



RDMA & BLMA's Joint Newsletter

**Newsletter
APRIL 2019**

"A Fortunate Life

<https://www.awm.gov.au/articles/blog/ernest-brough-and-his-great-escape> 21 June 2018 by Claire Hunter

**See Where We Work & Live
P20. A Fortunate Life, Ernest Brough by C Hunter**

RDMA President's Report Dr Kimberley Bondeson

Presidents Report – April 2019

Easter is fast approaching, and by the time this article is published, will be over. The year seems to be going incredibly quickly. We are currently experiencing glorious weather, bright sunshine, clear sky's and cooler nights.

A Federal Election has just been called, for the 18th May, 2019. Both parties have different and also similar health promises. As seen in the past during election campaigns, often what is promised and then delivered can be quite different.

The current Government is offering a payment of approximately \$75 per patient per year to practices who enrol patients over 70 with chronic conditions. This seems to be another attempt at capitation. For an elderly patient who is enrolled, from what I can see, they can then ring their GP and ask for medications, test results and referrals without being seen.

The Minister for Health, Greg Hunt, has stated that "The funding (for non-face-to-face care) will make it easier and more convenient for people to access timely care and medical advice." Australian Doctor, April 2019. These figures do not add up, and would simply create more unpaid/underpaid paper work for GP's.

The current government is slowly unfreezing the Medicare rebates in stages – the opposition has promised to unfreeze them immediately.


Yet one of my elderly patients told me today, that he is concerned about how a Labour Government would impact his superannuation and pension, which would make it much more difficult to survive financially. My patients are a great source of information about the different policies between the political parties, and how it will affect them personally.



The My Health Record – has anyone found it useful at all? My patients are going to hospital, and returning with a discharge summary and medication summary history, particularly what medications they were supposedly on when they were admitted, which is very different from what they were actually taking. And the new medications are often the same as the one's they were on when they actually went into the hospital – well I suppose that is a positive thing.

According to Australian Doctor, April 2019, "Documents released under the freedom of information laws suggest the Australian Digital Health Agency was aware that there were serious problems with perception of the use of the My Health Record". In fact, - it goes further to state that "GPs – whose role in uploading and curating shared health summaries is seen as central to the system – were the least likely to recommend My Health Record to colleagues or request if for their own use".

Dr Kimberley Bondeson



RDMA & BLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Brisbane Local Medical Association

**Note: Doctors in Training
RDMA Membership is Free
RDMA & BLMA 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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Partnering with Redcliffe & District Local Medical Association for more than 30 years.

UPDATED

RDMA 2019 MEETING DATES:

For all queries contact Anna Wozniak or 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	26th
Tuesday	March	26th
Tuesday	April	23rd
Wednesday	May	29th
Tuesday	June	25th
Wednesday	July	31st
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	20th
Wednesday	September	18th
Tuesday	October	29th
NETWORKING MEETING		
Friday	November	29th



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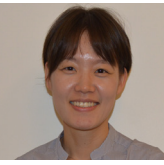
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www.redcliffedoctorsmedicalassociation.org/

NEWSLETTER DEADLINE

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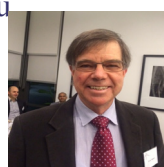
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BLMA 2019 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3265 3111
Email: gmcnally1@optusnet.com.au

W: www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available
Venue: Riverview Restaurant, Bris

Kingsford Smith Dr & Hunt St in Hamilton

Time: 6.30 pm for 7.00 pm

1	February	12th
2	April	9th
3	June	11th
ANNUAL GENERAL MEETING - AGM		
4	August	13th
5	October	8th
6	December	(10th) TBC



NEXT MEETING DATE 23RD APRIL 2019

RDMA February Meeting for 26.03.2019

Dr Kimberley Bondeson RDMA President Introduced Tracey Squiries CEO Caboolture Private Hospital who then introduced the Speakers for the night:

Guest Speaker Dr Bill Boyd.

Speakers

Dr Rick Abraham, Medical Oncologist, Dr Debra Furniss - Radiation Oncologist, Dr Darshit Thaker - Medical Oncologist

Topic 1: Melanoma - Radiotherapy Options, New Advances in Targeted Therapy, **Topic 2.** Lung Cancer - Radiotherapy Options, New Advances in Targeted Therapies and **Topic 3.** Developments in Radiotherapy for the treatment of Lung Cancer and Skin Cancer.

Sponsors: Caboolture Private Hospital, Genesis Care - Radiation Oncology Menarini Australia

Photos (Left to Right): Kym James & Anna Wozniak. New Members Reece Phillips & Margaret McCarthy, Drs Bill Boyd, Kimberley Bondeson & Wayne Herdy. Darshit Thaker & Tracy Squiries. Rick Abraham. Debra Furness, Beverley Blakeway & New Member Adam Louws. **New Members:** Sophie Gregory, Monika Jha & Sonia Anwar. Colin Chow & Bianca Bjfield.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 23rd of April 2019

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: Tilray
7:40pm Speaker: Dr John Teh, MBBS, University of Queensland
1999, Cannabinoid Clinician and Clinical Educator
Topic: "Introduction to Medicinal Cannabis"

8:00pm Main Meal served

8:20pm Question Time

8:30pm Dessert, Tea & Coffee served

8:40pm General Business

RSVP: By Thursday 18th of April 2019

(e) RDMA@qml.com.au or 0466 480 315

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The team behind your result

QML Pathology has spent more than 90 years servicing Queensland and northern New South Wales medical practitioners and patients.

Our continuous innovation and vast testing capacity across Haematology, Biochemistry, Endocrinology, Microbiology, Histopathology, Cytopathology, Immunology, Cytogenetics and Cardiology, has made us a leader in our field, a position we do not take lightly.

With over 600 collection centres supported by exceptional Pathologists, highly trained scientific and medical staff as well as a substantial courier network, we are able to deliver an extensive, reliable, quality service.

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- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

CLASSIFIEDS

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.

AMAQ BRANCH COUNCILLOR REPORT

DR KIMBERLEY BONDESON, GREATER BRISBANE AREA

ILLEGAL ORGAN TRANSPLANT TRADE & NATIONAL DISABILITY INSURANCE SCHEME?



There are two topics which have been brought to my attention recently – one is the illegal organ transplant trade that is occurring in China – where Australia citizens are travelling to China to buy organs, this large scale Organ Transplant Tourism Program which is ongoing. There are only 3 countries in the world where this is illegal – Israel, Spain and Taiwan who has stopped their citizens from going to China for these organ transplants.

The other is the NDIS (National Disability Insurance Scheme) is only supporting \$1,500 a year for transport costs, which is just under \$30 a week. The NDIS's proposed assistance is, in one particular case for a patient aged between 60 and 65yo who requires Nursing Home Care and Accommodation, is to provide a carer for him to go on limited outings, physiotherapy, hydrotherapy, shopping and so forth. However, it seems he has been told that he has to give up his Taxi Subsidy Scheme, which will effectively mean that this patient will need to pay for his own taxi service (to accommodate himself and his wheelchair). The nursing home this 60 yo is in caters for the elderly and frail, not for 60yo's, who require more physical activity and stimulation.

My experience with the NDIS is that whatever services the patient is already receiving will not be affected. I have not yet come across this situation with any of my patients, as the Morton Bay Region is one of the last to have the NDIS rolled out.

I have been requested to sign a petition, arranged by Vision Australia, who are finding that many of the Queensland NDIS participants who are blind or have low vision are telling them that they are not receiving enough NDIS transport funding, and are still relying on the Taxi Subsidy Scheme to stay connected to their community. This particular petition is coming from Far North Queensland, and is calling on the Hon Mark Bailey, MP to extend the Queensland Taxi Subsidy Scheme (TSS), which, according to the petition, is set to end for the NDIS participants from 30 June, 2019.

If any LMA members are aware of their patients being affected by this, please let me know, so we can try and assist our patients.

Aged Care Reform – this is desperately needed. An elderly patient I am aware of, is being charged by his Aged Care Retirement Facility for 3 meals

a day, 7 days a week. He is a... and the compromise for this was... with one cheese and tomato sandwich a day. He is also being charged for 5 meals a week by one of the respite centres he was attending. The transport to and from the retirement village to the respite centre was \$90 a day. This Aged Care Reform Commission is desperately needed, as now this patient has moved out of the retirement village to accommodation that offers a higher level of care and support. He is now being chased for rent and "Service fee", both equivalent to \$400 a week. This retirement village is supposed to offer assistance and food, but were unaware on 2 occasions that this patient was in hospital for several weeks at a time. He still had to pay for rent and food whilst he was in hospital, and a hospital fee for his extended stay.

Any other information from personal experience, or from patients experience on what is actually happening out in the community, would be appreciated, so we can stop this happening to our patients, families and loved ones.

Kimberley Bondeson

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 29th of May 2019

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: Eli Lilly
 - 7:40pm Speaker: Dr Rakesh Malhotra, Endocrinologist
Topic: "Rethinking the First Injectable: a case-based approach to incorporating Trulicity into your practice."

 - 8:00pm Main Meal served

 - 8:20pm Question Time

 - 8:30pm Dessert, Tea & Coffee served

 - 8.40pm General Business

RSVP: By Friday 24th of May 2019

(e) RDMA@qml.com.au or 0466 480 315

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GP Liaison Update - Dr James Collins

For any questions related to the articles below, please email GP Liaison Officer at mngplo@health.qld.gov.au . OPD referral guidelines can be found at www.bit.ly/mnrefer

We have had a busy start to the year with a number of new resources available for GPs and the excellent GP education events supported by our local specialists.

New Health Pathways - www.bit.ly/hpathways

The latest pathways are:

- Acute abdominal pain in adults
- Chronic abdominal pain in adults
- Epilepsy in adults
- Infant mental health

GP Education - <http://bit.ly/mngpedu>

Save the dates:

23 May - Common Challenges in Primary Care: **Persistent Pain** - TPCCH

29 May - Common Challenges in Primary Care - **Paediatrics** - The Prince Charles Hospital (TPCH)

18 June - Common Challenges in Primary Care: **Respiratory** - TPCCH

To register interest in any of these events, email your name, practice, QICPD points & dietary requirements to administration.integration@brisbanenorthphn.org.au

Missed a GP education event? Slides & videos now online

Slides from the previous GP education events are available online. These are useful to read about latest updates or see about services available in Metro North. We recorded the recent general genetics & cancer genetics events which you can view online.

To view these go to <http://bit.ly/mngpedu>

Queensland Children's Hospital state-wide referral guidelines

Queensland Children's Hospital (QCH) is going live with their state-wide referral guidelines (CPC) from 1 May 2019. This will mean that you need to follow these guidelines to send a referral to QCH or Metro North. You can find the guidelines at www.bit.ly/mnrefer under "Specialist Outpatient Services" & type paediatrics.

To subscribe to the Metro North GP Bulletin, go to www.bit.ly/GPbulletin-subscribe

GPs invited to hospital "Grand Rounds"

GPs can now join the medical staff at the hospital "Grand Rounds" at some of our local hospitals as described below. They are held at lunch time (we are aware this is a difficult time for GPs to attend) but wanted to give our local GPs the option to attend. We do get GPs already attending at Redcliffe Hospital and the Prince Charles event has just been opened up to GPs.

Redcliffe Hospital Grand rounds

Time: Every Thursday lunchtime

Parking - GPs may be able to be granted access to limited free parking on site.

GPs can request to attend by emailing Medical Education team at Redcliffe Hospital MedEd-Redcliffe@health.qld.gov.au

NEW - The Prince Charles Hospital (TPCH) Grand Rounds

GP only events:

Thursday 16 May 2019 1215-1315

Optimisation of patients own blood vs transfusion

Professor Toby Richards, Professor of Surgery - University of WA Vascular Surgeon - Fiona Stanley Hospital

6 June - Mental Health - Topic TBA

18 July - Thoracic Medicine - Topic TBA

22 August - Palliative Care - Topic TBA

Parking - currently only available on nearby streets or in the TPCH multi storey car park

For further information GPs can email your name and which practice you currently work at to The Medical Education Unit at TPCH-Medical-Education@health.qld.gov.au who will provide you with details and a map of where the event is held at the Prince Charles Hospital. More events will come soon for other hospital sites.



Dr Dilip Dhupelia,
President AMA Queensland
and
Jane Schmitt,
CEO AMA Queensland



MOCA 5 approval. What's next?

Granted Private Practice Agreements

On Monday 18 March, we met with Queensland Health to address concerns we raised in relation to the [Granted Private Practice Agreements](#) (GPP Agreements) terminating when MOCA 4 terminates and the subsequent risk that Salaried Medical Officers may temporarily lose their attraction or retention allowance while new contracts are being issued.

We are pleased to announce that the parties to MOCA 5 have agreed in principle on the implementation of a Health Employment Directive (HED), which will allow for an **interim GPP period** of up to 180 days or until Salaried Medical Officers are issued with a new GPP Agreement. We expect the HED to be approved by the Director-General prior to the termination of MOCA 4. Queensland Health has also committed to providing us with an **update on the progress of the issuing of the GPP Agreements at 100 days post MOCA 4 termination.**

Approval of MOCA 5

ASMOFQ in partnership with AMA Queensland is pleased to announce we have provided Queensland Health with our agreement for the MOCA 5 to progress to ballot.

Next Steps

Proposed time frames moving forward:

1. **Consultation Period** - (8 April 2019 - 23 April 2019)
2. **Ballot/Voting Period** - (24 April 2019 - 7 May 2019)
3. **Certification process** (if the valid majority vote in favour of the MOCA 5)

We have confirmed that the intent of all parties is for Medical Officers to receive back pay this financial year and the parties will work toward this.

We will continue to keep members abreast of progress with the Agreement during the consultation process.

Upping the fight on water fluoridation

In March, we went to great lengths to further push the need for legislation mandating fluoride in all Queensland water supplies.

We are spending unnecessary funds and hospital and theatre resources in extracting decayed teeth when the funds could be used better to improve the health of Queenslanders.

In response to our [pre-budget submission](#), Premier Anastacia Palaszczuk welcomed our campaign and agreed that fluoridation had proven health benefits. However, she said local councils remained the ultimate decision-makers.

Disappointed with her refusal to legislate for fluoride in all drinking water, we [wrote directly to the Premier](#), underlining her decision denied overwhelming evidence that fluoridating water supplies is a proven safe, effective preventative health measure.

Continued Page 9



NDIS REGISTERED ALLIED HEALTH PROVIDER

See below for an outline of NDIS related services that we provide:



- Physiotherapy Neuro, Stroke, Parkinsons, MS.
- Exercise Physiology
- Occupational Therapy
- Podiatry
- Dietetics
- Hydrotherapy/Aquatic Physiotherapy

We provide patients with: pain management treatment, home exercise programs for rehabilitation, advice on the management of their condition, recommendations for mobility & equipment aids and advice on transfers within the home & out in the community.



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Dr Manoja Palliyaguru
Gynaecological, breast and prostate



Dr Mark Pinkham
Stereotactic radiation therapy, CNS, head and neck, lung and skin



Prof Michael Poulsen
Skin, head and neck, lung, colorectal and breast

Medical Oncologists



Dr David Grimes
Generalist – all solid tumours



Dr Haamid Jan
Lung, skin and gastrointestinal



Dr Agnieszka Malczewski
Skin, gastrointestinal and prostate



Dr Adam Stirling
Lung, gastrointestinal, CNS and genitourinary

Haematologists



Dr Jason Butler
Myeloma, leukaemia, lymphoma and stem cell transplantation



Dr Robert Hensen
Lymphoma, myeloma and leukaemia



Dr Ashish Misra
Bone marrow transplantation, haemostasis and thrombosis



Dr Jason Restall
Cytopenias, leukaemia, lymphoma, myeloma/MGUS and myelodysplastic syndromes

In the coming months, we will bring our three cancer care brands together, transitioning ROC and Icon Cancer Care across Australia to Icon Cancer Centre; reflecting the depth of our cancer care expertise across our national network.



AMA Queensland called on other MPs to take the bit between their teeth on behalf of Queensland families. We wrote to all Councils, **urging those that do not have fluoride** to do the right thing by their residents and support the reintroduction into their water supply and **urging the Councils that do have it** to lend their voice and lobby the other councils so all Queenslanders can reap the health benefits of drinking fluoridated water throughout their lives.

We will continue to make the case for positive change and will update members in due course.

2019 elections - Nominate for an AMA Queensland Leadership Role

Nominations are open for the positions of AMA Queensland President, Vice President, Chair and Council members. Nominations close 5pm Friday 12 April 2019.

You can find further information and our election notice, annual general meeting notice and nomination form at www.ama.com.au/qld/election

We strongly encourage you to give back to the profession and use your skills and expertise in helping AMA Queensland represent the interests of all members, be they juniors or seniors.

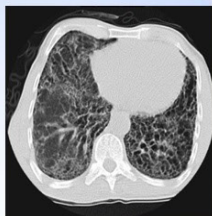
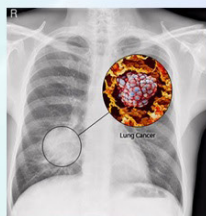
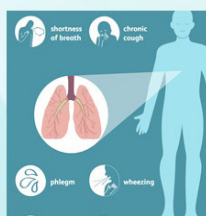
The election results will be announced at our AGM on 17 May 2019.

If you have any issues you feel need AMA Queensland's attention, please send us your thoughts directly via membership@amaq.com.au.

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland

If you need advices on ...



Dr Kin Keung Kwong is a newly accredited Respiratory and General Physician visiting Burpengary. He will be able to help !

For appointments, contact the Hub Medical Centre



07 5433 1500



07 5433 1530



reception@thehubmedicalcentre.net.au





NEW MEDICAL CENTRE OPENING SOON

292

ANZAC AVENUE KIPPA-RING QLD



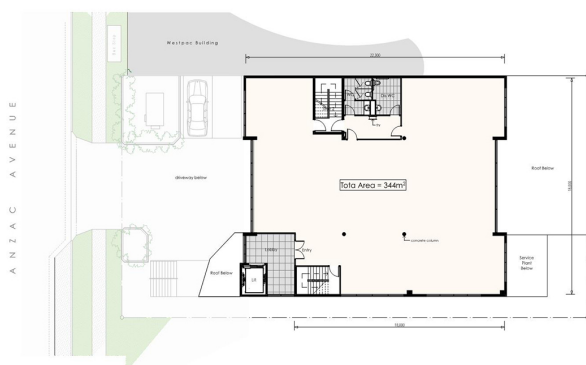
DON'T MISS THIS FANTASTIC LEASING OPPORTUNITY!

292 Anzac Ave is a stand-alone private medical centre due to open in mid 2019.

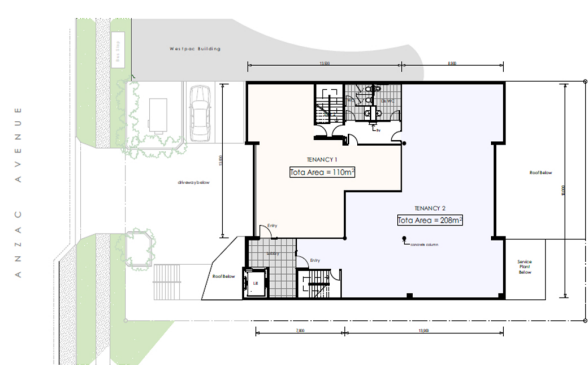
The centre is primely located, provides excellent exposure with onsite signage and street frontage on to busy Anzac Avenue, plus has great accessiblity and onsite parking.

With Level 1 already secured by I-Med Radiology Network, the centre offers an unbeatable opportunity for either one or two medical businesses to lease Level 2 and establish themselves in this growing area.

OPTION 1
Total Area: 344m²



OPTION 2
Area 1: 110m² | Area 2: 208m²



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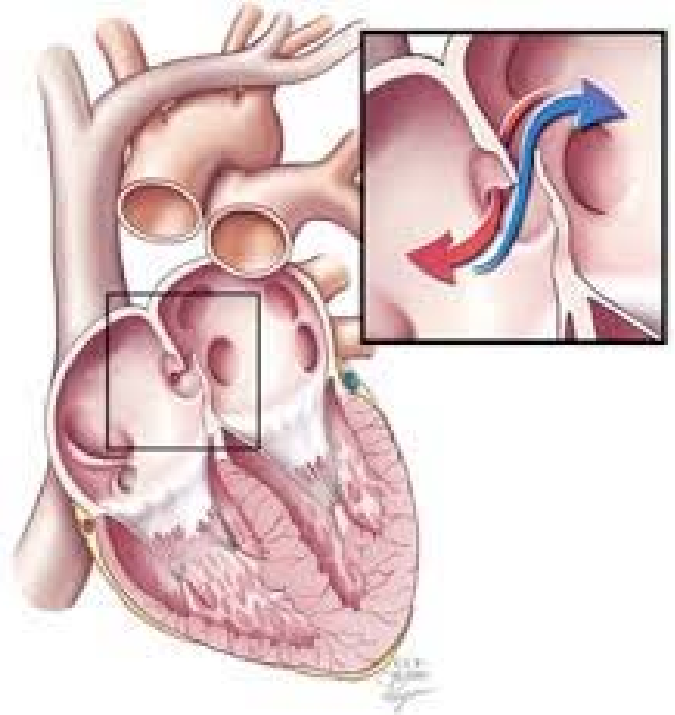
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The Patent foramen Ovale

By Dr Roderick Chua

A Patent Foramen Ovale (PFO) is a common congenital cardiac defect found in 25-30% of people in the general population. It's prevalence declines with age reflecting the fact that most individuals who have a sizeable PFO would have had this discovered at a younger age. Its prevalence seems to be higher in those with cryptogenic stroke, younger than 55 years of age, in whom ~35% are found to have a PFO. About 40% of ischemic strokes in those under 55 years end up being classified as cryptogenic. As you would expect with such a large number of 'normal' persons having a PFO, the vast majority are completely asymptomatic and would never suffer any consequences from having the defect. A PFO found coincidentally during other cardiac assessments requires no follow up and no treatment.

However, the PFO can sometimes serve as a pathway for a transient right to left shunt, allowing paradoxical venous thrombosis to propagate to the arterial system. This usually only occurs during Valsalva but in those with a PFO 92% have an inducible right to left shunt with straining or coughing. There has been well-known links between PFO's and cryptogenic stroke, migraine, decompression sickness and air embolism and platypnoea-orthodoxia syndrome. There has also been associations with acute myocardial infarction, systemic embolism, fat embolism, right atrial tumors with paradoxical embolism and left sided valve disease in carcinoid syndrome.



In the foetus, the PFO allows oxygenated blood to flow from the venous to the arterial circulation directing blood flow from the inferior vena cava. Beginning from the 4th week of pregnancy, the septum primum starts to form, growing from the atrial roof towards the endocardial cushion. This is followed by the septum secundum which grows adjacent to the septum primum, eventually overlapping the septum primum from the right atrium. At birth, a reduction in the right-side heart pressures and a rise in the left sided heart pressures causes fusion of the septum primum and secundum by 2 years. When the fusion is incomplete, a flap like defect between the atria remains resulting in the PFO.

PFO's are often associated with other congenital lesions such as an atrial septal aneurysm, large Eustachian valve and Chiari network. An atrial septal aneurysm describes a redundant and mobile intertribal septum with the septal membrane moving at least 10-15mm between the left and right atrium during the cardiac cycle. The Eustachian valve is a prominence seen at the junction point between the inferior vena cava and right atrium. A Chiari network is a network of filamentous structures arising from the Eustachian valve and attaching to the right atrial free wall or atrial septum. These structures are not considered to be clinically significant.

In cryptogenic stroke occurring in persons <55 years, there is almost a 2 fold increase in the prevalence of a PFO or atrial septal defect (ASD). Importantly though, population based studies show that the presence of a PFO even a large one, in itself is not an independent risk factor for stroke. Prospective data also suggest that a PFO alone does not increase the risk of recurrent stroke or death in those who have already suffered a cryptogenic stroke.

Continued Page 12

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The association of migraine with aura as being caused by right to left cardiac shunting and PFO's is more tenuous. Randomized trials with sham controls have so far failed to demonstrate that PFO closure leads to a significant number of headaches cured. Moreover, the PFO closure group usually ends up experiencing more adverse outcomes often due to complications of the procedure itself. Previous positive findings were mainly in retrospective observational studies looking at patients who had their PFO's closed for prevention of cryptogenic stroke or paradoxical embolism. These patients were usually treated post-procedurally with Aspirin and Clopidogrel which may have been partly responsible for a reduction in their migraine symptoms.

The indication to close a PFO in the setting of cryptogenic stroke is mainly found in those <55-60 years of age with no other vascular risk factors and evidence of a right to left interatrial shunt. The CLOSE trial in 2017 took 663 patients 16-60 years old with cryptogenic stroke and randomised them to percutaneous PFO closure + anti platelet therapy vs anti platelet therapy alone or anti-platelet therapy vs anticoagulation therapy. This showed over a mean of 5 years follow up, that the group with PFO closure and anti-platelet therapy had no stroke but there were 14 strokes out of 253 patients in the anti-platelet only group ($P < 0.001$). The anti-platelet vs anti coagulation group did not significantly differ from one another. PFO closure was associated with an approximately 2-5% rate of procedural complications and 5% rate of atrial fibrillation.

The Gore REDUCE multi-national trial in 2017 took another 664 patients around 45 years of age with cryptogenic stroke and significant interatrial shunts and randomized them to PFO closure + antiplatelet therapy vs anti platelet therapy alone. Over 3.2 years of follow up, clinical ischemic stroke occurred in 1.4% of the PFO closure group as compared to 5.4% in the antiplatelet only group ($P = 0.002$). The RESPECT trial also published in 2017, took 980 patients 18-60 years at 69 sites and randomised them in an intention to treat fashion. Again, the PFO closure group did better.

Interestingly, 2 studies in 2012 and 2013 seemed to suggest otherwise. The RESPECT study took 980 patients with a mean age of 46 years at 69 sites. In the intention to treat analysis 9 patients in the medical treatment group and 16 patients in the device closure group had recurrent stroke. The CLOSURE I trial took 909 patients and had 5.5% in the closure group and 6.8% in the medical therapy group reach the primary end point. Neither of these studies was able to show that device closure was significantly superior to optimal medical therapy in prevention of recurrent stroke or TIA. Most of the time a cause other than paradoxical embolism was later discovered to be responsible for recurrent events.

In conclusion, the PFO is a normal anatomical variant. In the vast majority, it is of no clinical significance and does not require any specific treatment or observation. In selected patients <55-60 years of age with proven true cryptogenic stroke, device closure of the PFO would be reasonable to prevent recurrent events. There is no proven benefit of PFO closure in the treatment of migraine.

Written by

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in the
normal manner.**

(Mar-May)

Interesting Tidbits **NATTY MOMENTS:**

THE LIGHTER SIDE TO POLITICS



Politics is the gentle art of getting votes from the poor and campaign funds from the rich, by promising to protect each from the other.

*Oscar Am Ringer, "the Mark Twain of American Socialism."
I offered my opponents a deal:
"if they stop telling lies about me,
I will stop telling the truth about them".*

*Adlai Stevenson, campaign speech, 1952..
A politician is a fellow who will lay down your life for his country.*

Texas Guinan. 19th century American businessman I have come to the conclusion that politics is too serious a matter to be left to the politicians.

*Charles de Gaulle, French general & politician
Instead of giving a politician the keys to the city, it might be better to change the locks.*

*Doug Larson (English middle-distance runner who won gold medals at the 1924 Olympic Games in Paris, 1902-1981)
We hang petty thieves and appoint the bigger thieves to public office.*

*Aesop, Greek slave & fable author
Those who are too smart to engage in politics are punished by being governed by those who are dumber.*

*Plato, ancient Greek Philosopher
Politicians are the same all over. They promise to build a bridge even where there is no river.*

*Nikita Khrushchev, Russian Soviet politician
When I was a boy I was told that anybody could become PM; I'm beginning to believe it.*

*Quoted in 'Clarence Darrow for the Defense' by Irving Stone.
Politicians are people who, when they see light at the end of the tunnel, go out and buy some more tunnel.*

*John Quinton, American actor/writer
What happens if a politician drowns in a river?
That is pollution.
What happens if all of them drown?
That is a solution!!!*



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AMA CALLS FOR BIG INVESTMENT ACROSS THE HEALTH SYSTEM

AMA Key Health Issues for the 2019 Federal Election

The AMA today released *Key Health Issues for the 2019 Federal Election* - a summary of the major health issues that the AMA considers must be addressed by the major parties during the election campaign and into the next term of Government, whichever party wins.

AMA President, Dr Tony Bartone, said today that health policy will be a vital factor in the outcome of the 2019 Federal Election, which is expected to be soon called for May.

“Health policy influences votes at every election, and doctors are very good judges of health policy,” Dr Bartone said.

“Doctors witness the best and worst of health policy every minute of every day across the country.

“We witness it in public hospitals, private hospitals, in general practice, in private specialist practice, in aged care facilities, mental health, in people’s homes, in emergency situations, in medical research, in academia. In all settings.

“We witness it in the CBDs of our major cities, in the inner and outer suburbs, in the large regional centres, in towns and villages, in rural and regional outposts, in the outback, and in remote Indigenous communities. In all locations.

“We witness it at all stages of life – from pregnancy to childbirth to infancy to teens to adult years to aged care and end of life.

“Doctors are uniquely placed to comment on health policy. We have the daily lived experience to know what works and what doesn’t work. Our patients tell us what is good and bad about their patient journey.

“Our *Key Health Issues for the 2019 Federal Election* document sets out what the AMA and the medical profession believe needs to be done to keep the Australian health system up there as one of the best in the world.

“And it is one of the best in the world, if not the best. But it will take strong leadership, hard work, good policy with long-term strategic vision, and significant well-targeted funding to keep it working efficiently to meet growing community demand.

“The health system has many parts, and they are all linked. Governments cannot concentrate on a few, and neglect the others. Otherwise, patients will be the ultimate losers. Whole patient care cannot be done in silos, in parts, or in isolation.

“The priorities remain the pillars of the health system –primary care led by general practice, public hospitals, prevention, and the private health system, which includes private hospitals and private health insurance – with the strong underpinning of Medicare.

“But other sectors are gaining in prominence and need, most notably aged care and mental health.

“We have seen some early policy announcements in the Budget and the Budget Reply. The Government announced a very welcome and much-needed significant investment in primary care, with the focus rightly on general practice.

AMA CALLS FOR BIG INVESTMENT ACROSS THE HEALTH SYSTEM

AMA Key Health Issues for the 2019 Federal Election

“The Opposition responded with a considerable Medicare Cancer Plan, which will ease the financial pressure on cancer patients and their families.

“These are both worthy contributions to the health policy contest we need to see in this election campaign, but there is so much more to do across the health system.

“Primary health care, especially general practice, must be at the top of the list of the health policy agendas of the major parties at this election.

“General practice touches all parts of the health system. It is the glue that holds everything together.

“The AMA will urge the major parties to adopt the policies and recommendations detailed in this document. For our patients. For our communities.

“Health is the best investment that any government can make,” Dr Bartone said.

AMA *Key Health Issues for the 2019 Federal Election* covers:

- General Practice and primary care;
- Public hospitals;
- A futureproofed Medicare;
- Medical care for older Australians;
- Private health;
- Diagnostic imaging;
- Pathology;
- Task substitution;
- Mental health;
- Asylum seeker and refugee health;
- Climate change and health;
- Indigenous health;
- Prevention;
- Obesity;
- Alcohol;
- Tobacco;
- Addiction;
- Immunisation;
- Rural health;
- Medical workforce; and
- Supporting GP training.

Key Health Issues for the 2019 Federal Election is available at <https://ama.com.au/article/key-health-issues-2019-federal-election>

11 April 2019

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Ski Resorts in “Snow Japan” by Cheryl Ryan

A unique country with a distinct culture, Japan is a world-class skiing destination with over 500 ski resorts spread across the cluster of islands from north to south. If you are not up for skiing or snowboarding, head to the snow play areas offered by most resorts for sledding, snow tubing, and snowmobile biking. For a relaxing day, hit one of Japan’s therapeutic Onsen (hot spring) for rejuvenation of the body, mind, and soul:

Play with snow to your heart’s content

1. Snow Country: Trekking through snow at Daigenta in the Niigata Prefecture, pit stop for crispy tempura and Soba noodles, partaking in their joyful festivities, finest skiing opportunities, visit to the magical “kamakura”—Snow Country igloo, and plenty of exploration opportunities are what makes the mountains of the Snow Country area so memorable.

2. Naeba: One of the renowned ski resorts in Japan, Naeba offers illuminated night skiing. Besides, you can enjoy a 20-minute Dragondola ride to experience the postcard-perfect winter scenery of the area, indoor and outdoor ski programs for children, and Wakuwaku Snow Land with snow train rides, snow rafting and much more.

3. Zao Onsen: Apart from being famous for the best skiing conditions, Zao Onsen ski resort is also visited in hordes for its stunning natural Juhyo “Ice Monsters”. The resort village’s famous hot springs, snow courses, exciting Family Snow Park, Snowboard Park, besides inexplicable scenery are other attractions.

4. Sapporo: Great skiing, ice sculpture spectacle at the annual Snow Festival and plenty of other snow sports and activities are what makes Sapporo ski resort a hit among tourists.

5. Hakuba: Located a convenient Shinkansen (bullet train) ride from Tokyo city, the Hakuba Valley—with 10 ski resorts and over 200 runs—is the heart and soul of snow sports in Japan. This valley is well-known for its spectacular scenic beauty, and perfect consistent snowfall which is ideal for great skiing and boarding.

6. Nozawa Onsen: This traditional Japanese ski resort village is popular for great ski fields, and Onsen (hot spring). One of the three major



fire festivals of Japan which is held in Nozawa Onsen is definitely worth attending.

What have we planned for you?

A comprehensive itinerary has been developed to include all the skiing and après-skiing attractions of Japan.

- An overnight stay at the Naeba ski and snowboarding resort for night floodlit skiing, snowboarding, snow tubing, snow train rides, Dragondola-rides among plenty of other options
- Root for the daredevils at the 2016 Alpine Skiing World Cup to be held in Naeba in February.
- Trip to Nozawa Onsen with plenty of opportunities for skiing, and recreation by the famous onsens (hot springs) of the region
- Shiga Kogen is the go-to place for skiing, visiting some popular temples, and witnessing the breath-taking sight of spectacular snow monkeys by the hot onsens in the nearby forest.
- Don’t miss the traditional Sapporo Snow Festival in Sapporo—located on Hokkaido Island—in February
- Stay at Niseko—the ski resort on Hokkaido Island—for the best skiing, and lively après parties

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The cost of Aged Care in Retirement

Planning your retirement is likely to be exciting. While it may be less fun to think about the potential for physical and cognitive decline in the later part of retirement – our frailty years - this is an important period to plan for maintaining independence for as long as possible.

The reality is that we are all likely to experience some cognitive decline or lose some of our physical ability as we age. This is a natural process but does not mean we will all develop dementia or lose the ability to live independently. It does mean however, that at some point we may need to ask for help with our normal activities of daily living. This might be help we access in our own home. Or we might need to move into residential care for a higher level of support.

What should I plan for?

Figures from the Australian Institute of Health and Welfare¹ estimate that on average approximately 17-25% of your retirement years could be “frailty years”.



Example:

If you expect a potential of 30 years in retirement, on average the frailty years would represent 5-7 years. Planning for this length of time and planning early enough might help you to have the resources to pay for care and prevent leaving the planning until crisis point.

What should I start thinking about?

While you don't know what your future holds, with some planning you can help to make your retirement a comfortable one and live it the way you choose. Some of the things you can start to do include:

- Ensure you have a safe and secure income in place for life – this might be pension income, lifetime income streams or drawdown strategies from other investments.
- Include your home as a financial resource available to provide a safe place to live – this might be a physical building but it might also be access to equity to pay for care needs by drawing regular income under an equity release arrangement or renting to generate extra income if you move into residential care or selling to access the sale proceeds for other purposes.
- Consider the impact you would have on family and friends if relying on them to provide care and how you can help with financial support.

Planning to make sure you have resources available is important. Equally important is to ensure you have an Enduring Power of Attorney in place in case someone else needs to take on the responsibility of making the decisions and paying the bills on your behalf.

We specialise in aged care advice and matters to help provide a full retirement planning service. Feel free to phone me with any questions to help you plan for a secure and comfortable retirement throughout all phases of your retirement – including the frailty years.



Yours in Aged Care

Sharon Coleman

Sharon Coleman Phone 54379900
Accredited Aged Care Specialist / Accountant



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¹ AIHW 2017 report *Life expectancy and disability in Australia: expected years living with and without disability*, based on expectancies of a 65-year-old.

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LABOR'S MEDICARE CANCER PLAN WILL BRING COMFORT AND RELIEF TO CANCER PATIENTS AND THEIR FAMILIES

AMA President, Dr Tony Bartone, said today that the AMA welcomes the decision by Opposition Leader Bill Shorten and Labor to make a significant investment to ease the cancer experience of Australian patients and their families.

Dr Bartone said that the Opposition has backed its broad policy with significant funding to cover consultations, scans, tests, and medication.

"It is a sad reality that every Australian is touched by the scourge of cancer, directly or indirectly, through their own experience or that of a family member, neighbour, colleague, workmate, or loved one," Dr Bartone said.

"Easing the financial burden of many cancer patients and families will help them focus on the primary challenge of treatment and recovery." Dr Bartone said that the AMA will consult with Shadow Health Minister, Catherine King, on the finer details of the policy and exactly how they affect patients and their doctors. "There are key elements of this policy that accord with AMA policy," Dr Bartone said.

"The AMA has for many years lobbied successive governments that Medicare patient rebates do not reflect the true cost of providing high quality care, and this has certainly been the case with cancer consults, treatments, scans, and tests. The Labor plan fundamentally acknowledges this.

"We support the evidence-based listing of life-saving and life-improving medicines on the Pharmaceutical Benefits Scheme (PBS) for cancer patients and other conditions. Both the Government and Opposition support the PBS. "And the AMA has called, as recently as in our Budget submission 2019, for all MRI machines to be eligible for Medicare rebates, if they meet appropriate

standards," Dr Bartone said.

The AMA Position Statement on Diagnostic Imaging 2018 states that: 'All MRI machines that meet standards set by RANZCR, and are staffed by radiologists and radiographers that meet the RANZCR's MRI accreditation standards, should be eligible for Medicare rebates'.

Dr Bartone said that it is pleasing that Labor had committed significant investment to an important segment of the health system, and the AMA looks forward to more announcements regarding the broader health system throughout the election campaign.

"This is a great start, but we need to take a much more universal, whole-of-health view of the system that also looks at primary care, mental health, Indigenous health, aged care, prevention, and other neglected parts of the system," Dr Bartone said.

The AMA will soon release its policy wish list – Key Health Issues for the 2019 Federal Election.

5 April 2019

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"A Fortunate Life"

<https://www.awm.gov.au/articles/blog/ernest-brough-and-his-great-escape>
21 June 2018 by Claire Hunter

A Fortunate Life

It's early morning and Ernest Brough is standing in the Commemorative Area at the Australian War Memorial in Canberra. In his hand is a cap that was given to him after he and two others escaped from an Austrian prisoner of war camp during the Second World War and embarked on a remarkable journey through Slovenia and Croatia to Bosnia.



Ernest Brough, pictured second from left, with Ross Sayers, Allan Berry and Harry Lesar at Port Melbourne in 1944. Photo: Courtesy Ernest Brough

The cherished cap with its distinctive red star belonged to a Yugoslav partisan, Puks Boris, who helped Brough during his desperate flight to freedom in 1944. It's old and worn now, and Brough hasn't seen it in almost a decade, but he's travelled from his home in country Victoria to donate it to the Memorial and couldn't be happier.

Brough, now 98, smiles and laughs as he shares his remarkable story of survival. But it wasn't always so. For 30 or 40 years after the war, Brough couldn't talk much about it.

"It takes a long time to make sense of some things, and some things will never make sense," he writes in his book *Dangerous days: a digger's great escape*. "But now I am an old bloke, I can say what I like. I can tell my truths as I remember them. War is a terrible thing, we all know that. If I knew how to stop such stupid, pointless destruction, I'd do it today ..."

"Plenty of times I could have lost my life and it's only luck, life's lottery, that decided to keep me here. To this day, I don't know how or why the

bullet with my name on it missed me. Well, a couple of bullets didn't miss me, but they didn't kill me either. Maybe, as they say, fortune favours the brave, or maybe only the good die young."

Today, Brough still wonders how he and his mates survived the things they did during the war and how they managed to make it home.

"I suppose I was brave, or mad, one of the two, but I think you've got to be both, although I didn't feel brave. I just felt mad. It was just how you got. And I thought, bummer them," Brough said. "I was never ever frightened. I knew I was going back and getting back to where I wanted to go ... But you've got to have a tough hide. You've just got to grin and bear it, and never give in. Fight on all the time... We were always fair dinkum, and people are people. They're all human, and everybody looks to help one another, so it wasn't hard, really. You just had to get in there and have a go."

Continued next month.