



Newsletter

April 2021

RDMA & BLMA's Joint Newsletter

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RDMA President's Report Dr Kimberley Bondeson

Another month has passed of summer, and we are now moving into Autumn and getting cooler nights. The Covid 19 vaccines are trickling out, with extensive media coverage on the rare side effect of blood clots reportedly seen with the AstraZeneca vaccine. On reading further reviews of the other Covid 19 vaccines, including the Pfizer Covid 19 vaccination, it would appear that blood clots are a rare side effect as well. The media focus on these side effects, and the Governments response is having a detrimental effect, causing a lack of confidence in the vaccines for many people. This in turn is creating more difficulties in terms of the vaccine administration and extending the time taken counselling patients about the benefits and risks of the vaccine.

The lack of the Covid 19 vaccine stock is a huge problem, particularly since The Health Minister Greg Hunt went on television and told everyone to ring their General Practitioners for an appointment to get their Covid 19 vaccine, when in fact, none of us had any to give at that time.

Then my practice got a phone call from one of the local members of parliament, who told us they had received several complaints from patients that they had been unable to get an appointment for a Covid 19 vaccine at our clinic. Our response was – we don't have any to give.

Since that first announcement, the vaccines have continued to trickle out – over the last 4 weeks, we have only had 180 doses to give to our patients. It is not a good idea to promise or book in patients to have a vaccine until you actually have it in your vaccine refrigerator to give them. The promised time-line for a fully vaccinated nation is now uncertain.

I understand that other countries are having the same difficulties, and that some of the vaccines that were promised for Australia are being diverted elsewhere, which has compounded the vaccine shortage.

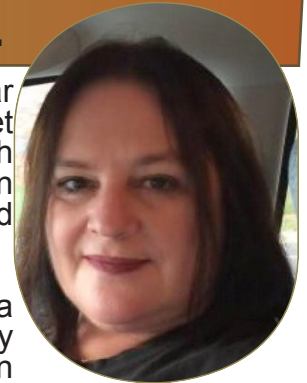
I was also horrified to hear that there were black market "Covid 19 vaccines" which contained little more than salty water, and were sold on the black market.


However, we are certainly a lucky country, with currently no community transmission of Covid 19, and the most recent deaths (2) were among travellers returning from overseas. The recent 3 Day snap lockdown before Easter, that we experienced in the Greater Brisbane Area, is a very small thing to have endured compared to other countries.

In Australia, the Vaccine Hubs that the Prime Minister and the Health Minister are talking about putting in each major city, which will, they state, allow 30,000 vaccinations to be given weekly will be helpful.

The way I see it, if they have 30,000 vaccines to give out in a vaccination hub, then the GP's should have more than adequate stock to give to their patients, which we would love to do. Overall, the vaccine rollout is a bit of a shambles, but it has at least begun, and hopefully, will continue.

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.



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

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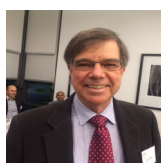
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RDMA 2021 MEETING DATES:

For all queries contact Anna Wozniak 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	23rd
Wednesday	March	31st
✓ Tuesday	April	27th
Wednesday	May	26th
Tuesday	June	22nd
Wednesday	July	28th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	24th
Wednesday	September	15th
Tuesday	October	26th
NETWORKING MEETING		
Friday	November	19th

NEXT NEWSLETTER DEADLINE

Advertising & Contribution 15th May 2021

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

BLMA 2021 MEETING DATES:

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		
Tuesday	February	9th
Tuesday	April	13th
✓ Tuesday	June	8th
Tuesday	August	10th
Tuesday	October	12th
NETWORKING MEETING		
Friday	November	26th TBC

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- ▶ No charge to current RDMA members.
- ▶ Non-members \$55.00

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NEXT MEETING DATE 27TH APRIL 2021

Redcliffe & District Medical Association Inc.

DATE: Tuesday 27th April 2021

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

Sponsors: Caboolture Private Hospital

7:40pm Speaker: Dr Sonia Anwar, Gynaecologist
Topic: Infertility & Polycystic Ovary Syndrome
8:00pm Main Meal served (during presentation)
8:20pm Q&A

8:30pm Dessert served
General Business

Tea & Coffee served

RSVP: By Friday 23rd of April 2021

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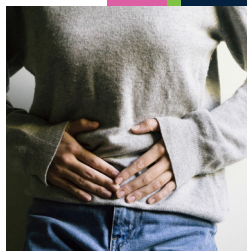


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WHAT CAN PHYSIOTHERAPY DO?

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- Pelvic floor retraining: sometimes the muscles are too tight when there are issues in the pelvis, and this can lead to the original pain, or to compound existing pain. Women's Health physiotherapists are specifically trained to assess and treat the pelvic floor for this
- Postural retraining: the body moves as a coordinated unit, and with pain and dysfunction, this co-ordination is lost. Physios can assess and retrain patients to regain optimal movement patterns to manage pain
- Exercise & lifestyle modifications: physiotherapist can assess a patient's individualised needs regarding work, exercise and social life goals, and combine this with managing pain to optimise outcomes
- Pain relieving modalities: advice on supportive braces or seats, or the use of TENs machines for pain and nerve conduction management can be utilised as a good addition to treatment with pelvic pain flare management

CLASSIFIEDS remain FREE for current members & a maximum of 3 placements & not used as advertisements. To place a classified please email: RDMAnews@gmail.com with the details.

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AMA IDENTIFIES SAVINGS OF \$21.2 BILLION IN AGED CARE HOSPITAL ADMISSIONS

AMA Putting Health Care Back Into Aged Care Report

The AMA has estimated that over the year up until 30 June 2021, there will have been 27,569 admissions of residents from nursing homes to hospitals that were potentially avoidable, costing \$312 million and accounting for 159,693 hospital patient days.

The staggering figure is the first national estimate of potentially preventable admissions to hospitals from nursing homes alone. In total, new AMA modelling has identified \$21.2 billion of savings that could be made over four years if immediate reforms were implemented to our aged care system.

The \$21.2 billion comprises four-year savings from potentially avoidable admissions to private and public hospitals from nursing homes (\$1.4 billion), from older people in the community (\$18.2 billion), those transferred to emergency departments but not admitted (\$497 million), representations to emergency departments within 30 days (\$138 million) and people waiting in hospital for a place in a nursing home (\$887 million).

Details of the modelling are contained in a new report from the AMA, *‘Putting Health Care Back Into Aged Care’* released today, the centrepiece of the AMA’s continuing campaign ‘Care Can’t Wait’.

“The potentially preventable hospital admissions - just one aspect of the current nursing home experience - show there are substantial savings to be made with immediate reform,” AMA President, Dr Omar Khorshid said.

“We believe these hospital admissions, presentations and stays could be prevented through better provision of primary care in aged care settings and that means investing in GPs and Registered Nurses.

“We’ve gone to great lengths dissecting publicly available data and applying conservative estimates to cost this.

“Our new report clearly states the action required to future-proof aged care so we have a system we, ourselves, would be happy to live in and send our parents and other loved ones to,” Dr Khorshid said.

The report contains an illustration of the pitfalls currently experienced by patients journeying through our fragmented aged care system with the story of John, representing a typical patient who gets a dementia diagnosis. His unhappy fate is compared with the ideal experience John and his wife should have, achievable through the AMA’s vision for aged care.

That vision – where the health care and aged care systems work together and complement each other - is laid out in *‘Putting Health Care Back Into Aged Care’*.

It calls for proposals to improve patient care and attract more GPs into aged care, and makes 11 recommendations for Government, backed with detailed costings of select proposals.

The AMA made these recommendations to the Royal Commission into Aged Care Quality and Safety.

Continued Page 6

“Proper medical care based on the needs of our older people is a basic human right and our broken system is failing them,” Dr Khorshid said.

“We understand properly funding aged care will require significant investment, but this is an opportunity to also significantly improve the quality of life for older Australians while also realising substantial savings in other parts of the health system.

“Not enough nurses and limited access to GPs are behind the frequent transfer of older people in nursing homes to hospitals, often resulting in unnecessary prolonged stays.

“An alarming number of them - more than 27,000 a year - were potentially preventable and, with continuity of care through the patient’s regular GP, they may have been avoided entirely.

“That’s why we are calling for the GP to be placed at the heart of aged care, backed by adequate numbers of nursing staff so health care is put back into aged care.

“The extra expenditure we have costed for GPs and other medical specialists to operate in aged care is relatively modest - \$145 million per year – compared with the savings we have identified,” Dr Khorshid said.

The AMA’s Care Can’t Wait campaign will address nursing staff ratios and the GP’s experience in nursing homes in the weeks leading up to the Federal budget and in anticipation of the Government’s full response to the Royal Commission’s recommendations.

MAIN POINTS:

- New AMA modelling estimates that over four years (2021-22 to 2024–25), \$21.2 billion could be saved from avoidable public and private hospital admissions, presentations and stays from older people in the community and in nursing homes:
 - \$1.4 billion for potentially preventable hospitalisations from nursing homes
 - \$18.2 billion for potentially preventable hospitalisations from people aged 65+ in the community (excluding those in nursing homes)
 - \$497 million for people who are taken from nursing homes to emergency departments but never admitted
 - \$138 million for the transport costs of people who re-present at emergency departments within 30 days
 - \$887 million for people waiting in a hospital for a place in a nursing home
- The AMA believes that these hospital admissions, presentations and stays could be prevented through better provision of primary care in aged care settings.
- This means investing in GPs and Registered Nurses who can provide proper person-centred care and continuity of care including medication management.
- The AMA estimates that Government investment of \$643 million over four years to 2024-25 (\$145 million in 2021-22) is needed to increase MBS rebates for GPs providing primary care in an aged care setting.
- This would compensate for the additional time and complexity involved in comparison to a GP consultation in their own rooms.
- The AMA has also estimated the cost to the Government of reducing the Home Care Package waiting list to 5 per cent, with everyone getting a package at the right level of need. This would be \$1.4 billion over four years to 2024-25 (\$316 million in 2020-21).

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Dr Chris Perry
President AMA Queensland

Dr Brett Dale
CEO AMA Queensland,



AMA QUEENSLAND WORKING FOR DOCTORS

In the past month we have continued to advocate for doctors in Queensland across a number of key issues including COVID-19 vaccinations, safety in hospitals and task substitution. Read our March update outlining our extensive work to advance and improve the medical profession in Queensland and support doctors in their tireless efforts to deliver exemplary health care for the community.

VOLUNTARY ASSISTED DYING

The Queensland Law Reform Commission (QLRC) has stated they will now provide the draft voluntary assisted dying (VAD) legislation on 26 May to both Parliament and stakeholders. There will be a two-week window to provide feedback and a public hearing is also likely to occur but no date has been announced yet. VAD is of course an emotive debate for our community. Our priority is to ensure there are adequate protections in place for the vulnerable in our community and that doctors rights are secured. We will respond to the legislation in alignment with our members' views as outlined in our survey and continue to keep members updated. [Read the full survey results.](#)

COVID-19 VACCINATION PROGRAM

1a incomplete

The Queensland Government has consistently stated that 1a is complete but our members are not seeing this on the ground. Health workers missed in 1a are now forced into 1b and are seeking vaccinations with GPs. These vaccinations are an absolute priority and our GP members are certainly ensuring health workers receive the protection they need but this gap places pressure on the community needs for 1b and is covering a shortfall that should have been met by the State Government. Now that Pfizer has updated cold-storage advice where freezers can be used for a two-week window, we would hope that more 1a health workers across Queensland could now potentially access this vaccine. We are calling on the State Government to ensure 1a health workers are prioritised and will continue our strong advocacy to ensure doctors receive the protection they need.

Role of GPs

We continue to lobby the Federal Government to ensure GPs remain the central method for vaccine distribution. Australia's GP-led primary care system is different to many other countries and provides a uniquely Australian option for vaccine distribution. To date, the GP program has significantly sped up the roll-out in Australia, with a large service footprint and easy access for patients. We know GPs offer a safe clinical environment, including post vaccine monitoring that is not comparable in pharmacy, shopping centres, or other possible mass vaccination venues. GPs draw on a significant track record of administering millions of flu vaccinations annually, showing capability to administer large vaccine volumes quickly. Our preference is that all interested GPs should be allocated doses but recognise this is dependent on adequate and consistent supply, which continues to be the most significant barrier to the program's success. We will continue to advocate for GPs and pressure the Federal Government to modify the program as needed to ensure GPs are adequately utilised and supported in the COVID-19 vaccine roll-out.

Continued Page 8

Informed decisions on safety vs risk

The death of one person from blood clotting after receiving Astra Zeneca is tragic news. In addition, two blood-clotting incidents where patients stabilized, shows that due care and consideration is needed before administering this vaccine. We continue to support the latest evidence-based, scientific advice from the Therapeutic Goods Administration and the Australian Technical Advisory Group on Immunisation, that studies the evolving international vaccine data and as well as local information. The new advice on the preferred use of the Pfizer vaccine for people under 50, will negatively impact the speed and efficacy of the vaccine roll-out as well as public confidence. Anecdotally, GPs reported a 30 per cent cancellation rate when the change in Astra Zeneca advice was released.

While it is good news that an additional 20 million Pfizer vaccines have been secured, the delivery will not occur until the second half of the year that creates a significant delay in vaccinating and protecting our community. It is therefore vital that people under 50, particularly health workers and those at risk, make an informed COVID-19 vaccine decision understanding the risks and benefits pertinent to their individual circumstances. It is important to note that the Astra Zeneca vaccine remains highly effective at preventing death and severe illness among people who have contracted COVID-19 and the incidence of the reported blood-clotting syndrome is very rare. We are urging Queenslanders to speak to a GP who knows their medical history to provide individual advice in relation to COVID-19 vaccines. [Read our media release.](#)

Our members are also reporting that once the risks and benefits of Astra Zeneca are explained to patients, they predominantly proceed with the vaccination. However, this understandably takes more time. We are continuing to advocate for the MBS item to be adjusted to recognise the extra time spent assuring patient consent. [Read more on our advocacy with the Prime Minister.](#)

Indemnity risks

Some GPs remain worried about medical indemnity coverage for providing advice to patients about Astra Zeneca as well as for its administration. We have been repeatedly and categorically assured by Medical Defence Organisations (MDOs) that doctors are covered by their policies and MDOs are providing this same advice to their members in the strongest terms. Vaccine manufacturers have also been indemnified by the Commonwealth.

While medical indemnity coverage is not an issue of itself, we have been in ongoing discussions with the Commonwealth about the potential long-term implications of the vaccine roll-out. While the available vaccines appear incredibly safe, based on trial and real-world data, we do not know what impact future claims might have on reinsurance arrangements and indemnity premiums. This uncertainty needs to be removed. In recognition of our concerns, the Commonwealth has given written assurance that it will take further steps to protect and support health professionals if the vaccination roll-out gives rise to an unusual number of claims from patients. While this guarantee is welcome, we still do not have enough detail about what mechanisms it would use and the exact circumstances that would see the Commonwealth act on this.

Health Minister Greg Hunt said, "In the event that a higher than expected number of claims associated with the vaccination effort arise or the measures currently in place prove to be inadequate/insufficient, I assure you that the Government will take steps to ensure the necessary support of health practitioners."

"I understand your members have expressed some concerns about the consent arrangements, and the associated risk that claims will be inappropriately directed to health practitioners, instead of vaccine manufacturers.as with all vaccines, informed consent is required before the administration of each COVID-19 vaccine dose and all providers are required to document this on the patient's health record."

We are calling for more clarity and measures to ensure that, as far as possible, GPs are not drawn into future vaccine-related litigation and will continue to lobby the Federal Government for adequate protection. [Read our message to GPs.](#)

1b logistics issues

We have received alarming feedback from GPs that vaccines have not been properly transported with failures in cold storage, deliveries to incorrect addresses and vaccines left on door steps. These errors are unacceptable given the scarcity and importance to the safety of our entire community. Our Council of GPs is lobbying for accountability and higher standards for the transportation and logistics of this precious cargo. Members can share their experiences via our [Queensland Doctors' \(QDC\) Community platform](#) or connecting with the [Council](#).

SAFETY SECURED FOR HEALTH WORKERS

We recently ran a media campaign with our industrial relations partner, the Australian Salaried Medical Officer Federation Queensland (ASMOFQ), that emphasised the need for fit-testing and COVID vaccinations for all frontline doctors and health workers at risk of contracting COVID-19. The campaign was guided by our [survey findings](#) that showed 70 per cent of respondents had not been fit-tested for the P2/N95 face masks used when treating COVID patients and 43 per cent had not yet received their first COVID-19 vaccination.

We are happy to announce that due to this campaign, Chief Health Officer, Dr Jeannette Young, issued a directive stating that any Queensland Health employee who has direct contact with a positive COVID-19 patient is required: to wear a P2/N95 face mask; have had appropriate fit-testing completed; and must be vaccinated. AMA Queensland and ASMOFQ commend Queensland Health on addressing our concerns and we will continue to effectively advocate on behalf of all doctors so that their health and safety remains a top priority. We are committed to ensuring all doctors in Queensland have the support and conditions needed to continue providing quality healthcare. We are proud to be a strong voice for all doctors and rely on strength in numbers to guarantee a positive future for the profession. Be a part of Australia's peak body for the medical profession and [join AMA Queensland today](#).

TASK SUBSTITUTION

There has been an increase in medical task substitution over the last 12 months. We have written to Minister D'Ath outlining our position and concerns that task substitution will result in increased risk to public safety, a reduced standard of quality care and lead to reduced confidence in the health system. Specific examples were highlighted including ENT specialist referrals being seen by an audiologist; endoscopy and colonoscopy performed by nurses; mid-wife led maternity serviced without obstetrician oversight in rural and remote communities; physiotherapists prescribing S4 and S8 medications in emergency departments; and pharmacists prescribing antibiotics for UTI without clinical assessment and diagnostic support.

Continued Page 10

While we support collaborative multi-disciplinary health care, we are opposed to task substitution including people working outside their scope of training and believe this creates a risk of inappropriate care, may harm public safety and effects quality of access to basic health care needs and specialist care. We will continue to lobby the State Government to rectify the inappropriate practice of task substitution. [Read our Position Statement on Task Substitution.](#)

IR COURSE FOR DOCTORS AND MEDICAL MANAGERS

Griffith University is proposing to run an intensive short-course program focusing on industrial relations (IR) across a series of face-to-face workshops targeted at medical doctors and managers. The program will aim to upskill early, mid, and late career professionals with the skills required to efficiently navigate the industrial landscape within which they function. This program will serve to provide medical doctors with an introduction to IR, occupational health and safety, dispute resolution and negotiations. The program is specifically designed for and in collaboration with ASMOFQ, AMA Queensland and the Department of Health. It is envisaged that after the completion of this program participants will be eligible for CPD points from selected (approved) specialist medical colleges as well as a certificate of completion, digital badge, and 10CP in the Graduate Certificate in Employment Relations (ER), Graduate Diploma of Human Resource Management (HRM), or the Masters of HRM and ER offered at Griffith University. [Register your interest.](#)

AGED CARE REFORM

The Royal Commission into Aged Care Quality and Safety handed down their [final 340-page report](#) on 1 March 2021, making a total of 148 recommendations. We will be drafting a shorter and simplified version of the final report for members. This document will aim to address what our members' main concerns are with aged care and whether those concerns were addressed in the final report. We encourage members to [join the conversation on QDC](#) or to contact our policy team via amaq@amaq.com.au to share their main concerns.

AMA QUEENSLAND ELECTIONS

A reminder to members that our elections are underway. Nominations have closed and the ballot will be open from 12noon, Wednesday 5 May through to 12noon Wednesday 19 May. We encourage all members to cast their vote. [Read more on the AMA Queensland elections.](#)

UPCOMING EVENTS

Annual General Meeting

Join our Annual General Meeting at 6.30pm Friday 21 May at AMA Queensland, 88 L'Estrange Terrace, Kelvin Grove. You can attend in-person or online. To register your attendance or to request or submit a proxy form, please email amaq@amaq.com.au. For more information, please contact Amanda Sanderson on (07) 3872 2222 or a.sanderson@amaq.com.au.

Dinner for the Profession

Get your evening gown or suit to the dry cleaner and book the hairdresser. The date has been set for our Dinner for the Profession event for Friday 16 July from 7pm-10pm at the Emporium Hotel, South Bank. Join medical colleagues for a three-course dinner and celebrate the exemplary work of doctors throughout Queensland at this prestigious, black-tie, gala event. [Book a table for DFP.](#)

Junior Doctor Conference

We are also pleased to announce that we will hold two Junior Doctor Conferences this year with the first to take place in Townsville at James Cook University from 10 to 11 July. The Gold Coast will also play host in the second half the year with dates to be released soon. This is a must-attend event for doctors at the start of their careers where they will be inspired by leaders in medicine, explore college pathways, hear from specialists and more. It is an ideal opportunity for junior doctors to focus on their professional development and we are delighted to take this key event to regional Queensland. [Register for JDC now.](#)

AMA Queensland Annual Conference

There's still time to join us for the AMA Queensland Annual Conference in the Northern Territory from 19 to 25 September. Secure your place on this outstanding conference that provides an incredible mix of professional development, events, food, culture, tours and experiences. [Register now.](#)

Private Practice Webinar Series

The next Private Practice Webinar is Monday 24 May from 10am to 11am on the topic of Mental health in the workplace. This five-part training series covers key issues for GPs, practice managers and specialists. Receive a 40 per cent discount if you purchase all five sessions and either join the live webinars or access recordings. [Book now.](#)

Join the conversation

We are very happy to see a significant increase in conversation on QDC this month and encourage members to continue to initiate and join discussions that are important to them. It is also where we post the latest COVID-19 updates and information so keep a close watch on QDC for all the latest news and information.



Prof Chris Perry OAM
President AMA Queensland

Dr Brett Dale
CEO AMA Queensland

Hypnosis and Self-Knowledge

By Dr Mal Mohanlal

Most people do not understand hypnosis. Many think they cannot be hypnotised, and many believe someone hypnotises them. What they know about hypnosis is mostly from watching hypnosis performed on stage or TV. So they have the wrong idea about hypnosis and what it does to the individual. Here I am going to try to dispel this misconception and help you understand the magic inside you.

Do you know that we live in a hypnotic world? Hypnosis is all about how we manipulate and influence our subconscious mind. What we see or hear is all hypnotic. It affects our subconscious mind. Not only that, but when we think, we are also hypnotising ourselves. Our thinking influences our subconscious mind. As I see it, the ego in our mind is a product of self-hypnosis. That is, it is dependent on the thinking process. The ego is afraid that if stopped thinking, it might disappear from the mind. Thus in most people's mind, thinking never stops. It keeps on going like a squirrel in a cage.

To understand hypnosis, therefore, we must learn how our subconscious mind works. Our subconscious mind is full of conditioned reflexes we have acquired since birth. It does not recognise the right from wrong or the good from the bad. That is, it has no discriminatory power. Our subconscious mind is a neutral energy source that sustains and protects us. All our vital functions are under subconscious control; for example, our cardiovascular system, respiratory system, gastrointestinal system, immune system etc., are all under subconscious control.

You may wonder how thinking is hypnotic? If you become aware, you will observe that words and sentences make up our thinking. That is, we tend to verbalise what we see and what we feel. Yes, when we think, we talk to ourselves. Now, these words have a powerful conditioned response in our psyche. It is a hypnotic response. The

meaning does not matter, but the type of words you use do.

For example, if you say, "What is going to happen?" it creates an instant feeling of anxiety in your subconscious mind. If you say, "Everything is fine", you will feel a lot better even if you did not mean it. Same thing if you say, "I hope I will be fine". It creates an instant doubt in your mind. But if you say "I am fine", you will feel good straight away even if you did not mean it.

Now, if someone says, "I love you", and you know he does not mean it, you will still feel good about it. Why? It is because your subconscious mind is reflexly responding to positive words. This person you know is a crook, liar and thief. Every time he sees you, he keeps telling you, "I love you" I can assure you might change your opinion of him. It is because you have no control over how your subconscious mind responds.

Let me give you another example. If someone says, "I hate you", and you know he does not mean it, I can assure you will not feel good about it. If he keeps repeating that phrase, I have no doubt you will feel like throwing a punch at him. On this occasion, you will observe your subconscious mind is reacting negatively to the negative words.

Hence one can surmise that when we say positive words, we produce positive chemicals in our brain. When we say negative words, we make harmful chemicals. The meaning of the words or your beliefs does not matter. So the way one feels at a given moment is dependent on how many good and harmful chemicals we have generated in the system. If the total has more positive chemicals, one will feel happy. If the total has more bad chemicals, one will feel negative - depressed and miserable. The problem is most of the world outside is negative. It is distorting our perceptions and thinking. It is stimulating your subconscious mind

Continued from Page 12: Hypnosis and Self-Knowledge

By Dr Mal Mohanlal

negatively. One can see mental illness is increasing in societies all over the world. It is the result of individuals developing negative perceptions and habits in thinking. Thus every one of us is a potential candidate for mental illness.

Since our subconscious mind governs how we feel at any given moment, let us examine how we give substance to our feelings. For example, we can look at a flower without saying a single word in our mind and understand what it is. But once we put a word and label it and say "rose", it instantly gives a new definition and form to the feeling. It is a subconscious response. From this, you will understand how emotions can play havoc on the individual.

The ego has the habit of analysing and verbalising everything, which in turn activates thinking and emotions. So if you are angry, for instance, and keep verbalising and mulling, you will become even more enraged. However, if you did not say a single word in your mind and just observed your feeling and see how long you can make it last, you will find it has no substance. The mood will fade away.

To understand further how our subconscious mind controls our emotions and feelings, we need to look at our perception of time, the time as we know by the clock. I have labelled the ego a time-traveller because it is always thinking about the past, the present and the future.

Do you realise that it is the word you use in your mind that makes you travel in time? So when we say "the past", you are instantly transported into the past. When we say "the present", we now look at the present, and when we say "the future", we now instantly project ourselves into the future. The tenses we use in our day to day language to communicate makes us travel in time. The words stir up our imagination. They have a conditioned response in our subconscious mind.

But do you know in reality, there is no time? We live in a timeless world. The ego is afraid that it would be stuck in the present if it did not verbalise everything it sees or hears. It is this fear that drives the ego to keep thinking all the time. It is the reason why we hear this inane chatter everywhere around us in the media, TV, Radio and Newspaper, etc. We know how to keep ourselves in a trance-like state. Do you understand what I mean when I say that the world is turning us all into zombies?

Can you now appreciate the fact that we are all conditioned beings? The environment in which we grow up hypnotises us, so we are already hypnotised. To wake up from this self-hypnosis, we have to become aware of our conditioning.

Awareness deconditions us. It wakes us up from this hypnotic world, so we can start thinking for ourselves.

In my recent article titled "Meditation-A Pathway to Self-Discovery," I have suggested how one can overcome this fear of having an empty mind.

Please learn to understand your subconscious mind. Acquiring self-knowledge is so essential. You can manipulate how you feel about any good or bad experience you may have had.

Yes, you can leave your past behind.

Please read "The Enchanted Time-Traveller – A Book of Self-knowledge and the Subconscious Mind" and discover the magic inside you.

Please do not ignore the elephant in the room - the subconscious mind. If you do, you are risking your mental health.

Visit Website: <http://theenchantedtimetraveler.com.au/> The EBook is available at Amazon.com.

MULTIPLE SCLEROSIS AND IMMUNISATION STATUS

THE immunisation status of patients newly diagnosed with multiple sclerosis (MS) must not be overlooked when beginning treatment with immunomodulatory or immunosuppressive disease-modifying therapies (DMTs), according to the authors of a Perspective published today by the *Medical Journal of Australia*.

“Determining immunisation status when commencing DMTs is key, as is an individualised approach to risk-benefit assessment when considering vaccinations,” wrote the authors, led by Dr Cassie Nesbitt, a neurologist at Alfred Health in Melbourne.

“MS is an autoimmune disorder treated with DMTs. Immunosuppression predisposes [patients with MS] to infection risk, including opportunistic infections; a higher long-term risk of some infection-related malignancies is also likely.

“Infections in patients with MS may result in increased relapses, functional decline and pregnancy complications.”

Early planning was vital, Nesbitt and colleagues wrote.

“A full course of vaccinations should be considered for non-immune patients before commencing a DMT; this is sometimes forgotten in the urgency of managing a new MS diagnosis.

“Live vaccinations use an attenuated viral or bacterial strain and are contraindicated with most DMTs because of the risk of disseminated infection when used in immunocompromised states. Administration of live vaccines is recommended before DMT commencement,” they wrote.

“Routine vaccinations are not associated with increased MS relapse risk,¹⁰ although the risk of relapse associated with yellow fever vaccination remains unclear.

“Immunisations administered in accordance with local guidelines are considered the best strategy for minimising the risk of infections that could trigger MS relapses. In patients experiencing clinically significant relapses, delaying vaccine administration has been suggested until patients have stabilised and show signs of improvement (typically 4–6 weeks).

“Additional consideration is required for women with MS who are planning a pregnancy,” they wrote.

“Women should receive live vaccinations before conception to prevent adverse pregnancy outcomes; however, DMT cessation to allow vaccination before conception is often not feasible. Vaccination should therefore be explored as early as possible, preferably before commencement of DMT, as it may represent a one-off opportunity.”

The Perspective also provides guidance on the following vaccines:

- Influenza (non-live);
- Primary varicella (live);
- Varicella zoster reactivation (live);
- Measles-mumps-rubella (live);
- Pneumococcus (non-live);
- Hepatitis B virus (non-live);
- Diphtheria-tetanus-pertussis (non-live);
- Meningococcal disease (non-live);
- Yellow fever (live);
- Human papillomavirus (non-live); and,
- Travel vaccines.

“Live vaccinations are contraindicated in patients once they have commenced a DMT,” Nesbitt and colleagues concluded.

“Although we consider it safe to combine non-live vaccinations with DMTs, data are limited regarding their efficacy and durability.”

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Cradle Mountain - Lake Saint Clair National Park, Tasmania

by
Cheryl Ryan



Seated in the heart of Australia's biggest protected conservation sites is the Cradle Mountain National Park, also known as Cradle Mountain-Lake St Clair National Park on the island of Tasmania.

With jagged Dolerite peaks surrounding mirrored lakes, glaciated landscapes, alpine forests, and unique fauna, the National Park has something for every traveller. Not just this, it also offers unique experiences in every season from icy streams cascading down the mountains in winters to a riot of colours during the "turning of the fagus" in autumn -- it is a destination you would never get enough of and keep coming back to.

What we have planned for you

- Warm up to the National Park with a hike across the Overland Track -- a trail that takes you from Weindorfer's Chalet to the deepest lake of Australia, Lake St Clair. The forty-mile trail takes you through alpine forests, glaciated mountains, jagged peaks, and mirrored lakes leaving you in awe of every turn. It gives you a chance to interact with friendly joeys and sleepy echidnas, an experience like no other!

- If undertaking long treks is not your thing, you still have a chance to experience the magic of the wilderness and majesty of the mountains by taking a shortcut to Crater Lake via the Weindorfers Forest Walk. Sitting by the lake and gazing at the panoramic views of the surrounding mountains will make you realize how appropriately the Cradle Mountain has been named.

- The Weindorfers Forest Walk also happens to host one of the most awe-inspiring spectacles of nature which the locals affectionately call the turning of the fagus. During autumn, for a very short period

of time, the beech trees turn their leaves from green to bright oranges and reds in a matter of a couple of days, and you will not want to miss this!

- Stay the night in a camp or at a comfy lodge and brace yourself to experience nature's stunning light show -- the Aurora Australis, the Southern counterpart of the Aurora Borealis (or Northern Lights). You will be in luck if you visit anytime between the winter months of May to September as you will have the chance to witness these stunning lights dance around in the clear night skies against the backdrop of peeking mountains, conical trees and star-filled black skies.

- Closing the trip to the National Park calls for an adrenaline rush! It's time to head to the Dove Canyon to go abseiling down fifty meters deeper into the canyon. While abseiling here does not require prior canyoning experience, it will surely get the heart pumping as you get up, close, and personal with the landscape. And if abseiling ain't your thing, you can explore the Cradle Mountain Canyons on horseback along the Speeler Plain.

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BUYING OR GIFTING SHARES TO A MINOR

We are seeing an increase in parents and grandparents wanting to buy/gift shares for their minor grandchildren (under 18 years old). We are commonly asked about the process and ramifications of buying shares for, or gifting shares to, a minor. Below are some scenarios and commonly asked questions. (*G. = the person gifting the shares.*)

Scenarios:

Gifted Shares, Minor Receives Income:

- G. buys shares on behalf of minor;
- Any dividends received go into minor's bank account;
- Minor declares the dividends on tax return;
- When the shares are sold, any capital gain or loss will belong to the minor.

Gifted Shares, G. Puts Shares in Minors Name but G. wants the Income:

- G. buys shares in minor's name;
- G. receives dividends and uses for personal expenses;
- G. declares dividends on tax return;
- When the shares are sold, any capital gain or loss will belong to G.

Gifted Shares, G. Puts Shares in Their Name but Will Give to Minor Later:

- G. buys shares in their name;
- Dividends are declared by G.;
- When minor turns 18, ownership of shares is transferred to minor;
- Shares are treated as if they were disposed at their market value, which may incur capital gain or loss for G.;
- Minor is now in full control of shares, any capital gain or loss from selling shares will now belong to minor.

Commonly Asked Questions:

What if the minor doesn't have a TFN?

Unless working, the majority of minors will not have a tax file number (TFN). When you buy shares you are asked to provide a TFN and if not provided then withholding tax will be withheld at 47% from any unfranked (untaxed) dividend income received.

If you do provide a TFN when buying shares, you pay taxes on the dividends when the tax return is lodged. If the shareholder is a minor with a TFN, you should provide the minor's TFN at the time of purchase. In the instance a parent or grandparent is the trustee for the minor, provide the parent or grandparents TFN.

Who declares the dividends?

Whoever rightfully owns the shares (whoever's name they are in) needs to declare the dividends, along with any net capital loss or gain from the sale of shares.

When should a minor with shares lodge a Tax Return?

If a minor owns shares and earns more than \$416, a tax return is required to be lodged. If less than \$416 a tax may still be required to recover franking credits. If in doubt check with your accountant.

Do all trading sites allow trading on behalf of minors?

No. Not all sites are able to trade on behalf of minors, such as Commsec. What you can do is open an account in the name of an adult who will act as trustee until the minor turns 18. The shares can then be transferred into an account in their name. Beware of the capital gains tax that may apply through doing this.

If you would like to discuss this matter, please feel free to call us on 07 54379900.

References used ATO and Commonwealth Securities Limited.



COMMUNICATION KEY TO VACCINE CONFIDENCE

The AMA commends the Australian Government for listening to medical advice on the AstraZeneca vaccine and taking a more cautious approach to the rollout, with emerging evidence there is a very low risk of clotting associated with the vaccine.

“I want to emphasise the AstraZeneca vaccine for people who are 50 and over is considered very safe and the benefits vastly outweigh any risks,” AMA President Dr Omar Khorshid said.

“The system has worked as it should. The expert advice has been given and the Government is acting in line with it.

“The clotting seen in few patients around the world is extremely rare, quite separate to normal thrombosis, and occurs at about 1 in 250,000.

“By comparison if you contract COVID-19 the risk of dying is much higher.

“This setback may slow down the vaccine rollout, but it also means the rollout is based on the best advice possible – it is not a race to the finish line.

“The AMA has always strongly insisted on decisions based on the best scientific advice made independently by the Therapeutic Goods Administration (TGA) and the Australian Technical Advisory Group on Immunisation (ATAGI).

“The job of the TGA and ATAGI is to look at the risks versus benefits and to advise on who should have the AstraZeneca vaccine, and those who should not, based on the situation in Australia where fortunately we have little to no community transmission of COVID-19.

“About 20 million Pfizer vaccines were expected to arrive in Australia between now and the end of the year and today the government has announced an order for another 20 million doses.

The Government must continue to explore the availability of alternative vaccines.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

“Those under 50 who qualify for the vaccine - such as those who have serious medical conditions - will still be able to have the AZ if they do not wish to wait for a Pfizer vaccine.

“Patients can talk to their trusted GP to get clear information on the risk of this unusual and very rare clotting disorder versus the benefits for them, so they can provide informed consent.

“The main aim now will be to properly convey this information to the community so that public confidence in the vaccine rollout is maintained,” Dr Khorshid said.

The AMA will also continue to work closely with the Government as it seeks to reset the rollout of COVID-19 vaccines following last night’s decision to preference the Pfizer vaccine for patients under 50 years of age.

9 April 2021

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Where We Work and Live

A Sailor's Story - John Gilfellon: [https://vietnamvets-museum.org/node/soldiers-stories-John Gilfellon](https://vietnamvets-museum.org/node/soldiers-stories-John-Gilfellon)

HMAS Perth - John Gilfellon

On 5 September 1966 I arrived on the HMAS Perth. As the ship had been built in America most of the crew had gone over to collect it so I had to listen to all their stories.

In April 1967 while on a visit to Hobart the Perth was sent to Macquarie Is to bring back a seriously ill researcher from the Australian base there. Macquarie Is is an Australian territory situated 1,500 kilometres south east of Tasmania (about half way to Antarctica). The weather was very rough going and coming with the ship rolling near 45 degrees at times. Most of the trip the outside decks were closed because the sea was continually breaking over them putting lives at risk. On arrival the sea was too rough to send in the boats so the clearance divers had to swim lines inshore to achieve the rescue. One of the divers dressed in his black wet suit and greased up against the cold water was sure that a bull seal was making eyes at him.

While at sea when no exercises were being held the crew were allowed a beer issue. Each crew member was entitled to one large can of beer, same size as a bottle. Some crew members would ask others to order theirs so that they would have more than one. The cans were opened on collection so by the time they drank two or three the last one was almost flat. I did not usually take up my issue.

On 2nd September 1967 we sailed for the Perth's first tour of duty in the Vietnam War. On the way north we had to cross the equator and as with navy ships we had a crossing of the line ceremony. Those deemed to be crossing the line for the first time, or for any other reasons were gathered up by the fuzz, the largest blokes among the crew and brought for sentencing by Neptune, nobody was exempt. After sentencing, nobody got off, you were then dunked in a pool full of a mixture of foul stuff. It helped moral and provided some entertainment.

We joined the American Seventh Fleet on



Over the top R & R



Me getting out of the pool



King Neptune holding court

14th September 1967. We were stationed at Subic Bay, a large American naval and air force base in the Phillipines. I remember a sense of excitement as we arrived with over 50 naval ships of all descriptions tied up and anchored and air force planes taking off regularly from the base across the bay. The Perth tied up three ships deep at the wharf. The American destroyer we tied up to was undergoing repairs from being hit by enemy gunfire. There was movement everywhere with ships being refuelled, taking on more ammunition and stores, you got the sense that you were in the war zone although a long way from Vietnam. Announcements being made of numerous ships speakers reinforced the excitement.

"All those that have done wrong muster at the sheriff's office", "Gedung alongside" (this was a food van that drove up and down the wharf selling all sorts of edibles) were just some of the memorable announcements. The navy base had a supermarket, large canteen and bar, ten pin bowling alleys and other sporting facilities. There were around 20,000 sailors at the base so they had to be supplied.

Continued Next Month: