



# RDMA

## RDMA & NLMA's Joint Newsletter

# Newsletter

## AUGUST 2018

See Where We Work & Live P20.

*Wayne Herdy's Variety Bash Rally Pictorial 2018 Update: Page 20*

## President's Report Dr Kimberley Bondeson

The EKKA is here, along with beautiful sunny days and still cold nights. The traditional flu season is about to start, and so far does not appear to be as bad as last years.

The Moreton Day Hospital at North Lakes was officially opened today, and I was fortunate to be able to have a guided tour of the facility, thank you to Dr Graham Hay-Smith and Peggy Ekledo-Smith. I can't imagine the planning and design and hard work that has gone into this facility. And it is impressive. I am sure that our patients (and doctors) will love it! The peninsular region, including North Lakes is very fortunate to have this state of the art facility, and the doctors who work there.

My Health Record is being rolled out, and the opt-out period has been extended. The greatest concern with the My Health Record is privacy. The Government is attempting to address this issue, but the situation leaves me with grave concerns. A comprehensive My Health Record has the potential to be totally misused by a wide range of groups, including prospective employers, insurance companies, banks, the ATO, and our police and defence services. An example of this, would be a young person, starting their working life, with a family history of breast cancer. This young person may not be aware of the significance of this – but a potential employer and an insurance company may well be aware. When you apply for insurance of any sort, your initial application normally asks for any previous known history, and in certain cases, they can request your medical records from your doctor. With the My Health Record, this will become even easier and I can see it been built in as an automatic screening question and consent to access your My Health Record. The potential for multiple groups requesting access to your personal My Health Record is enormous.

I recently received a letter from my bank, telling me that all my credit history, any loans or credit cards, and my personal repayment history were going to be made available to a central


credit group. I am not given any choice in this matter, and the letter warned me that if I was to miss any repayments or become behind, then this would be documented and could prevent me from getting any future loans.

So it would appear that any financial privacy is also at risk. And I have had absolutely no input into this decision by the banks.

There are very few things we are able to control, and what we can control appears to becoming less and less. The Government needs to get the privacy issues concerning My Health Record right. And it needs to be able to guarantee that the security of the computerised My Health Record cannot be hacked.

On a happy note, the AMAQ National Conference is coming up in September – this time it is being held in New Orleans. The theme is The Future of Health Care, and has a wide range of International Guest Speakers, as well as local Queenslanders. And yes, I am going, again!. I will happily report on it on my return.

Kimberley

RDMA & NLMA's Joint Newsletter

*Welcome from*

**Dr Robert (Bob) Brown**

President Northside Local Medical Association

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

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



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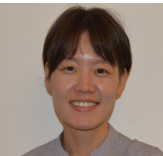


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## RDMA 2018 MEETING DATES:

For all queries contact Emelia Hong Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	27th
Wednesday	March	28th
Tuesday	April	24th
Wednesday	May	30th
Tuesday	June	26th
Wednesday	July	25th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	28th
Wednesday	September	12th
Tuesday	October	30th
NETWORKING MEETING		
Friday	December	7th



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W: [www.redcliffedoctorsmedicalassociation.org](http://www.redcliffedoctorsmedicalassociation.org)

## NLMA 2018 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3121 4029  
Email: [gmcnally1@optushome.com.au](mailto:gmcnally1@optushome.com.au)

W: [www.northsidelocalmedical.wordpress.com](http://www.northsidelocalmedical.wordpress.com)

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

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





# NEXT MEETING DATE 28TH AUGUST 2018

## RDMA Meeting for 25.07.18

Dr Bondeson, RDMA President  
Introduced the Speaker:

**Guest Speaker:** Dr Michael McLearn,  
Vice President of AMAQ.

### Speakers

**1)** Dr Michael Poulsen, Radiation Oncologist, Icon Cancer Centre, North Lakes.

**Topic** “ Clinical Relevance of New Technologies in Radiation Oncology”.

**2)** Dr Trent Aland, Director of Medical Physics, Icon Cancer Centre North Lakes.

**Topic** “ Radiation Oncology Technology Developments”

**Sponsor:** Icon Cancer Care.

### Photos (Left to Right): 1. Speakers

Michael Poulsen, Jason Butler, Marion Hayward Prac Mgr. **2.** Kimberley Bondeson & Michael McLearn. **3.** Damion Mason Bus Dev Mgr Icon Cancer. **4. New** Chantele Sabbadine **New,** **5.** Vaishnavi Malarghangam, **New** Loclana Maldeniya & Nicole Tregoning. **6. New** Anna Catchpole & **New** Graeme Kay. **7. New** Jake Trezise & Amelia Hong. **8. New** Vivian Cham, **9. New** Jane McAuliffe, **10. New** Zala Skrbis & **New** Katie Jo.

## Monthly Meeting

Redcliffe & District Medical Association Inc.

**DATE:** Tuesday 28th of August 2018

**TIME:** 7pm for 7:30pm start

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

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

**AGENDA:**

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsor: Bristol-Myers Squibb and Pfizer
7:40pm	Speaker: Dr Con N. Aroney MD, FRACP, FCSANZ Director of Cardiology, Holy Spirit Northside QLD Topic: 1. Prevention of Stroke in Non-Valvular AF 2. Transcatheter Aortic Valve Implantation
8:10pm	Main Meal Served
8:20pm	Question Time
8:40pm	Dessert, Tea & Coffee served Annual General Meeting

**RSVP:** By Friday 24th of August 2018

(e) [RDMA@qml.com.au](mailto:RDMA@qml.com.au) or 0413 760 961

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# The team behind your result



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

### **CLASSIFIEDS**

All classifieds subject to the Editor's discretion.

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

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# AMAQ BRANCH COUNCILLOR REPORT DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



## THE OPENING OF MORETON DAY HOSPITAL AT NORTH LAKES

I would like to congratulate Dr Graham Hay-Smith, who is the brains behind the new Moreton Day Hospital at North Lakes.

This impressive enterprise has just opened, and Dr Hay-Smith and his colleagues will have the pleasure of working in the state of the art facility. The formal opening occurred today, and the facility was opened by the Hon. Steven Miles MP, Minister for Health and Minister for Ambulance Services.

Graham will be kept busy at the Moreton Day Hospital, along with his eye clinics (Moreton Eye Group) at Redcliffe, North Lakes and Caboolture. "The Moreton Eye Group will continue to see patients at Redcliffe, as well as at North Lakes and Caboolture."

Sincerely  
Kimberley Bondeson

**Honourable Steven Miles MP, Minister for Health and Minister for Ambulance Services, with Chris Whiting MP and Julie Greer Councillor for Moreton Bay Region with Graham Hay Smith and Peggy Ekeledo-Smith**



Cutting the Ribbon



Graham in the Operating Theatre



Peggy with special guests at the opening.





# MYANMAR

by Dr Wayne Herdy

Myanmar (the former Burma) is not at the top of the bucket list for most tourists. Only the most curious or adventurous tourists will have it on their bucket list at all. But for me, I finally got to scratch it off my bucket list earlier this year. What images does Myanmar conjure up?

Decades of oppressive military dictatorship, surviving despite a sequence of democratic elections. Seemingly endless ethnic minorities in the longest-lasting civil war in history. The legendary Nobel laureate Aung San Suu Kyi and her 15 years of house arrest (or detention, or let's not get too caught up in semantics). Oppressive treatment (or genocide, again, let's avoid the semantics) of the Rohingya people and their refugee status in Bangladesh. Armed revolt (or civil war) in Karen (or Kayin) province on the Eastern (Thailand) border.

Or do you see an image of jungles, rice paddies and an infinite number of pagodas. However you see it, Myanmar is not a tourist



mecca but a magnet for the curious. I walked a short trek from a hill town called Kalaw to Lake Inle, a mere 60-something km. To get there, I flew in to Mandalay, and on the way out spent a night in Yangon (formerly Rangoon).

Although Rudyard Kipling wrote "On the Road to Mandalay", he never visited the place and indeed only spent two days in Burma in his life. Mandalay is a flat town, dusty, laid out on a modern grid, and really quite boring, except for the infinite number of pagodas large and small, and the large complex on top of the biggest hill looking over the city. A backpacker-level hotel cost me about US\$25 including breakfast. The shower



scattered warm water all over the bathroom (no screens or curtains, so the architecture was, let's say,

basic. Breakfast was simple but good and almost justified the cost. A short taxi ride turned



into a half-day adventure and again cost about US\$25. By now, I realized that the local currency was not appreciated but the Yankee greenback was more warmly welcomed.

A short plane flight to a rural airport followed by an almost-as-long taxi trip up to Kalaw. In retrospect, a taxi from Mandalay to Kalaw would have been faster and cheaper, and more scenic.



The trek itself was not really worth the effort of getting there. It was

OK but not one of the world's great treks. We walked through farmlands, traversed multiple villages (but stopping in few, despite my thinking that more time in the villages and less time on the track would have enriched the experience). What did make the trek worthwhile were the people. Villages comprising as many as 1000 people, with no electricity or reticulated water or sewerage, but they were among the loveliest people in the world.



Overnight accommodation was a

homestay, maybe getting a fraction of a star on the Michelin scale. The widow proprietor on my first night took her little family into one corner of her 4-room house (no room clearly designated as a bedroom or whatever), we shared an in-ground outdoor squat toilet, and I declined to take advantage of the open-air cold-water shower on offer. Lighting was from a handful of low-voltage low-wattage lamps, powered by an ancient car battery recharged



# MYANMAR continued by Dr Wayne Herdy

by a pitiful few solar panels. The main switch (indeed, the only switch) was an alligator clip attached to a nail hammered into one of the battery terminals. The food given was disproportionately amazing, but far too much. And for this the lady was paid about US\$2. The next morning, I gave her a note, US\$20, telling her this was to help her 13-year-old grand-daughter finish her year's schooling. She told me amid the tears



that followed that this would cover her educational expenses for a whole year.

In our chat (through the inevitable interpreter), it transpired that she had no knowledge of the civil war that was raging barely 200km away. I thought that asking about Rohingyas might have been sensitive, but I would take a bet that she had no knowledge of it either. The village, as well as having no public power or water supplies, had not a single car, maybe a few dozen motor scooters shared among the 1000 population, a few dozen tractors powered by single-cylinder (Russian?) diesel engines, and the main means of transport was oxcart. I sat at a river watching a man bathing his two water buffalo unhitched from their wagon, wondering whether he was up-stream or downstream from the main water collection point. Lake Inle is possibly the only real tourist attraction in Myanmar, characterized by its "floating" gardens and "floating" villages (actually houses on

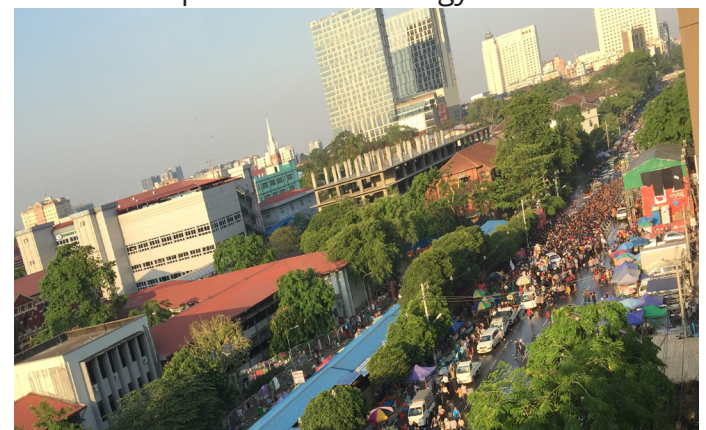


stilts in the middle of the shallow lake). My overnight stay at Yangon on the way out was a change of pace. Although still primitive by Western standards, it is a real city with low-level high-rise and multi-lane roads, but still only very basic infrastructure like public transport. I made the mistake of being there for the water festival, the biggest holiday of the year. Apart from the fact that everything was closed, the water festival is all about throwing water over those around you to celebrate what is effectively the new year. Lots of fun walking around the crowded streets being part of the journey and return to one's hotel dripping wet. Not such a good idea when you are down to your last change of clothes on the way to the airport for 20+ hours of international flight.

Would I go back to Myanmar? Probably not. Would I recommend that you go there? Definitely yes – provided that your trip was based around seeing people and talking to people, not hoping to see grand vistas or impressive technology.



ing part of the journey and return to one's hotel dripping wet. Not such a good idea when you are down to your last change of clothes on the way to the airport for 20+ hours of international flight.





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



## **AMA Queensland strongly opposes push to expand pharmacist scope in Queensland**

The State Parliament is currently undertaking an inquiry into the possible establishment of a pharmacy council in Queensland and how the council could enhance the scope of practice of pharmacists and pharmacy assistants.

Some of the functions being sought by pharmacists include supplying contraceptive pills without a prescription and providing certain medicines to people with cardiovascular disease and respiratory illnesses without the need for a repeat prescription.

AMA Queensland strongly opposes the establishment of a pharmacy council and any increased scope for pharmacists and pharmacy assistants. With the assistance of our Council of General Practice and with input from all members of our Council, we developed a strong submission which outlined;

- the clear conflict of interest between being a dispenser and a prescriber;
- the value of general practice and how consultations for repeat prescriptions can result in better patient outcomes;
- the difference in training between a doctor and a pharmacist; and
- the potential danger of allowing pharmacists to prescribe prescription-only medicine at a time when the dangers of doctor shopping are well known.

**Read the full submission on our website at [www.amaq.com.au](http://www.amaq.com.au) / Advocacy / AMA Queensland submissions.**

AMA Queensland is also working closely with other medical stakeholders including RACGP and the RADQ to impress upon committee members the united opposition our organisations share towards this ill-considered proposal.

The Parliamentary committee is due to report back to the Parliament with its findings by 30 September 2018. AMA Queensland will do all in its power to push back against any increased scope for pharmacists.

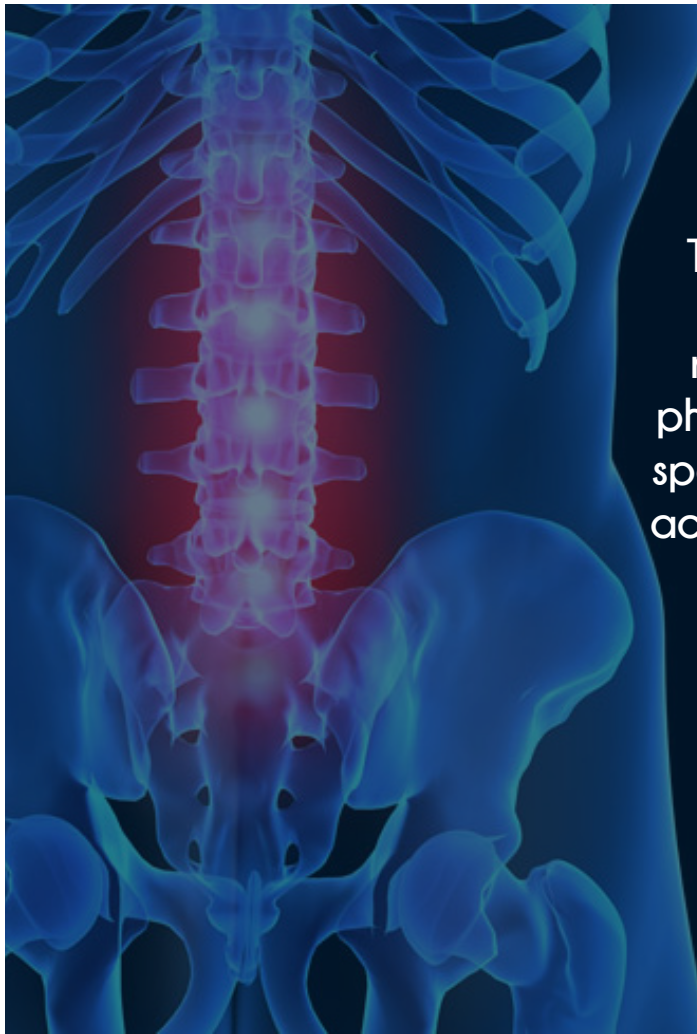
We will keep members informed via regular updates.

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

**Dr Dilip Dhupelia, President AMA Queensland**

**Jane Schmitt, CEO AMA Queensland**





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- Orthopaedics
- Pain Management
- Plastic & Reconstructive Surgery
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- Vasectomy



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**Fax: 07 3491 3614**

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### North Lakes Day Hospital Specialist Listing

Consulting Suites .....07 3833 6765  
 Consulting Suites Fax .....07 3491 6803

**Bodyworks Physiotherapy**

General hotline .....07 3204 6388

**Brisbane Haemorrhoid Clinic**

General bookings .....07 3833 6707

**Brisbane Hernia Clinic**

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**Cardiology**

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 Dr Cliona Maguire .....07 3833 6701  
 Dr Rajee Palar Sinniah ..... 1300 733 801  
 Dr Mahesh Jayanna ..... 1300 733 801  
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 Dr Lata Sharma ..... 07 3833 6765

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 Dr Darshit Thaker.....07 3859 0690  
 Dr Geoffrey Hawson .....07 3859 0690

**Open Access Endoscopy**

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**Ophthalmology**

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 Dr Stuart Reader..... 07 3385 0900  
 Dr Kate Slaughter ..... 07 3385 0900

**Oral & Maxillofacial**

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 Dr Terrence Alexander.....07 3832 3232

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## BENEFITS OF ABDOMINOPLASTY ARE MORE THAN JUST SKIN-DEEP

**Dr Matthew Peters, Plastic Surgeon: North Lakes Day Hospital**

When pregnancy, severe weight loss, or advanced age leave the stomach area saggy and weak, people may look to a plastic surgeon for a tummy tuck. Medically referred to as an abdominoplasty, by definition a tummy tuck is designed to reshape the contour of the belly area when skin elasticity has been lost, and the abdominal muscles weakened due to extreme body changes.

Dr Matthew Peters is a Queensland-trained Plastic and Reconstructive surgeon, obtaining Fellowship of the Royal Australasian College of Surgeons after undertaking training in both General and Plastic surgery. He is the Director of Plastic and Reconstructive Surgery at the Royal Brisbane and Women's Hospital, a Senior Lecturer at the University of Queensland School of Medicine, and is a member of the Australian Society of Plastic Surgeons. He works in both public and private hospitals across Brisbane and was made Director of the Department of Plastic and Reconstructive Surgery at the Royal Brisbane and Women's Hospital in 2014, a position that he still maintains to date. In the private sector he has appointments as a Visiting Medical Officer at the Brisbane Private Hospital, North Lakes Day Hospital, Northwest Private Hospital, the Wesley Hospital, and the Mater Hospital.

Abdominoplasties are becoming increasingly widespread, though both private health insurance and Medicare are quite specific as to when the procedure would be covered. Medicare currently covers only medical and surgical procedures that are clinically necessary for your health. The current indications when it comes to Medicare are that a contribution to the cost of the procedure will be made only after a massive weight loss. Dr Matthew Peters explains that "if a patient loses a large amount of weight and is then left with residual skin and excess tissue that is left hanging and subsequently causing them discomfort and pain, then Medicare will support that co-payment." Throughout his practice, Dr Peters consults with many women considering abdominoplasty for a range of reasons.

"They are invariably frustrated that despite healthy eating habits and consistent exercise, they can not get their belly bulge to budge. In fact, some found that the more they worked out, the worse their stomach looked; losing weight elsewhere only made the excess skin more pronounced," explained Dr Peters. "One of my patients presented quite disheartened that attempts to improve her appearance only resulted in people enquiring when the next child was due."

When is Abdominoplasty deemed a medical necessity? "The other medical necessity is for women who may have delivered large babies, causing their abdominal muscles to separate; they then lose their core strength, developed a skin envelop and again, this can cause skins rashes and discomfort," said Dr Peters. Some cases of urinary or stress

incontinence may also be improved via an abdominoplasty. After a vaginal birth, some women can develop Stress Urinary Incontinence (SUI), a bladder control problem associated with uncontrollable leakage brought on by coughing, sneezing, exercising or even laughing.

In most cases, SUI is treated without surgery. For patients who require more care, several studies have indicated that an abdominoplasty can aid in recovery especially in patients that have not had a caesarean section. During the procedure, a slight bladder obstruction is created using soft tissue near the pelvic area, thereby reducing incontinence. Recent papers have detailed how some 58% of women who experienced issues with stress incontinence have felt an improvement after undergoing an abdominoplasty. Whilst it is not a medical indication, it appears to be another benefit of the procedure. An abdominoplasty may also be appropriate to correct caesarean scars that have healed in an irregular way or that have become tethered or clefted. These types of scar revision procedures may be referred to as a mini-abdominoplasty.

"The emotional benefits that my female patients feel after an abdominoplasty are massive," described Dr Peters. "And many of these patients present themselves already exhausted and tired from doing an enormous amount of exercise to improve their overall appearance. They come along frustrated because they've lost a lot of weight but still have a lack of core strength and now have excess skin. I can often feel their sheer frustration and anger at themselves. "There are certainly times that exercise, physiotherapy or diet alone will not solve the issues post-child-birth or weight loss and an abdominoplasty becomes a serious consideration."

Due to its growing popularity, many people believe that an abdominoplasty is an easy procedure. It's important for patients to realise that it is still a major operation, requiring one to five hours in the operating room, under general anesthesia. A typical abdominoplasty removes between 1-3 kilograms of stomach fat by disconnecting the skin from the underlying tissue, suturing abdominal tissue, and cutting away any extra skin. A full recovery can take several weeks, and just like any other surgery, there are risks of infection and other complications.

That said, the various medical and emotional benefits of a tummy tuck make the procedure appealing for many people.

Valley Plastic Surgery- Operating and Consulting at North Lakes Day Hospital  
P: 3488 8188 E: [info@valleyplasticsurgery.com.au](mailto:info@valleyplasticsurgery.com.au) W: [www.valleyplasticsurgery.com.au](http://www.valleyplasticsurgery.com.au)



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# The Troublesome Temporomandibular Joint

**Dr Phillip Bushell-Guthrie,**

**Plastic & Reconstructive Surgeon Oral & Maxillo Facial Surgeon**

As general practitioners you probably encounter patients who have ongoing pain in one or both of their jaw joints. Temporomandibular dysfunction affects around half of all people in the short or long term mildly or severely.

It can be difficult to treat and the symptoms of pain clicking locking and trismus can be triggered by an occlusal event such as prolonged wide jaw opening such as occurs with a visit to the dentist or heavy chewing.

The problem is usually a muscle one rather than a joint one and arthritis that can co-exist is not the cause of the problem. The muscle dysfunction leads to one or more of the four symptoms which is pain clicking locking and trismus.

Temporomandibular joint dysfunction often follows a cyclical course and mild cases tend to spontaneously disappear only to reappear later. However treatment will speed healing up.

Severe cases can last for months or years if they are not treated and some severe cases can prove very difficult to treat becoming chronic.

Treatment can be conservative involving the use of heat and topical anti-inflammatory preparations. The occlusion is checked and any high spots eliminated. If the patient has any occlusal habits these need to cease and a bite splint can be useful to lessen the effect of bruxism which can be a powerful causative factor.

If this conservative treatment is insufficient then a small dose of botulinum toxin can be injected into appropriate areas of the muscles of mastication. This often helps. Another helpful treatment is to wash out the joint with a dilute solution of Lidocaine. A more powerful treatment is to inject around the joint with PRP (platelet rich plasma) as is used in sports injuries. This has anti-inflammatory and healing properties.

The most powerful treatment of all is to inject fat derived adult stem cells (ADSC) around the joint. They have a strong anti-inflammatory and healing actions which help to alleviate symptoms. The use of autologous stem cells with fat is approved by the TGA as long as they are not modified in any way.

## Qscan North Lakes PET-CT Service



9 McLennan Court, North Lakes QLD 4509

P: 07 3448 8840 | F: 07 3880 6118 | E: petnorthlakes@qscan.com.au



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## GP Liaison Update - Metro North HHS

Feedback to [mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au)

If you want to receive our monthly GP Bulletin please email [mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au)

### Over 430 local GPs have signed up to the QH Health Provider Portal. Have you?

Queensland GPs can now get real time access to patient results and records from Queensland Health public hospitals. Over 430 GPs in Brisbane North have already signed up to this online portal but we are aware there are some GPs that haven't heard about this great resource.

If a patient comes in to see you and have forgotten say their emergency department discharge summary or their results, you can access these records in real time on the portal.

There are a few steps that both yourself and your practice manager need to do which can be found at <http://bit.ly/hppinfo> under the register section. Please email us if you are having any difficulties.

### Upcoming GP education & previous resources from public hospitals

There have been a number of very successful GP education sessions provided by your local GP liaison officers and public specialists this year. Presentations from these events are now online <http://bit.ly/gpeducationmn> for those who missed the events and you will be able to see upcoming events once available:

**Sat 9 September - Metro North GP Alignment Program - Gynaecology Workshop** RBWH- Cat 1

**Sat 13 October - Paediatric Masterclass - Lady Cilento Hospital - Cat 1 - book via** <http://bit.ly/phnevents>

**Sat 27 October - Gastroenterology Workshop - RBWH - Save the date**

**Sat 17 November - Frail & Elderly GP Workshop- RBWH - Save the date**

Please let us know if there is specific education you would like for 2018 via [mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au)

### The Residential Aged Care District Assessment and Referral (RADAR) Service

A single point of contact for GPs and staff of residential aged care facilities (RACF), the RADAR Service is now available to streamline access to Metro North Hospital and Health Service (MNHHS) residential outreach services. *RADAR is available between 8.00 am - 4.00 pm weekdays - (phone 1300 072 327)* [www.brisbanenorthphn.org.au/page/news-and-events/latest-news/metro-north-radar-service-now-available/](http://www.brisbanenorthphn.org.au/page/news-and-events/latest-news/metro-north-radar-service-now-available/)

### Do you have access to Brisbane North Health Pathways GP Hub?

Health Pathways is your central local GP Hub for information about local services and management guidelines for your local area. It provides links to all the services, portals & guidelines we have mentioned in this article.

To access health pathways go to <https://Brisbanenorth.healthpathwayscommunity.org>

Username: Brisbane Password: North (case sensitive)

### Latest outpatient referral guidelines

Metro North HHS public hospitals also have their latest outpatient referral guidelines with the essential information required for referrals which is found on Health Pathways or going to [www.health.qld.gov.au/metronorth/refer](http://www.health.qld.gov.au/metronorth/refer)

If the GP Liaison service can help in any other ways please let us know.

Both the GP Liaison Officers and the Primary Care Liaison Officers from Brisbane North PHN can come out for practice visits

**Letter to the Honorable Yvette D'Ath.  
The Dying With Dignity Forum Continued  
Dr Peter Stephenson,**

The Hon. Yvette D'Ath  
Member for Redcliffe.  
GPO Box 149  
Brisbane 4001  
[attorney@ministerial.qld.gov.au](mailto:attorney@ministerial.qld.gov.au)  
9/07/2018

Dear Madam,

It is with great optimism that I am writing to you today as a Family GP in the hope that we will get a Dying with Dignity legislation through the Queensland Parliament. I was at the Forum in the parliament on this subject on the 25th July 2018 and was sorry NOT to see you amongst the many MP's who were there.

With my 41 yrs of family GP, I have seen people suffer unnecessarily from terminal diseases where the symptoms of dying cannot be controlled adequately by current management techniques.

If only we had medications to control pain absolutely without side effects. A Holy Grail.

Narcotics relieve pain, but have constipation as a major side-effect, as well as narcosis, a feeling of being doped up or zombified and unable to enjoy life while waiting for the inevitable relief by actually dying.

Nausea can be controlled somewhat by today's therapies, but the best treatment (ondansetron) is not on the PBS as it is quite expensive at \$10.00 per tablet.

There are conditions that just cannot be controlled like intestinal obstruction where the patient vomits faeces. One patient I recall had a fungating tumour of her face and one could see into the back of her throat and the odour from it when the dressing was changed flooded the whole ward.

I could easily go on with more examples but I will not.

Therefore we need to have the means to euthanase people who have terminal illnesses at their request when their lives are just a living hell.

Best Regards

Dr Peter Stephenson M.B.B.S.(Lon.) L.R.C.P.(Lon), M.R.C.S. (Eng)  
Prov. No.: 198163T



## **Book Review**

**Title: With The End in Mind – Dying, Death, and Wisdom in an age of Denial**

**Publisher: Harper Collins, 2017**

**Author: Kathryn Mannix**

As a Palliative Care Physician and CBT clinician, Kathryn tells stories beautifully. They are real life stories from her clinical practice and usually the hero or heroine of the story dies. In each story there is complexity and problem solving, to achieve a better death for her patient. In fact there are many examples of emotional healing and peacefulness at the time of death.

She explores the management options for an MND patient who has used a ventilator for 10 years and as he loses the power of his upper limbs decides that he wants to stop using the ventilator. She walks alongside a young mother who wants to know how to tell her children that she has a life limiting illness. She teaches a young man with cystic fibrosis how to manage his breathing and not feel the terror of breathlessness. She manages the symptoms of a man, with metastatic rectal cancer who has a colostomy, urostomy and a discharging abdominal wound, who wants time with his wife and young son and not euthanasia which is what was repeatedly offered to him in the Netherlands where he was living. He achieved a few extra precious months with his family.

There are thirty stories in all, offering us as clinicians' models for action for ourselves, our loved ones and our patients. From these stories I was reminded of the skill of targeted communication, I was inspired by this physician's explanation of the dying process to families and her engagement with her team to achieve the best death possible for her patients. I strongly recommend this book.

Palliative Care in Redcliffe is well respected in the Moreton Bay Community. The Hospital has a 16 bed Palliative Care Unit and if you would like to visit, that can easily be arranged. Contact Nurse Unit Manager Kim Shesgreen on 3883 7638. As many patients and family have found, the Palliative Care Unit is a place of support, care, and attention to the symptoms of the dying and also helps those with life limiting illnesses so they can live better lives when their symptoms are well managed.

If you'd like to develop greater expertise in Palliative Care, a PEPA (Program of experience in the Palliative Approach) is offered by CPCRE centre of Palliative Care Research and Education). See link. <https://www.health.qld.gov.au/cpre/pepa>

# IRAN - FOOD

by Cheryl Ryan

Iran, the Persian Jewel in the crown of Islam brings to its visitors the gorgeous architecture, rich history, beautiful cities, friendly locals, and not to forget the delectable cuisine!

Iran is a beautiful country that can be best explored through its food.

From stews, kebabs, rice dishes to deserts, you will find plenty to quiver your senses with great flavors and aromas.

## The Top Dishes to Eat While on a Trip to Iran

### Chelow Kebabs

While on the culinary tour to Iran, you cannot miss out on the National Dish of Iran. Chelow Kebab is a dish that consists of rice (chelow) along with one of the different varieties of kebabs. Some of the Iranian kebabs are Shish Kebab, kebab made of lamb; Kebab Torsh is made of Beef and is traditional to Gilan Province of Iran. Mahi Kebab is a fish kebab, a popular dish in North and South of Iran. Kebab Chenjeh is made from fresh sheep's meat.

### Ghormeh Sabzi

A very popular dish in the country, Ghormeh Sabzi is a stew made with herbs and spices. It is made with lentils and herbs like green onions, parsley, coriander, leeks, dried fenugreek leaves along with turmeric seasoned beef or lamb. The country has also declared a special day for this dish, which is the last Saturday of November as the International Ghormeh Sabzi day that lets the travelers from different countries get familiar with the culture and cuisine of the country.

### Saffron Ice-Cream and Faloode

A must try, the Saffron Ice-Cream and Faloode is made of rice noodles, soaked with semi frozen sugar syrup and rose water with saffron ice cream. Digging into it will refresh



you to the core during the hot time of the year. It is readily available at all ice cream shops around the country.

## What have we planned for you?

To ensure, you make the most of your Iran food tour, we have formulated a delicious itinerary for you:

- A guided tour in Shiraz with visits to Eram Garden, Tomb of Hafez, Vakil Bazar, and Nasir Ol Mulk Mosque. During our visits, you will be taken to the Shirazian restaurants or a local house for kalam Polo, a traditional Shirazian dish and Faloodeh ( dessert)
- A visit to Isfahan's Bazar, Shah Mosque and Sheikh Lotfollah Mosque. In the bazaar, experience the local culture and flavors of the traditional Isfahanian food
- A visit to Yazd and exploring Tower of Silence, Alexander Jail, the Fire Temple. Also, visit to the local confectionery to see how the popular sweet dishes like Baklava, Gaz, Sohan and Ghotab are made.
- Drive down to Kashan through the village of Abyaneh, made of red clay. In Kashan, get to know the delicious flavors to Goosht-Loobia.

[www.123Travelconferences.com.au](http://www.123Travelconferences.com.au)





# Where can your patients find help to make financial decisions about Aged Care?

Navigating through the financial aspects of aged care can be complicated, especially as you should take into consideration:

- How your age pension is affected?
- How to pay for your accommodation?
- What you will pay for your ongoing care?
- Whether you need to pay any tax?
- Whether you have enough cashflow to pay for your care and living expenses?
- The impact on your net wealth and your estate?

Paying for advice from a qualified financial planner may help to make this easier and also reduce the stress for your family. It can also help to avoid making significant and expensive mistakes.

You can also access free information to help you understand the rules from Centrelink or [www.myagedcare.gov.au](http://www.myagedcare.gov.au) but an Aged Care Specialist can help to put this into a plan that works for you and your family.

## Getting advice

Before making any decisions, contact an accredited aged care adviser to talk through the care options available to you, the costs associated with them and the best way to restructure your finances to pay for the appropriate care.

Getting the right information and advice can help you to understand your options and the implications for your cash flow, Centrelink or other concession cards, aged care fees, taxation and estate planning. This will allow you to make the best choices for your future care, security and happiness.

If you or your patients have any questions please feel free to give me a call on 07 54379900.



Yours in Aged Care

*Sharon Coleman*

Accredited Aged Care Specialist / Accountant



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## AMA CALLS FOR URGENT ACTION TO ENSURE PROPER HEALTH CARE FOR AYLUM SEEKER CHILDREN ON NAURU

The AMA Federal Council, meeting in Canberra, this morning unanimously passed three motions calling on the Government to act urgently to guarantee the health and wellbeing of asylum seeker children and their families on Nauru. AMA President, Dr Tony Bartone, said that, amid reports of a children's health crisis on Nauru, the children and their families being held indefinitely on Nauru must be given urgent access to appropriate health care in a public and transparent way. Dr Bartone said that the medical staff employed by IHMS on Nauru are doing their best in trying conditions, but the Australian public needs to be informed and shown that these asylum seekers are receiving appropriate care and support. "These people have fled dangerous places and are now in the care of the Australian Government," Dr Bartone said.

"The AMA repeats its call for a delegation of independent Australian health professionals to be allowed to visit and examine the asylum seekers - adults and children - and report on their condition to the Australian Parliament and the Australian people. "It is our responsibility to care for these people. It is all about human rights. It is the right thing to do," Dr Bartone said. The full text of the motions is as follows. The Health of Asylum Seekers and Refugees Preamble:

The World Medical Association (WMA) Statement on Medical Care for Refugees, including Asylum Seekers, Refused Asylum Seekers and Undocumented Migrants, and Internally Displaced Persons (IDPs) states that:

- Physicians have a duty to provide appropriate medical care regardless of the civil or political status of the patient, and governments should not deny patients the right to receive such care, nor should they interfere with physicians' obligation to administer treatment on the basis of clinical need alone.
- Physicians cannot be compelled to participate in any punitive or judicial action involving refugees, including asylum seekers, refused asylum seekers and undocumented migrants, or IDPs or to administer any non-medically justified diagnostic measure or treatment, such as sedatives to facilitate easy deportation from the country or relocation.
- Physicians must be allowed adequate time and sufficient resources to assess the physical and psychological condition of refugees who are seeking asylum.
- National Medical Associations and physicians should actively support and promote the right of all people to receive medical care on the basis

**MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE**

of clinical need alone and speak out against legislation and practices that are in opposition to this fundamental right.

AMA Federal Council Motion 1: Given multiple reports of a looming children's health crisis on Nauru, Federal Council calls for urgent action to prevent further harm to the health and welfare of child refugees and asylum seekers on Nauru. We ask that these children and their families be removed from harm and have access to healthcare of an appropriate standard.

AMA Federal Council Motion 2: Federal Council further demands that the Federal Government facilitates access to Nauru for a delegation of Australian medical professionals, to be appointed in consultation with the AMA, to assess the health and welfare of child refugees and asylum seekers. This includes access to the children and their families and/or carers, as well as the Nauruan officials administering to the children. An appropriate delegation would potentially include a psychiatrist, a public health expert, a paediatrician and an infectious diseases physician. This delegation would then make public the findings of its inspections and interviews to assure the Australian public that the Australian Government has done all that is possible to protect the health and wellbeing of asylum seekers and refugees.

AMA Federal Council Motion 3: Federal Council further expects that the Australian Government satisfactorily provides comprehensive answers to the following two questions, which relate to the looming children's health crisis among refugees and asylum seekers on Nauru, who were placed there by the Australian Government:

1. What are the healthcare arrangements, both physical and mental, in place for child refugee and asylum seekers on Nauru?
2. What are the transfer arrangements for the child refugee and asylum seekers on Nauru and their immediate family members or carers if they require transfer from Nauru to access healthcare treatments that are not available on Nauru?

18 August 2018  
John Flannery  
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Maria Hawthorne  
02 6270 5478 / 0427 209 753  
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**i) Complete Form and Return:** C/- QML or RDMA at PO Box 23 Redcliffe 4020

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



# Where We Work and Live

## “Variety Children’s Charity Bash Rally from Gladstone to Townsville” 22-30/08/18 - Dr Wayne Herdy’s Update



Dr Wayne Herdy and his rally car 5555, ready for the 2018 variety Bash and Redcliffe & District Local Medical Association’s Sponsorship plaque.



Rally Car called Camilla - Is driven by RBOH - Royal Housewives of Brisbane, are 4 women with connection with Banyo Clinic.



Wayne and Co Driver Bernard Valentino



Galloway Plains

Navigator’s view on the bash from the running sheet, the terra trip, the navman. lots of dust with maybe the white light of a car in front.



Biloela

### Follow The Variety Bash Rally 2018 Route Queensland

**Dateline:** 22nd Aug to 31st Aug 2018

**Route:** Gladstone QLD - Townsville QLD

**Bash Locations**

- Gladstone
- Lake Monduran Wed 22nd Aug
- Biloela Thu 23rd Aug
- Blackwater Fri 24th Aug
- Dysart Sat 25th Aug
- Halliday Bay Sun 26th Aug
- Glenden Tue 28th Aug
- Bowen River Wed 29th Aug
- Charters Towers Thu 30th Aug
- Townsville Fri 31 Aug