



Newsletter

April 2020

RDMA & BLMA's Joint Newsletter

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RDMA President's Report Dr Kimberley Bondeson

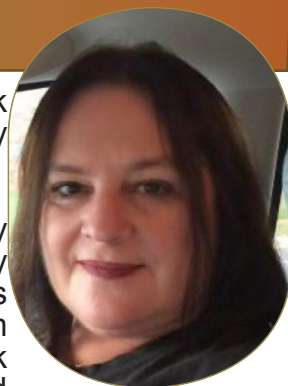
The topic on everyone's lips, in their thoughts and everyday world is 'Coronavirus Pandemic'. The sun is shining, the sky is blue, the water looks gorgeous - but we have a new, unknown health threat that is affecting the entire planet, particularly the medical profession, which are at the front line. Australia is an incredibly lucky country; our total number of infections is well under 10,000 -our total number of deaths is in double digits. This is in stark contrast to what we are seeing and hearing about from the US and Europe. London alone is reporting 1000 deaths a day, as well as New York. And it is not slowing down. Their mortuaries are full and overflowing, there are refrigerated trucks lining up in the streets of New York to take the dead to makeshift mass graves.

We are living a new world. Social distancing is the norm, our over 70's are staying home (mostly), and I have many elderly patients who are terrified and have not left their home in a month, except to come down to see their GP for their flu vaccination. There is an incredible financial toll that the world is facing as a result of government measures to stop the spread of this virus. Our borders are closed, like most other countries, at a local level and at a national level. This has had a devastating effect on our travel industry and our airlines. Hotels, pubs, clubs and restaurants are closed due to social distancing. This has resulted in mass unemployment, the last time this was seen across the world was in war time. But it is working.


We are "flattening the curve", so that our hospitals and health care system is not overwhelmed. The Australian Government is introducing measures on a daily basis, to cope with this pandemic and its effect on the Australian Health System and the economic fallout. It is hard to keep up with the changes - we now have telehealth Medicare rebate numbers, and there is an agreement being worked out between the public and private hospitals to get a sensible working arrangement

to help each other and work together. All elective surgery has been cancelled.

Amongst all this difficulty and distress, I am, on a daily basis seeing incredible acts of kindness and caring from my patients. Families look after each other, sons and daughters and grandchildren are shopping for their elderly parents and grandparents. Except of course my 93 yo father, who told me yesterday he was going to the bank to get some money and then go grocery shopping, which he does once a week. Not during the early opening times for the elderly, but at his normal time of 10 o'clock when the bank opened, and then to his regular supermarket. He was delighted to be going out, despite the fact my sister had already stocked his fridge and cupboards. He is however, practicing social distancing, for which I am relieved. His only advice to me when the Covid 19 virus started spreading worldwide and affecting the Australia people was not to travel. He has memories of World War II, and the Great Depression, and he does not appear to be entirely surprised that the world is facing this new challenge.



Of course, there are *Continued on Page 3*



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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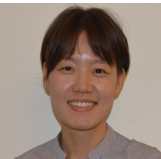
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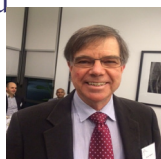
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RDMA 2020 MEETING DATES:

For all queries contact Anna Wozniak or Amelia 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	25th
Wednesday	March	25th
✓ Tuesday	April	28th
Wednesday	May	27th
Tuesday	June	30th
Wednesday	July	29th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	25th
Wednesday	September	30th
Tuesday	October	27th
NETWORKING MEETING		
Friday	November	20th

NEWSLETTER DEADLINE

Advertising & Contribution **15th May 20**

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org/

BLMA 2020 MEETING DATES:

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

W: <https://www.brisbanelma.org/>

CPD Points Attendance Certificate Available
Venue: Riverview Restaurant, Bris
Kingsford Smith Dr & Hunt St in Hamilton

Time: 6.30 pm for 7.00 pm

ANNUAL GENERAL MEETING - AGM		
1	February	11th
2	April	14th
3	June	9th
4	August	11th
5	October	13th
NETWORKING MEETING		
6	November	27th

Continued from Page 1

people having difficulties with self-isolating, this is putting families under stress. The school term is about to start next week, and many parents have chosen to keep their children home to “supervise them” whilst they go to online learning with their schools. This is not going to be easy for them, particularly if the parent is also working from home. Essential workers are still able to send their children to school, so that they are able to go to work. We will see within the next few weeks to months the type of stressors this puts on people, and their ability to cope, as well as how best to support them.

I am constantly impressed by what our Government and leaders are doing under this intense pressure to develop new systems and implement changes quickly. Sunday night late news which follows the Federal and State Government Meetings, brings new changes and instructions from the government. So, whilst the everyday news can cause constant anxiety, the weekly updates and advice on Sunday nights is one program I watch with interest. I am restricting daily news to just 20 minutes in the morning, just for an update on any new changes. Of interest I am watching the numbers on infection with Covid 19 in America – last night it was the number of infections in California state that were the lowest in the USA and the only state that had made it law to wear masks when out in public. Not that Australia has enough masks for its health workers let alone its people yet (the 1 box of 50 surgical masks that was issued to our practice is long gone). Like everyone else, we are awaiting new supplies – this time I have ordered from a garage supplier – will let you know if they turn up, and what they are like.

NEXT MEETING DATE 28TH APRIL 2020

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 28th of April 2020

TIME: 7pm for 7:30pm start

VENUE: Regency Room – The Oaks 30 Oxley Avenue, Margate

COST: Financial Members, doctors in training, interns and residents students welcome.

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDM
7:35pm	Sponsors: iNova Pharmaceuticals
7:40pm	Speakers: Dr Rakesh Malhotra - Endocrinologist 'Managing Obesity in General Practice - An Interactive Series Presentation'
8:00pm	Main Meal served (during presentation)
8:20pm	Question Time
8:40pm	General Business and Dessert, Tea & Coffee served

RSVP: By Friday 24th April 2020

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

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All we can do is, just to keep going, look after our patients, ourselves and our families as best as we can, keep plodding along, we will get through this together. On the other side is a brand new world. I don't think there will be a quick fix, but knowing our best and brightest are working on a vaccine and a treatment is reassuring.

Kimberley Bondeson

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Roy Cornford



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- ▶ 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

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.



IN THE TRAIL OF CYCLONE COVID

It's hard for a columnist to get through his task without mentioning COVID, so I won't even try. It's hard to think of any social event that has so dominated our world so intensely and so long.

One set of statistics that hasn't had a lot of airplay: compared with the rest of the developed world, on a pro rata basis Australia should have had 20,000 cases and 1000 deaths.

We are more than an order of magnitude away from the world average. And nearly half of our cases and deaths came from cruise ships.

Without getting too cocky, we have to applaud our own parochial success.

It is because we are an island?

Because we implemented the social distancing early?

Because (despite the traditional Aussie larrikinism and disrespect for authority) Australians obeyed the call to stay home (even when there was no footy on TV)?

Whatever the reason, we dodged the bullet – so far.

What we didn't dodge was the economic cost that pundits say will dwarf the Great Depression.

A million unemployed by year's end, most of the one-man or family businesses closed forever, our whole tourism and hospitality industries in shreds, and a bill that our grandchildren will be paying off.

Australia emerged from the GFC better than

anywhere else. Will we do the same this time?

And, if it proves impossible to produce a Corona virus vaccine, will the virus remain endemic forever?

Will Australians fear to stray beyond our golden shores, expecting that the usual tourist destinations will harbour disease for years to come? And will there be a second wave on our home shores when the restrictions are lifted?

Telephone consultations are with us, although non-face-to-face medicine is unsustainable.

If we drop the ball on chronic disease management, will we see a rise in the morbidity and mortality rate from the diseases that we thought we had on the run – diabetes, ischaemic heart disease, chronic lung diseases, even some cancers?

It's a genuine Brave New World out there, and the futurologists are having a field day predicting what the final result will be.

But there are parts that I do like – like the day I went into Bunnings and found they had sold out of vegetable seeds and potting mix.

On a population basis, we are getting back to the earth, the soil that nurtured our ancestors.

It's an ill wind that blows no good.....

Wayne Herdy



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



PPE

Personal protection equipment (PPE) continues to be a critical issue for our profession.

Recently more than 660 of our members responded to our online survey about allocation of PPE in your practices and hospitals. See the AMA Queensland media release with survey's first findings [HERE](#).

In response to AMA's ongoing advocacy on the issue, the Federal Health Minister Greg Hunt announced the allocation of 11 million masks - seven million to hospitals, 2.3 million to the primary health network, including 1.5 million for general practices, 1.7 million for the aged care sector, 160,000 for respiratory clinics, 75,000 for Aboriginal Community Controlled Health Organisations, and 500,000 for pharmacies.

AMA Queensland will continue to call for consistent and clear information about where and when doctors can access the protective equipment required to do their jobs safely.

COVID-19 HOSPITAL ARRANGEMENTS FOR SPECIALISTS

As part of our ongoing advocacy to ensure that reasonable arrangements are made between the private hospital providers and non-GP Private Specialists in response to the COVID-19 crisis, on 8 April AMA Queensland hosted a webinar with Queensland Health and Queensland's main Private Hospital providers.

For those who missed it, you can watch the webinar [HERE](#).

Members were able to ask questions in real time and the main issues centred on rates for private specialists treating COVID19 public hospital, scope of practice, indemnity and sick pay, PPE supply, as well as questions on the reintroduction of non-urgent elective surgeries in private settings.

Following the webinar, Queensland Health provided AMA Queensland with further information in relation to indemnity arrangements in terms of the agreements they are about to sign with private providers across the state.

AMA QUEENSLAND GUIDELINES - AMA Queensland has developed a set of **principles for contracted work undertaken by non-GP Private Specialists** under the COVID19 public-private partnership. Read the AMA Queensland principles [HERE](#).

IMPACT OF COVID-19 ON PRIVATE PRACTICES

We know **many GPs and non-GP specialists are feeling the impact of COVID-19** and some practices have already had to consider laying off staff due to the significant changes to their operating environment.

With COVID-19 measures currently successfully flattening the curve, AMA Queensland is focusing on how the healthcare system emerges from COVID-19 and on the need to reintroduce activity into the private sector, provided COVID-19 numbers remain low and all medical practitioners have access to appropriate PPE.

As the Queensland Government enters the final stages of negotiations with the private hospital sector over COVID-19 agreements, AMA Queensland is working with the State Government in relation to their plans to return the hospitals to a phased level of normal service. Plans also need to be put in place for a public awareness campaign is required to ensure Queenslanders continue to see their doctors for routine check-ups and general health care during the time. Read article [HERE](#).

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Pharmacy Extended Scope of Services

AMA Queensland has requested urgent discussions with Health Minister Steven Miles following his announcement on Easter Saturday of new amendments that allow pharmacists to dispense a wider range of medications.

In a letter to Mr Miles, we expressed our disappointment that AMA Queensland was not consulted of this decision and our surprise that it was made at a time when the State Government was relying heavily on the expertise and advice of doctors to navigate its way through the COVID-19 crisis.

Mr Miles announced he had amended the state's drug therapy protocols to allow pharmacists to distribute emergency medications during COVID-19 and to empower them to substitute medications, including for people with chronic illnesses.

These moves are reckless, dangerous and unnecessary, particularly given access to GP appointments has never been better with telehealth consultations now available.

Equally concerning in Mr Miles's announcement was his premature decision that pharmacists would deliver the COVID-19 vaccine when it became available, despite the fact it has yet to be invented or tested.

AMA Queensland immediately distributed a [media release](#) following Mr Miles' announcement. You can read the media release [here](#).

We reiterated these concerns in our letter to Mr Miles and also highlighted the fact that GP practices – like many small businesses – are feeling the financial impact of COVID-19 and that his recent decisions further threatened their capacity to continue to deliver primary health care to our communities.

We will continue to keep you informed on this important issue.

STAYING CONNECTED

These are challenging times for doctors and AMA Queensland is committed to continuing to advocate for your professional rights to enable you to continue delivering high quality care to your patients.

Please continue checking our AMA Queensland [COVID-19 webpage](#) for daily updates and [FAQS](#), and join the conversations your colleagues are having on [Queensland Doctors' Community](#).

As always, for any further issues emerging in your practice or at your hospital, please contact us on (07) 3872 2222 or covid19@amaq.com.au.

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland

AUSTALIAN SENIOR ACTIVE DOCTORS ASSOCIATION

DR GEOFF HAWSON, ASADA PRESIDENT AND RDMA SECRETARY



How to volunteer or apply for positions with Qld Health during COVID-19

Doctors have inquired as to how to volunteer their services or apply for positions during COVID-19. There are two avenues:

1. **Contact AMAQ** on 07 38722222 or email them at covid-19@amaq.com.au. Your email will be passed on to Qld Health. In Qld just over 60 doctors have used this contact service.
2. **Apply directly** using the Qld Govt jobs website.

The Chief Health Officer has advised that you have the following two options:

- **NON-CLINICAL POSITION:** Should you wish to be engaged by Queensland Health to assist in the COVID-19 response temporarily in a non-clinical position (i.e.. Contact tracing or provide advice via 13Health), you are encouraged to submit an Expression of Interest at the following link [QLD/EOI342475](https://www.health.qld.gov.au/employment/covid-19-eoi) for retired and semi-retired doctors:

Retired and Semi-Retired Doctors (COVID-19)

Queensland Health are seeking expressions of interest from retired/semi-retired doctors to be part of the COVID-19 response. Multiple positions available across various locations in Brisbane.

Position status: Casual, Contract, Temporary

Position type: Flexible-flex, Flexible-full-time, Flexible-part-time, Full-time, Part-time, Non-Standard Hours

- **CLINICAL POSITION:** Should you wish to be engaged by Queensland Health to assist in the COVID-19 response temporarily in a clinical position, you are encouraged to submit an Expression of Interest at the following link <https://www.health.qld.gov.au/employment/covid-19-eoi>

“By providing your personal details and work history, this affords Queensland Health the opportunity to create an individual profile which will be shared with the relevant areas managing the resourcing and they will be able to contact the doctors directly should there be opportunities that match their skill set and experience over the coming months.”

3. ASADA has been seeking information from Q Health on the ability to work remotely (e.g., from home) for contact tracing and telehealth and we have received the following reply.

“I have sought the information to answer your question and from what I understand, privacy, security and supervision have all been included as reasoning to perform these roles non-remotely.

There are instances where regional sites have discussed having tele based roles being performed out of metro locations, however I believe this would still involve being on-site at a central metro site.”

4. I received the following response regarding the appropriateness or otherwise of the Mt Gravatt central call centre in relation to work environment and social distancing:

“I have been advised that the centre is acting on recommended precautions related to Covid-19 and social distancing. This includes greater than 1.5m spacing between workstations, added cleaning and sanitation and additional measures such as doors being fitted with foot operated opening (for example, on the toilet doors). They have also opened all peripheral doors to the centre to increase air-flow. Regarding volumes, at the busiest time of day I have been advised that they can have about 70 people present and that the work area is open plan”.

Geoff Hawson

SKIN REJUVENATION Serial 2 THE ROLE OF ROOM PROCEDURES

By Dr Phillip Bushell-Guthrie

Rooms procedures accelerate skin rejuvenation. They are more intensive in nature but like home care they have to be repeated regularly to produce the full effect. Many different types of procedures are available and there is much overlap in their capabilities but they do have their differences. It requires the skill and knowledge of the operator to select the correct combinations and sequence of procedures.

The final common result is rejuvenation and that means increased amounts and better quality of collagen elastin and hyaluronic acid with a thickening of the dermis, a healthier basal layer and epidermal squames with a normal amount of pigment in the skin.

Unfortunately there is not just one treatment that you can have now and then that will rejuvenate your skin. The different treatments mesh together to produce an overall synergistic effect. A list of most used rooms treatments includes:-

- **Microdermabrasion** – useful in the early stage for getting rid of excess heavily keratinised skin so that other treatments can work better. It also reduces that rough uneven look that the surface of the skin gets.
- **Peels** – Mild peels are useful to combine with other procedures such as microdermabrasion or needling. Strong peels are underrated and under utilised but are making a comeback. They were displaced by the laser but have some advantages over lasering and can give the same result for a much less cost.
- **Skin Needling** – The basic work horse of skin rejuvenation. Relatively quick and cheap and often combined with a light peel or an application of Vitamin A or your own PRP solution. An LED light session afterwards can reduce post-operative redness by half.
- **Skin Boosting** – The Aqua Gold device allows the rapid and accurate pricking into the skin of rejuvenating products. Various cocktails of products such as vitamins and growth factors can be delivered in this way to produce skin boosting. The best results are produced when some botulinum toxin is added. This makes the skin glow.
- **Skin Blading** – This is where excess epidermis is shaved off using a special large scalpel blade. It is more effective and more gentle than microdermabrasion.
- **Ultrasonic Facials** – Ultrasound is used to break the seal of the skin and then to drive a cocktail of vitamin C growth factors and hyaluronic acid into the skin. It is both relaxing and rejuvenating and plumps up the skin.
- **Radiofrequency** delivered by needling – This machine is capable of producing some skin

tightening. It does this by delivering radio frequency energy into the dermis. The collagen is heated and shrinks. The tightening is medium to long-term. The needling also has a rejuvenating effect increasing new collagen formation in the dermis. The procedure may need to be repeated several times to get the best result.

- **LED** – The 830nm near infrared light is anti-inflammatory. When used after treatments that produce inflammation, swelling and redness it greatly reduces the downtime. It also powers up the mitochondria in the cells. These are the energy sources for the cells so cell function improves with a consequent improvement in the health of the skin.
- **Fillers** – Hyaluronic acid is injected into the dermis to plump it up. This reduces wrinkling. It usually lasts six to nine months depending on where it is injected.
- **Botulinum Toxin** – This is injected into facial muscles to decrease their action. The overlying wrinkles decrease. Usually the effect lasts about 4 months. It can also be useful for treating TMJ dysfunction and migraines. When it is pricked into the skin it gives the skin a glow.
- **Biological Fillers** – These are an advancement on PRP and are made from your own blood. They produce a filler effect that is more subtle than hyaluronic acid. Their great advantage is that they are completely natural and they slowly release growth factors into the skin helping to rejuvenate it.
- **PRP** – Platelet rich plasma is prepared from your own blood and injected or needled into the skin. The platelets are a great source of growth factors and have a rejuvenating effect. It does not have a filling effect and the rejuvenation is not as powerful as the biological filler. It is also useful for treating TMJ dysfunction.
- **Fat Transfer** – Your own fat can be harvested for volumisation of the aging face giving it that full youthful look or to fill out furrows and lines in the skin. The fat lightly is processed before injection. This treatment has the added advantage of a little bit of liposuction on your tummy or thighs as well. There is also a rejuvenating effect presumably from the stem cells that the fat contains in large numbers.

The best results are had when these in office procedures are combined with a good home care regimen. Some rejuvenation can be achieved at any age and stage but it is best when you start early. As always prevention is better than cure.

In the final part of this series I shall discuss the role of surgery for rejuvenation.

Left Atrial Dilatation

By Dr Roderick Chua

The left atrium is located on the left posterior side of the heart. It acts as a holding chamber and conduit for blood returning from the lungs via its elastic properties. It contributes with its own pumping action to the flow of blood into the left ventricle via the mitral valve. This constitutes about 10mls of the stroke volume and this contribution increases with age.

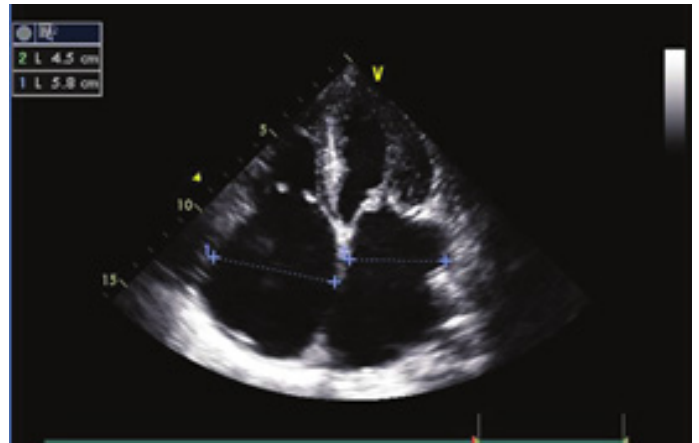
A study by the Mayo Clinic of 2000 persons age >45 years found that the prevalence of left atrial enlargement is approximately 18% in men and 12% in women corrected for body surface area.

Obesity is the most common risk factor for left atrial dilatation. Left atrial dimension is correlated to body size and appears to be larger in persons of a naturally large body size. Obstructive sleep apnoea is another reason, possibly due to the sudden drop in intra-thoracic pressure during an apnoeic episode allowing the left atrium to expand. Repetitive stretching of the left atrium then results in its enlargement.

Left atrial size has been correlated with all-cause mortality and can often be found linked to specific cardiovascular disease processes. Left atrial dilatation is often suggested by the resting Electrocardiogram with a prominent widening or notch in the p-wave

Left atrial dilatation is rated as being mild, moderate or severe. This is usually based on Echocardiographic measurements and parameters which are often not well-standardised. More reliable Echocardiographic dimensions describe the chamber enlargement in terms of volume. The geometric principle involves estimating the left atrium shape as being an ellipsoid with Doppler measurements being obtained from at least 3 different axis. This has been largely validated using cardiac catheterisation and CT cardiac angiography. The enlargement can be largely confirmed when both the M-mode and volume estimation of the atrial size concurs. Even then, it is common that left atrial size is over-estimated and a visual approximation by an experienced Echocardiologist observing a high quality Echocardiogram can give the most accurate judgment.

Physiological left atrial dilatation can occur in settings of bradycardia, an athletic heart, pregnancy, hyperthyroidism and liver disease. Left atrial dilatation is usually a coincidental finding on Echocardiography or chest CT scans when other reasons for performing the examination exists. Pathological causes can include progressive left ventricular systolic or diastolic dysfunction particularly in the presence of cardiomyopathies. One of the most prominent causes of left atrial



enlargement is atrial fibrillation. This is secondary to derangement of the orderly depolarisation of the atrial myocardium. It especially happens in association with any significant form of mitral valve disease. The left atrium can also be a site of infiltrative diseases such as amyloidosis. Myocardial infarction itself is rarely linked to left atrial dilatation. The shape of the left atrium can sometimes be changed by intra-thoracic tumours, vascular dilatations, hiatus hernia and myxomas.

In itself left atrial enlargement is asymptomatic and cannot be directly treated. The commonest reason for the finding is of course physiological with gender and body size contributory factors. Age on its own does not cause left atrial dilatation. Commonly associated conditions such as hypertension and sometimes mitral valve disease should be treated directly. Limiting salt, and regular exercise will help.

There should be a search for physiological causes of the enlargement in the first instance. It remains unclear whether atrial fibrillation is more of a cause or the result of left atrial enlargement. Left atrial enlargement in itself is not an indication that a left atrial appendage thrombus is more or less likely to be present. If the dilatation is physiological, it can reverse when the physiological cause is modified or no longer exists.

In summary, mild left atrial enlargement is often over-estimated on Echocardiography and is usually of limited clinical significance. When left atrial enlargement is described as being at least moderate in severity, it is worthwhile checking that the M-mode 1 dimensional and volumetric measurements of the chamber size concurs. The commonest causes of left atrial dilatation is then obesity, hypertension, mitral valve disease, diastolic left ventricular impairment and atrial fibrillation. The usual approaches to clinical diagnosis including a good medical history, physical examination and appropriate investigations looking for potential physiological and pathological causes then applies.



OUR CLINICS ARE OPEN

and we continue to offer our full array of imaging services for referrers and their patients during COVID-19.

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www.qscan.com.au/myresults



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Cottrell, M. A., Hill, A. J., O'Leary, S. P., Raymer, M. E., & Russell, T. G., 2018

Brisbane North GP Liaison Update

April 2020

The Brisbane North GP Liaison Team continues to assist in many local and state aspects of the Coronavirus pandemic planning and we thank our general practice colleagues supporting their local communities and hospitals. If you have any feedback, please contact us at mngplo@health.qld.gov.au

Are you & your GP colleagues receiving Brisbane North COVID-19 GP newsletter updates?

I occasionally hear from some GPs that they aren't receiving the local COVID-19 updates and it may be due to GPs not subscribing to the Brisbane North PHN GP Bulletin.

This is the main way the Brisbane hospitals are sending regular local information out to GPs. It is important you are getting these local updates.

Please subscribe at www.brisbanenorthphn.org.au/page/publications/subscribe/

COVID-19 Updates

Due to the evolving situation with COVID-19, we would like to alert our GP colleagues to a few key local sites for COVID-19.

If there is only one site to view, it would be:

1. COVID-19 Health Pathways –**source of truth for Brisbane North GPs** – <https://brisbanenorth.communityhealthpathways.org/> (you will need to request the username & password)

It contains local advice and management guidelines based on the latest federal and state management advice, including the impact on local services. Our Health Pathways team, including the GP Clinical Editor, synthesis large volumes of information and localise it. Health Pathways will continue to be regularly updated with new resources developed.

The following resources can all be found in Health Pathways but are pulled out to highlight some useful resources :

2. PHN COVID-19 Local Brisbane North GP resources - information about mask supply, local fever clinics etc www.brisbanenorthphn.org.au/page/news-and-events/latest-news/covid-19-information/
3. QLD Health COVID-19 page – go to “health professionals” page www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19
4. Latest S&N Pathology weekly COVID-19 results data www.snp.com.au/clinicians/results-and-reporting/infectious-disease-reports/
5. New Telehealth MBS Item Numbers – latest news www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-29-latest-news-March

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Antenatal, Postnatal and Newborn Care during the COVID-19 Pandemic

#Where possible, face to face antenatal care that is usually provided in a hospital based maternity outpatients department may be provided in the community and be supported by telehealth.

For GPs providing GP Antenatal Shared Care, Postnatal Care, Newborn Care including health checks and immunisations, please continue to provide care that is safe for women and newborns as well as for GPs, their practice staff and other patients.

This is a rapidly changing landscape and GPs may be asked to provide additional antenatal, postnatal and newborn care support.

Queensland Clinical Guidelines are available at <https://www.health.qld.gov.au/qcg>

There are key guidelines in the Maternity section including:

- COVID-19 Clinical guideline: Perinatal care of suspected or confirmed COVID-19 in pregnant women
- COVID-19 Guideline supplement: Perinatal care of suspected or confirmed COVID-19 in pregnant women
- COVID-19 Operational framework for maternity and neonatal services
- Consumer information: COVID-19 in pregnancy
- Consumer information: COVID-19 and breastfeeding

Other useful Maternity and Neonatal Guidelines include:

<https://ranzcoq.edu.au/statements-guidelines/covid-19-statement>

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>

Advanced Care Planning

We continue to encourage GPs to assist their patients in their advanced care planning and to share these useful resources for patients and their families include:

<https://www.advancecareplanning.org.au/for-health-and-care-workers/covid-19-web#/>

<https://www.advancecareplanning.org.au/get-involved/read-the-latest-advance-care-planning-news/article/2020/03/26/covid-19-resources-for-general-practitioners#/>

www.advancecareplanning.org.au/resources/advance-care-planning-for-your-state-territory/qld#/

You can supply advanced care planning documents to the Office of Advance Care Planning in Queensland at the following place. <https://metrosouth.health.qld.gov.au/acp> This will allow this to be shared with Queensland Health staff. Alternatively it can be uploaded to My Health Record.

Health Provider Portal/Viewer GP Update

Queensland GPs can now print out information from the Health Provider Portal using the printer logo on the result you want to print. There are a range of alerts about COVID-19 including Fever Clinic notes can be found in the “Encounters” section of your patient.

For Queensland GPs who haven't signed already signed up you can still do this at www.bit.ly/hppinfo

If you need help signing up or would like to provide any feedback about the Health Provider Portal please contact the Health Provider Portal team at - connectingqld@health.qld.gov.au

ALSACE FRANCE

by Cheryl Ryan

The north-eastern province of France, on the river Rhine, bordered by Germany and Switzerland, offers everything that dream destinations are made of.

Walk into towering castles and magnificent cathedrals or admire the rounded summits of the terrific Vosges Mountains and soak in the luscious green countryside, the city will astound you with its beauty and gorgeous architecture.

You will find both German and French influence in language, culture, and food of Alsace as it was ruled by the two countries interchangeably.

Alsatian Cuisine

The delectable Alsatian cuisine is most marked by region specific dishes, which are quite different from the rest of French cuisine.

Tarte Flambee - a savory tart made with thin pastry, fresh cream, bits of bacon and onions; Bacheofe – a stew made with meat and vegetables simmered in wine; Crayfish Soup; Choucroute Garnie – made with cured pork, sausages and wine-braised sauerkraut; are some such mouthwatering specialities.

The Alsatian wine is mostly white wines like Pinot Gris and Riesling and Pinor Noir being the only red wine.

What Have We Planned For You

• Strasbourg, the capital of Alsace is a must-see for its famous Cathedral Notre-Dame, visible from the plains or the mountains. You will be awestruck by this Gothic-Romanesque marvel, constructed using red sandstone from the Vosges Mountains.

• Walk through the cobbled streets of the enchanting city of Colmar or take a boat tour along the winding canals of Krutenau Quarter - reminiscent of Venice. A



contrasting mix of magnificent Renaissance mansions and half-timbered burghers' houses with geranium adorning balconies, the city is bound to leave you spellbound!

• Take a day trip along the Alsatian Vineyard Route – a rural route comprising big and small wine producing villages. As you go from one village to another sample the local wines and authentic home-cooked Alsatian fare – tarte flambee, macarons, quiche Lorraine and sour cabbage, to name a few.

• Stroll around in the quaint village of Riquewihr – the most beautiful village of France which has been awarded the title of “Village Fleuri”. The Thieves’ Tower gives the best view of this village with charming churches, flowing fountains and buzzing boutiques.

• Drive down the Peak Route of the Vosges to get lost in an abundance of nature. Stop at farm inns on your way and savor the mountain cuisine made using fresh home-grown ingredients.

Alsace is one of the best destinations if you are looking for a relaxing vacation away from the hustle bustle of cities.

www.123Travelconferences.com.au

123 TRAVEL CONFERENCE



A summary of Covid19 available Assistance

Our worlds have been forever changed with the pandemic and we are living in very weird times.

Personally I remain positive that Australia will begin to move forward in the near future and a vaccine will be found. I am beyond grateful to be Australian during this crisis as we have an incredible health system and workers to care for us. Whether you love or loathe Scomo the government has been very proactive in their approach to the crisis and the packages delivered to assist businesses and individuals. As an accountant the stimulus packages have kept us busy helping clients to understand and evaluate their options. Below are some of the packages available along with website links. *Information is current 16.04.2020.*

- The Queensland Government is offering up to \$250,000 in loans to businesses affected by Covid19 to retain employees and maintain their operations. To register your interest go to <http://www.grida.qld.gov.au/current-programs/covid-19-business-support/queensland-covid19-jobs-support-scheme> When you apply you will need to submit 2 years of Financial statements and tax returns, your bank account, ATO integrated account, current debtors and creditors, Trust Deed or Constitution.
- The Queensland Office of State Revenue is offering some payroll and land tax concessions and deferrals. Again you have to register your interest on the website and await a response. <https://www.treasury.qld.gov.au/budget-and-financial-management/revenue-and-taxation/>
- If you are a landlord of either residential or commercial property you talk to your property manager first and then visit <https://www.covid19.qld.gov.au/the-hub> for Residential properties and for Commercial properties <https://www.business.gov.au/Risk-management/Emergency-management/Coronavirus-information-and-support-for-business/Relief-for-commercial-tenancies>
- **TIP:** Although your personal Self Managed Superfund may own your business premises you can still reduce your rent. Contact your accountant to make sure you do this correctly.
- Banks are offering cheaper interest rates and deferrals. The offers do vary so I would suggest researching & applying online for your banks offerings before making a call.
- The cashflow boost stimulus package is, in simple terms based on an employers PAYG Withholding paid on wages. The credit will be calculated based on the March Business Activity (BAS) Figures. Once the BAS is lodged the ATO will either offset or credit the refund.
- The maximum available is \$100,000 and the refunds will be credited over 3 BAS's for quarterly lodgers or 5 BAS's for monthly lodgers.
- **TIP:** You can defer payment of the March BAS until September and receive the full stimulus credit now. If you have changed bank accounts recently make sure you update your details with the ATO.
- On any tax lodgements lodged after 27th January 2020 the ATO are granting deferral of payments to 14th September 2020. At this stage these requests are not automatic and the easiest way to access them is for your accountant to call the ATO and request. The ATO have also indicated they will not be charging interest on any deferred payments.
- If you haven't already prepared a Cashflow or a Business Continuity Plan we highly recommend you do this now. To access some free information and templates go to <https://www.business.gov.au/Finance/Accounting/How-to-set-up-a-cash-flow-statement>

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and <https://www.publications.qld.gov.au/dataset/business-continuity-planning-template/resource/63f7d2dc-0f40-4abb-b75f-7e6acfeae8f3>

- Some phone & electricity companies have also indicated that they will be offering repayment deferrals or reductions. So we encourage you to contact your suppliers.
- The JobKeeper payment is the most complex but also one of the most beneficial of the Government initiatives. There are integrity measures on this initiative so employers need to ensure that they apply this measure correctly. Talk to your advisors and do your research <https://www.ato.gov.au/General/JobKeeper-Payment/Employers/>
- If someone has lost their job they shouldn't call or go to the Centrelink offices. The phone lines and offices are experiencing high numbers. New applications can be made via MyGov accounts. Go to www.my.gov.au
- Working from home, for current information on deductions go to <https://www.ato.gov.au/Individuals/Income-and-deductions/Deductions-you-can-claim/Home-office-expenses/>
- Child care subsidies were announced and to review this initiative visit <https://www.servicesaustralia.gov.au/individuals/subjects/affected-coronavirus-covid-19/if-you-already-get-payment-from-us-coronavirus-covid-19/families-coronavirus-covid-19#a2>
- Early release of Superannuation of up to \$20,000 can be accessed if you meet certain criteria <https://www.ato.gov.au/Individuals/Super/In-detail/Withdrawing-and-using-your-super/COVID-19-early-release-of-super/>

We know this is a tough time but hopefully this article will help direct you to some answers. We are constantly posting updates on our Poole Group Facebook and website pages so feel free to access those <http://www.poolegroup.com.au/covid-19-updates/> If you have any questions please send an email to kwelsh@poolegroup.com.au and I will help where I can or point you in the right direction. Stay safe everyone.

Kerri Welsh – Senior Manager Poole Group.

Mental Illness – A Disorder of Perception

By Dr Mal Mohanlal *Continued Page 17*

Do you think the world is going crazy or going mad? If you do, then you are not the only one who thinks this way. Most people feel they are living in a world of confusion and chaos. If you look around you, that is the reality you will see. But what you see is the reflection of the individual's mind.

You do not realise that when we are born, it is this world of chaos and confusion with distorted perceptions we are born into. No matter which culture or society you are born in, you will grow up thinking in the same way as the people around you with the beliefs and traditions of your society. The environment around you conditions you. So right from the word go no matter in which culture you grow up in, you will have to admit your perceptions of reality will be distorted. Therefore, to assume that we are all somehow normal and sane would be highly presumptuous.

In the medical profession, we recognise you as a normal person because you behave normally and do not disturb people around as you fit in with a pattern of behaviour which the majority

considers acceptable. But if you were to act in a way that will cause harm to yourself or others around you, you will be labelled and treated for some mental illness. They will classify and categorise you from the list they have. They will label you as suffering from schizophrenia, bipolar disorder, PTSD, ADHD etc. You will be counselled and given appropriate medical treatment. Like most people, you will think that at last the doctors have found something wrong with you and you are receiving treatment for your condition that will cure you.

If you think this way about your mental health, I am afraid you are mistaken. A diagnosis of your mental health problem does not mean we have a cure for you. It is just a label. It is you who can cure yourself by clearing up your perceptions.

Once given a label, many people try to justify or find an excuse for their behaviour. One might say "I am an alcoholic. I could not help myself. Alcohol made me do it." "I suffer from a mental illness; therefore, I cannot work anymore." etc. The list goes on. It means the diagnosis of your mental health problem has done nothing for

Mental Illness – A Disorder of Perception

By Dr Mal Mohanlal

you. You are no better off before or after the diagnosis. Now if you want to help yourself and cure your mental health problem, you have to develop some insight into your mind. That means you have to start thinking for yourself. You have to start looking at yourself and the world around you.

To test yourself whether you have any insight into your mind after the doctors have labelled you, you have to ask yourself “Was my behaviour acceptable? Do I need to improve?”. If you think there was nothing wrong with your behaviour, then, of course, you have no insight and therefore have no problem with yourself. You will no doubt, become a problem for others.

So, if you have some insight, you should ask this fundamental question to yourself, “Do I have to be this way for the rest of my life? Surely there must be a way to enjoy one’s life no matter what happened in the past”. If you can say “Surely there has to be a way”, then you may be well on the way to full mental health recovery. It means you have some understanding of your problem and will be able to change your perceptions and thus your thinking.

In my mind, I regard mental illness only as a disorder of perception. It is the degree that determines the level at which it becomes a clinical disorder of behaviour and action. To treat any mental illness, therefore, all we have to do is to straighten out our distorted perceptions. Our perceptions influence our thinking. If you distort them, they lead to crooked thinking. Crooked thinking leads to adverse actions, which, in turn, become the basis for any mental illness.

As one can see the medical treatment is only an adjunct to counselling, psychotherapy etc. which are therapies directed mainly at correcting a patient’s perceptions. So if a person does not have any insight, what other option would one have? One would be stuck with only medical treatment.

Hence if we are to improve the mental health of society, we have to look at ourselves and examine how we can go about correcting our distorted perceptions.

Part of the reason for an increasing incidence of mental illness is the bureaucratic thinking that prevails in our legal system, governments and institutions. In bureaucratic thinking, one always goes by the letter of the law, not the spirit of the law. One is not allowed to use reason or common sense. There are no moral or ethical

considerations. One is virtually intellectually handicapped. Since there is a set rule applied in managing a problem, we are stuck with it. One is obligated to follow the rules. There is no choice. If one ignores the rules, one will get blamed for whatever happens. And when one follows the rules, it does not mean that the action is necessarily correct.

A perfect example of this would be the present Coronavirus outbreak in China and how it is affecting the economies of nearby countries and the world. It has trapped Governments into a bureaucratic response which creates damned if you do and damned if you don’t type of situation. It is politics for governments to show they are doing something positive to solve a problem. The media, of course, is having a field day making a big deal by dramatising the whole situation and making people even more anxious and terrified.

But let us look at the facts. Coronavirus is a viral illness. Like the Influenza virus, it kills. There is no real cure for any virus illness. The Coronavirus spreads like the flu virus, so the precautions one takes, and the treatment one gets, are the same as if one had a flu infection. The outcome will always depend on how strong one’s immune system is. All virus diseases tend to spread in the community until we develop some immunity against it. Not all people who have tested positive for Coronavirus infection have died. Then again, not all people who had tested positive for the Influenza virus in the past had died either. There have been instances where people were treated for Influenza virus infection on a cruise ship, and yet no quarantine was applied. So ask yourself, what are you getting all worked up about?

As one can see, bureaucratic thinking has great limitations. It is the bull at the gate type of approach. It is not rational thinking. Can you see how it can create anxiety and a mental health problem for someone who cannot think clearly?

Please learn to straighten out your perceptions by acquiring some self-knowledge.

Read “The Enchanted Time Traveller - A Book of Self-knowledge and the Subconscious Mind”, and learn how to become the master of your destiny.

Visit Website: [Http:\\theenchantedtimetraveller.com.au](http://theenchantedtimetraveller.com.au)



AMA RECOMMENDS EARLY FLU VACCINATION FOR GREATER PROTECTION DURING COVID-19 CRISIS

AMA President, Dr Tony Bartone, today reiterated the AMA recommendation that people should get their seasonal flu vaccination somewhat earlier this year to help provide greater individual and community health protection throughout the COVID-19 pandemic. Dr Bartone said that the flu vaccine is currently being delivered to general practices across Australia throughout April, ready for the winter flu season.

“Unfortunately, and disappointingly, supply of the vaccine to GPs has so far not flowed smoothly or consistently, but the Government is actively responding to the AMA’s call to improve distribution to ensure that adequate supply is in place before the optimal time to receive the vaccine, which is late April and early May,” Dr Bartone said. “Getting the flu vaccine early will help alleviate pressure on the health system. With many of our health resources focused on saving lives and treating those with COVID-19, we need to reduce the number of presentations for influenza.

“We also need to provide greater protections for vulnerable people to minimise the possibility that they could contract both influenza and COVID-19.”

Dr Bartone said the best and safest place to get the flu vaccine is from your GP at your local general practice. “As a result of AMA advocacy, vaccine deliveries are now being fast tracked across the country. There will be enough flu vaccine for everyone who needs it,” Dr Bartone said.

“However, it is important for people to plan their visit to the GP, be patient, and follow the advice provided by the general practice to ensure everybody is vaccinated in a timely manner.

“GPs can administer a National Immunisation Program (NIP) funded free vaccine in every State and Territory, which applies to many millions of Australians. “In particular, the vaccine that is recommended for people over 65 is free and only supplied through the NIP. There is no need to pay for an inappropriate

vaccine in this age group.

“Your local general practice provides a safe, appropriately infection-controlled environment, especially in these days of social distancing, to minimise any possible risk of being exposed to COVID-19.

“Your GP knows your medical history and can provide holistic care, and the general practice is properly resourced and skilled to deal with any rare instances of reactions to the vaccine.

“It is important to call your GP to book your appointment for your flu shot and advise the clinic of any health issues, including fever, coughing, sneezing, sore throat, or aches and pains.

“General practices are now receiving sufficient stocks of personal protection equipment (PPE), and some practices are offering drive-through facilities to provide even safer conditions for vaccinations.

“Seeing your GP for the flu vaccination is also an opportunity to discuss your overall health needs, which is very important during this period of COVID-19 enforced isolation.

“Many people are experiencing physical and mental health stresses at the moment. GPs are best placed to assist people to manage all their health needs and the needs of their families in these difficult times,” Dr Bartone said.

17 April 2020

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MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Medical students 'call' for telehealth

The Australian Medical Students' Association (AMSA) commends the recent announcements by the Federal Government regarding funding changes, particularly the broadening of telehealth eligibility.

AMSA Rural Health Chair, Sarah Clark, said that she is excited to see the years of advocacy by the Australian Medical Association (AMA), the Rural Doctors Association of Australia (RDAA), and the Australian College of Rural and Remote Medicine (ACRRM) come to fruition with measures that not only address the needs of all Australians now, but equip practitioners with the resources and skills to continue delivering these services to rural and remote communities in the future.

"With an increased range of services, including those for mental health, chronic illness, and Aboriginal and Torres Strait Islander health assessments, it is a unique opportunity for the medical community to develop new approaches to these areas via telehealth," Ms Clark said

"Rural and metropolitan students alike will be using this technology to improve the access of rural Australia to high-quality, specialist advice that often can't be delivered in-person."

AMSA President, Daniel Zou, said that access to telehealth services will play a crucial role in improving rural health equity.

"Not only does this technology have the potential to meet the long-term specialist needs of our rural and remote communities, but it can also meet the educational needs of our next generation of health professionals," Mr Zou said.

AMSA Medical Education Chair, Anna Kwok, said telehealth has the potential to facilitate medical student education during this time.

"Clinical learning is crucial for medical students and unfortunately many students are currently unable to attend placement due to COVID precautions," Ms Kwok said.

"AMSA would strongly encourage health providers and universities to consider telehealth as an opportunity for students to continue their medical education while keeping risk to a minimum."

AMSA is the peak representative body for Australia's 17,000 medical students, approximately one-third of whom are from a rural background and many who are currently off placement due to the COVID pandemic.

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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.

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ABN 88 637 858 491

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2) Or Emailing to GJS2@internode.on.net

Where We Work and Live

“Value Our Veterans”

<http://anzacportal.dva.gov.au/veterans/stories/roy-cornford>

Roy's Story Part 3

On the first day on the raft, the water was very calm. And when you sat on the raft, the whole 18 of us, the raft used to go quite far under the water but then the life jacket you had on would take your weight and you'd just float up and down with the rise of the current. Well we just talked of good things back in Australia and what we'd do when we got home and all this. No one talked of death or not being rescued or anything. And then on the second day we noticed a couple missing. We spotted a Jap – dead. You used to see lots of prisoners floating in their lifejackets that were dead and we'd say “Oh, there goes so-and-so and there goes so-and-so”.

Then I spotted a Jap come close to us and he had a water bottle around his neck. I said “Well, I'll get that water bottle.” So I dog paddled about five metres to it, got the water bottle and I was flat out dog paddling back to the raft then. They pulled a stick from under the raft, as we'd been shoving sticks under the raft and bits of plank and such under the raft to help hold us up higher in the water. They poked the stick out and pulled me aboard and we got the water bottle, it had no cork in it and was full of salt water.

That was I think the second day, and then on the third day it rained. Well, we put our hands up to our mouths, and I'd say everybody would have got a couple of good mouthfuls of water. It was still very calm and the water was warm and the nights were warm and the days were warm. Well, actually they were hot the days, because you got badly burnt. All my arms were burnt and where you were in the water all the time your skin had gone, you got practically no flesh under the skin – it had all congealed up and sort of looked like big scabs.

On the third night, we still had about 16 of us on the raft. When daylight comes the next morning, there were only nine of us left. I never saw one of them disappear. On that third night I got into the middle of the two rafts that we'd joined together and took my lifejacket off, tied a strap to my arm and lay down in about six inches of water and had a sleep. And I slept very well, because we were very, very tired I'll admit and



POWs rescued by Pampanito

knocked about, we were only skin and bones.

And then the next morning there was only nine of us on the two rafts and we were floating around and we saw this, looked like a small fishing trawler, going to rafts about four or five kilometres away from us. Someone kept saying “Oh, it's a small ship”. And then it started coming closer to us, and we're waving and waving, and when it got closer we realised it was a submarine.

The presence of POWs aboard these Japanese ships was discovered on 15 September, three days after the ships were sunk. The USS Pampanito returned to the area to continue operations against the Japanese convoy and it was then her crew discovered men clinging to rafts who were identified as British and Australians. An immediate rescue operation by Pampanito to save as many survivors as possible was initiated and she called in three of her sister ships to assist. Luckily for Roy Cornford he was one of the 73 grateful survivors picked up by Pampanito.

Continued next month