



See Narangba in our historical article in our regular Where We Live And Work segments pages 3, 10 and 20.

Vice President's Message . Dr KIMBERLEY BONDESON

OPTION A – The end of the public health system in Queensland as we know it? I attended a recent Branch Council meeting where an audit report on the Option A income being generated by the public hospital doctors was being discussed. The story as it unfolded was interesting. The Option A doctors who obtained access to Medicare bulk billing was introduced originally by the government in order to generate another income stream which was to be used to 'top up' doctors incomes in the public system, effectively giving them a pay increase.

This was done in an attempt to increase retention of doctors in the public system, and to increase recruitment – both of which were achieved. It was deemed that this would be 'cost neutral'. The funds accessed by bulk billing, less the administrative cost of managing the extra paperwork, would offset the wage increase given to the doctors who were eligible to bulk bill, and would not cost the hospital any money. In fact, any excess, ie profit, would go to the hospital. What has actually happened is that over a period of 5 years, the project has cost the government \$8 million in one district alone.

However, any doctor, GP or specialist who is already in full –time private practice, who became aware of this scheme, would have seen it was potentially fraught with problems. To simply get all doctors in the public system to bulk bill private (?public) patients, and expect this to be self funding is fraught with difficulties. As it is in the private system. Some private practices , particularly the older, doctor owned practices, are run on a very tight schedule, and do not rely on solely on bulk billing, as this is not sustainable. General Practitioners in particular know this.

Now, in the public system, the clerical side for one is run by staff that have no experience with bulk billing. The Doctors themselves have noted that in the admin offices they seen bundles of bulk-bill claims that have not been forwarded to Medicare because the staff do not know what they are supposed to do with it. If this happened in the private system,

then it would be become evident very early on that it is not sustainable. The doctors themselves had no experience with bulk billing. No training was offered for either.

The public system is much more complex, with some public doctors being able to generate larger bulk billing income, whilst others do not have any opportunity or very limited opportunity to do so.

The recent Auditors report of the situation in Queensland Health is very damning. The rumour mill in some of the larger public hospitals in Queensland is going into overdrive. They have already had their cars and salary sacrifice arrangements cancelled by Queensland Health as part of their budget cuts, and now it looks like their supposed funding obtained by the income coming in from Option A is going to be cancelled as unsustainable, and not feasible. Some of these doctors will be looking at taking large pay decreases, up to 45% of their current salary.

What will this do to the public hospital system? Decimate it.

If the doctors who are affected have other choices, I have no doubt they will take them, and who can blame them. And what is the government and Queensland Health doing? Trying to blame and shame the doctors – some for supposedly overcharging, and some for not charging. This is Medicare, and as doctors in the private sector know, if you have undercharged or forgotten to charge, then too bad, you miss out. However, if they deem that you have overcharged or charged incorrectly, they will try to recoup.

Remember, some of these hospital doctors have no idea of what was bulk billed in their name, let alone how much.



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

2013 MEETING DATE CLAIMERS:

For all queries contact Margaret MacPherson Meeting Convener: Phone: (07) 3049 4444

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday February 26th
Wednesday March 27th
Tuesday April 30th
Wednesday May 29th
Tuesday June 25th
Wednesday July 31st

**Annual General Meeting
Tuesday August 27th**

Next Meeting

**Wednesday September 18th
Tuesday October 29th**

**End of Year Networking Function
Friday November 29th**

SEPTEMBER NEWSLETTER 2013

The **14th September 2013** is the **timeline** for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at
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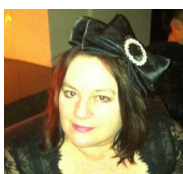
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Narangba



NARANGBA, whether you think of the sleepy little town of Narangba Village or the larger area taken in by Narangba Valley, has been there a long time. The sign outside the primary school proudly proclaims that it was established in 1910. Narangba was originally called Stoney Creek and the first railway station was Sideling Creek Station.

strategy did attract young families, and the 2006 census figures confirm this as a very young age demographic. The development plan for Narangba-Burpengary won an award, for the match between infrastructure and population growth.



The name might mean “small place”, being the perception as you drive through the main shopping precinct, or at least the oldest of the three shopping areas. Being way West of the Old Gympie Rd and even further West from the Bruce Highway, Narangba was never on the main thoroughfare of life, and always seemed to be a backtrack away from congested highways. But as you drive around the increasingly crowded estate development, there is a huge population unexpected in such a rural atmosphere.

About 13,000 people (2006 census) call Narangba home, including our own Treasurer, Peter Stephenson. Looking at the standing-room-only car park at the railway station, you could be forgiven for thinking that Narangba is a dormitory suburb for Brisbane workers. However, down near the highway, Narangba turns into a major industrial area, a significant employment hub.



The large number of parks tells of planning that had families in mind. The number of child care centres, some quite large, tells that the planning

In election season, the vast preponderance of Wyatt Roy signs shouts that this is Liberal Party homeland. But Longman comprises more than just this leafy suburb, and Mal Brough, when he was Minister for Indigenous Affairs, was toppled by ALP newcomer Jon Sullivan. It took novelty teenager Wyatt Roy, the youngest Parliamentarian ever elected to Parliament (and maybe one of the shortest) to regain the electorate for the coalition.



If Narangba has its way, Wyatt will be safely back for another term.



AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT Dr CHRISTIAN ROWAN

Special Broadcast by Health Minister Lawrence Springborg



Dear Members,

AMA Queensland welcomed the recent special broadcast by Health Minister Lawrence Springborg regarding the Auditor-General's recent report into Right of Private Practice (RoPP) billing processes.

As identified by the Auditor-General, the current system, which was intended to recoup funding by treating private patients in public hospitals, has been poorly managed and inefficiently administered over a period of many years.

The Government estimates that mismanagement of this system is costing the state approximately \$80 million a year in lost revenue.

In Minister Springborg's own words, "The audit office and the government agree—this is a problem with a broken system, NOT with our doctors.

"To address this broken system—and in line with the government's 'Blueprint for better healthcare'—performance-based contracts for senior clinicians will be implemented which reflect the dynamic and changing workplace and value the innovative role they play."

"Let me be clear. Current private practice arrangements will remain until 30 June 2014, unless a new contract arrangement is agreed with individual doctors before then."

"Queensland Health will NOT seek to recover from any doctor, any part of their current allowance that has already been received."

"Our health services are held in high regard by all Queenslanders. Senior medical officers deserve their high standing and I applaud the enormous value and professional excellence they deliver every day."

AMA Queensland is pleased that the Government has clarified their position, and in doing so, acknowledged the concerns put forward on behalf of our salaried members.

We will continue to work closely with the Department of Health to ensure any new arrangements are consultative and well-communicated. Any members with concerns about their individual circumstances should contact our Workplace Relations team on 3872 2222.

The next few weeks will be largely dominated by the upcoming Federal Election as Australia finally heads to the polls on 7 September. Hopefully this election will deliver a decisive result and a policy agenda for the next three years. The last few years of political instability have allowed health to be overshadowed by other issues such as the economy and immigration.

Regardless of the election outcome, AMA Queensland, alongside our Federal colleagues, will keep pushing to make health a top priority for any incoming government.

Sincerely,
Dr Christian Rowan
President AMA Queensland

Medicare eligible MRI scans now available at Qscan Redcliffe

Qscan Radiology Clinics are proud to announce that our Redcliffe MRI scanner now has a full Medicare license.

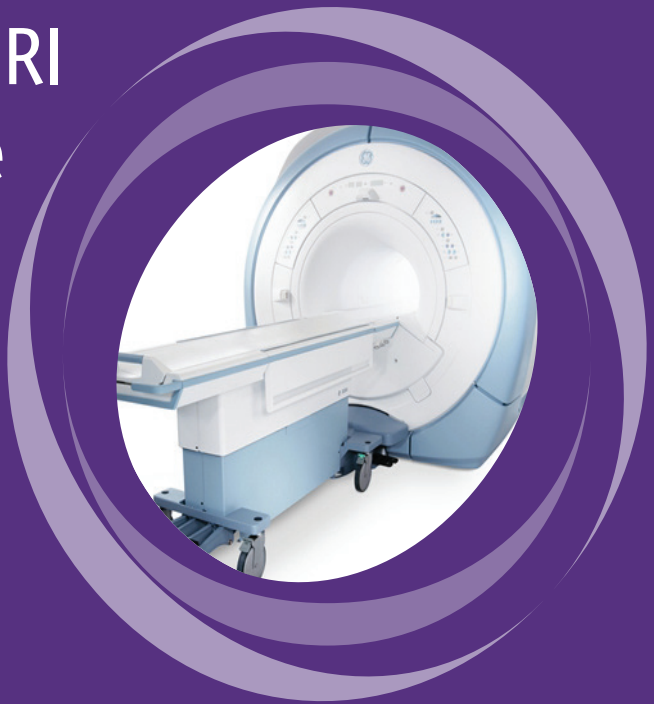
All Medicare eligible Specialist referred MRI scans will now be bulk billed.

All General Practitioner referred paediatric MRI scans that fit Medicare criteria are also bulk billed.



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Interesting Tidbits **NATTY MOMENTS:**



Why We Love The Irish!!

Paddy & Mick find 3 grenades, so they take them to a police station. Mick: "What if one explodes before we get there?" Paddy: "We'll lie and say we only found two."

Paddy spies a letter lying on his doormat. It says on the envelope "DO NOT BEND ". Paddy spends the next 2 hours trying to figure out how to pick the bloody thing up.

Paddy was driving home, drunk as a skunk, suddenly he has to swerve to avoid a tree, then another, then another. A cop car pulls him over as he veers about all over the road. Paddy tells the cop about all the trees in the road. Cop says "For god's sake Paddy, that's your pine air freshener swinging from the rear vision mirror!"

An old Irish farmer's dog goes missing and he's inconsolable. His wife says "Why don't you put an advert in the paper?" He does, but two weeks later the dog is still missing. "What did you put in the paper?" his wife asks. "Here boy" he replies. Paddy's in jail. Guard looks in his cell and sees him hanging by his feet. "What the hell you doing?" he asks. "Hanging myself" Paddy replies. "It should be around your neck" says the Guard. "I know" says Paddy "but I couldn't breathe".

An American tourist asks an Irishman: "Why do Scuba divers always fall backwards off their boats?" To which the Irishman replies: "If they fell forwards, they'd still be in the bloody boat."

Question - Why are Irish jokes so simple?

Answer - So the English can understand them.

Murphy told Quinn that his wife was driving him to drink. Quinn thinks he's very lucky because his own wife makes him walk.

Reilly went to trial for armed robbery. The jury foreman came out and announced, 'Not guilty.' 'That's grand!' shouted Reilly. 'Does that mean I can keep the money?'

Mrs. Feeney shouted from the kitchen, 'Is that you I hear spittin' in the vase on the mantle piece?' 'No,' said himself, 'but I'm gettin' closer all the time.

Finnegin: My wife has a terrible habit of staying up 'til two o'clock in the morning. I can't break her out of it. Keenan: What on earth is she doin' at that time? Finnegin: Waitin' for me to come home.

Slaney phoned the hospital maternity ward. 'Quick!' he said. 'Send an ambulance, my wife is goin' to have a baby!' 'Tell me, is this her first baby?' the intern asked. No, this is her husband, Kevin, speakin'.

Did you hear about the Irish newlyweds who sat up all night on their honeymoon waiting for their sexual relations to arrive?

My mother wanted me to be a priest. Can you imagine giving up your sex life and then once a week people come in to tell you the details and highlights of theirs?



AMAQ BRANCH COUNCILLOR REPORT NORTH COAST AREA REPRESENTATIVE Dr WAYNE HERDY



HEALTH & THE FEDERAL ELECTION

With the Federal election campaign at its halfway point, it is clear and regrettable that health has taken a minor place in the debate. The ALP has announced little that is new.

The Greens have espoused a rural mental health plan, a nice token but no more.

The coalition has declared that there will be a contrast in health policies, but Peter Dutton has revealed no details of what he hopes we will find new and exciting.

While the whole community nourishes a gut feeling that we are heading towards another global meltdown, the economy and job security looms highest in the voters' minds. Policies and procedures around asylum-seekers runs high in the agenda of the popular press. Faced with such stiff competition for attention, health has little chance.

I always argue that there are three black holes in health funding – aged care, mental health, and indigenous health - it makes no obvious difference no matter how much money is thrown at those three ever-increasing voids, nor does any other nation in the world have a real answer to the problems of those three populations.

Better to label health as too hard and concentrate on the problems that appear to have potential solutions. The outcome so far is that this is the most personality-driven election that Australia has ever seen, a phenomenon that is usually labelled as “presidential”.

A health sideshow is looming with the recent publication by Choice magazine of opinions surrounding generic medications. This is never going to be an election-winner, but has attracted some public debate.

The competing interests are complex. Pharmacists are clearly profit-driven, and one cannot deny that business operators and

health professionals (I am never sure where to park community pharmacies) have a right to make a profit and earn a living commensurate with their risks and skills outlaid, but doctors do resent the way that they have seized the generic-medicine golden goose with such glee. Patients are entitled to effective and safe medicines at a reasonable out-of-pocket cost. The principal purchaser, the government via the PBS, is entitled to a fair price and a product that actually works. The pharmaceutical companies are entitled to a fair reward for the risks involved with genuine medical research, a field that is at the rather thin end of the diminishing-returns rule.

What concerns doctors most is the rapidly burgeoning number of generics and the increasing frequency of substitutions that massively increase the risk of adverse events. Somewhere in the midst of this maze is a sensible answer, a compromise that unfortunately will ultimately be dictated by cost to the taxpayer. The task facing the medical profession, ideally hand in glove with the pharmacy profession, is to ensure that the compromise is one that is evidence based (had to put that in somewhere) and, above all, safe. Our priority is patient safety.

Hot off the press. On the evening of 20th August, the Queensland government passed the Health Ombudsman Bill. It is only a matter of few formalities (ie royal assent) and Queensland will have a new health enquiry system based on the Health Ombudsman instead of the Medical Board. The medical profession has lost its dominant role in determining the hearing of health complaints.

The opinions expressed herein are those of your correspondent

Wayne Herdy
North Coast Branch Councillor, AMAQ

RDMA JULY Meeting 31.07.2013

Chair President Dr Wayne Herdy, Speaker Dr Andrew Rosenstengal Topic: An Update on GOPD Management with Case Studies. Sponsor GSK Pharmaceuticles Representative: Thomas Bryce, Sean "Chips" Rafferty and Claressa Camus.



Centre Left Clock wise; Thomas Bryce, Claressa Camus, Sean "Chips" Rafferty GSK Pharmaceuticals Representatives with RDMA President Dr Wayne Herdy, Top Left Corner: Matt Tatkovic, Kimberley Bondeson & Max Wilson. Thomas Bryce & Sean Rafferty. Andrew Rosenstengal & Wayne Herdy, Speaker Andrew Rosentengal. Paranban Rateesh & Premila Balakrishnan. Salih Baxdar, Sam Elias & Claressa Camus.



ANNUAL GENERAL MEETING

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

ANNUAL GENERAL MEETING

Date:	Tuesday 27th August 2013
Time:	7 for 7.30pm
Venue:	Renoir Room - The Ox, 330 Oxley Ave, Margate
Cost:	Financial members - FREE Non-financial members \$30 payable at the door. (Membership applications available)
Agenda:	<p>7.00pm Arrival and Registration</p> <p>7.30pm Be seated - Entrée served Welcome by Dr Wayne Herdy - President RDMA Inc.</p> <p>7.35pm Sponsor: Monserrat Day Hospital North Lakes</p> <p>7.40pm Speaker: Dr Sam Islam Topic: Fats and the Liver</p> <p>8.00pm Speaker: Dr Daniel Mehanna Topic: Advances in the treatment of hemorrhoids - the HALRAR technique. The GP's perspective.</p> <p>8.20pm Main Meal, Question Time</p> <p>8.40pm General Business, Dessert, Tea & Coffee</p> <p>8.45pm AGM</p>

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 23rd August 2013

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Exotic India Is Calling You.

Maggie’s Dreamcatcher President and Founder Cheryl Ryan and her husband Dr Michael Ryan have been travelling to the far north of India for a number of years now. Having established their charity they have been taking small boutique tours to India for a number of years now and have established strong bonds with the Delek Hospital and a small medical clinic in a monastery in Dharamsala. Cheryl says “Although being a small charity can be limiting for Maggie’s Dreamcatcher in some regards, it is incredibly liberating in others”. Cheryl and Michael have formed great friendships with the locals in the community and within the hospital and medical clinic. The current chief Medical Officer and well respected respiratory specialist is Dr Tsetan Dorji Sadutshang who runs a very efficient hospital with great training programs in place for local doctors. He is also the private physician to His Holiness the Dalai Lama and has established a much needed TB clinic within the hospital. Dr Tsetan is keen to be involved on our visit and happy to receive any training/education assistance that can be offered. Recently Nambour Radiologist Dr Troy Stapleton donated 4 large boxes of radiology books of which half have been delivered by recent travellers to the area. The arrival of the books coincided with a visiting Radiologist who was volunteering at the hospital for 4 weeks and assisted with sorting through the new arrivals for the hospital. Cheryl says, “We are always looking for assistance and the small medical centre is currently seeking anyone who can assist with Antibiotics, Hypertension and Diabetic medication along with antibiotic ointment, Bandages and suture sets”.

The aim of Maggie’s Dreamcatcher is to assist financially through fund raising but now assists in finding volunteer medical staff for the Delek Hospital. Last year Cheryl placed around 6 staff that stay for a period of 1 to 3 months. Doctors are welcome to stay in the provided accommodation for their duration or find their own accommodation close to the hospital. The surrounding area of Dharamsala takes in McLeod Gange which is home to His Holiness the Dalai Lama. The area surrounding the hospital is beautiful with the Himalayas for a backdrop everywhere you wander. It is a busy place with many visitors coming and going and provides a collection of excellent accommodation choices and many different cuisine choices. Both Michael and Cheryl have been fortunate to have been given two private audiences with His Holiness and have his blessing for the work they are involved in.

In April 2014 Cheryl will again escort a tour to India for 12 days which will include a 3 day medical conference in Dharamsala which will be based around field trips to the Delek Hospital, Tibetan Children’s Village, Local Hill Village, Monastery Medical Clinic and include evening dinner discussions/forum. This tour is suitable to delegates and their families as Dharamsala offers some of the most interesting shopping and cultural experiences and the field trips would welcome non delegates to join in. The accommodation provided throughout the tour is 5 star and you will not miss out on a visit to two of India’s iconic sights – The Taj Mahal and The Golden Temple. We will welcome any contribution to education/training should you join us in 2014. This is a chance to make a difference by passing on your own education and skills to those in need.

For further information please visit: <http://www.123travelconferences.com.au/home.aspx> or email Cheryl with any donations: info@123travelconferences.com.au **Cheryl and Michael take a limited number of guests on this tour.**

Maximum guest’s 25/Minimum 10

SPONSORS ENSURE A SUCCESSFUL AGM

Sponsors May & Baker and Rorer were here in force for the July dinner meeting of the Redcliffe and Districts Local Medical Association.

State Manager, Terry Donovan led the team of Peter Truelove and Susan Bolland with clinical guest speaker Dr Greg Staunton-Smith.

May and Baker picked up the sponsorship after a last minute cancellation, leading to profuse thanks from out-going president, Dr David Brand.

In traditional May and Baker style, there were some added surprises.

Dr Patrick Lee of Caboolture won the lucky door prize for sitting on the chair with the hidden symbol. His prize was presented by Terry Donovan (pictured at right).

Dr Ian Baker was quick to accept the offer of some Orudis samples from Peter and Susan after the meeting (pictured top).



The meeting was one of the best attended AGMs in several years, according to long-time members.

BROWN IS FIRST "OUT OF TOWN" PRESIDENT

BONDALL general practitioner, Dr Bob Brown is the new president of the Redcliffe and Districts Local Medical Association.

He succeeds Dr David Brand who did not seek re-election because of commitments in his position as a State AMA Councillor and Queensland chairman of the Australian Doctors' Fund.

Dr Brown, 41, has been LMA vice president for the past two years.

He said that developing an awareness of general practitioners as the first line of health care would continue to be the LMA policy.

He said he fully supported policies established by Dr Brand in encouraging public awareness of the important role GPs played in primary health care.

Dr Brown, who was elected unopposed, is the first president from the southernmost end of the association's membership district which stretches as far north as Kil-

coy and Woodford.

He has been a general practitioner for 11 years since graduating from Queensland University and has been a member of the LMA for six years.

The new vice president is Dr Geoff Hool, an anaesthetist at the Redcliffe Hospital who won the post in a ballot with Dr David Crompton of Strathpine.

Dr Hool is also secretary of the Staff Association at the hospital.

One of his first assignments was to represent the LMA at the State AMA Convocation and Leadership Seminar at the Bond University on the Gold Coast.

The new secretary is Dr Alan Mahoney, an anaesthetist, of Kippa Ring, who replaces his colleague, Dr John O'Reilly.

The new treasurer is Dr Judy Tucker, of Shorncliffe, taking over from Dr Frank Cunningham who held the position for two years.

Dr Brown told the meeting



latest membership figures confirmed the association's claim to being the biggest local medical group in Australia.

He said it was his aim to achieve a 100 per cent membership of the estimated 700 medical practitioners in the area between Banyo and the lower end of the Sunshine Coast and west to Dayboro.

Dr Brown said the association had achieved recognition as a credible voice for the medical profession by being consulted by the Health Minister on the early discharge

scheme and then by consultants assessing requirements for a proposal public hospital at Caboolture.

"It must be the first time a local medical association has been considered important enough to have its views heard in the determination of a government policy," Dr Brand said.

The meeting adopted Dr Brand's recommendation to continue the use of public relations consultants to ensure the association's message was conveyed to the public and health authorities.



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MEDICAL MOTORING with Doctor Clive Fraser

Buying a “New” Car? How “New” Is “New”?

Motoring Article #104
Safe motoring,
doctorclivefraser@hotmail.com



This column marks my tenth anniversary as AMA motoring writer.

Over the years I've received just as many brickbats as bouquets and one learns to firm up and not shy away from telling it like it is.

I have noticed that doctors who disagree with what I've written may even accuse me of not even driving their beloved model.

By way of example I thought I'd accurately described that holding onto the steering wheel in a previous Mercedes model was like dancing with a fat lady, but a colleague thought I'd gone too far with that analogy.

Just for the record, I did drive the car, and I have danced with a fat lady!

And for those that do disagree there has always been the option of a letter to the editor.

One of my IMG colleagues aptly pointed out to me that was exactly why he chose to live in Australia, because it is a country of free speech, at least outside of Queensland and if the Murdoch-owned press agree with your views.



So at the risk of offending a whole nation of car dealers, I'm going to spill the beans on what it means to buy a not so new, “new” car.

A doctor called me last week and asked me to take a close look at a new 1.6 litre turbo-diesel Volvo C30 that he'd found at a great price on the internet.

The RRP for that vehicle is currently \$36,990 + ORC.

Whilst it was listed at \$28,990 drive-away on the internet, the dealership had \$29,990 on the windscreen so there already looked like there'd be some room for negotiation.

My colleague was particularly asking that I check the build date on the car's body.

On closer inspection it seemed that this particular vehicle left the Belgian production line in February 2012.

By my calculations that made it 18 months old, and not so new after all.

On the inside I wasn't greeted by that new car smell one comes to expect and there was a lot of dusty debris inside which I'm sure would have been removed at pre-delivery.

Under the bonnet there was more debris indicative that the vehicle had spent its whole life outside and in the harsh sun-light.



Not so good if you're fortunate enough to have undercover parking for your own car.

There was also a lot of corrosion on all the alloy bits under the bonnet some of which I'm sure would wipe off, but some of which was pitting the surfaces.

And whilst the dealership would insist that the engine oil should be changed every 12 months regardless of how many kilometres travelled to maintain the warranty, I would be surprised if this vehicle had already had a service.

So is a discount of about 28% off the RRP too good to pass by on an 18 month old “new” car that has only done 68 kilometres.



My colleague wasn't sure.

He offered the dealership \$26,000 (cash, no trade).

The salesman feigned

indignation and said they wouldn't go lower than \$28,000.

My colleague walked.

Just as well, because the next day he bought a new and some would argue better 2.0 litre turbo-diesel Opel Astra for \$21,700 drive-away.

Safe motoring,
Doctor Clive Fraser

Will your assets go where you want them to?

No one likes thinking about either their Will or the impact of their death even though death and taxes are said to be the two certain things in life. Succession, retirement and estate planning are critical issues for many SME businesses as baby boomer parents transition to retirement.

Talking about succession well ahead of retirement is probably the best thing you can do to avoid family conflicts and to make sure your family wealth ultimately ends up where you want it to.

Case Study

A few years ago Frank and Joan passed away and did not discuss the contents of their Will. The Will provided for each of their 4 children to share equally in the business ownership upon their death. Due to a recent relationship breakdown within the family, a large part of the business had to be sold leaving an uncertain future for Frank and Joan's business.

How do you decide who gets what?

There are no set rules for family succession, retirement and estate planning. Taking a proactive approach can, however, minimise the potential for family conflicts. A proactive approach allows you to communicate your succession and retirement plans to all family members whilst you are in control of the family situation (i.e. prior to your death).

Pre Will

Resolving family succession before death.

For: Reduces potential family conflict. Successors have a clear understanding of their entitlement and can plan accordingly.

Against: Requires action.

Post Will

Resolving family succession after death

For: Easy for owners (parents) to implement (doesn't require any action before death).

Against: High degree of uncertainty for successors.

High degree of risk if outcomes are not favourable.

To make an informed decision it is advisable to start by assessing your estate planning situation*:

1. Will there be sufficient assets in your estate to provide for your children?
2. Will sufficient funds be available to sustain the business should you die or you are unable to complete normal duties?
3. Will your share of the business go where you want it to?
4. Have loan accounts that you have with the business been considered as part of your estate plan?
5. Have all significant loans been appropriately documented?
6. Do you intend forgiving any personal or commercial debts owed to you by family members?
7. Do you have a valid Will and an enduring power of attorney?

Independent Advice

Due to the complex nature of some of these issues, it is important to allow as much time as possible for their consideration and, if possible, to arrange independent support and advice prior to making your decision.

Solicitors, Accountants, Banks and Financial Planners now have access to Materials, Tools and Programs that are making it easier for families to transition their family wealth.

Please contact Don Poole if you would like to discuss the matter further on 07 54379900.

Article supplied by Bstar's "award winning" Business Life Planning Program.



Narangba Family Medical Practice

Job Vacancy

A part-time (*with view to full time if required*) VR Family Doctor for the Narangba Family Medical Practice (www.narangba-medical.com.au) as one of our doctors (Dr. Orr) is leaving to specialise.

We are a three doctor, fully computerised, non-bulk-billing practice established since 1986 in an outer, semi-rural northern suburb of Brisbane. The ideal candidate would be of an age where taking over the whole practice eventually would be a distinct possibility.

Contact: Dr Peter C. Stephenson, Mobile: 0403 151 602.

Practice Location: Opposite the Narangba Railway Station, Main Shopping Centre, beside the Narangba Pharmacy.

Street Address: 30 Main Street, Narangba Q 4504.

Postal Address: P.O. Box 3 Narangba Q 4504



MAJELLAN MEDICAL CENTRE



Job Vacancy

A VR, GP is required for a Scarborough Beachfront, Non-Corporate Practice which is 30 minutes from Brisbane's CBD. The Accredited Practice has private billing facilities, modern equipment and has staffing of nine doctors and registered nursing support.

The Medical Centre has a Computerised Skin Cancer Clinic, ultrasound machine and operating microscope. Allied Health staff are also on site. A candidate who is fluent in English, Afrikaans, Dutch, German or French languages would be an advantage.

Contact: Angela De-Gaetano (Practice Manager)

Practice Location: Majellan Medical Centre, 107 Landsborough Avenue, Scarborough Q 4020

Practice Phone: (07) 3880 1444

Practice Fax: (07) 3880 1067



SNAPSHOT FROM THE PAST Prelude Matures In Style

REDAMA Newsletter from Series 2 No 14 August 1991, Page 11

• Review by **DAVID ANDERSON**

Prelude matures in style, performance

DESPITE the age of its design, the 1991 four-wheel-steering Honda Prelude still commands respect for its styling and performance.

Launched in 1987 as the first vehicle in Australia with four-wheel-steering, the Prelude has gone basically unchanged and remained a top seller with doctors and young executives seeking a refined luxury sports coupe.

Tested recently was a fully optioned 4WS Prelude with leather seats, anti-lock brakes, rear spoiler, air-conditioning and a four-speed automatic transmission.

Standard features on the vehicle include power steering, power mirrors, central locking, cruise control, electric sun-roof, electric windows, alloy wheels and Michelin tyres and four-wheel disc brakes.

Matched to a powerful yet refined two litre, double-overhead-camshaft, 16 valve engine was a 'sports' four-speed automatic.

With a purr from the engine compartment, the car accelerates effortlessly but is a miser when it comes to fuel consumption.

The Prelude handles slippery and tight, twisting road with the same tenacity associated with a four-wheel-drive

The four-wheel-steering is also beneficial to a turning circle of 9.6 metres - the best

in its size and handy for quick parking.

Although a coupe, the 4WS Prelude sits four adults in 'sports seat' comfort, with the provision of a folding rear seat for extra long luggage items.

From the driver's seat, the interior has a soft, laid back atmosphere with all controls in close proximity.

Overall, the car ranks as one of the most advanced to come from Japan, which in everyday terms translates to excellent fuel economy, a smooth ride and very little cabin noise.

As with the entire Honda range, workmanship and reliability of the Prelude is exemplary.

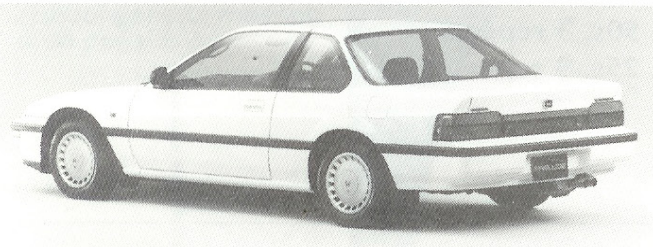
To further attract buyers, Honda has released a limited edition (only 50 available nationally) 4WS Prelude 'Cita' with over \$5,000 of options included in the price.

Included in the pack is a compact disc player, air conditioning, floor mats, a rear spoiler and Cita decals.

Prices range from \$37,890 for the manual Cita up to \$42,990 for the automatic Cita with leather seats and anti-lock braking.

All Hondas are protected by a two year unlimited kilometre warranty and 36/72 month body protection warranty.

The test vehicle was supplied by Dobson Honda, official Honda dealers, of Margate.



REDAMA REPORT

Redama Report is the official publication of the Redcliffe and Districts Local Medical Association, and is distributed free to members of the medical profession in the association's designated area.

Editor: Ross Thompson, The Word Factory Public Relations, PO Box 525 ASHMORE CITY 4214.
Telephone: (075) 91 3099 Fax: (075) 91 3216.

Since the days of Ronald Biggs' infamous flight to Rio after escaping from jail in Britain, the news that anyone associated with money has gone to that exotic capital raises question marks among friends and associates.

It was just the case at the annual general meeting of the Redcliffe and Districts Local Medical Association last month when members were told the treasurer's annual report had been sent by fax from Rio.

Amid the obvious murmurings, the new president, Dr Bob Brown, assured members that everything was more than in order because Dr Frank Cunningham was attending an international conference of ophthalmologists and his report indicated the healthiest bank balance of the association for several years.

In fact, membership had climbed to the stage where it confirms the Redcliffe-based group as the biggest local medical organisation in Australia.

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FREE MEDICAL CLASSIFIEDS

WANTED: Female Locum/assistant with or without view, part or full time. Urgent - 284 0723.

REDCLIFFE Hospital Cancer Support Group meets on the 1st and 3rd Wednesday of each month. 10.30am-12 noon. All welcome, free admission. Details, Alice de Vries, 883 0883.

Advertising Inquiries

If you would like to reach 700 members of the medical profession in the northern area of Brisbane, contact

REDAMA REPORT

Casual rates - From \$2.50 per s/c cm

Special discounts for AMA members

Phone (075) **91 3099**

or Fax (075) **91 3216**

RDMA Annual General Meeting - 27th August 2013

At the AGM, members will be electing the executive committee to steer RDMA through the coming year.

The committee has four positions - President, Vice President, Secretary, and Treasurer. All four positions will be declared vacant.

All four present office-bearers are eligible for re-nomination, but we encourage new faces and strongly encourage especially, our younger members to start taking an active role in the social and political activities that enrich our chosen profession.

Any financial member is eligible to nominate. Potential candidates who are unsure whether to get involved in this rewarding activity are welcome to speak with any of the present committee - we would be delighted to help you make a decision that could turn out to merely give you an interesting year or could well turn out to be a life-changer.

Nomination forms are in this Newsletter, or contact the Secretary.

Dr Wayne Herdy, RDMA President

Redcliffe & District Medical Association Inc

Motion on Notice for Annual General Meeting to be held on 27/08/13

It is open to all financial members of the Association to present Motions for debate. They should relate to the organisation and future functioning of the Association. They should also be in a form that at the end of the debate financial members present can vote Yes or No.

Motion:- That the Redcliffe & District Local Medical Association

.....
.....
.....

Moved by

Seconded by.....

Notices of Motion should to be in the hands of the Association Secretary at least **one week prior to the AGM** to allow their electronic circulation to all members. Movers will be allowed 3 minutes to speak to the motion, Seconders will be allowed 2 minutes. After debate, Movers will be allowed one minute to respond.

Redcliffe & District Medical Association Inc

Nomination form for the positions of President, Vice President, Secretary, and Treasurer for the year from the end of the AGM of 2013 to the end of the AGM of 2014

These positions will be declared vacant at the Annual General Meeting and are open to all financial members of the Association.

Person nominated:-

Position nominated:-

Nominator signature:-.....

Secunder signature :-

Nominee signature :-

All Proposers, Seconders, and Nominees must be financial members of RDMA.

Completed forms must be in the hands of the Returning Officer prior to the commencement of the Annual General Meeting.

THE TRUTH ABOUT FISH OIL

AUTHOR:

Dr Roderick Chua



Ecological studies of coronary heart disease noted that the rate of cardiovascular death amongst Greenland Eskimos consuming large amounts of seafood are very low. Subsequently animal and observational studies have suggested that the components of fish oil including long chain n-3 polyunsaturated fatty acids (n-3 PUFA), eicosapentanoic acid (EPA) and docosahexanoic acid (DHA) were the likely beneficial constituents.

EPA and DHA are released into the circulation as triglycerides and plasma phospholipids and are then incorporated into cell membrane phospholipids throughout the body particularly in the heart and brain.

Fish oil has been said to influence several cardiovascular risk factors namely:

Blood lipids

Fish oil lowers serum triglyceride levels by 25-30% with a linear dose response relationship. However, the clinical benefits to long term cardiovascular outcomes of lowering triglyceride levels per se has not been well established. It also modestly raises the levels of HDL and LDL-C concentrations.

Blood pressure and systemic vascular resistance
Fish oil modulates endothelial function, increases nitric oxide production and ameliorates peripheral vasoconstrictive responses which seems to decrease systemic vascular resistance. This translates to a small decrease in blood pressure of about 3.5mmHg systolic and 2.5mmHg diastolic.

Heart rate

Fish oil reduces heart rate by a small 1.6bpm. This was shown after averaging the hemodynamic effects seen over 30 randomized trials.

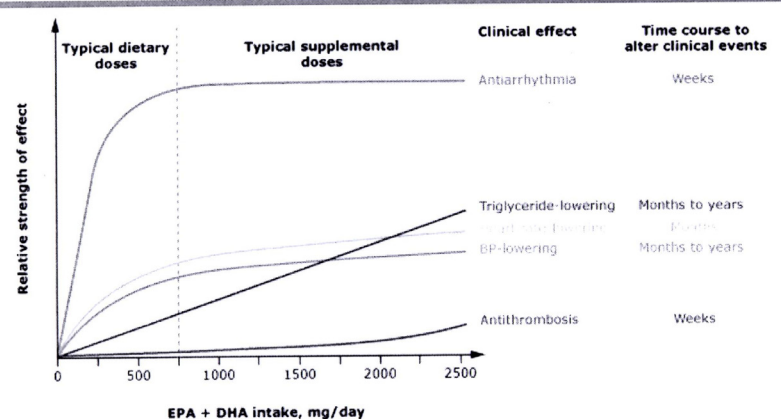
Cardiac relaxation and contractile efficiency
Fish oil improves myocardial efficiency and

reduces myocardial oxygen demand without having any adverse impact on left ventricular systolic performance.

Arrhythmic risk

Fish oil directly affects the atrial and ventricular myocyte electrophysiology reducing myocyte excitability and reduces myocyte calcium fluctuations. This appears to have an effect on decreasing the incidence of cardiac arrhythmia.

Schema of potential dose responses and time courses for altering clinical events of physiologic effects of fish or fish oil intake



Coagulation and thrombosis

High doses of fish oil (3-15g/day) has been found to increase bleeding time but this effect does not appear to then translate to a significant incidence of clinical bleeding. No consistent effect of fish oil on platelet activation has been seen.

Effect of fish oil on cardiovascular outcomes:

Atherosclerosis

Randomized trials totalling only about 350-400 subjects have shown mild effects on reducing chronic progression of atherosclerosis.

Coronary stent restenosis

Meta-analysis of 12 randomized trials did not find a significant effect of fish oil on stent restenosis rates.

Acute coronary syndromes

A 2012 meta-analysis of 13 previous randomized trials (N=53,875) failed to demonstrate a significant reduction in myocardial infarction.

Cardiovascular death and sudden cardiac death
Meta-analysis of 19 large prospective cohort studies and randomized trials including 356,028 patients and 5319 cardiac deaths looking at patients consuming 250-500mg/day of fish oil appeared to show a 36% reduction in cardiovascular mortality. However, a repeat meta-analysis of 13 randomized trials in 2012 with 56,407 patients found that the trend towards decreasing cardiac mortality was not statistically significant. A further large study, the Risk and Prevention Study enrolled 13,513 patients and followed them for 5 years. No significant reduction in cardiac death vs placebo was able to be detected.

Atrial fibrillation

Trials have not shown that fish oil has a significant impact on reducing post-operative AF or recurrent AF amongst patient with paroxysmal AF.

Stroke

In contrast to observational data, randomized trials have not shown important decreases in stroke with a meta-analysis of 9 trials (N=52,589) demonstrating no effect of fish oil in reducing ischemic stroke.

7 Heart failure

For patients with established heart failure, fish appears to reduce mortality slightly with an absolute risk reduction of around 2% with noticeable improvements to left ventricular ejection fraction.

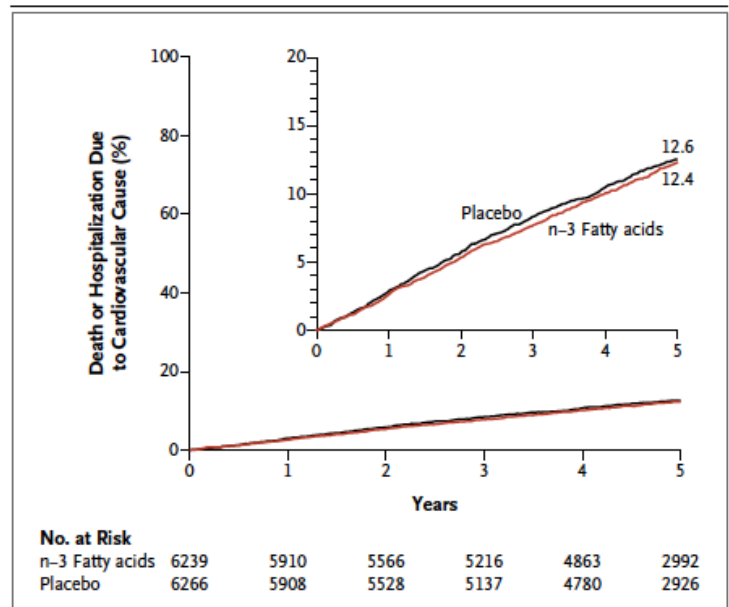
The Risk and Prevention Study Collaborative Group published in the New England Journal of Medicine in May 2013 the study entitled 'n-3 Fatty Acid in Patients with Multiple Cardiovascular Risk Factors'. 12,513 patients were enrolled randomly to receive fish oil or placebo with a median of 5 years of follow up. The Primary end point of time to death from cardiovascular causes or admission to hospital for cardiovascular causes was met in 11.7% of the fish oil treated group and 11.9% in the placebo group. The difference between the two groups is not statistically different.

The author's conclusion was that in a general practice cohort of persons with multiple

cardiovascular risk factors, daily treatment with fish oil did little to change cardiovascular mortality and morbidity.

Dose recommendation

The overview of the dose-response relationships as established in the studies, show that most of



the benefits to reducing cardiovascular death may be obtained from a modest 250-500mg per day consumption of EPA and DHA. This is equivalent to 1g daily of fish oil supplements or 1-2 servings a week of oily fish.

The dose response is not well established for having an effect on atherosclerosis progression, non-fatal myocardial infarction, acute coronary syndromes, recurrent ventricular arrhythmia, atrial fibrillation or ischemic stroke.

Bleeding risk

Analysis of 9 trials including 2612 patients with participants taking Aspirin or Warfarin, did not demonstrate any evidence of excess bleeding caused by fish oil supplementation for doses up to 4g/day.

In Summary

In observational studies in healthy adults and randomized studies in patients afflicted with known coronary artery disease, fish oil at a dose of approximately 1g/day has been demonstrated to have some benefit in reducing the overall risk of cardiovascular death and cardiac arrhythmia with no signs of any adverse impacts.



“COALITION HAS BEEN LISTENING ON HEALTH POLICY”

AMA President, Dr Steve Hambleton, said today that the Coalition has delivered a strong package of practical, affordable health policies that would strengthen general practice, the cornerstone of quality primary health care in Australia.

Dr Hambleton said the Coalition has listened to the medical profession and responded with targeted funding that will build on successful existing general practices in local communities and help ensure a steady flow of medical graduates into general practice into the future.

“The Coalition has wisely chosen to invest in local GPs, the health professionals that most Australians choose to see first for quality health care and advice,” Dr Hambleton said.

“General practice delivers the greatest return for every health dollar invested. Properly resourced and supported general practice keeps people well and out of hospital.

“The AMA called for more GP infrastructure grants for general practice and the Coalition has promised 175 grants at a total cost of \$52.5 million. The Australian National Audit Office has endorsed GP infrastructure grants as a far better investment than money going to failed and discredited GP Super Clinics.

“The AMA called for a doubling of the Practice Incentive Payment (PIP) from \$100 to \$200 to help local GPs teach medical students and encourage them to pursue a career in general practice, and the Coalition has delivered.

“The AMA has been lobbying long and hard for more intern places to meet growing

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

demand from the increasing numbers of medical graduates, and the Coalition has promised 100 new intern places a year, which is a better package than the 60 places promised by Labor.

“We also support the review of Medicare Locals to ensure funding gets to frontline care.

“These promised measures will be warmly welcomed by Australia’s hardworking GPs who have been calling for greater support to help them meet increasing demand from an ageing population and more patients with chronic and complex conditions.

“Under these measures, patients can be confident of better access to quality primary health care from their local family doctor.”

Dr Hambleton said the AMA also welcomes Coalition commitments on bowel cancer screening and diabetes research, but urges the Coalition to at least match Labor’s funding promises for public hospitals.

AMA Key Health Issues for the 2013 Federal Election is available on the AMA website at <https://ama.com.au/keyhealthissues>

22 August 2013

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

Follow the AMA President and AMA Media on :
Twitter: <http://twitter.com/amapresident>
Twitter: http://twitter.com/ama_media

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP

Attendance at the Redcliffe & District Medical Association (RDMA) Meeting is **FREE** to current RDMA members.

Doctors are welcome to join on the night and be introduced to the members. **Membership application forms are in this edition and available at the sign-in table on the night.**

Meeting dates are in the date claimers on page 4

COST for non-members:
\$30 for doctor, non-member

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CHANGES TO CLASSIFIEDS

Classifieds remain **FREE** for current members. To place a classified please email: RDMAnews@gmail.com with the details for further processing.

Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

Members wishing to advertise are encouraged to take advantage of the Business Card or larger sized advertisement with the appropriate discount on offers.



REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.
ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription Benefits
Don't waste time! Join now!



Monthly: Newsletters, Topical Educational Meetings, 3 Course Cuisine,

Rounded off with the End of Year Networking Meeting

Get your membership benefits! Socialise! Broaden your knowledge!



Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. Show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

Annual subscription is \$100.00. **Doctors-in-training and retired doctors are invited to join at no cost.** 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/ or speakers are most welcome.

RDMA SUBSCRIPTION FORM – INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email: GJS2@Narangba-Medical.com.au.

ABN 88 637 858 491

- 1. One Member (July to June: \$100; Oct.-June: \$75; Jan-June: \$50.00; April-June: \$25.00)**
- 2. Two Family Members (\$25 Discount each) (\$150 pro rata) (Please supply details for both members)**
- 3. Doctors-in-training and retired doctors: FREE**

1. Dr. _____
(First Name) (Surname)

2. Dr. _____
(First Name) (Surname)

1. **EMAIL ADDRESS:** _____@_____

2. **EMAIL ADDRESS:** _____@_____

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

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

METHODS OF PAYMENT:

- 1. PREFERRED INTERNET BANKING**
- 2. PAYMENT BY DEPOSIT SLIP:** Remember: INCLUDE your name i.e: Dr. F. Bloggs, RDMA A/c & date:
- 3. ENCLOSED PAYMENT:** (Member Subscription Form on website, type directly into it and email)
 - i) Complete form & return:**
 - **c/-QML or Redcliffe & District Medical Assoc Inc. P O Box 223 Redcliffe 4020**
 - ii) Or by email to GJS2@Narangba-Medical.com.au**

Where We Live And Work

