Dardanelles.The Anzac area is in the centre of the map. An arrow shows the landing at Anzac Cove, with an associated text box. At 0600 hours, 25 April, Anzac Z beach landing against light opposition fails to consolidate early gains; 15,000 Anzacs driven back to the beaches by Turkish 19 Division counter attack. An arrow pointing north-west shows the movement of the Turkish 1th Division in opposition, with an associated text box reading 25 April 0630 hours: Mustafa Kemal, commander of the Turkish 19th Division rushes the entire division to Sari Bair to contain the Anzacs. The Turkish 11th is shown in reserve to the south.

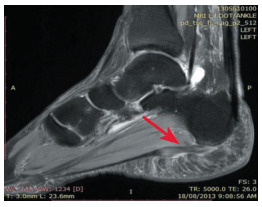
Danger, hardship and loss at the Battle of the Landing.
As dawn approached on 25 April the Ribble, along with other British destroyers and battleships, eased its way towards the Gallipoli peninsula. The first wave of men, whose task it was to storm the beach and then push inland as fast as possible, was composed of the units of the 3rd Australian Brigade: three infantry battalions of men from Queensland, South Australia and Western Australia. They made the last part of their night journey in thirty-six rowing boats, towed inshore from battleships by small Royal Navy steam boats. Even before they reached the beach in the half-light, the small Turkish garrison had spotted them and bullets began hitting the boats, killing some, cont page20

MORETON BAY RADIOLOGY

Plantar fascitis

Clinical history: Pain Heel.

Findings
Thickened plantar fascia (white arrow) with surrounding edema, and edema in the posterior process of the calcaneus.



Diagnosis
Findings in keeping with plantar fascitis.

Discussion
Plantar fasciitis refers to inflammation of the plantar fascia of the foot. It is considered the most common cause of heel pain.

Clinical presentation
Pain on the undersurface of the heel on weight bearing is the principal complaint. It can be worse when weight is borne after a period of rest (eg, in the morning) and eases with walking. Passive dorsiflexion of the toes may exacerbates discomfort.

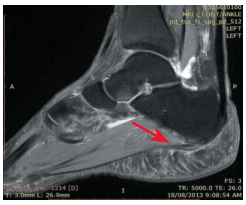
Pathology
It is generally a low-grade inflammatory process involving the plantar aponeurosis with or without involvement of the perifascial structures.
It can arise from several factors

- mechanical - stress of repetitive trauma - more commmon
- degenerative
- systemic - as an enthesopathy in association with seronegative spondyloarthropathies
  - ankylosing spondylitis
  - Reiter syndrome
  - psoriatic arthritis

Radiographic features

Plain film
Plain film features are non specific but may show an show an associated plantar calcaneal spur although this is also seen in asymptomatic individuals.

Ultrasound
Often the initial imaging modality of choice. Ultrasound typically shows increased thickness of the fascia and a hypoechoic fascia.

MRI


Signal characteristics of affected tissues include

- STIR - very sensitive in the detection of both fascial and perifascial oedema, which appear as poorly marginated areas of high signal intensity
- T2 - high signal
- T1/PD - intermediate signal
- Other MRI features include
- plantar fascial thickening - often fusiform and typically involves the proximal portion and extends to the calcaneal insertion.
- increased T2 - STIR signal intensity of the proximal plantar fascia
- oedema of the adjacent fat pad and underlying soft tissues
- limited marrow oedema within the medial calcaneal tuberosity may also be seen

Treatment and prognosis
Management options are usually conservative.
Local injection of Dexamethasone / steroids may be useful to manage symptoms (this can done under ultrasound).
Other supportive measures include weight reduction in obese patients, rest, nonsteroidal antiinflammatory medications and reduction of weight-bearing pressure (soft rubber heel pad, molded orthosis, or heel cup or soft-soled shoes)

REFERENCES
http://radiopaedia.org/articles/plantar-fasciitis

AMAQ BRANCH COUNCILLOR REPORT
GREATER BRISBANE AREA
Dr KIMBERLEY BONDESON

An Interesting Year

It has been an interesting year. The Abbott Government failed to get the compulsory GP co-payment through the senate, and variations of it was withdrawn due to public outcry.

Other fiscal measures also failed to get through the senate. The senate has changed in its power players, with several senators leaving various parties, and becoming independents.

This must make it more difficult for the government, as it now has to discuss with each independent senator separately on issues which they want passed.

The next issue which will have a major impact on the medical profession is the freeze on medicare rebates. Again, the effects of this I do not feel have been researched or considered properly by the government.

A private medical practice is a small business model, and this freeze on medicare rebates will force this situation.

The result will be that patients will go to the public hospital, and wait. And wait. This will cost the government more money.

Unlike the government run hospitals and government run "GP Superclinics", which cost money to run, a private medical practice cannot keep its doors open.

Kimberley Bondeson
AMAQ Branch Councillor

RDMA March Meeting **25.3.2015** Chair President Dr Kimberley Bondeson introduced the Guest Speaker Dr Raluca Fleser, Topic: Managing Anticoagulents from a Haematology Perspective, Sponsor: Bayer Pharmaceuticals

CLOCKWISE; Bayer Sponsor Representatives Elmarie Heidstra, Sean Mitchell and Speaker Dr Raluca Fleser, New Member John Patten, other attending members include Martin D'Arcey Evans, Marius Bosch & Isabella Van Der Steen and Leo Blamco.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: **Tuesday 28th 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: Covidien
7.40pm	Speaker: Dr Toby Cohen Topic: Varicose Veins, DVT & STP – All things vascular.
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: derylee.bottrell@qml.com.au
t: 3049 4444 by Friday 24th April 2015

QML Pathology.

Contact Nadine Carlson
Telephone NORTH LAKES Day Hospital
Mobile **0418 372 202**
Email ncarlson@montserrat.com.au
Website **www.nlhoc.com.au**

FOR IMMEDIATE RELEASE
April 14, 2015

ANNOUNCING THE OPENING OF A NEW PRIVATE CANCER CLINIC AT THE NORTHLAKES DAY HOSPITAL

NORTH LAKES Haematology and Oncology Clinic (NLHOC) is the sister clinic to Sunshine Coast Haematology Oncology Clinic (SCHOC), and was specifically established for the treatment of Haematology and Oncology patients in Brisbane's northern regions. **The Sunshine Coast Haematology and Oncology Clinic (SCHOC),** opened in 1998, was the first free standing Oncology Day Hospital in Queensland, having provided some 44,000 treatments. Both clinics are post of the wider Montserrat Day Hospital group.

NLHOC, opening in February 2015, starts with 4 treatments chairs on Level 1 at North Lakes Day Hospital and will grow to meet the needs of our community over time, predominantly offering chemotherapy and blood disorder services.

Mr Ben Korst, CEO of Montserrat Day Hospitals, said "NORTH LAKES was built with patient outcomes, comfort and a calming, positive atmosphere in mind. Our vision was to create a hospital environment that didn't have to look like a bland, plastic, sterile place of inconvenience. Our Day Spa environment makes people feel more welcome, calmer and nurtured and the manner in which we care for them eases the experience and improves the level of dignity and excellence all people deserve".

Mr Baxter, the first patient treated at the new NORTH LAKES cancer clinic stated "I am so happy that my wife and I don't have to drive the long distance into Brisbane and fight the traffic any more. But what is even better is that the staff are wonderful here. They even organised a surprise bunch of beautiful flowers for myself and my wife's 64th wedding anniversary."

The design of the new clinic offers world class treatment with dignified and personalised care where our philosophy of Wellness, rather than illness, through the cancer treatment journey can flourish.

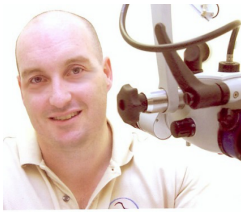
Dr Peter Davidson – Dr Darshit Thacker – Dr Raluca Fleser –Dr Bhaskar Karki

For enquiries or assistance, the **North Lakes Haematology Oncology Clinic phone number is 38590690.**
Website: **www.nlhoc.com.au**

# # #

If you would like more information about this topic, please contact Nadine Carlson at NORTH LAKES Day Hospital

Further information about Montserrat can be found at www.montserrat.com.au



ADHD- Have We Been Getting It Wrong For All These Years?

Dr David McIntosh – Specialist Paediatric ENT Surgeon

New research into ADHD has shown a surprising number of diagnoses may actually be wrong. A new finding in this field is that there is a relationship between the typical symptoms of ADHD and children who are snoring at night. Furthermore, rather than needing drugs to control their behaviour, and improve their concentration, all they need is a good night of restful sleep without struggling to breathe through the night. By testing children before and after surgery, researchers have found there are differences in ADHD symptoms in children who are having the tonsils and/or adenoids removed to stop them from snoring.

So far there have been over 20 published studies but the biggest one is over 11.000 children monitored from 6 months of age until they were about 7 years old. The children were assessed for a condition called sleep disordered breathing. This condition includes snoring, breathing through the mouth, and apnoea. The last of these is at the worst end of the spectrum, as it represents episodes where the child is having so much trouble breathing, they actually have moments where they stop breathing completely. What they found in these children is that for those who had sleep disordered breathing identified throughout the 6 years of observation more likely to have behavioural and emotional issues such as hyperactivity, aggressiveness, depression, and anxiety. In terms of ADHD symptoms, they were 50 to 90 percent more likely to develop them than were normal breathers. For those children who suffered most severely from sleep-disordered breathing at around age 2 and a half years of age had the highest risk for hyperactivity later on.

So what's going on?

It turns out that sleep disordered breathing results in decreased amounts of oxygen in the blood, and that this lower amount of oxygen can affect the brain, especially the part of the brain involved in behaviour, and emotions known as the prefrontal cortex. There are now studies where MRI scans of children's brains have been taken, and they confirm that the brain is malfunctioning.

But it's not just little kids. Studies in older children have looked at the long-term impact of breathing difficulties at night, and it revealed similar results. Growing up with sleep disordered breathing was more likely to result in a teenager with problems with hyperactivity and aggression as well as with social interactions and leadership skills.

So what happens after surgery?

Well one study published in 2006 found that among a group of children scheduled to have their tonsils and adenoids removed to alleviate snoring, 28% had been diagnosed with ADHD. A year after surgery, half of them showed no signs of the condition. What this means is that if there is a misdiagnosis of ADHD, this can be problematic when one considers the fact that medications used to treat ADHD, are stimulants and can cause insomnia.

And it is not just overseas that this research is being done. In Australia, a study from the University of Adelaide found that around one in 10 Australian children suffer from chronic snoring or sleep apnoea, and that many of these children have been diagnosed with ADHD. In fact, it was nearly 50% of chronic snorers or those with sleep apnoea that had been diagnosed with ADHD.

The consequences of snoring are not limited to ADHD either. There is one which found 13-year-old children with low academic performance were more likely to have snored during their early years. Others have found that children with sleep apnoea show reduced attention, lower academic grades, hyperactivity, increased aggression, irritability, emotional and peer problems. Internationally, the American Academy of Pediatrics says all children should be screened for snoring- something that is not done routinely in Australia.

So what needs to be done to fix these children?

In the mainstay, the standard treatment for sleep apnoea in children is the removal of adenoids and tonsils to free up the airways. While some doctors may suggest a sleep study, simple parental observation for a few nights can shed light on the sleep issues their children may be experiencing. These days, parents should even video or audio tape their child during the night to help specialists provide advice on the best course of action. Be ready for surgery though as the recommended option- the research is overwhelming indicating that a "wait and see" approach is wrong, and an outdated approach to paediatric sleep disordered breathing.

The reason for this is that special education needs in a child increase by 7% for each year they suffer sleep problems. It is also important to note that removing the tonsils and adenoids may not be enough. For this reason, this area is becoming so specialised, that Paediatric ENT surgeons are leading the charge in modern surgical approaches to managing this condition. A Paediatric ENT surgeon is more that an ENT surgeon that looks after children, they have additional experience and training in childhood ENT conditions. Even though adults can also get obstructive sleep apnoea, the condition is very different in children, and should not be treated the same way.

Things for parents to watch out for:

Snoring, Mouth breathing, Pauses in breathing, Sleep walking and sleep talking, Teeth grinding at night, Abnormal sleeping positions - especially arching the head back, Emerging dental and orthodontic problems, Allergies and sinus, Choking, gagging on food, resisting solid foods, especially unprocessed meat, Sweating at night, Persistent bed wetting, Dark circles under the eyes.

Associate Professor David McIntosh is a paediatric trained ENT specialist. He holds medical and surgical qualifications, has a PhD, is an NHMRC scholarship recipient for his research, and undertook a year of international training in paediatric ENT, with a heavy focus on managing airway problems in children. He runs courses for doctors throughout Australia on the topic of paediatric airway problems, and is often quoted by the media on ENT topics. Dr McIntosh now consults regularly and undertakes surgery at the North Lakes Day Hospital. He can be contacted by calling 1300 194 582.

Deceased Estates & Taxation – it is important!

Taxation and deceased estates is a topic not a lot of us like to think about. No one likes talking about Wills and dying. Increasingly I hear stories from clients about the lack of planning with Wills and Estates. It is quite a bizarre scenario, people work all of their lives to accumulate wealth, through planning & strategies, but don't make any plans to protect this wealth upon death. One of the craziest sentences I hear is "I'll be dead so I don't care".

I am an accountant and work on taxation of deceased estates quite regularly. Once someone is dead they can't tell you any answers or show you where paperwork is. So what am I trying to say?

Firstly – how good is your recordkeeping? For tax purposes your records are probably quite sufficient but what about

Real Estate documents of ownership including contracts/quantity surveyor reports.
Share contracts
Bank Accounts
Insurance documents – Life/ Trauma/Income Protection/Motor Vehicle /House.
Superannuation & Binding Death Nominations
Other financial documents
Check out www.kickthebucketlist.com a secure online storage website for these documents.

Secondly seek out your solicitor and your accountant and talk about your Estate. Work out what is going to work best for your family. By having both professionals in the room you should be able to work out the best result to maintain your family wealth. We have done this quite a few times and it has given great results.

Thirdly actually complete the Will process and sign off on it. Another scenario too often repeated is the Will is completed, but never signed off.

Fourthly, talk to your Executor and tell them everything. If any of you have ever been in the position as an executor I'm sure you can understand the frustration & difficulty this role presents. The 2 largest issues we see are conflict within the family and inability to find documents.

Fifthly, talk to your family and make your wishes known not only on the financial side of things but also for all the sentimental heirloom items. Discuss with the solicitor if there are options to specify these items in your Will.

We are very happy to assist anyone with Deceased Estate Taxation questions and preparations of Deceased Estate Returns. Quite often we assist solicitors & executors with their questions/ concerns in the finalization of estate matters for tax. It isn't always an easy process as lack of or missing documentation is generally an issue. We can assist with Superannuation & Insurance recovery and finalization, Final Deceased Estate returns and Off Market Transfers of Shares.

The one thing in life that is certain is death. It's just a fact.

The way I look at it is prepare now and then its done. Revisit your wishes occasionally but live your life with knowledge that your legacy is protected.

After recently experiencing a death in the family it only serves to make me more passionate to assist other families to avoid the same frustration coupled with grief that I have personally felt and professionally witnessed.

Next month I will detail a case study to highlight some Deceased Estate Taxation issues specifically targeting scenarios common to most Medical Practitioners including Trust/Company and Self Managed Superannuation Funds.

I would be happy to help anyone out with questions raised from this article so please call me on 54379900 or drop me an email Kwelsh@poolegroup.com.au.

Cheers

Kerri Welsh

Introducing...

Dr Anil Sharma

Central Lakes EYE CLINIC

FRANZCO
General Ophthalmic Surgeon

Dr Anil Sharma is a General Ophthalmic Surgeon. He graduated from Medical School in 1988 and completed his Post Graduate Training in Ophthalmology in 1994. He completed advanced eye training in Sydney Eye Hospital NSW in 2000 and the Royal Adelaide Hospital SA in 2001.Dr Sharma completed his FRANZCO in August 2005 and is a Fellow of the Royal Australian & New Zealand College of Ophthalmologists since 2006. He is actively involved with Qld RANZCO and serves in the Board.

Dr Sharma has been practicing in Rockhampton since 2003. He practices in all scope of Comprehensive Ophthalmology – Surgical and Medical. He is a V.M.O in Rockhampton Base Hospital as well as working in private at the Mater and Hillcrest private hospitals. He is based at the Rockhampton Eye Clinic at the Mater Hospital.

He is a Senior Lecturer in Ophthalmology with University of QLD (UQ) and is involved in the teaching of Ophthalmology to medical students, J.H.O's and P.H.O's. He has also been involved with Educational Activity with local Optometrists and GPs. He has been the past President of CQ local medical association Rockhampton and also Councillor of AMA Queensland. He is also a current member of the Fitzroy River Lions Rockhampton. Other charitable works include Ophthalmic CME programs and eye camps in Nepal.

Dr Sharma will be starting Comprehensive Ophthalmology services in Central Lakes Eye Clinic in the Caboolture Private Hospital from April 2015 and looks forward to working together.

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CABOOLTURE PRIVATE HOSPITAL

ROUTE 66, USA

By Cheryl Ryan

Route 66 joining Chicago and Los Angeles, once served as the major road corridors of USA. It is considered as a paradise for cruisers, who love to venture out on open roads and experience the classic historical aspect of American history. The road itself plays an important part in native communities and regularly features in songs, movies, and TV shows. The 2200 miles of long road in western America stretches out to great variety of activities and takes you directly to the soul of American life, through Urban Chicago, spectacular Grand Canyon and the famous Santa Monica beach.

What Route 66 offers you?
Route 66, along the way, offers many attractions and lets you peek into the American countryside life.

Museums
Route 66 is home to Will Rogers Memorial Museum in Claremore, Cadillac Ranch in Amarillo and Georgia O'Keeffe Museum in Santa Fe among several others. At Will Rogers Museum, indulge yourself in collection of art, telling the life story of legendary movie star, Philosopher, Columnist. The Cadillac Ranch features 10 Cadillac in a line, buried nose dip in sand. It was opened in 1974 and remains a popular tourists spot for street art fans. Georgia O'Keeffe Museum is home to more than 4000 art forms created by the renowned artist and a research center pioneering in the study of American Modernist art forms.

Paradise for the Food Lovers
The route is lined up with numerous roadside restaurants, cafes and Bed & Breakfast motels. There are many famous diners, dating back to 1920s when original route 66 was commissioned. Clanton's Café in Arizona, Cozy Dog Drive In, 66 Diner in Albuquerque, Dixie Truckers Home, and Summit Inn in California are some of the oldest cafés on the route offering Native American food, in the original 1930s style.

Attractions
The road trip along pop cultural iconic Route 66 is complemented by the attractions which make the trip even better and interesting. Each stop is unique in its own sense and has helped in keeping the appeal of the trip throughout

decades. The major attractions include Chain of Rocks Bridge, Sears Tower, Route 66 Rocking Chair, Painted Desert, The Site of World's First McDonald's and Lowell Observatory.

Santa Monica Beach
Santa Monica beach marks the end of splendid road trip through route 66. The beach is flocked by international tourists and surfing community as well. Santa Monica beach is lined by swaying palms, clear waters, and a lively crowd, complementing the termination of route 66. Take a walk through the beach towards Santa Monica Pier, which declares itself as "End of the Trail".

What we have planned for you?
We have developed a detailed itinerary for your road trip so that you don't forget to look around and miss exciting attractions
• Starting the road trip from Chicago with a visit to Sears Tower
• Taking stops along the route at roadside cafes and motels to experience American countryside lifestyle
• A visit to Cadillac Ranch and Rocking Chair of Route 66 to get a picture perfect memory
• Visit to Santa Monica, ending amazing trip and relaxing at beach in the vicinity of swaying palm trees, enjoying scenic beauty over Pacific Ocean

Book a journey today across this famous route.

Cheryl Ryan 123Travelconferences

THE SUBCONSCIOUS MIND

By Dr Mal Mohanlal

I am going to try to help you understand how our subconscious mind operates. You may think you are very clever and always can express your feelings in words clearly, but unless you understand the nature of your subconscious mind, you are in for some unpleasant experiences.

First of you all please understand that our subconscious mind reacts to words and not the meaning of the words.

Also please understand that our subconscious mind does not depend on your beliefs either. You can be a Christian, Muslim, Hindu, Buddhist or a Jew etc, it does not matter. The words you use in your mind will stimulate it negatively or positively depending on the type of words you use.

Our subconscious mind also does not understand right from wrong or good from bad. While the conscious mind is discriminatory like when you say "I like this or I hate this", the subconscious mind is non-discriminatory. It is a powerful neutral field of energy and will react in one way or the other depending on the words you use in your mind.

So if you say "I hope I will be fine", you do not realize what you are doing. The word "hope" creates doubt in your subconscious mind. It is a negative word. How can you possibly feel well if you keep repeating that type of word? Now if you say and keep repeating "I am fine", even though you do not mean it, you will feel a lot better.

In the same way, when you keep saying and repeating "I wonder what is going to happen?" or "Why didn't he call?" you are creating doubt in your subconscious mind. You are sure to produce anxiety and panic in your system.

But if you keep saying and repeating "Everything is fine" or "He is fine and will call later when it suits him", even though you do not mean it, you will feel a lot better.

Please learn to understand that we are hypnotic beings. The words we use in our mind and what we hear from the outside world have an hypnotic effect on our mind. Negative words will make us feel negative and positive words will make us feel positive. The meaning does not matter to the subconscious mind.

So when a person asks "Doctor, am I going to get better?" can you see that the question is loaded with negatives? How can a person feel better if you keep repeating that type of question in your mind? Quite clearly this question arises out of underlying fear of not ever getting better. So how do we overcome this fear?

First of all, observe the fact that the healing power lies within every individual. It lies in our subconscious mind. All we have to do is to use this healing power to heal ourselves. Harboring fear in your subconscious mind always raises negative questions.

Since the subconscious mind reacts to words, not the meaning of the words, give positive answers to these questions and say the opposite to what you feel. Also keep saying and repeating in your mind phrases like "Every step and every breath I take, I am getting better and better, stronger and stronger".

You will be amazed to see the difference you will feel in your anxiety levels. Remember you do not have to mean what you say or even concentrate on the words you say.

Better still; get rid of the fears by learning to understand how you operate in your mind. Learn how to use the power of perception to transform yourself.

You do not need will power to bring about changes in your life. What you need is a change in your perceptions.

Read my book "The Enchanted Time Traveller- A Book of Self-Knowledge and the Subconscious Mind" and discover the magic in your mind.

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AMA SUPPORTS MBS REVIEW TASKFORCE

The AMA welcomes the Government's Review of the Medicare Benefits Schedule (MBS) and the establishment of the Primary Health Care Advisory Group.

But, in welcoming the review announcements, AMA President, A/Prof Brian Owler, said it is frustrating for the AMA and the medical profession that health policy announcements continue to be overshadowed by the Government's desire to find Budget savings.

"We are pleased that both the MBS Review Taskforce and the Primary Health Care Advisory Group will be led by eminent and highly-regarded clinicians, and that both reviews will be based on frontline medical evidence and experience," A/Prof Owler said.

"It is important that the MBS represents and promotes high quality contemporary medical practice.

"The AMA and the medical profession will work closely with the Government and the Taskforce to ensure Medicare reflects best practice clinical care and provides the highest quality and easily accessible services to patients.

"But the ongoing freeze of Medicare rebates threatens to undermine the good intentions of these reviews.

"At a time when the Government should be increasing its investment in general practice, the rebate freeze will eat away at the viability of individual practices."

A/Prof Owler said that the reviews should not be driven by a push to find immediate savings.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

"Putting Budget savings ahead of good health policy will make it harder for doctors to provide efficient and affordable health services. The reviews must not be about cutting vital services to patients.

"Freezing Medicare rebates for four years is simply winding back the Government's contribution to patients' health care costs. The freeze will also have a knock-on effect that could ultimately lead to higher private insurance premiums and higher out-of-pocket costs for patients.

"If doctors absorb the freeze, their practices will become unviable.

"The AMA will work with the Government to make Medicare more efficient and to improve the delivery of primary care services.

"We will continue to push for the scrapping of the Medicare rebate freeze, and we will work to ensure that patient access to quality health care services is maintained," A/Prof Owler said.

22 April 2015

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REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

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

Where We Work And Live

ANZAC - Gallipoli 100 Years 25th April 2015

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wounding others. As the boats grounded around the tip of the Ari Burnu promontory men launched themselves out, some into deep water where they drowned but most struggled ashore, soaking wet and weighed down by their rifles and sodden packs. There was initial confusion about where exactly they had landed, for above them towered a steep cliff-like landscape.

Soon hundreds of Australians were hard on the ascent of what was later known as Plugge's Plateau, their first major obstacle on the peninsula. It was no easy climb: the wounded or killed slid back down the slope until stopped by a bush; bayonets were dug into the earth to help them climb; and from the top of the plateau the Turkish defenders kept up a steady fire. Soon, the Australians reached the top and quickly overcame a trench full of Turkish soldiers, while the remainder of the garrison made off into the country beyond. For the Anzacs, the day's fighting, as it developed, never brought them near the objectives called for in the original plan. Small, isolated groups did manage to make their way up landward slopes towards Chunuk Bair and on to Third or Gun Ridge, from which positions the strait of the Dardanelles was visible, but they were beaten back by ever strengthening Turkish counter-attacks.Leading the Turkish counter-attack down from Chunuk Bair was the commander of the 19th Turkish Division, Lieutenant-Colonel Mustafa Kemal, who famously told his men: I don't order you to attack, I order you to die. In the time it takes us to die, other troops and commanders can come and take our places.

By the evening of 25 April, the little cove to the south of Ari Burnu, soon named Anzac Cove, was crammed with the wounded who had made their way down or been carried down from the front line. Turkish shelling, which had begun within an hour of the initial landing, also took an increasing toll. So pessimistic were some Australian commanders on the spot that they recommended to General Birdwood, when he came ashore, that the whole force be withdrawn, as it had failed to meet its objectives. Although horrified, Birdwood relayed this opinion to Sir Ian Hamilton, then asleep on the battleship Queen Elizabeth. After hearing from naval commanders that instant evacuation was virtually impossible, Hamilton replied: You have got through the difficult business, now you have only to dig, dig, dig until you are safe.

Hamilton also sent the reassuring news that the Royal Australian Navy's submarine AE2 had successfully made its way through the Turkish defences of the Narrows and was on its way up to the Sea of Marmara. At the Anzac firing line, developing along the seaward side of Second

Ridge, ordinary soldiers might have been a bit surprised to hear thoughts of retreat. The struggle to hold and enlarge the Anzac position in 'The Battle of the Landing', went on for nearly ten days. Tthe Turks made a number of fierce attacks aimed at driving their enemies back into the sea, and only equally determined Anzac defence prevented disaster. In this they were assisted by the guns of the British warships, whose shell bursts were capable of breaking up bunched Turkish groups of soldiers making a mass attack.

During the night of 2-3 May 1915 a final attempt was made to push the Anzac line forward, up towards a hill called Baby 700, on the way to Chunuk Bair. Four Anzac battalions, among them the 16th Battalion from Western Australia, were to take the action up steep slopes to Turkish trenches at the top.

Shortly after dawn, the 16th were beaten off their newly won trenches. Landing on 25 April with more than 1000 men, the battalion had been reduced in nine days of continuous fighting to only 309 men. The estimated loss to the Anzac Corps during this period as 8364 killed, wounded and missing. The campaign dragged on for 8 months in total with solders enduring extradinary hardships. This is a milestone year commemorating 100 years of ANZAC and reflecting on the sacrifice of those ANZACs today.

The Ode. They shall grow not old as we that are left grow old. Age shall not weary them nor the years condemn. At the going down of the sun and in the morning. We will remember them. LEST WE FORGET.

(Continuted in May Edition: Submarines in the Dardanelles, 1915 the story of AE2)