RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
APRIL 2018

Thai Burma Railway and Hellfire Pass continued:

See Where We Work & Live on page 20.

http://anzacportal.dva.gov.au/history/conflicts/thaiburma-railway-and-hellfire-pass.pdf

President's Report Dr Kimberley Bondeson

Here we are in autumn, and the temperature is 30 degrees!. We are having beautiful hot days, and cooler nights.

The heavy rain and winds caused by cyclones seem to have stopped, as we progress into winter.

The Commonwealth Games have just finished, and Australia did itself proud! Australia managed to win 198 metals, with 80 of them gold. Well done to our athletes.

More good news – this time around Mandatory Reporting.

Doctors will soon be able to seek treatment for most mental health problems without being reported to AHPRA, with the agreement at the recent COAG Health Council meeting in Sydney. Federal, State and Territory Health Ministers have agreed to lift the requirement on treating Health Practitioners.

The following is an extract of the recent communique: "Mandatory reporting requirement under the Health Practitioner Regulation National Law

Today Ministers agreed unanimously to take steps to protect patients and strengthen the law to remove barriers for registered health professionals to seek appropriate treatment for impairments including mental health.

Ministers agreed to a nationally consistent approach to mandatory reporting which will be drafted and proposes exemptions from the reporting of notifiable conduct by treating practitioners (noting Western Australia's current arrangements are retained) and subject to other jurisdictional formal approval in certain circumstances.

The legislation will include strong protection for patients and will remove barriers for registered health professional to seek appropriate treatment. The legislation will specifically include a requirement to report past, present and the risk of future sexual misconduct and a requirement to report current and the risk of future instances of intoxication at work and practice outside of accepted standards.

Western Australia endorsed continuance of its current approach that has been operational in WA since 2010 for treating health practitioners. Health practitioners in a treating relationship based on the reasonable belief can make a voluntary notification as part of their ethical obligations in relation to any type of misconduct."

The AMA feels that this is a positive move, and is confident that acceptable nationally consistent mandatory reporting laws are within reach.

Let's hope that this is true, and work towards this goes smoothly.

Kimberley

RDMA & NLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Northside Local Medical Association

Note: Doctors in Training RDMA Membership is Free
RDMA Meeting Dates Page 2.

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

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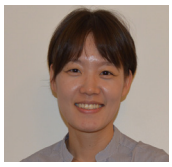

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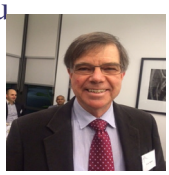

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RDMA 2018 MEETING DATES:

For all queries contact Emelia Hong 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	27th
Wednesday	March	28th
Tuesday	April	24th
Wednesday	May	30th
Tuesday	June	26th
Wednesday	July	25th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	28th
Wednesday	September	12th
Tuesday	October	30th
NETWORKING MEETING		
Friday	December	7th

NEWSLETTER DEADLINE

Advertising & Contribution 16 May 2018

Email: RDMANews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

NLMA 2018 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3121 4029
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W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	13th
2	April	10th
3	June	12th
ANNUAL GENERAL MEETING - AGM		
4	August	14th
5	October	9th
6	December	11th OR 14th

Next Meeting Date 24th APRIL 2018

RDMA Meeting for 28.03.18
Dr Bondeson, RDMA President Introduced Dr Darshit Thaker who introduced the Speakers: **1) Dr Bruce Stafford, Director Palliative Care Unit Redcliffe Hospital** Topic: Do We Really Need Specialist Palliative Medicine. **2) Dr Sue Colen, Senior Medical Officer Palliative Care Unit,** Redcliffe Hospital, Topic: Can We Talk About Dying. Sponsor Redcliffe Palliative Care Unit
Photos from Left to right:
Photo 1, Wayne Herdy Vice President with Speakers Dr Bruce Stafford Director of Palliative Care Redcliffe Hospital. **Photo 2,** Dr Sue Colen Speaker & Primula Balakrishnan. **Photo 3.** Palliative Care Team Janice Collins, Kim Shesgreen, Robert Lewis, Darshit Thaker. **Photo 4** New Member: Melissa Haclia, **Photo 5. (**New) Shannon Picknell, Shannon O'Beirne, Anton Kalsbeek, **Photo 6.** Drs Bruce Stafford, Sue Colen, Darshit Thaker, Catherine Yelland, Palliative Team Kim Shesgreen, Roberty Lewis, Janice collins.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Tuesday 24th April 2018**

TIME: 7pm for 7:30pm start

VENUE: Regency Room – The Ox, 330 Oxley Avenue, Margate

COST: Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – $30 payable at the door (Membership applications available).

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsor introduction
7:45pm	Speaker: Dr Vishnu Sannarangappa Endocrinologist & General Physician Caboolture Hospital/North Lakes Endocrinology Topic: "New trends in managing diabetes"
8:05pm	Speaker: Dr Rakesh Malhotra Endocrinologist & General Physician Caboolture Hospital/North Lakes Endocrinology Topic: "Common thyroid problems in GP land"
8:15pm	Main Meal served
8:25pm	Question Time
8.40pm	Dessert, Tea & Coffee served
8.50pm	General Business

RSVP: By Friday 21st of April 2018
(e) RDMA@qml.com.au or 0413 760 961






INSIDE THIS ISSUE:

Competitive Advertising Rates:

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Advertorials: $260.00
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The preferred A5 size is Landscape Format. and A4 size is in Portrait Format.

Please note the following discounts:

- **10% discount for 3 or more placements**
- **20% discount for 11 placements (1 year)**
- **Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.**

CLASSIFIEDS

All classifieds subject to the Editor's discretion.

- **No charge** to current RDMA members.
- **Non-members $55.00**

If you would like to advertise in the next month's newsletter please email RDMAnews@gmail.com in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page with approximately 800 words.

Dr William Boyd M.B.Ch.B. (Dundee)

F.R.C.O.G., F.R.A.N.Z.C.O.G.,G.A.I.C.D.

AMA QUEENSLAND PRESIDENT

AMAQ Presidency Ballot

In the long lead-up to the current election I took the measured decision that I would only do one year as your President.

I took advice from certain confidants and it was agreed that for structural reasons I would submit a nomination and then withdraw as nominations closed, which I have done.

My two nominators knew of, and were understanding of, my intention.

It has been my great privilege to have been your President for what has been a remarkable year. Much has been achieved and there is more to come.

I will spare you the detail but as your President I have met interesting people, gone to interesting places and done interesting things!

One becomes an instant expert on everything from national politics to colonic irrigation – really. A good deal of the work involves television, radio and the print/internet media. I

'll say at this point that the journos have a job to do, are courteous and generally a joy to work with. The feedback has taught me just how many everyday people are interested in current affairs and that there are those who have yet to learn to lift their eyes to at least the horizons if not to the stars.

Do I have advice for those of you who aspire to the Presidency? Always read your agendas, accept that there are smart-bottoms who will try to upstage you in public for their own self-aggrandisement, accept that there are small-time, left-field players whose agenda has an ulterior (read inferior) motive and remember that a President is one who presides.

Honesty, fairness and mature judgement eventually win supreme against sniping and skulduggery. Maintain your dignity yet dine sincerely with the wardsman. Should he drink the finger-bowl then so shall you.

So many thanks to each of my fellow Boardies and Councillors for a great year. Without your support the position of President would have been the poorer.

I did two years as Vice and one as President unopposed which was great for me but less so for the Association.

Now we have some elections to spawn renewal. Good luck to the protagonists.

Take a leaf from the current Federal AMA election which to date has been conducted with decorum and without poll-tampering.

I remain President for another month and then I'll be Immediate Past with a seat on Council. Argue with you there.

Dr William Boyd M.B.Ch.B., F.R.C.O.G., F.R.A.N.Z.C.O.G., G.A.I.C.D.

President
AMA Queensland

Interesting Tidbits NATTY MOMENTS:

Funny One Liners

A man drops his phone on a concrete floor. The phone is fine, no damage. How come?
He had it on airplane mode.

Two snails are chatting on the sidewalk. "I'll have to cross the road," says one.
"Well, be careful," says the other one, "there's a bus coming in an hour."

What do you get when you cross-breed a cow and a shark?
I don't know, but I wouldn't enjoy milking it.

Meanwhile in a parallel universe: "Oh for God's sake!
Where are all these extra single socks coming from?!"

What is pointless?
To tell a bald guy a hair-raising story.

What do you call a bull that likes taking a nap?
A bulldozer!

Why do bees hum?
They don't remember the text!

What happens to mountains when they touch each other?
Answer: Nothing.

What do you call a boomerang that doesn't come back?
A stick.

What do you call a vegan with diarrhea?
A smoothie maker.

Yesterday I learnt that 20 piranhas can strip all flesh off a man within 15 minutes.
Unfortunately, I also lost my job at the local swimming pool.

What swims and starts with a T?
Two ducks.

Why are ghost such bad liars?
Because they are easy to see through.

I stole my friend's wheelchair.
Guess who is comes crawling back to me?!

Man to his wife: ***'I'd never say you're fat! You're just a bit more visible.***

CEO UPDATE:

AMA Queensland

LMA NEWSLETTER COLUMN – APRIL 2018

Your top five issues

AMA Queensland recently conducted a survey asking you what you thought the key health policy and workforce issues you wanted us to take forward in 2018.

These questions yielded a variety of responses. Many of you said they believed that a **focus on reforming mandatory reporting laws** was important.

AMA Queensland has been working towards this important reform over 2017 and we believe that there may be some promising movement in 2018.

A related issue, that of **mental illness and suicide** amongst members of the medical profession was another common response. **Bullying and harassment** in the medical profession was also regularly mentioned. Together, these responses show that there is much more work to be done to improve the health of our medical workplaces and their culture. AMA Queensland is working towards this goal (with a discussion paper in development) which will provide the Queensland Government with a number of potential solutions to these issues.

Other responses included:

- **More mindfulness training;**
- **Concerns about treating private patients in the public system;**
- **Improving the medical workforce distribution;**
- **Better professional development for interns; and**
- **Improving Indigenous health.**

We thank you all for your feedback. We are working on a number of responses to these issues.

If you have any issues you feel need AMA Queensland's attention, feel free to drop us a line. We are always happy to get your thoughts directly via membership@amaq.com.au.

Jane Schmitt
Chief Executive Officer, AMA Queensland

The Medical Journal of Australia • MJA
MEDIA RELEASE

AUSTRALIA TO JOIN HEALTH AND CLIMATE CHANGE INITIATIVE

AUSTRALIA is set to join a global initiative to track progress on health and climate change, according to the authors of a Perspective published today by the *Medical Journal of Australia*.

The *Lancet* Countdown report on health and climate change was published online by medical academic journal *The Lancet* in October 2017 and will be updated annually through to 2030. It tracks progress on health and climate change across 40 indicators divided into five broad sections: climate change impacts, exposures and vulnerability; adaptation planning and resilience for health; mitigation actions and health co-benefits; economics and finance; and public and political engagement.

Dr Ying Zhang, a senior lecturer in the University of Sydney's School of Public Health, and Associate Professor Paul Beggs, from Macquarie University, wrote in the *MJA* that, from an Australian perspective, "with our high level of carbon emissions per capita, it will be important to reflect on our progress and how it compares with that of other countries, especially high income countries".

"A group of Australian experts from multiple disciplines is commencing work on our first national countdown report," Zhang and Beggs wrote.

"The project recognises the importance of the climate change challenge in Australia, including its relevance to human health, and also the unique breadth and depth of the Australian expertise in climate change and human health.

"The Australian countdown will mirror the five domain sections of the *Lancet* Countdown, adopt the indicators used (where feasible and relevant to Australia), and include any useful additional indicators.

"The inaugural Australian report is planned for release in late 2018 and is expected to be updated annually."

"We hope to raise awareness of health issues related to climate change among Australian medical professionals, who play a key role in reducing their risks," the authors concluded.

"The Australian countdown is also envisioned as a timely endeavour that will accelerate the Australian government response to climate change and its recognition of the health benefits of urgent climate action."

Please remember to credit The MJA – this assures your audience it is from a reputable source

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

The Medical Journal of Australia • MJA
MEDIA RELEASE

URGENT CALL FOR ACTION TO HALT BURULI ULCER

THE epidemic of Buruli ulcer — an infectious disease caused by *Mycobacterium ulcerans*, which causes "severe destructive lesions of skin and soft tissue" — is worsening in Australia, with experts calling for an "urgent scientific response".

A Perspective, published today by the *Medical Journal of Australia*, detailed the burden of Buruli ulcer, which is on the rise in several areas of the country, but particularly in Victoria.

"[In Victoria], the community is facing a worsening epidemic, defined by cases rapidly increasing in number, becoming more severe in nature, and occurring in new geographic areas," wrote the authors, led by Associate Professor Daniel O'Brien, an infectious diseases consultant with Barwon Health in Geelong.

"In 2016, there were 182 new cases — the highest ever reported by 72%. Yet, cases reported until 11 November 2017 have further increased by 51% compared with the same period in 2016 (236 *v* 156 cases).

"Despite being recognised in Victoria since 1948, efforts to control the disease have been severely hampered because the environmental reservoir and mode of transmission to humans remain unknown. It is difficult to prevent a disease when it is not known how infection is acquired."

Buruli ulcer is associated with wetlands, especially those with slow flowing or stagnant waters. Theories about its epidemiology include dissemination via spray irrigation, environmental disturbances such as floods and road construction, transmission via infected mosquitoes, biting aquatic insects, and transmission via possum faeces. But specifics are hard to nail down as the organism is very hard to culture from the environment.

"The risk of infection appears to be seasonal, with an increased risk in the warmer months," O'Brien and colleagues wrote in the MJA.

"Lesions most commonly occur on exposed body areas, suggesting that bites, environmental contamination or trauma may play a role in infection, and that clothing may protect against disease. Recent evidence indicates that human to human transmission does not occur, although cases are commonly clustered among families."

O'Brien and colleagues wrote that six critical questions needed to be answered urgently: what is the natural reservoir or source of *M. ulcerans* in endemic areas? how is the pathogen transmitted to humans? what role do possums, mosquitoes and other species play in transmission? what environmental characteristics determine the presence and growth of *M. ulcerans*? why is the disease incidence increasing in Victoria and spreading into new areas? and why are cases becoming more severe?

"It is only when we are armed with this critical knowledge that we can hope to halt the devastating impact of this disease through the design and implementation of effective public health interventions," they concluded.

"The time to act is now, and we advocate for local, regional and national governments to urgently commit to funding the research needed to stop Buruli ulcer."

Please remember to credit *The MJA* — this assures your audience it is from a reputable source.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

The Ghan by Wayne Herdy

The word evokes romantic and misty images of a long-lost past. Cameleers from a mysterious and exotic land seen by few Australians, plying their trade through a hostile and still-young land.

Long-distance luxury trains are a romantic hoped-for addition to the bucket list of so many and realised by so few. The Orient Express, immortalised by Agatha Christie, an opulent but brief trip of a few days costing the price of a small car. The Trans-Siberian Railway, a week-long venture through vast tundras, more affordable and now more comfortable than its original version (when I first gazed longingly on the Trans-Siberian brochures, the passenger literally shared the carriages with goats, and survived on cucumber sandwiches sold by babushkas on station platforms during brief stops). The Canadian Pacific rolling through the majestic Rocky Mountains. Ah, the pure joy of the long-distance train where the ride was the purpose in itself, and not a means to another end.

Australia boasts a few now-classic train journeys of our own, but the best-known is surely the Ghan, travelling between Darwin and Adelaide but with options to start or end at the halfway point in Alice Springs.

Mrs H and I did the Darwin-Adelaide trip for my birthday. Our train was a little longer than usual, just a little short of 1km long and carrying around 1,000 souls. We travelled gold class, which meant fold-down bunks and only two of us in the cabin. Gold class lies between red and platinum, offering more or less according to cost. Add airfares to/from and a hotel here and there, and this is not a budget holiday. Allow $5K or so to do the full length either way, more if you aspire to platinum class. Despite that, the train is booked out months ahead, so plan early.

[One of my photos looks out the window to see the front of the train coursing around the bend nearly 1 km away.]

The cost does include all meals, snacks, and bar, and the meals are unmistakeably 5-star. The staff/client ratios are consistent with the price tag, and the staff are trained to deliver what the 5-star client expects. And there are stops at Katherine to visit the Gorge, and at Alice Springs with a choice of optional tours included.

The Ghan by Wayne Herdy continuted from Page 10

Some bemoaned the monotony of the scenery. I have spent a lot of time in central Australia and rejoiced in the ever-changing scenery, but I saw it with more of the bushman's eye. We traversed mangroves, tropical rainforest, savannah, sand desert, saltpans, and back to coastal farmlands - a kaleidoscope of what the Australian interior has to offer.

Train travel is a lot about people. You sit with different fellow-passengers at each meal, meeting a wide spectrum of experienced world travellers. The lounge cars are capacious and comfortable and encourage social interaction. On our trip, half the passenger list was international, partly because of a large contingent of Poms on a group tour. One surprise, and maybe a disappointment, was the age of the passengers. Despite being around retirement age, we were among the youngest on board. Walking aids were everywhere and the platform resembled a nursing home excursion at times. Very few backpackers have the budget for this type of excursion.

Would I recommend it? Yes. Would I go again? No. It is a once-only experience, a wonderful experience but one that you don't need to repeat.

Media Release
Thursday, 19th April 2018

Medical students warn of graduate tsunami, reaffirming that the proposed Murray-Darling Medical School would only add to the flood

The Australian Medical Students' Association (AMSA), the peak representative body for Australia's 17,000 medical students, has today reiterated its opposition to the proposal to open a new medical school in the Murray-Darling region by La Trobe and Charles Sturt Universities.

As Budget night approaches, medical students are concerned that lobby groups are demanding that the Federal Government waste $50 million of taxpayer dollars on a solution which cannot solve the maldistribution of doctors in our regional areas, and will only worsen the oversupply of graduates.

AMSA President Ms Alex Farrell said: "We have come to expect these kind of last-minute politicised funding grabs in the lead-up to the Budget from proponents of Murray-Darling Medical School (MDMS).

"This proposal has been a flop year after year because it simply cannot fix the issues it claims to address. Funding this proposal would be a short-sighted political move, not a solution to rural workforce needs.

"Rural Clinical Schools already operate in the Murray-Darling Basin region. Medical students currently study in Orange, Wagga Wagga and Bathurst in NSW, and in Shepparton, Bendigo and Ballarat in Victoria. Why spend millions of dollars to reinvent the wheel?

"Rural schools in the region are staffed by dedicated local doctors and educators. Blaming these professionals for the workforce maldistribution when the problem really lies further down the training pipeline is misleading and misguided.

"These rural schools are already doing an incredible job. Internships in these areas are over-subscribed every year. It is senseless to spend millions to place new universities and students there, when there is plenty of junior doctor interest, but no pathways for these young doctors to stay in the country for their specialty training.

"If simply getting more students to study medicine in the country was the answer, it would be solved by now. We have hundreds of students training in the country, in all the places the Murray-Darling Medical School is proposed. What we don't have is a way to allow them to stay rural after medical school and internship.

"New medical schools always come with increases in student numbers, regardless of what is promised - Curtin, Macquarie, the new campus at Sunshine Coast, all announced in the past three years, and each time we have seen the number of medical students increase despite everyone knowing that we already have too many graduating junior doctors.

"Australia does not need more medical students. It needs more fully qualified doctors in rural and regional areas. To produce them we need more vocational training positions in the bush.

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Media Release
Thursday, 19th April 2018

Medical students warn of graduate tsunami, reaffirming that the proposed Murray-Darling Medical School would only add to the flood

"At the moment, there is an oversupply of medical graduates at every level, and a shortage of post-graduate training positions. A medical student can't become a fully qualified doctor capable of independent practice without 5-12 years of post-graduate training after medical school."

Although graduating medical students and doctors want to work in the country, currently there is not a sufficient number of positions to train them.

"There is so much that needs fixing in rural health and so much we'd like to see come out of the Budget - there are ways this cash could be used to make a difference. It's just disappointing to see this proposal get backing knowing it will have minimal impact and not for years," Ms Farrell said.

"This funding would be better spent on providing training positions so that doctors are able to train, study and settle in the country. The only result of adding more students without fixing the pipeline will be more graduates who have no training to actually practise medicine, and so will likely leave the region as soon as they graduate."

Background

- Australia has one of the highest ratios of medical schools per capita in the developed world, with 22 schools including Macquarie Medical School which opened this year and Curtin University which opened in 2017.
- While medical student numbers have more than doubled since 2006, post-graduate training positions have not increased proportionally.
- By 2030 there are projected to be 1000 more applicants than available advanced vocational training positions (source).

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Scotland / Wales

by Cheryl Ryan

Home to whisky and tartan, Scotland is a beautiful country with breathtaking scenery of pastoral highlands, green valleys and rich forests. Edinburgh, the capital city is one of the most spirited capitals of Britain. Perth and Dundee are two charming fairytale towns of the country worth-visiting. Travelers to Scotland are not only fascinated by the exquisiteness of scenic landscape but also by its medieval castles and graceful architectures. Visiting the UNESCO World Heritage sites like Old Town and New Town gives an insight about the rich culture and history of this incredible country.

Charming Islands and Coastlines of Scotland

Famous for its natural beauty, Scotland has snowy mountains and picturesque fishing villages. The islands of this country have miles of fabulous coastlines where travelers love to taste locally-caught seafood. If you are looking for entertainments more of a contemporary type, then simply head to the city areas like Glasgow or Edinburgh. A well-known destination for outdoor pursuit

Aviemore in the Cairngorm Mountains is a good choice to enjoy an array of challenging activities such as mountain biking, abseiling and trekking. The country also offers excellent shopping opportunities especially in Glasgow where you can find everything in its large malls, eccentric

boutiques, and stores.

What have we planned for you?

We designed a detailed itinerary that includes a journey up and down the beautiful country from coastal cities to charming islands to enchanting castles.

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• Tour the highlands and Outer Hebrides to enjoy the spectacular sceneries
• Spend nights on the beautiful Isle of Skye and the astonishing Isle of Mull
• Visit one of the Whisky distilleries for scotch tasting
• Trip to the vast unspoiled coastlines of the islands of the country and enjoy locally-caught seafood with Stornaway black pudding and Aberdeen Angus beef.

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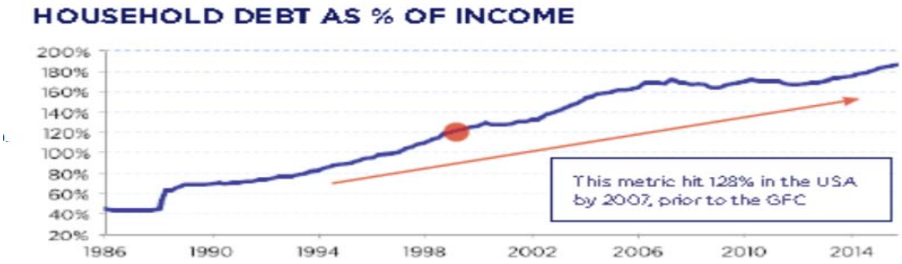
Aussie Bank Credit Crunch just like Aussie Cricket

Where do I start, trade wars, Trump, North Korean talks, bank royal commission, Bill Shorten and his tax reform, Facebook and Australian cricket. Despite these headlines many Australian companies had solid earnings over the March 2018 quarter.

OK, I'll start with Bill Shorten and his $59bn proposal to scrap the cash rebate when franking credits exceed tax paid. The ALP's research has been well off the mark, if Bill Shorten wins the election he needs Cross bench support. There are 76 seats in the Australian Senate, currently consisting of 30 Coalition, 26 ALP and 20 Cross Bench senators. The Greens with 9 seats need assurance that struggling pensioners are not worse off. Pauline Hanson's (3 seats) Facebook response is fascinating "it seems Labour has hired a potato to come up with their new policies". The remaining 8 Cross benches are split, but we would expect any support to this ridiculous plan will be very unpopular for their constituents.

Next, the bank royal commission is getting way too much publicity. Why should any government body or political party weaken our banks, which would be detrimental to our economy and hundreds and thousands of Australians? So yes, tell the banks to clean up their act but our banks have survived the GFC and only two banks, Westpac and NAB knocked on the door of the US Federal Reserve during the GFC who were granted "emergency funding". NAB borrowed $US 4.5 billion and Westpac borrowed $US 1 billion. The US Fed made 21,000 loans during that time, but right now everything is fine, GDP strong, unemployment low, 17 months of job creation and historic low interest rates.

Today, many have never seen a recession or a flat housing market and some may not be mentally prepared if these events unfold. All highly leveraged investors in shares or property with crazy debt levels should look at this sobering graph.



The problem however for high borrowers is this, there is a SURGE in short term US dollar financing cost. This is mainly driven by U.S. companies repatriating money to take advantage of lower tax rates. Australian banks have seen rising costs both for selling domestic bills and U.S. commercial paper with proceeds swapped into their own currency. All this has happened without the Reserve Bank of Australia raising its benchmark cash rate.

The three-month bank bill rate has surged about 30 basis points to 2 percent since the end of October. What this means is the cost of borrowing in U.S. dollars and swapping proceeds into Aussie, has risen almost 50 basis points since the start of December to as high as 2.17 percent on March 21. This widening spread came despite a stable outlook for the RBA cash rate. With borrowing costs rising for Australia banks, the RBA will be under even less pressure to act. If the situation persists, banks may be tempted to raise rates for everything from mortgages to corporate loans, putting the brakes on our economy 10,000 miles from the U.S. they are making things tough when refinancing so be prepared.

Given the heat from the Royal Commission our banks are in a hot spot with rising funding costs but face political blow back if they hike rates just like Aussie Cricket perpetrators will have nowhere to hide.
Two conclusions are obvious:

1. Reduce bad debt as Captain Cook has never seen low interest rates like this;
2. History shows we normally follow US interest rates.

Good investing, Kirk Jarrott - Investment Advisor Poole Group Phone 07 5437990

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Transcript: AMA President, Dr Michael Gannon, FIVEaa*, Mornings with Leon Byner,* Thursday 12 April 2018

Subject: National Disability Insurance Scheme

LEON BYNER: I want to talk about the National Disability Insurance Scheme, which I think most Australians agree that it's something we needed to do, but it isn't cheap. But then looking after the vulnerable is about helping people and being humane and giving them a chance at opportunity, just like everybody else without a disability would have. Having stated that, you might have assumed that this was a bipartisan thing, so both sides - Liberal or Labor - very happy to have the scheme. And now, the current Government are saying: look, we want to just increase the Medicare levy a little bit and do that, so that we can afford to fund the scheme. So let's talk to the President of the AMA, Michael Gannon.

Michael, just for the record, was it agreed from both sides how this would be funded?

MICHAEL GANNON: Certainly, that was my understanding, and certainly this was Labor policy in Government. So I suppose that's the moral argument from the Coalition Government, that Labor thought this was the right way to fund it to start with, and then they've sought certainty for this funding. As you know, the NDIS is in the process of being rolled out. We started with a couple of small trial sites. We're working out where it's a success, we're working out where the service gaps are, but what is in no doubt is that we need certainty of funding. The Government suggested a mechanism that would fully fund it. It's time for either Labor to agree or to come up with a better suggestion.

LEON BYNER: Alright. So, just to clarify where we're at. So, the Labor Party appear now not to agree that the Medicare levy should increase?

MICHAEL GANNON: Yeah. Look, I think that the Labor Party's arguments are that there's already a taxation burden on Australians of more limited means, and they seek to derive the- they've got a completely different idea, certainly it's not the AMA's job to express any view on the benefits, risks or otherwise, of the company tax cuts, et cetera, but what we can say is that this is a major, very important social program. It needs certainty of funding. The Government's come up with a model which is the way we fund every other Government service; with a progressive taxation system. Now, let's not forget that the people of higher incomes pay a lot more tax…

LEON BYNER: Sure.

MICHAEL GANNON: … so the progressive taxation system we have in Australia does ask less of those on lower incomes. It asks nothing of people on very much reduced incomes. It seems reasonable, it's certainly not our job to play favourites in the Australian Parliament, but we do want both sides of politics to get on with it and provide the certainty for the scheme.

LEON BYNER: Alright. Well, what we do know is, in 2014-15, the Budget indicated the Government allocated greater funding in the first three years of the NDIS than Labor predicted. So it's probably going to cost us a little more than we thought, so let's hope that both sides can come up with an amicable solution. And I just want to ask something else. I would have thought that the unmet needs of people with disabilities would already be known by a stack of non-government agencies and Disability SA and organisations like that. I just wonder, is there a wisdom in setting up another bureaucracy which will take money from that funding to administer something where the knowledge is already out there?

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Transcript: AMA President, Dr Michael Gannon, FIVEaa*, Mornings with Leon Byner,* Thursday 12 April 2018

Subject: National Disability Insurance Scheme ***continued from Page 16***

MICHAEL GANNON: Well, I think what you're shining a light on there, Leon, is that in the move from State-based disability support services to a national scheme, we're finding out that there are winners and losers. Now, overall, it's probably a better scheme, probably a fairer scheme. You're entitled to the same level of services, whether you're on the North Shore of Sydney or you're in rural South Australia, and so, from that point of view, we support a national scheme. But where we're seeing problems are at some of the points where there's been a changeover. So for example, there are problems at the moment- when people turn 65, they're no longer eligible for the NDIS, and we want to see smoother transitions from the NDIS into the aged care sector. And certainly, in services that were historically provided by the State, there are people who are missing out. Where those problems are identified, it's absolutely crucial they get ironed out.

LEON BYNER: Well, who's going to do that?

MICHAEL GANNON: Well, I suppose we need to have faith in the NDIA - so, that you know, the overruling agency - and it's absolutely essential that they listen to people in the space, whether that's patient advocacy groups, whether that's people like the AMA. You know, we've got GPs, psychiatrists, rehabilitation specialists, and other people on the ground doing this work. Where there are problems that are identified, listen to the experts and make the changes. A nimble bureaucracy listens to people at the coal face.

LEON BYNER: Michael Gannon, thank you. I wanted to check with Michael Gannon from the AMA about this, because my feedback is that there are people missing out. Caught between the cracks, if you like.

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12 April 2018

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AMA CAUTIOUSLY WELCOMES COAG HEALTH COUNCIL STRATEGY ON MANDATORY REPORTING

AMA President, Dr Michael Gannon, said today that the AMA cautiously welcomes the agreed strategy for mandatory reporting laws that emerged from today's meeting of the COAG Health Council meeting in Sydney.

Dr Gannon, who addressed the Health Ministers during their mandatory reporting deliberations, said today's outcome shows that the Ministers have acknowledged the AMA's concerns and, with ongoing goodwill, discussion and consultation, can arrive at much better laws than currently exist.

"It is clear that all the Health Ministers are committed to removing barriers from doctors seeking help from other doctors about their mental health or stress-related conditions," Dr Gannon said.

"There are concerns about some of the wording in today's communique, including in regard to the 'future misconduct' of health professionals.

"It is unreasonable and unworkable to expect treating doctors to predict the future behaviour of any patients, including their colleagues.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

"But I am sure we can work through this with the Ministers in the drafting of the legislation.

"The AMA looks forward to working with the COAG Health Council in getting the wording right in the legislation to ensure that doctors get access to the care and support they need.

"The positive signals in today's communique give us some confidence that acceptable nationally consistent mandatory reporting laws are within reach," Dr Gannon said.

13 April 2018

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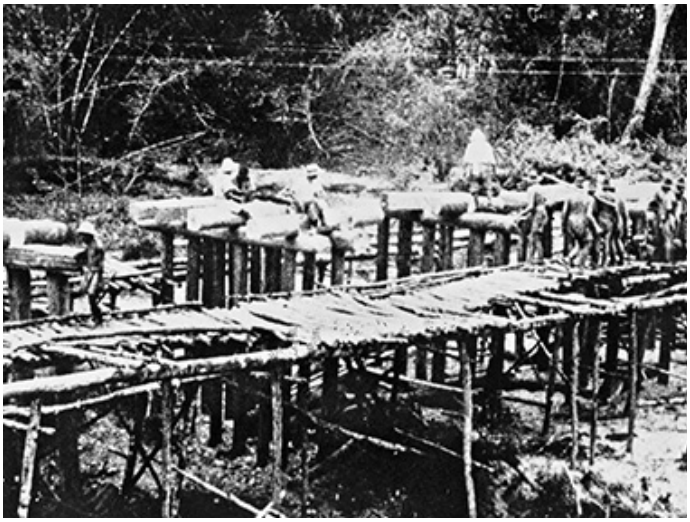
The Burma Railway and Hellfire Pass cont:

http://anzacportal.dva.gov.au/history/conflicts/thaiburma-railway-and-hellfire-pass.pdf

More about illness and death on the railway continued:

And I went back again, and this fellow said, 'Why didn't you bring him?', and I said, 'He's only got half an hour left', and then he started really ranting and raving (that might be the words) ... that the Korean guard was going to hit him, if he didn't bring the body over.



My feelings were, well, what's wrong with a few hits? Physical pain is very easy to take; physical pain won't break you, it's mental pain that beats you. But no, I had to go back. So we went back again and he was still alive, and we put him on the stretcher, went back.

Now, it wouldn't have been more than 150 yards, but it would have taken us half an hour to get that far through this morass of mud and cut bamboo and so forth, and of course we slipped and Dusty fell off the stretcher into the mud and covered with mud and slime.

We got him back into the stretcher, and got over there — he was dead — and we laid him down, and the Korean guard counted everybody and everybody was correct, and the officer went off and everybody was quite happy so we then struggled and took Dusty back to the cremation pit and cremated him.

Doctor Rowley Richards

Dr Rowley Richards was a doctor with Australian prisoners in Burma (now Myanmar) who helped save the lives of many POWs.

Having been initially imprisoned in Singapore, and then sent to work on the railway, he later became a slave labourer in Japan.

In this interview Dr Richards discusses the hierarchical honour based culture of the Japanese that led to ritualised brutality with prisoners considered as dishonourable and the lowest of the low in a chain of command.

More about the treatment of prisoners

" ... It became essential for us to try to understand why we were being treated the way we were.

We learned fairly early of course that the Japanese despised anybody who became a prisoner; in their own culture, it was a matter of honour to arrange for somebody to decapitate you rather than submit to become a prisoner or to commit hari kari.

Therefore those of us who did not do this in the eyes of the Japanese were the lowest form of animal life. In addition to this, we learned very quickly the hierarchical structure of the Japanese, in that a colonel would have no hesitation in dealing out physical punishment to a major, and then he, in turn, to a captain and so it went on, so that you'd have a first class private would have no hesitation in beating up a second class private.

And then right at the bottom of that hierarchy was the prisoner of war, and he copped it from everybody.

But it was important to realise that in many cases, while we saw cases of bashing of prisoners of war, we also saw similar cases of Japanese versus Japanese, or perhaps more correctly, Japanese versus Koreans, and then the Koreans down the line.

The End