RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
APRIL 2016

Immigration & Immigrant Ships Moreton Bay Part III Wrecked On Moreton Island

See Where We Work & Live on page 20.

Wrecked On Moreton Island.

I need only make brief reference to the end of the "Young Australia," the story of which has often been told. The disaster occurred just after the "Young Australia" had weighed anchor in Moreton Bay, outward bound for London, on May 31, 1872. It was caused by the wind falling suddenly to a dead calm, with a heavy easterly swell, and a strong southerly current setting the ship towards the rocks. The vessel struck broadside on and remained stationary. With the flood tide her position became worse. Finally, she got firmly wedged in a V-shaped hollow between rocks, and many months passed before she actually broke up. Seldom has a wreck occurred with less sensationalism, for not only was there no loss of life, but all personal property was saved, and the entire cargo of wool was salvaged. The figure-head of the "Young Australia" was

Continued Page 6

President's Report Dr Kimberley Bondeson

Summer is coming to an end, cool mornings are beginning to occur. Autumn is getting nearer. We are also about to celebrate our ANZAC day, our national day of remembrance in Australia and New Zealand, commemorating all Australians and New Zealanders "who served and died in all wars, conflicts and pear peacekeeping operations" and "the contribution and suffering of all those who have served. ANZAC is an acronym for Australian and New Zealand Army Corps. It was a world War 1 army corps of the Mediterranean Expeditionary force that was formed in Egypt in 1915, and operated during the Battle of Gallipoli.

Now onto other topics. Remember the PECHR (known as the Patient Electronic Controlled Health Record). It has been re-launched as e-health, with the government trying to force General Practitioners to use it, by linking it with e-health practice incentives. This government project is demanding that doctors upload around 5 health summaries per quarter, or they will be penalised and not receive the e-health practice incentive.

Of interest, the government itself is having problems with the PECHR – they are uploading deceased patient's details, and sending out letters to them. One family member who received one of these letters, reported that the deceased family member had died 20 years ago. The Government has acknowledged that it has a problem identifying who is deceased and who is not – this does not bode well for this new push on an already dysfunctional project.

I was intrigued to read recently about a patient who was on a potato only diet. He has been eating potatoes only for 100 days, and does not appear to be suffering any ill-health from it. In fact, the patient feels his health is improving. Recently I went to an Irish friends place for dinner. She served up 5 different sorts of potato dishes with the meal, which was considered normal. They were delicious. The humble potato is full of surprises – and after all, it fed a nation, being the staple food for farmers in Ireland during the 18th Century.

Kimberley Bondeson
RDMA President

RDMA & NLMA's Joint Newsletter

Welcome from
Dr Robert (Bob) Brown

President Northside Local Medical Association

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

RDMA Executive Contacts:

President:

Dr Kimberley Bondeson
Ph: 3284 9777

Vice President & AMAQ Councillor:

Dr Wayne Herdy
Ph: 5476 0111

Secretary:

Dr Ken Fry
Ph: 3359 7879

Treasurer:

Dr Peter Stephenson
Ph: 3886 6889

Meetings' Convener:

Mrs Margaret MacPherson
Ph: 3049 4444

Newsletter Editor: Dr Wayne Herdy
Ph: 5476 0111

Advertising information is on RDMA's website www.redcliffedoctorsmedicalassociation.org/
please contact **Newsletter Publisher.**
Email: RDMAnews@gmail.com
Mobile: 0408 714 984

NLMA Executive Contacts:

President:

Dr Robert (Bob) Brown
Ph: 3265 3111
E: drbbrown@bigpond.com

Vice President:

Dr Ken Fry
Ph: 3359 7879
E: kmfry@bigpond.com

Secretary:

Dr Ian Hadwin
Ph: 3359 7879
E: hadmed@powerup.com.au

Treasurer:

Dr Graham McNally
Ph: 3265 3111
E: gmcnally1@optushome.com.au

Meetings' Convener: TBC

Dr Graham McNally
Ph: 3265 3111
E: gmcnally1@optushome.com.au

RDMA 2016 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

Wednesday	February	24th
Tuesday	March	29th
Wednesday	April	27th
Wednesday	May	25th
Tuesday	June	28th
Tuesday	July	26th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	24th
Tuesday	September	13th
Wednesday	October	26th
NETWORKING MEETING		
Friday	December	2nd

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 15 May 2016
Email: RDMANews@gmail.com
W: www.redcliffedoctorsmedicalassociation.org

NLMA 2016 MEETING DATES tbc:

For all queries contact Graham McNally
Meeting Convener: Phone: (07) 3121 4029
Email: gmcnally1@optushome.com.au

W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	16th
2	April	12th
3	June	7th
ANNUAL GENERAL MEETING - AGM		
4	August	9th
5	October	11th
6	December	13th

Next Meeting Date 27th April 2016

Dr Kimberley Bondeson, President Redcliffe & District Local Members Association introduced the Glaxo Smith Kline Sponsor Representatives Adam Lawson & Nicole Robertson for the night.

The Glaxo Smith Kline Sponsored two speakers for the night. The first speaker was: Dr Nessa Banville, Topic: 'Precise: Because Different Patients have Different Needs", and the second speaker was pharmacist Co Luu Topic: "Tailoring Pharmacology to the Individual Needs of Your Asthma and COPD Patients".

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Wednesday 27th April 2016**

TIME: 7 for 7.30pm

VENUE: The Golden Ox Restaurant, 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: Allergan
7.40pm	Speaker: Dr Chrys Pulle - Geriatrician Topic: Falls and Fractures
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: By Friday 22nd April
(e) Margaret.macpherson@qml.com.au (t) 3049 4444

INSIDE THIS ISSUE:

AMAQ BRANCH COUNCILLOR REPORT
North Coast Councillor Report
Dr Wayne Herdy

Ya Gotta Walk the Walk, AMA Elections, Wither The Waste.

YA GOTTA WALK THE WALK

An old friend of the AMA, Dr Bill Boyd, is a gynaecologist in Mackay. After years of service on AMAQ Branch Council, including time spent as Chair of Council, is the unchallenged candidate for the position of Vice-President, which means that he expects to be the next President of AMAQ when Chris Zapalla steps down.

Bill recently did the Walk the Bruce challenge, over 100km of walking down the Bruce Highway. While admirable as a fund-raiser for charity, and Bill admitted he needed to shed his spare 5kg, Bill has reminded us that as doctors we all need to walk the walk.

When we talk about personal care and preventive medicine, we lack credibility if we ourselves do not walk the walk – we have to keep our excess weight controlled, we have to keep to a regular exercise regime, we have to get our flu vaccines and our PSA's or Paps according to gender. It is not enough to talk the talk – we are expected to set a practical example to our patients.

AMA ELECTIONS

This month sees the usual bout of AMA elections. I always urge AMA members to exercise the electoral franchise which comes with payment of their AMA subscription fees. As always, I want you to vote for me in whatever position I am running for, but at least exercise your vote. It is remarkable that every year only a minority of members do so.

This year, I am a candidate for Queensland area rep, running against Brisbane GP Richard Kidd. The biggest difference between Richard and myself is that I have a track record of sharing information with the electorate whereas I assert that Richard's office-holding has been shrouded in secrecy – he never shares much of what happens in Council with the membership or even with other members of Council. If you want to see two-way communication with your organization, go to the website now and vote #1 for this correspondent.

WHITHER THE WASTE?

We all know there is massive waste in our health system. Current figures for the USA, (nobody is game enough to commit to an Australian figure but we are probably not far behind), is that a whopping 30% of health dollars are wasted.

What is remarkable, and not unexpected, is that almost all of that figure comes from fragmentation of care.

Fragmentation of care is not only hazardous, but it is wasteful because it leads to duplication of effort. We don't need to look far to find examples. Community-based doctors request a battery of investigations, then refer the patient to the public hospital where most of the investigations are repeated. Patients are referred for follow-up appointments, where nothing happens because of basic failures of communication of data and the patient has to come back another time. Patients get two or more brands of the same generic because they attend two prescribers – and then join the growing statistics of the 10+% of patients who are in hospitals because of medication errors.

At the simplest level, doctors or their staff waste time chasing discharge summaries for patients who call in to the surgery on the way home from the hospital discharge. When I accept a new admission into a nursing home, it is a matter of a few phone calls and a few faxes before my medical document is a model of near-perfection. And the time is rapidly approaching when the fax component of the communication will be bypassed by an electronic exchange of files only a few nanoseconds down the line. The line of communication out of the public sector is some distance behind. The hospitals are getting their collective acts together, but some are a lot better than others, and the non-hospital public sector stands almost mute – ever try to get a report from the community nurses or mental health teams?

In these days of high-tech medical communications, most

Continued Page 6

DR HERDY'S REPORT CONTINUED
FROM PAGE 5

of this waste is eminently avoidable. Why can't the reports of a private laboratory be accepted in the public hospital as routine?

Why can't the discharge medication lists be accepted in the nursing homes, at least until the GP has time to attend? OK, we have to reach some negotiated solution about legal responsibility, but we do have the technology to be able to communicate between sectors and save the waste.

We are getting better at communication, but painfully slowly, and the silo "them-and-us" mentality between sectors is resisting attempts to break down the barriers.

Regrettably, as long as private practitioners and hospital doctors each regard the other as inferior beings, the silos will stand tall and strong.

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

Wayne Herdy

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Meet Our Team

Dr John Reardon
Medical Oncologist/
Clinical Haematologist
***SC**

Dr Hong Shue
Medical Oncologist
***SC**

Dr Sorab Shavaksha
Clinical Haematologist
***SC**

Jesse Goldfinch
Excercise Physiologist
***SC**

Dr Rosanne Middleton
Clinical Health Psychologist
***SC**

Dr Peter Davidson
Consultant Haematologist
***NL**

Dr Kieron Bigby
Medical Oncologist
***NL**

Sarah Higgins
Dietician/ Nutritionist
***SC**

Dr Darshit Thaker
Medical Oncologist
Palliative Medicine Specialist
***NL**

Dr Lydia Pitcher
Haematologist/ Oncologist
Paediatric Haematologist
***SC**

Tania Shaw
Oncology Massage Therapist
***SC**

Dr Raluca Fieser
Clinical and Laboratory Haematologist
***NL**

Dr Geoff Hawson
Medical Oncologist
Clinical Haematologist
Palliative Care Physician
***NL**

Be Our Guest

Sunshine Coast Haematology and Oncology Clinic is delighted to be supported by the McGrath Foundation through the provision of the McGrath Breast Care Nurse, who is available to help community members and their families through breast cancer by providing free advice, support and care when it's needed most.

North Lakes Haematology & Oncology Clinic
Tel: (07) 3833 6755 | www.nlhoc.com.au
7 Endeavour Bvd, North Lakes Q 4509 (next to OzCare)

Sunshine Coast Haematology and Oncology Clinic
Ph: 07 5479 0000 | www.schoc.com.au
10 King Street, Buderim, 4556

AMAQ BRANCH COUNCILLOR REPORT
Greater Brisbane Area
Dr Kimberley Bondeson

New Federal Election, Managed Care and Chronic Disease MBS Items, Proposed Changes to Pathology and Xray Services.

Federal Election

Are we about to go into a new Federal Election or not?

If so, then I have lost count of the number of Prime Ministers we have had in the last 5 years – I think 5 was the last count.

This rapid change over of Prime Ministers must make it difficult to govern, as well as the public having to deal with a revolving door of new minsters.

However, I have no doubt we will soon find out.

Managed Care and Changes to the Chronic Disease MBS Items'

The current Federal Health Minister, Sussan Ley, is introducing changes to the Chronic Disease MBS Items – which currently are paid on a fee for service by a patient's normal GP moving to quarterly payments for managing the care of enrolled patients referred to as Managed Care.

It is being "trialled" at 200 GP clinics and would cover 65,000 patients. According to the Australian Doctor, Minister Ley has "listened carefully" to the GPs who had "extolled the virtues" of the medical home concept.

This is a concept that I personally do not support, and never have.

One of the difficulties of the Minister listening to GPs, is who exactly is she listening to?

The AMA does not support Managed Care.

Also, I do not believe that any changes introduced by the government will lead to greater funding – in fact less funding is more likely.

If these changes are introduced into GP practices, Specialist practices will follow.

It will be interesting to see how the "trial" goes, and how these results will be interpreted and if the patient's outcomes are improved in the management of chronic disease, under this proposed model.

Pathology and Xray Services Proposed Changes

Now, onto Pathology and X-ray services and these proposed changes.

This involves the loss of the rebates to Pathology and X-ray providers which is due to be introduced.

If those private practices work on a small profit margin, (and most of them do) the loss of these rebates will mean that they will not be sustainable in the private marketplace.

Again, has this been thought out properly?

The Pathologists and Radiologists will be forced to charge a co-payment, or close their doors.

What happens to their patients?

They will end up in the public hospital system.

Sincerely Kimberley Bondeson

Branch Councillor Greater Brisbane Area

AUSTRALIAN MEDICAL ASSOC PRESIDENT
Dr Chris Zappala

Member's Updates

Dear Members,

This time of year always brings some uncertainty as we look towards the next state and federal budgets. Every year, AMA Queensland works to develop a comprehensive Pre-Budget Submission, based on the feedback provided by members and key stakeholders. This submission guides our advocacy work as we work towards a healthier state that fosters a system of high-quality care and support for medical practitioners.

AMA Queensland recently released our 2016-2017 Pre-Budget submission, available at www.amaq.com.au, calling for a number of measures to reduce fragmentation in the healthcare system and ensure patients are properly supported at every stage. The submission focused on five key areas: public health, medical workforce and training, unifying the health system, end-of-life care and a patient-centred medical home.

We have long called for a GP-led system that ensures continuity of care in the health system. As Queensland continues to face an epidemic of lifestyle-related chronic disease, with vulnerable groups such as Aboriginal and Torres Strait Islanders, refugees and the unemployed particularly affected, there is a clear need for a more sustainable system that is refocused on patients' needs.

To achieve this system augmentation, AMA Queensland is calling for an investment in the trial of a "Health Hub" based on the patient-centred medical home model (PCMH). These models seek to better coordinate patient care and reduce cost by reducing the demand on hospital systems. Trials of similar models are underway in Victoria and Western Australia, where they have seen significant GP uptake. AMA Queensland is calling for the implementation of a similar trial that is entirely government funded to ensure patients receive objective high-quality care. The Commonwealth Government's recently announced chronic disease general practice trial represents a step forward, but we will all need to watch the conduct and results closely.

General practitioners contribute invaluably to Australia's healthcare system. Not only are they the most financially efficient aspect of our system, but they are uniquely placed to look after each patient's individual needs and care concerns. This is true in childhood and adulthood, but also extends into end-of-life care. As a profession, we must ensure maintenance of high and dependable standards of care through general practice so it can continue to serve as the focal point of community and chronic disease care, as well as defend against 'innovative models of care' that represent misguided role substitution.

At present, too many patients are spending their last days in public hospitals, causing death and dying to be increasingly institutionalised. While some patients require around-the-clock care that can only be provided in a hospital, a well-coordinated end-of-life care system would allow many patients to spend their last days at home with their loved ones. Implementing community-based palliative care measures, increasing specialist palliative care training and increasing funding in this field would all assist doctors and allied health professionals to provide this critical support. The Federal AMA, under the auspices of Dr Michael Gannon as Chair of the Ethics Committee, is leading a discussion on euthanasia at the imminent National Conference to explore whether AMA should recast its statement on this topic and how we, as a medicopolitical organisation, may develop a sensible strategy that reflects current wisdom and the views of the profession, recognising the latent value of palliative care in many settings.

An open dialogue around healthcare is needed for continual system evolution. We crave frank and honest consultation about what patients want and current deficiencies in our health system. First among our concerns with the State Government is adequate information and resources to address surgical waiting lists. We also must not abandon our unwavering, stentorian pleas for the Commonwealth to abolish the enervating MBS item freeze that disadvantages all of our patients, in all settings.

Australia as a whole has one of the world's most respected and efficient healthcare systems – our healthcare spend as a percentage of GDP remains static at 9.8 per cent. Australia has a slowly increasing life expectancy and stable spending on healthcare as a proportion of taxation revenue. Doctors can feel justifiably proud of their substantial contribution to this outcome. Maintaining this standard of care requires us to avoid complacency – we must continually look towards collaboration and evolution. Our hope is that the 2016-2017 Budget supports the health industry in that goal.

Sincerely, Dr Chris Zappala
AMA Queensland President

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doctorclivefraser@hotmail.com.

"Driving Fatigue"

Doctors are very well acquainted with what it's like to work long hours under pressure. The experience begins in the under-graduate years with what seems like a Herculean effort to keep passing all of those exams.

By my second year as a medical student I didn't even sneeze when the anatomy lecturer said that we could be examined on anything at all from the 820 pages of Gardner, Gray and O'Rahilly's text-book, that is except for anything about teeth.

Looking for some respite I quickly flicked through the pages to find that Chapter 61's description of teeth was only eight pages long, leaving another 812 pages to memorise.

On my first day as a resident in a hospital with 300 beds I was rostered to do the 4PM to mid-night shift in Casualty with the last two hours in the hospital on my own. That was until a phone call just before mid-night to tell me that the night RMO had called in sick and that I'd need to work on my own until 8AM.

Fast forward to life as a hospital registrar with the once a week 8AM until 5PM (the next day) shift. Or worse still, the monthly 8AM Friday until 5PM Monday mix of on-duty and on-call. The words "proximate" and "remote" don't quite convey how gruelling the work was.

Of course there was no possibility of complaining about the hours worked because the threat of not having a position in the following year would silence any complainers.

You are most vulnerable to fatigue when you don't get enough sleep, work at night, and are awake for long periods of time or some combination of the above.

But my experiences pale in comparison to the hours involved in some forms of surgery. One well-known neuro-surgeon recently found his gown dripping with saline and blood after a 14 hour operation. He commented, "Oh my God, it looks like I wet myself", only to then find himself the subject of an AHPRA investigation when his off-the-cuff comment was taken literally.

Thankfully heavy vehicle drivers can attend to calls of nature in a more timely fashion compliment of the Heavy Vehicle National Law (2012).

After 5¼ hours of work they can take a 15 minute break or if they choose to keep working they must have a 30 minute break after 7½ hours or at least a one hour break after 10 hours. They also must have a full 7 hours of rest every 24 hours and can't work for longer than a total of 12 hours in that period. There are heavy penalties for not taking the stipulated rest breaks and all of this is recorded in a National Driver Work Diary for verification.

That is, of course, everywhere in Australia except for Western Australia and the Northern Territory where they presumably don't drive long distances. Oh, by the way any hours spent waiting to be loaded and not resting in a bed are all counted as work hours.

The fatigue-regulated heavy vehicles that this legislation applies to includes any truck with a gross vehicle mass (GVM) over 12 tonne and buses over 4.5 tonne with a seating capacity of more than 12 adults (including the driver).

There are very good reasons for preventing fatigue on the road as truck drivers are more than 12 times as likely to be killed on the job as compared to the average worker.

This easily makes road freight transport driving Australia's most dangerous job with even a 50% greater risk than farming which is our next most dangerous occupation.

The community expects that pilots and truck drivers are taking enough breaks to ensure they are performing well and are not fatigued.

Undoubtedly, fatigue management practices have improved in medical work-places, but as I recall it this change has always lagged behind other industries which is just not good enough.

Safe motoring,
Doctor Clive Fraser

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MOTIVATION AND PERCEPTIONS

By Dr Mal Mohanlal

When one is faced with seemingly insurmountable problems how can we motivate the individual to help him or her change their perception of reality?

A patient of mine had a painful knee joint for months. She had tried physiotherapy and other forms of treatment and nothing seems to have worked. She was still in pain and felt very miserable and depressed. Looking at her I could see that she was a big woman carrying a fair bit of extra weight. She was middle aged and was looking for a job. Her knee stopped her from looking for a job. When questioned about her weight problem she became very tearful and she said she had tried everything in the book to lose weight but nothing worked. She hardly ate anything but still could not lose weight. This made her even further depressed. Yes, reality for her presented a grim picture.

Then there was another elderly patient who was also overweight and had knee problems. She had also tried to lose weight but was never successful. She was also depressed about the situation and said she hardly ate anything. There are millions of people in this world today like these two in the same boat experiencing similar problems. They all have one thing in common. They are all looking outside themselves for the solution to their problems. That is, they all think that there is a magic pill out there that will solve all their problems. But is it not that what we all do when we are confronted with a problem? Yet the solution lies within every one of us if we are prepared to look at ourselves.

So how can we help an individual to get out from this negative state into a positive mode? How can we motivate a person to start looking at reality in a different way? The magic of course lies in the power of our perception. Unless we become aware of this power and use it with some insight to tackle our problems, we can never change. We will be constantly struggling to solve that problem. So how do we go about doing that?

To be able to change one's perceptions firstly one has to be able to look at oneself. Most people dare not look at themselves because what they see makes them feel uncomfortable. A lot of people have poor self-image. They might even say they hate themselves. Now if you cannot look at yourself in the mirror and do not like yourself, you will never change no matter what you do. You will always be a loser. Why?

This is because it is how you use and stimulate your subconscious mind that counts. Our subconscious mind is the most powerful force that you can use to help yourself and if you block it with a negative, you are defeated even before you start the journey. Therefore the first thing you have to do is to say to yourself, "I like myself. I am my own best friend" even if you do not mean it. Why do you have to like yourself? Why do you have to be your own best friend? It is simple. You are born in this body and die in this body. You may be the ugliest person on earth, it does not matter. You cannot trade-in this body of yours for a new body. You are stuck with it. So whether you like it or not, you have to like yourself.

Now why must you be your own best friend? You are the only person who lives with yourself 24 hours a day with your thoughts, hopes, fears and desires. No one does. So, married or single, it does not matter, you have to be your own best friend. And if you are your own best friend, you should treat yourself nicely and with respect, shouldn't you? You should learn to take care of yourself.

Then tell yourself, "No one is perfect; there are lots of things I don't like about myself"'. Please make a list and then start at the top. "How can I improve here, how can I change there…"

Once you have orientated yourself this way and started thinking this way, you will be amazed to find how positive you will feel about yourself and instead of making mountains out of mole hills, you will be able to turn mountains into mole hills.

It is important to remember that the way you talk to yourself affects your subconscious mind. The meaning of the words does not matter but the type of words you use can have an instant effect. For example, do not say "I hope I will be fine". Instead say "I am fine", even if you don't feel that way, you will feel a lot better. In the first instant you were creating instant doubt in your mind when you were saying "I hope". Hope is a negative word. Do not you use it frequently in your mind as it is just a bad habit. If you keep doing it, you will suffer anxiety.

Your healing power lies in your subconscious mind. It is inside you.You have to learn to use it. By acquiring self- knowledge you can make life easy for yourself because it is the subconscious mind and how you stimulate it that counts. The world is not going to help you acquire this knowledge. This is the consumer world where everyone panders to your ego and where the consumer is always right. It is an escape orientated exploitive world we have created. In fact the laws of the land lead to us to believe that one is never at fault. If something goes wrong, it is always someone else's fault. Yes, the world outside you is constantly distorting your perception of reality. If you do not correct it, you will make life very difficult for yourself and suffer the consequences.

Please do not chase the shadows as most people are doing today. Chase the substance and gain some insight into your mind to help you solve your problem.

Read my book "The Enchanted Time Traveller- A Book of Self Knowledge and the Subconscious Mind". The first 50 pages contain the secrets of the mind and therefore considered essential reading. Visit website:http://theenchantedtimetraveller.com.au.

Metro North Maternity GP Alignment Program workshop

Part 1: Wednesday 8 June 2016 – Redcliffe Hospital
Part 2: Wednesday 15 June 2016 – Caboolture Hospital
Eligibility for RACGP points requires attendance at both sessions

The alignment program covers a number of important topics including:

- first trimester presentations
- recommended screening tests
- ultrasound scanning including nuchal translucency recommendations
- diabetes in pregnancy
- prescribing in pregnancy
- communication with Metro North birthing facilities
- models of care options
- Rh-negative women
- hypertension
- pre-eclampsia
- early pregnancy bleeding
- reduced fetal movements
- immunisations
- depression
- postnatal care
- breastfeeding

Presenters

Presenters/facilitators include staff specialists in obstetrics and gynaecology, general and obstetric physicians, psychiatrist, paediatrician, maternal fetal medicine specialist, pharmacist, physiotherapist, dietician, social worker, lactation consultant, midwives, nurses and GPs.

By registering, you agree to participate in the full program, including completion of a pre and post workshop knowledge assessment.

Closely aligned with Mater Mothers Maternity GP Alignment Program and Queensland Health Maternity GP Alignment Programs.

Sponsors

This event is sponsored by Sullivan Nicolaides Pathology and Covidien

RACGP Accredited

Category 1, QI&CPD Accredited Activity (40 points)

QI&CPD Accredited Activity CATEGORY 1

Part 1: Wednesday 8 June 2016

Redcliffe Hospital (Level 2, Moreton Bay Integrated Care Centre)

5pm	Optional Tour of Maternity Services
5:45pm	Light Supper and Registration
6:30pm	Workshop
9:30pm	Workshop concludes

Part 2: Wednesday 15 June 2016

Caboolture Hospital (Skills and Education Centre)

5pm	Optional Tour of Maternity Services
5:45pm	Light Supper and Registration
6:15pm	Workshop
9:20pm	Workshop concludes

Register online

https://register.eventarc.com/34207/metro-north-maternity-gp-alignment-program-workshop

Registrations will close Wednesday 1 June 2016.

Workshop enquiries

Denise Spokes
Program Administration Officer
e: mngpalign@health.qld.gov.au
p: 07 3646 4421

Sullivan Nicolaides PATHOLOGY Quality is in our DNA

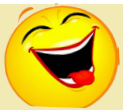
COVIDIEN

phn BRISBANE NORTH An Australian Government Initiative

This is a joint initiative between Metro North Hospital and Health Service and Brisbane North PHN

Queensland Government

Interesting Tidbits NATTY MOMENTS:



BRAIN TEASERS

Q. There is this one man who killed his mother, was born before his father and married over 100 women without divorcing. Yet he was considered normal by all of his acquaintances.

A When he was born his mother died from labour. He was born in the presence of his father (before meaning in the presence of) and he was a priest who married 100 men to 100 women.

Q The maker doesn't need it, the owner doesn't want it, the user doesn't know he's using it what is it?

A A Coffin

Q There was a train going along the track and a car coming along the road at a right angle to the train. They were both going at exactly the same speed and would have crashed in the middle where they met. Why didn't they?

A Because the car went over the bridge!!

Q Two horses were born at the same time, travelled the world, and then died at the same time, but did not live to the same age. How was this possible?

A One horse travelled east and the other travelled west, the first gaining in the number of days it lived and the second losing in the number of days,

Q Imagine you are in a room, no doors windows or anything, How do you get out?

A Stop imagining!

Q If an electric train is going 150 miles per hour north and the wind is blowing the same south, which way does the smoke blow?

A It's an electric train. There is no smoke.

Q There was a old man who lived by himself. He felt tired so he went into the bathroom, went to the toilet and then turned the light off before going to bed. The next morning there was a news flash on the radio that a boat crashed. The man opened the window and jumped out. Why?

A Because he lived in a lighthouse and he had turned the light off causing the boat to crash.

Q A boy and a doctor was fishing. The boy is the doctor's son but the doctor is not the boy's father. Who is the doctor?

A His mother.

Q If a man is trapped in a room. There are no doors no windows how did he get out?

A Through the door way. There are no doors but a doorway.

http://resources.woodlands-junior.kent.sch.uk/fun.html

JOINT STATEMENT

PEAK DOCTOR GROUPS CALL FOR ELECTION COMMITMENTS TO FIX RURAL HEALTH

BUILDING A SUSTAINABLE FUTURE FOR RURAL PRACTICE: THE AMA/RDAA RURAL RESCUE PACKAGE

The AMA and the Rural Doctors Association of Australia (RDAA) are calling on the major political parties ahead of the 2016 Federal election to commit to practical and affordable reforms to improve health services for people in rural and remote Australia.

The AMA and the RDAA are today releasing their updated joint Rural Rescue Package – *Building a Sustainable Future for Rural Practice* – which sets out an achievable plan to build a strong rural medical workforce to underpin and build expanded health resources and services in rural Australia.

The Package details strategies to increase the number of doctors to work in rural Australia and stay for the long term, and programs to ensure ongoing skills development for the rural medical workforce.

The AMA and the RDAA firmly believe that building, expanding, and upskilling the rural medical and health workforce is an important first step in ensuring improved health services, resources, and infrastructure for the long term.

RDAA President, Dr Ewen McPhee, said today that the Rural Rescue Package initiatives, which propose two tiers of support to revitalise and sustain rural medical services, offer the best path for delivering much-needed doctors to the bush now and into the future.

“Rural medicine is a challenging and rewarding career that is different from metropolitan practice in terms of isolation, costs, scope, and complexity,” Dr McPhee said.

"Rural doctors see patients in their general practices by day, often provide on-call and after-hours emergency services during the night, and many perform procedures at the local hospital on a regular basis.

“They are highly-skilled and provide a critical service to rural and remote communities.

“But, over the past two decades, many rural and remote communities have found it increasingly difficult to attract and retain doctors with the right mix of skills to meet their health and medical needs, including GPs with advanced skills training who can provide acute services in the hospital setting.

“The Rural Rescue Package would make a huge difference in attracting to country communities the right doctors with the right skills to the right places, now and into the future.”

AMA Vice President, Dr Stephen Parnis, said rural Australians deserve a level of access to high quality medical services that is comparable to people who live in cities and major regional centres.

“The key is to attract and retain doctors to work in country towns and communities across the nation so they can become integral members of their local communities,” Dr Parnis said.

"Successive Federal Governments have introduced a range of initiatives to attract and retain doctors in rural and remote areas, but without enduring success in many areas.

“Some gains have been made, but the maldistribution of doctors - both in terms of geography and skills – persists, and the sustainability of some rural health services remains under threat.

“The major political parties must learn from these experiences, consult with the medical profession, including with local doctors, and look to other ideas such as those in the Package.

“A commitment by the major parties to implement the Rural Rescue Package before or during the next term of Federal Parliament would send a strong message to rural communities desperate for better health services.

“The Package offers a sustainable future for rural medical practice, and a sustainable workforce of well-trained rural doctors for our rural and remote communities for many years to come.”

The first tier of the Package is designed to encourage more GPs, other specialists, and registrars to work in rural areas. It takes into account the greater isolation of rural practice, both for doctors and their families.

The second tier is aimed at boosting the number of doctors in rural areas with essential advanced skills training in a range of areas such as obstetrics, surgery, anaesthetics, acute mental health, and emergency medicine. Rural areas need doctors with strong skills in these areas to ensure that communities have access to appropriate acute services locally, including on-call emergency services.

It is envisaged that the Package would be implemented via the Commonwealth's existing Service Incentive Program (SIP) and incentives would be calculated as a loading on rural doctors' Medicare billings, or as a special payment for salaried rural doctors. The loading would increase with the rurality of the doctor/practice.

Building a Sustainable Future for Rural Practice: The AMA/RDAA Rural Rescue Package is available at www.rdaa.com.au (see Quick Links on front page, or Policies section) and https://ama.com.au/position-statement/building-sustainable-future-rural-practice-rural-rescue-package

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20 April 2016

Contacts:

RDAA:
RDAA President, Dr Ewen McPhee, 0419 427 520
Patrick Daley, 0408 004 890

AMA:
John Flannery 02 6270 5477 / 0419 494 761
Kirsty Waterford 02 6270 5464 / 0427 209 753

Bosnia and Hercegovina

A Land of Raw Charm and Splendour.

By Cheryl Ryan

Bosnia and Hercegovina is a melting pot of history, culture and natural beauty. The country's abundant highlights are a beautiful amalgamation of Ottoman and Austro-Hungarian histories. Be it rafting, skiing, wine touring, visiting the historical and architectural centres, or enjoying their rich and unique coffee culture in a dainty café, a trip to the intriguing Bosnia and Hercegovina will surely be one fascinating entry in your diary.

Bosnia and Hercegovina's Wonders

• Tunnel Museum: Located in Sarajevo- Bosnia's capital, the tunnel museum is perhaps the closest we can get to witness the consequences of the civil war in the 1990s.

• Stari Mosti (Old Bridge), Mostar: A UNESCO World heritage site, the bridge's arch stands magnificent against the golden sky at dusk or the aesthetic night-time floodlighting. Sit by the cafes strategically set up nearby and savour the splendid view.

For the Adventure-Hungry

• Sutjeska National Park: explore the lush Perućica- Europe's primeval native forest and, Sutjeska National Park, which also offers mountain biking and hiking access to some picturesque upland lakes.

• Skiing at Bjelašnica: located near the Sarajevo compact airport, you could hop off the plane and slide through the snow blanketed slopes in an hour! Floodlit night-skiing is a popular attraction. The villages behind the Bjelašnica offer a gamut of exploration opportunities on a mountain bike or foot.

• Una Valley: the rapids and waterfall of this valley are thrilling. The imposing Štrbački Buk waterfall is the showstopper of the Una National Park and definitely worth a visit. It also has one of the most adventurous rafting stretches.

• Daredevil Bridge jumping in Mostar: Who wants to bungee jump when you could savour the exhilarating tradition of jumping off the Old Bridge 20m down into the icy waters of River Neretva?

For the history addicts

• Tejika: the charming half-timbered Dervish house supposedly from the 16th century is the main attraction of the city of Blagaj. Tejika stands beside the surreal blue-green Buna River where it surges out of a cliff-cave. Breathtaking!

• Počitelj: the breathtaking fortress village from the Ottoman era is a fine example of architectural wonder. The part-ruined complex with stone-roofed houses, clock tower, mosque and the iconic Gavrakapetan tower fills you with an inexplicable nostalgic aura.

What have we planned for you?

A comprehensive itinerary has been complied to include all the exciting attractions of the beautiful Bosnia and Hercegovina.

• Guided tour to the Sutjeska National Park with hiking and mountain biking opportunities

• Wine touring in Hercegovina

• A day at Bjelašnica with skiing, and other excursions included

• A guided day trip to Mostar from Dubrovnik with stop at the fortress town of Počitelj, the historic Old Bridge, Old bazaar among others

• Trip to the Una River, the glorious Ostrožac Fortress, and the Štrbački Buk waterfall along with rafting opportunities

• An evening filled with drinks, local sweets, delectable cuisine and, Sevdah –traditional Bosnian music playing in the backdrop at Kuća Sevdaha.

www.123Travelconferences.com.au

The growing importance of age care advice

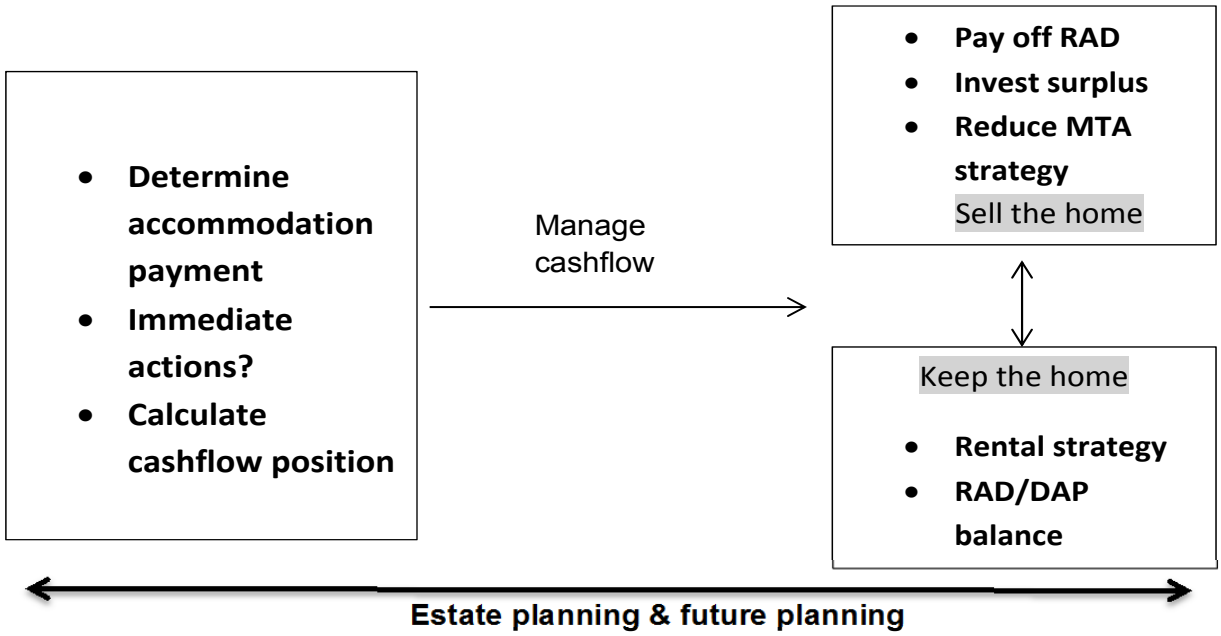
Each week, approximately 1,000 people turn age 85. Older Australians need advice about preparing for their care needs. For most families it's a confusing and emotional time and one that they are underprepared for.

The Productivity Commission's report on Government Services showed that 16% of people had to wait more than nine months for a bed in an aged care facility. Alternatively, this percentage is forecast to increase with the growing rate of our aging population.

Every client's circumstances are unique due to their deterioration in health. The family's reaction to these changes and having to deal with the stress during this time can be challenging. Time frames are crucial when negotiations need to be considered with a manageable strategy on particular aged care facilities and the associated living costs.

Unfortunately, it is the financial strategies that determine the place of care, how to finance the bond payable and how they are going to fund ongoing care costs including taking Centrelink pensions into account. It is an uncertain time for most however one of the major decisions faced is the ability to be able to keep the family home as it generally has a large emotional attachment to family members. Being equipped with all the financial facts gives the family assurance to make the best family decisions.

Below is a common strategy solution in obtaining a quality outcome for each individual and their families.



DAP- Daily Accommodation Payments, is the maximum you can be charged per day for an aged care facility room and the daily payment amount must be equivalent to the RAD.
MAT- Means Tested Amount. The MAT measures client's affordability (to determine how much the government pays)
RAD- A Refundable Accommodation Deposit, which is a lump sum paid or payable by a resident for entry to residential care.

Both Don Poole and Kirk Jarrott are Accredited Aged Care Specialists. For further information please contact Don or Kirk at Poole Group on (07) 54379900.

Australian Medical Association Limited
42 Macquarie Street, Barton ACT 2600:
PO Box 6090, Kingston ACT 2604
ABN 37 008 426 793
T: (02) 6270 5400 F (02) 6270 5499
Website : http://www.ama.com.au/
AMA

SHORT TERM FIX NOT ENOUGH TO PUT PUBLIC HOSPITALS ON SOLID FOOTING TO MEET CURRENT AND FUTURE NEED

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, Professor Brian Owler, said today that, as expected, the Federal Government has provided an inadequate short-term public hospital funding downpayment to appease desperate States and Territories ahead of the Federal election.

Professor Owler said the State and Territory leaders had no choice but to be thankful for any new funding to help them cope with the ever-increasing demand on their already stressed public hospitals.

Under today's COAG Agreement, the States and Territories will receive an extra $2.9 billion over three years from 2017 to 2020.

Professor Owler said the States will be grateful for any new funding, but the Australian public and the people who manage and work in the hospitals are right to be disappointed.

"Today's agreement goes nowhere near meeting the long-term needs of the nation's public hospitals, and falls dismally short of replacing the funding taken away from the States in the 2014 Federal Budget," Professor Owler said.

"We need funding certainty for at least the next decade for public hospitals," Professor Owler said.

"Australia's public hospitals are under pressure. Today's new funding will help relieve some pressure, but the pressure will remain and build once this short-term fix expires.

"The AMA will continue to advocate for significant new investment in public hospitals and the broader health system."

The AMA acknowledges the Federal Government's leadership in the Agreement on reducing violence against women and their children.

1 April 2016

CONTACT:

John Flannery 02 6270 5477 / 0419 494 761

Kirsty Waterford 02 6270 5464 / 0427 209 753

Follow the AMA Media on http://twitter.com/ama_media

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC
MEMBERSHIP SUBSCRIPTION BENEFITS

ABN: 88 637 858 491

Notice to New and Past Members

Don't waste time! Join now!

CPD Points Certificate Available

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.

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 speakers are most welcome. Annual subscription is $120.00. Doctors-in-training and retired doctors are invited to join at no cost.

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: $120.00; Oct to June: $90.00; Jan to June; $60.00; April - June: $30.00)
2. Two Family Members ($20.00 Discount each) ($200 pro rata) (Please include each person's details)
3. Doctors in Training and Retired Doctors: FREE

1. Dr _____

(First Name) *(Surname)*

Email Address: _____

2. Dr _____

(First Name) *(Surname)*

Email Address: _____

Practice Address: *Postcode:* _____

Phone: *Fax:* _____

CBA BANK DETAILS: Redcliffe & District Medical Assoc Inc: BSB 064 122 AC: 0090 2422

1. PREFERRED PAYMENT METHOD: INTERNET BANKING

2. PAYMENT BY DEPOSIT SLIP: INCLUDE your name: ie: Dr F Bloggs, RDMA A/C and Date

3. ENCLOSED PAYMENT: (Subscription Form on website, type directly into it and email)

i) Complete Form and Return: C/- QML or RDMA at PO Box 23 Redcliffe 4020

2) Or Emailing to GJS2@Narangba-Medical.com.au

Immigration and Immigrant Ships
Moreton Bay Part III Wrecked on Moreton Island

https://espace.library.uq.edu.au/view/UQ:241112/s18378366_1935_2_6_304.pdf

mounted and exhibited in the gardens of Newstead alongside a battery of guns, where it remained for many years. What became of it?

Captain James Cooper, who was fully exonerated from blame for the loss of the ship, had previously commanded the clipper ships " Montmorency" and "Royal Dane," in the Queensland immigration service. He finally settled in Brisbane, He was for a time in the Pacific Island trade; but afterwards was for some years in the employ of the Marine Department, I believe he had three or four daughters, who took up the nursing profession. One of them, the widow of Dr C. S. Hawkes, still lives in Brisbane. Another is Mrs. Arthur Aplin, of Maleny, North Coast.

Ships in the Bay.

Perhaps I may not inappropriately at this stage quote from an article which appeared in the "Courier" a few years ago, written by someone familiar with the conditions prevailing in Moreton Bay in the late 60's and the early 70's. At that period, he says, the big ships of the Black Ball line, owing to their deep draught, were unable to enter the river, and had to anchor in what was known as the Brisbane roads. "The anchorage, a very safe one, was in the vicinity of the present Pile Light. (That, of course, is what is now known as the "old" Pile Light, and which has been replaced by a more modem structure.) Here, the writer continues, the ships were loaded and unloaded with the aid of lighters, large barges which would be towed up and down from J. and G. Harris', Short Street, Wharf, by their steamer "Emma," whose Captain, Peter Rice, was the beloved of the waterside workers." "The process of loading and unloading by this means was naturally pretty slow work, as during heavy weather, it was difficult for the lighters to get alongside the ships. Sometimes a ship would be in port for more than a month before she would be able to get away; but that was accepted as all part of the fun and no one objected very much.

The sailors got more shore leave and the captains were royally entertained at Newstead by that queen of hostesses, Mrs. George Harris, who often had as many as 200 guests, at dinner. "When the wool season was in full swing it was no uncommon sight to see as many as five or six ships loading simultaneously and all getting away within a few days of each other. Frequently excursions from Brisbane to the bay were arranged to give people a chance to look at the beautiful ships, and the greatest enthusiasm was shown."

"Omar Pacha's" Fate.

The ship "Omar Pacha" only came once to Moreton Bay with immigrants; and recollections of her will chiefly rest on the tragic fact that she was destroyed at sea by fire on her return voyage to London. Originally the "Omar Pacha" was one of the celebrated Aberdeen White Star fleet; but she had been sold to a London firm, Messrs. Cruickshank and Ring, and was then taken up by the Black Ball line under charter. With Captain Charles Grey in command—he had just previously been master of the " Young Australia "—the " Omar Pacha " reached Moreton Bay on October 8, 1868, after a fast passage of 91 days from London. On an earlier voyage, when bound from Melbourne to the Thames, she had a sensational experience among icebergs and on several occasions had only missed destruction by inches. It seemed somewhat remarkable that, after having so narrowly escaped destruction by floating ice she should, on her next voyage, fall a victim to the fire fiend. Captain Grey was not in the ship when she was dodging the icebergs but took charge after her arrival in London. After a detention of nearly four months in Moreton Bay she took a departure on February 1, 1869, and made quite an auspicious start. It was not until April 22 that a fire was discovered in the forehold; but the flames spread so rapidly that, six hours later, thick smoke was seen issuing from all the hatches. Crew and passengers alike worked frantically at the pumps, but it was soon evident that they were fighting a forlorn hope. Fortunately, several other sailing vessels came on the scene, and, the weather being fine, the passengers and some of the seamen were transferred to them in boats. Captain Grey and a gang of men stuck to the ship as long as they could, endeavouring to save some of the stores, but finally they also had to abandon her.

Story of the "Fiery Star."

The story of the burning of the "Fiery Star," also when on the voyage from Moreton Bay to London with wool, has been related again and again, but it cannot be overlooked in this paper on the immigrant ships. The vessel had two names, both suggestive of incandescence. She was launched at New York in 1851, and the name "Comet" bestowed upon her. When she was sold to the Black Ball line she was rechristened the "Fiery Star."

Continued next month: