



# Newsletter

## August 2020

### RDMA & BLMA's Joint Newsletter

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## RDMA President's Report Dr Kimberley Bondeson

We are still having glorious winter weather, blue skies, sunshine, chilly mornings and warm at midday. It was 26 degrees today, letting us know that Spring is coming.

Covid 19 is still spreading around the world, and in Australia. Queensland has just shut its borders again to NSW. Victoria is in Stage 4 lockdown, and looks like it will stay that way until Christmas time.

We welcome a new Federal AMA President, Dr Omar Khorsid, and a new Federal Vice-President, Dr Chris Moy. Dr Omar Khorsid is an orthopaedic surgeon who lives in Western Australia, and Dr Chris Moy is a GP who lives in South Australia. Both have extensive experience with the AMA and political lobbying.

Many thanks to our outgoing Federal AMA President, Dr Tony Bartone, and Dr Chris Zapalla, who held the Vice-President position. Both of these outgoing doctors have done an exceptional job during the Covid 19 pandemic.

Dr Khorsid is calling on people in NSW to start wearing masks to contain the Covid 19, particularly when indoors. Whilst the evidence is not yet in, overseas we are seeing less Covid 19 infections in the community in those populations where wearing masks is mandatory. It is not yet mandatory in Australia.

The AMA has also "demanded the mandated use of filter respirator masks for Covid 19 patient care in response to guidelines issued by the Infection Control Expert Group, recommending filter respirator masks in areas of community transmission for care of patients with challenging behaviours only".

Dr Khorsid is questioning this recommendation, he states that P2 or N95 masks filter and best prevent virus transmission, and should be used regardless of the presence of potential challenging

behaviours. (Australian Medical Association, 13th August 2020).

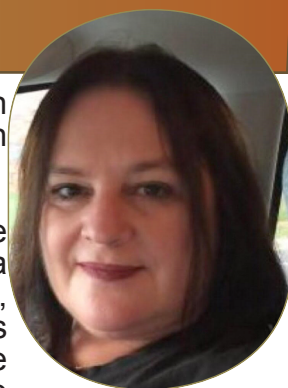
I have just been reading the latest update from Australia Doctor (14th August, 2020), where it states that GP's in Victoria must wear eye protection for all face-to-face care, whether patients have Covid 19 symptoms or not.


This was mandated to the state's health workers 1 day prior, due to the increasing cases of community transmission in Victoria. The guidance state goggles and face shields must be replaced or cleaned at least every four hours, after a health worker assists with an aerosol generating procedure.

The state government in Victoria is supplying extra goggles and face shields to public hospitals, but GP's are been told to buy their own.

This is infuriating the GP's and non-GP specialist plus sector, as there is a shortage of PPE Australia wide, and they feel that the Government should be assisting them with PPE supplies.

**Continued on Page 4**





**RDMA & BLMA's Joint Newsletter**

*Welcome from*

**Dr Robert (Bob) Brown**

President Brisbane Local Medical Association

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

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

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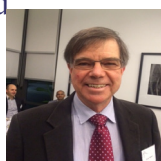
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## RDMA 2020 MEETING DATES:

For all queries contact Anna Wozniak Meeting Convener: Phone: (07) 3049 4444

**CPD Points Attendance Certificate Available**  
**Venue: Golden Ox Restaurant, Redcliffe**

**Time: 7.00 pm for 7.30 pm**

Tuesday	February	25th
Wednesday	March	25th
Tuesday	April	28th
Wednesday	May	27th
Tuesday	June	30th
Wednesday	July	29th
<b>ANNUAL GENERAL MEETING - AGM</b>		
Tuesday	August	25th
Wednesday	September	30th
Tuesday	October	27th
<b>NETWORKING MEETING</b>		
Friday	November	20th

## NEWSLETTER DEADLINE

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## BLMA 2020 MEETING DATES:

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

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

**CPD Points Attendance Certificate Available**

**Venue: Riverview Restaurant, Bris**  
Kingsford Smith Dr & Hunt St in Hamilton

**Time: 6.30 pm for 7.00 pm**

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

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

### CLASSIFIEDS

Classifieds subject to the Editor's discretion.

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

If you would like to advertise in the next month's newsletter please email [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com) in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page with approximately 800 words.

# RDMA PRESIDENT'S REPORT

DR KIMBERLEY BONDESON,

CONTINUED FROM PAGE 1

In Melbourne, several charities are supplying some of the local GP's with masks. Dr Mukesh Haikerwal, an ex AMA Federal President and GP in Melbourne is extremely irate with this situation.

Dr Haikerwal has stated "I'm just tired. I's not tired of doing the work. I'm not tired of looking after my people. I'm not tired of advocating for them. I'm tried because nobody's listening".

"The level of income is dropping dramatically in practices, and in that environment you are dealing with Covid and having to procure your own PPE. It's another blood brick in the wall".

Dr Mukesh Haikerwal said that the lack of government support was so bad that a local Buddhist charity and an international aide agency called smartAID had already reached out to proved free eye protection to GP's and their staff.

There is evidence to show that coronavirus could bind to receptors in the eyes and eye protection was essential.

My own personal thoughts are that this virus is behaving as an airborne virus, not just droplet spread.

Again, this is yet to be proven, but I certainly support full filter respirator masks for Doctors, Nurses and health workers dealing face to face with Covid 19 infected patients.

What is disturbing is the number of deaths among doctors and nurses (grouped together as health care professionals), treating Covid 19 patients.

This is seen worldwide.

There is no official data yet released on the impact of Covid 19 on health care professionals (MSN News – Anri Ichimuria 15/4/2020). However, I did manage to find a website (Tableau public – Andrei Martin Diamante) who states on 6/8/20 that there were 1901 HCP around the world who have died during the Covid 19 pandemic.

He has broken this number down into categories – 1032 doctors and specialists, 429 nurses and paramedics, 430 pharmacists, technicians and staff.



**Dr Bob Brown at recent BLMA Meeting**

On a more positive note, I attended the first Brisbane Local Medical Association meeting



**Dr Bob Brown Introducing BLMA speaker Dr Kathryn Berkman**

since Covid 19 restrictions on group gatherings were lifted last week.

The guest speaker was Dr Kathryn Berkman, talking about Type 2 diabetes.

A pleasant evening enjoyed by all.

Kimberley Bondeson



# **THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)**

The National Disability Insurance Scheme (NDIS) was born out of hope. The scheme has a noble intent – to provide financial support for those who have long-term needs that weren't being met by the existing medical or legal resources.

A fundamental concept is that the NDIS is intended to be more than a hand-out welfare system. It is intended to provide an environment in which the disabled can enhance their own abilities and skills to achieve greater independence.

A camel is a horse that was designed by a committee. The NDIS is, regrettably, a camel.

From its inception, the scheme was criticised for being overly prescriptive. We GP's see this all too often.

We have seen applications rejected because the medical condition is not considered to be "permanent".

I have seen applications rejected even where the nature of the condition is inherently permanent (such as limb amputation) and the health practitioner completing the form has even used the word "permanent".

Whenever governments provide a seemingly bottomless bucket of gold, the offer attracts all sorts of dubious practices.

There has been considerable publicity about whether some service providers are suitably qualified, and how much of the money ends up in genuine service delivery.

Many of the applications that I have completed are being submitted by patients whose claim is based on grounds that should not attract generous public funding.

In my own practice, which has a heavy mental health bias, applications are being submitted based on anxiety, depression, and just simple lack of personal coping skills.

In practice, the NDIS does not seem capable of correctly assessing a patient's real needs.

The most startling example from my own practice involved an adult with cerebral palsy, wheelchair bound and incapable of meaningful communications.

She had been cared for, at virtually no cost to the public purse, by her parents who are now in their 70's and recognising that, not only can they still provide the care that she has enjoyed so far, but they will not be around forever.

In their first application round, they were overly modest in their description of their daughter's needs, and were awarded \$10,000, for a lifetime of need.

She needs 24/7 live-in care and a whole team of therapists, a communication device, an independent home unit, and a modified vehicle and driver. How far is \$10,000 going to go?

At the other end of the scale, one of my strong healthy adult males whose only disability is inability to commit to a decision, was awarded something like \$70,000 to finance a lifestyle coach.

The NDIS is a wonderful concept.

But I fear it is going to go through a lot of teething difficulties before the administrators get it anywhere near right.

Wayne Herdy

# NEXT MEETING DATE 25TH AUGUST 2020

## RDMA Meeting 29.07.20

Dr Kimberley Bondeson  
RDMA President Introduced  
Sponsor Representative:  
Suzanne Roberts

### Speaker

Dr Ben Jansen, Founding  
Director of Cannabis Doctors  
Australia and one of  
Australia's Leading  
Prescribers of Medicinal  
Cannabis.

**Topic :** "Medicinal Cannabis.  
A Rule in Gneral Practice:

**Sponsor:** Tilray

### Photos (belowLeft to Right & Down):

1. Speaker Dr Ben Jansen, Tilray Rep Suzanne Roberts
2. Min Min Win and Haroon Suleman New Member,
3. Alexandra Russell New Member,
4. Linda Fleming, Peter Stephensen and Tamara Sydney - Smith,
5. Evelyn Webb, Sam Zilm, Anna Denham New Members with Colin Chow.

## Monthly Meeting

Redcliffe & District Medical Association Inc.

**DATE:** Tuesday 25th of August 2019

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

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

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

**AGENDA:**

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsor: Peninsula Private Hospital Represented by: Robyn Carrington
7:40pm	Speaker: Dr Jon-Paul Meyer, Urologist
	Main Meal served through out presentation
8:20pm	Question Time
8:30pm	Dessert, Tea & Coffee served
8.40pm	General Business
8.45pm	AGM

**RSVP:** By Friday 21st of August 2020

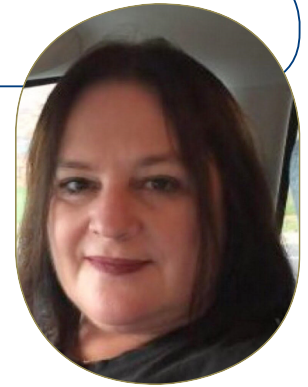
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## MEMBERS UPDATE

There are changes at the AMAQ, with the departure of the current CEO, Jane Schmidt in the next week.

Jane is moving onto new pastures, as we wish her well in the future.

The AMAQ board is seeking a new CEO, and we look forward to welcoming the successful applicant.

It is with sadness we hear of the sudden death of the RACGP President, Dr Harry Nespolon, whose life was cut short. Our thoughts are with his family and loved ones who are grieving his death.

There are nominations and an election process underway to elect a new RACGP President in the next few weeks.

Covid 19 telehealth items have been extended, along with additional mental health psychologist sessions impacted by the Covid 19 pandemic.

The AMA is calling on the government to extend Covid 19 telehealth item numbers until March 2021, to assist with containing the spread of the virus, and in line with the extension of the jobkeeper, which has been extended until March 2021.

There are now 1 million people unemployed in Australia, as a direct result of the Covid 19 pandemic and economic shutdowns. Telehealth is changing how we practice medicine.

There is now available in some pharmacies

(Priceline are advertising an “instore Health Station” to look after your everyday health needs, in some selected pharmacy stores.

At no time do you talk to a doctor, it is an on-line system.

There is a “booth” with a sign outside it saying “There’s a doctor in this machine. Get your script approved in 15 minutes. \$22.99. \*Estimated wait time. \*Excludes medication cost.

It goes onto explain which medication categories are available, and which medication categories are not available.

I am relieved to see that narcotics, benzodiazepines, sedative, stimulants, anabolic agents, pituitary hormones and barbiturates are listed as not available.

However, I am concerned that any prescriptions are easily available at these Health booths.

Not only do they not allow any relationship to be formed between a doctor and a patient, but knowing there is a criminal element in our society, I have no doubt that there will be some patients who will work out how to abuse this system in some way.

Sincerely

Kimberley Bondeson



Dr Chris Perry  
President AMA Queensland  
and  
Jane Schmitt,  
CEO AMA Queensland



## Junior Doctors Conference

COVID-19 has disrupted the best laid plans of many. AMA Queensland was forced to move its annual Junior Doctors Conference (JDC) online - the first time in the seven-year history of the conference. JDC is a great resource for doctors in training and thanks go to our members and guests who took the time to share their knowledge and insights with our doctors of the future, through live webinars and presentations. There have been some great discussions at this year's JDC and the good news is all of these FREE presentations, including our special keynote with anaesthetist and cave diver Dr Richard Harris, are online. We encourage you to jump online and have a look. [Click here to access JDC on-demand.](#)

## Queensland election

With a state election looming in October, it has been a busy time for AMA Queensland advocacy. It will be interesting to see which health issues are identified as priorities by Labor and the LNP. Rest assured AMA Queensland will be there advocating and will be building on its [Extended Scope of Practice campaign](#), in the lead up to the 31 October election. We are also in the process of finalising our *12-point Action Plan for Better Health Outcomes for Queenslanders* Election Document, outlining what AMA Queensland would like to see prioritised under the incoming government.

## Changes to MBS ECG charges for GPs

AMA Queensland has joined forces with its federal counterparts in condemning MBS ECG changes. From 1 August, the rebate for a 12-lead electrocardiogram in general practice has fallen from \$27.45 to \$16.15 with the introduction of a single item that excludes funding for interpretation or reporting trace results. AMA Queensland has written to Minister for Health Greg Hunt supporting the AMA's call for an immediate pause. GPs say there was little consultation before the change was announced.

## Farewell AMA Queensland CEO

AMA Queensland has farewelled its outgoing CEO Jane Schmitt who is leaving after 11 years at the helm of the organisation to take up a new role with the Mater Group in Brisbane. Recruitment is underway for a new AMA Queensland CEO.

## Chance to win when you download the new AMA Community APP

**Download the APP up to September 30 and go into the draw to win a Visa Gift Card.** The APP is about keeping AMA Queensland members connected with the latest news, views and information. It's also the gateway to the [Queensland Doctors Community forum](#) – where doctors can have a direct voice and engage in conversation with peers about the issues affecting them. The APP is available for both iOS and Android - look for 'AMA Community'. If you need any help, please reach out to AMA Queensland - [community@amaq.com.au](mailto:community@amaq.com.au).



**Continued Page 9**



### **Palliative care for our First Nations people**

There is currently no dedicated palliative care service for Indigenous Queenslanders. As the Queensland population is ageing, more and more Aboriginal and Torres Strait Islander patients are requiring palliative care, however, many are reluctant to access existing services as they're not considered safe and culturally-appropriate. AMA Queensland has been working with Mater Health, St Vincent's Private Hospital, the Institute for Urban Indigenous Health and Queensland Health to establish an innovate hub and spoke model of Palliative Care for First Nations Queenslanders.

### **Drawing on the wisdom of our senior doctors**

AMA Queensland now has a Senior Active Doctors Working Group. The group is developing a model of senior active doctor registration category for the Queensland Health Minister to consider and will seek legislative change for the relevant registration category. Senior Active Doctors will contribute invaluable expertise in a wide range of areas including:

- i. Vaccination and health monitoring of Queenslanders (e.g., flu vaccination, diabetes management)
- ii. Screening and interviewing patients as part of health plans
- iii. Counsel/mentor junior and senior doctors
- iv. Teaching of medical students and teaching and supervision of junior MOs
- v. Discharge management
- vi. Assisting with managing quality of care programs, and
- vii. Managing research.

### **Vale Dr Harry Nespolon**

AMA Queensland doctors joined the medical community around Australia, extending sympathy to the family and friends of RACGP President Dr Harry Nespolon who sadly died last month at the age of 57, after a battle with pancreatic cancer.

**Dr Chris Perry, President AMA Queensland**

**Jane Schmitt, CEO AMA Queensland**

# SURGERY FOR FACIAL REJUVENATION

By Dr Phillip Bushell-Guthrie

In my previous articles I have addressed non-surgical procedures which are good for improving the quality of the skin which makes it look fresher but they have limited ability to produce tightening of the skin.

Skin ages due to genetic damage within the skin. This leads to faulty or no cell replication. This produces senescent cells also called zombie cells. Proteins cross link losing their quality. Elastin becomes non functioning letting the skin sag and wrinkle. Some of this is due to intrinsic aging but most is due to sun damage.

The loose skin produces folds, furrows and jowls. Sagging skin produces the aged look. Only surgery can produce prolonged significant tightening of skin and muscles to complement the improvement in the quality of the skin produced by the non surgical techniques. The surgical procedures we have available include:-

## FACE AND NECK LIFT

Tightening of the skin of the face and neck together with the underlying muscles gets rid of deep wrinkles, corrects jowl formation, tightens neck bands and imparts a fresh youthful look. It is the work horse of facial rejuvenation. Only a face lift can produce large amounts of tightening of the skin. The SMAS which is a layer of fascia investing the muscles is tightened at the same time this pulls up sagging muscle further correcting the aged look. A full face and neck lift needs to be done under GA in hospital. However a mini face lift can be done under LA in the rooms. This tightens the cheeks, jowl area and upper part of the neck so it accomplishes a fair proportion of what a full lift does making it very good value for money. The neck can be lifted on its own but a much better result is obtained when it is combined with a face lift.

## BLEPHAROPLASTY

Saggy eyelids and eye bagging are one of the early signs of aging.

For the lower eyelids an incision is made just under the eyelashes out into the crows feet

area and a musculocutaneous flap raised. Any excess fat is removed and the fascia pliated forcing the fat back to correct eye bagging. When fat is excised care needs to be taken to avoid a sunken eye look. The skin is redraped and tightened laterally mostly. Not much needs to be removed. Recreating a good eyelid cheek contour does much to rejuvenate the mid face. If excess skin and muscle on the upper eyelid is creating a hooded effect this is also a sign of aging and if bad enough it can interfere with vision. Excess skin and muscle can be removed with the scar placed in the fold of the upper eyelid. Blepharoplasty can be done under LA in the rooms. Improving this small area can have a big effect on your facial appearance.

## REVOLUMISATION

Fat atrophies as we age causing deflation so the skin of the face sags and becomes uneven. It is like losing the underlay of carpet. In this case the skin loses its plumpness and the face takes on a gaunt aged look. It can be corrected by placing some of your own fat under the affected skin. This revolumises the face to more youthful volume. The fat contains growth factors and stem cells which may also play a part in rejuvenation.

## CORRECTION OF PROMINENT EARS

The ears are a part of the face. Normally they are not noticed but if they are too prominent they become highly visible. Correction can be carried out by excising a shaped wedge of skin and cartilage from behind the ears and suturing them into place. This operation is often done before starting school or in the teenage years.

## BROW LIFT

The whole brow can be lifted by using an incision in the hair bearing scalp. It can be fixed in position using sutures, mini screws or biological glue. A much simpler and powerful procedure can be used just to lift the eyebrows by excising a wedge of tissue just above them. This can be done under local anaesthesia in the rooms.

# SURGERY FOR FACIAL REJUVENATION

By Dr Phillip Bushell-Guthrie *Continued from Page 10*

## GENIOPLASTY AND JAW LINE DEFINITION

If the jaw lacks prominence a periosteal flap can be raised through the mouth and synthetic bone granules with or without bone chips can be placed to build the jaw out. This eventually turns into your own bone. This procedure can also be used to build out the bone of the jaw line.

Where the chin is too prominent a cut can be made in the bone and the point of the jaw can be pushed back and held in place with bone screws. If the point of the chin is just cut off to remove the excess it will result in a witch's chin deformity.

## SURGICAL DERMABRASION

This procedure is not used much any more because it is a little harsh on the skin with some risk of pigment changes and even scarring. However it can still be useful in the treatment of deep acne scarring. A mini face dermabrasion can be carried out

using very fine sandpaper. It is much stronger than microdermabrasion. It can be done under local anaesthesia here in the rooms.

## RHINOPLASTY

Noses can be made smaller or larger and re-shaped. The humped European type of nose benefits from hump removal tip elevation and an overall reduction.

The small flatter Asian type nose benefits from having the bridge line built up and the nose narrowed. Often there is a need for tip elevation also.

The operations need to be done under general anaesthesia in hospital as a day case. There is a fair amount of swelling and there may be some bruising but not much pain. There is a plaster on the nose post operatively so there is about one week of down time.

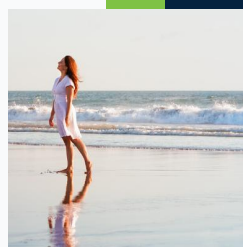
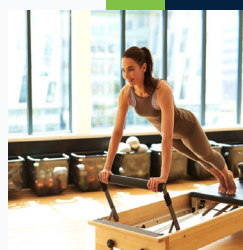
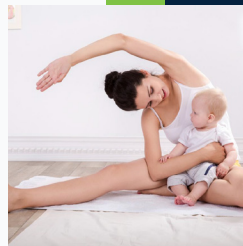
Remember it will change your appearance somewhat but it won't change your life.



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## IN AUSTRALIA:

### 1 IN 2 WOMEN

Who have had children will have some degree of a prolapse and 1 in 5 will require medical treatment

### 1 IN 10 WOMEN

Has endometriosis

### 1 IN 2 WOMEN

Will have stress urinary incontinence between the ages 18-83 that physio can help

# Corona – The Predator and the Prey

By Dr Mal Mohanlal

It seems that the coronavirus, named Covid-19 has spooked the world. It has become the bogeyman of the 21st century. At first, it frightened the medical profession at the way it rapidly spread and killed people. They, in turn, spooked the governments all over the world to take drastic measures to go into various degrees of lockdown. It has been nothing but a socio-economic disaster for most countries. And the way the media continues to report this virus infection is causing further unnecessary panic, chaos and confusion among the public.

In my previous article titled “Corona- The Making of the Bogeyman”, I pointed out how a spooked mind is incapable of rational thinking. I also pointed out how a bureaucratic mind is also incapable of such thought. So it is clear to me that a frightened bureaucratic person would be doubly incapable of making any rational decision. This fact is evident from what we have seen in the bureaucratic action taken by governments all over the world.

What dismays and disappoints me most is the medical profession and the role it is playing. It is supposed to look after the physical and mental health of people yet is helping the government to create people’s life more miserable. They do not seem to appreciate the fact that saving lives at all cost is not the only thing that matters. One has to take into account the socio-economic costs into our decision making; otherwise, our actions become counterproductive and irresponsible.

Millions of people have lost their jobs, and millions of businesses have gone out of business. How can we ignore the mental and physical side effects on the population of government bureaucratic action which creates poverty?

Poverty becomes fertile ground for an increase in crime, violence, drug abuse and suicides etc.

Please remember that the brunt of all these measures is born by private individuals, not government employees who are mostly financially unaffected.

In my mind, I regard the lockdown as an inhumane action. To lockup people living in tall towers for six weeks is like sentencing them to solitary confinement in their cells. Also, how can we justify locking up people on a cruise ship for days for no fault of their own, just because they have a case of coronavirus on board?

Lockdown can only be justified if the measures we take kills or eliminates the virus; otherwise we are only grabbing the tiger by the tail.

If we examine all the measures we have taken so far, we will find that they are panic measures. They do not eliminate or kill the virus. The lockdown only slows down the spread of the virus. It is the nature of all virus infections to spread. So once we lift the lockdown, this virus is going to spread. The infection curve has to rise. We have to appreciate the fact that this coronavirus is here to stay, and we will have to learn to live with it in the same way as we are doing with the influenza virus.

So what does the future hold for us? Do we go into lockdown every time the infection curve rises? Do we shut down our schools and workplaces whenever someone is tested positive? Do we remain spooked and be subjected to some bureaucratic control until we find a cure?

It is easy for countries with a relatively small and sparse population like Australia and New Zealand to claim success in managing this virus with lockdown measures. However, in densely populated countries with large populations like India and Europe, it is undoubtedly not a practical proposition.

Thus there has to be a better way of managing this problem. If I found myself in an outback country town and a case of coronavirus presented to me for treatment, I ask myself, what would I do? Having no diagnostic facility available to me, I would have treated that patient, in the same way as I would have treated a case of influenza. Would this have resulted in any different outcome

# Corona – The Predator and the Prey

## By Dr Mal Mohanlal *Continued from page 12*

for my patient or me?

One can see that all this testing for the virus in the population may be academically desirable; however, the way the media reports it should be a matter of concern for all of us who are trying to improve our mental health. It is spooking the public and causing unnecessary anxiety and alarm.

Perhaps we can learn from our animal friends how they manage to live peacefully with all the predators around them since the beginning of time. If we look at the buffalos and the lions, we see that the lions spook the buffalos by chasing them. Once the lions catch the weakest one, the buffalos stop running. They start grazing in a relaxed way, knowing that the lions will not be attacking them until they are hungry again. They do not remain spooked.

I regard all the viruses lurking in our atmosphere as predators waiting to pounce on us like the hungry lions and tigers. Usually, a healthy individual will resist a virus infection depending on the strength of one's immune system. But once any mental or physical factors weaken our immune system, we can become prey to any such virus. Thus the onus is on every individual in society to maintain a level of fitness which will protect the person.

However, we have do-gooders in society who want to save us from ourselves like the medical profession and the government. They want to show us and prove to us that they can save human lives, no matter what the cost. T

here is, of course, a political motive in all this. No one wants to die, so no one is going to object to someone who is going to protect us. How can anyone object to such a noble cause when one is saving lives? Politicians and the medical profession become our heroes, and they get our votes.

Yes, it is relatively easy to save lives and become heroes if we think in a bureaucratic way and ignore the negative consequences of our action.

But there are higher responsibilities attached to the jobs of our medical and political leaders than just trying to save human lives if they cared to think about it.

Suppose you are in charge of a rescue boat overloaded with people. You know that if you take one more person aboard, the boat is going to tip over and sink. There are people in the sea still begging to be rescued. Do you have a choice?

Please think.

Will you feel like a hero? Do you still believe in saving life at whatever the cost?

As I see it, we have to come to terms with the coronavirus and treat it in the same way as the influenza virus.

The world cannot afford to remain spooked. In my mind, there is no such thing as the future.

The future is what we create through the actions we take in the present. If we take no action now, our present becomes the future.

Are we going to reassess our approach to the coronavirus? Are we going to remain spooked?

Will our medical and political leaders wake up to their responsibilities?

Are we going to continue with this bureaucratic madness?

Do you think what I write makes sense? It would be best if you read the second edition of "The Enchanted Time Traveller - A Book of Self-Knowledge and the Subconscious Mind".

It can help you change your perception of the world around you and will give you insight into your mind.

Visit the website: [Http:\\theenchantedtimetraveler.com.au](http://theenchantedtimetraveler.com.au). The ebook is available at Amazon.com.

# Western Australia Simply Extraordinary by Cheryl Ryan

With its photogenic landscapes, stunning beaches, reefs full of extraordinary marine life, and vineyards that craft world-class wines, Western Australia is your go-to destination for ultimate adventure. Get the fun started with the stunning sight of humongous variety of wildlife at every nook-and-cranny, amazing beaches and parks and the lively cities of Perth and Fremantle. WA has so much to offer that you will, most likely end up losing track of time.

## An Enthralling Encounter with Nature

1. Fremantle: The cosmopolitan city is famous for handcrafted beers, heavenly coffee and festivity scene. The Fremantle Market is the heart of fashion, live music, performance art, art and craft, and fresh produce. Step into the magnificent vessels rich in maritime history at Western Australia Maritime Museum. Roundhouse and Fremantle Prison are other highlights. Have fun snorkeling and windsurfing at Port Beach and Leighton Beach or, Bathers Beach for mesmerizing sunset-watching.

2. Perth: Bask in the sunshine city at Kings Park and Botanic Garden. On the way to Northbridge and Perth Cultural Centre, check out the mini-bars, restaurants and cafes. Art connoisseurs can follow the City Public Art Walk.

3. Ningaloo Reef: Seize the lifetime opportunity to drift snorkel over gorgeous coral reef teeming with eclectic marine life. Don't miss the chance to dive off Navy Pier or indulge in world-class fishing. Surfing at Surfers Beach is to die for. Explore Ningaloo Marine Park and Cape Range National Park. Look out for emus, kangaroos and lizards on your way to the white-sand Turquoise Bay.

4. Coral Bay: Enjoy a cool afternoon swim, kayaking, diving or snorkelling in the calm waters of Coral Bay as well as the inner Ningaloo reef. Go cruising on a glass-bottom-boat along the outer reef and cherish the sight of dugongs, turtles, manta rays, and dolphins playing in the waters.

5. Karijini National Park: The stunning waterfalls and gorges, lush flora and fauna, and Western Australia's three highest peaks are its popular drawcards.

6. Broome -Cable Beach: Enjoy sunset at this beautiful white-sand beach or, take a Camel ride along the beach in the evening.



Western Australia Perth Wave Rock

## More Marine Adventure!

1. Head to Hilary's Boat Harbour, north of Perth, for an exhilarating humpback whale watching tour.
2. Embark on an exciting underwater journey to explore Western Australia's unique marine life at AQWA — the Aquarium of Western Australia.
3. Penguin Island: Cruise to the largest haven of little penguins, rare Australian sea lions and plenty of seabirds. Head to Koombana Bay – the playground of adorable bottlenose dolphins – and swim with the dolphins or join a dolphin eco cruise.
4. Busselton Jetty: Home to Australia's greatest artificial reef; enjoy a stroll along this spectacular stretch. Check out the Underwater Observatory for a breath-taking view of the reef. What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions of Western Australia.

- A day in Fremantle including Fremantle Prison and Western Australian Maritime Museum
- A day trip to Perth including sightseeing, whale shark swim tour and snorkelling
- Tour of Ningaloo Reef and Cape Range National Park, canyons of Cape Range and Coral Bay including snorkelling, wildlife-spotting, and other adventures
- Guided tour of Busselton Jetty and AQWA
- Wildlife cruise to the Penguin Island to be arranged

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### **There's something about Lending.**

With all of the current uncertainty those of you wanting to lend or refinance the process is currently taking much longer than usual. Some of the lending institutions being Banks or private lenders previously used offshore staff however offshore staffing levels have been reduced which in turn means lengthier application times.

When interest rates were higher it resulted in a higher tax deduction to help you reduce overall tax for investment and business loans. With Governments around the world reducing rates due to Covid19 and other macro-economic matters, interest rates have fallen to record lows and the tax deductibility of these loans has also fallen.

If you feel that an investment is going to add to your family's wealth and you have to borrow to achieve that, now is a very attractive time to lend. There are some solid investments on offer with quality shares and real estate available currently. There is speculation interest rates will drop further and even go negative, but without a crystal ball none of us really know.

If you are thinking of refinancing now is also a good time to consider it. Some of the lending institutions are offering cash back deals and the 3 & 5 year fixed rates have dropped also. If you are in the market for a new loan or a refinance here are some tips to help you with the process:

1. Be prepared and have your documentation ready.
  - a. Last lodged tax returns, financials & assessment notices.
  - b. From your tax agent your Current ATO portal reports for all accounts for the last 12 months.
  - c. 2 Current payslips.
  - d. Rates and Body Corporate Notices.
2. Have your 2020 Tax Returns prepared.
3. Check your Credit Score.

### **What is a Credit Score?**

A credit score is basically a number that is calculated and indicates how credit-worthy you are. Scores range from 0-1000 with 1000 being attractive to lenders. A high score means banks, insurance companies etc will be more likely to lend to you and often at more favourable rates. If your score is < 500 you are less attractive to lend to and you need to look at why? Credit scores are affected by unpaid bills, applying for credit too often or defaulting on credit cards or loans to name a few.

Credit simple ([www.creditsimple.com](http://www.creditsimple.com)) is a free website where you can access your information. I would recommend doing this to see your score. You will be able to access most reported information ranging from credit enquires, defaults, credit infringements, judgements etc and other public record information. If you find an error on your report get to work on correcting it or if the information is correct, but your score is low, look to understand what is causing your low score. As always we are here if you have any questions so feel free to give us a call 07 54379900.

*Article Written by Kerri Welsh – Senior Manager. Tax & Deceased Estates.*

*Quote from Luke Meisenhalter (Loanright Financial Services) "While interest rates are currently at an all-time low, the variance in lending guidelines between banks during the COVID-19 pandemic is now more diverse than ever. If you are thinking of applying for a new loan, refinancing, or even changing your loan structure with your existing bank, it more important than ever to speak directly with a broker that can offer a wide range of choice, to make sure that your application goes to the right bank, the first time. By approaching the best institution for your needs you will significantly reduce the hassle with information required and delayed processing times."*

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## AMA DEMANDS P2 OR N95 MASK MANDATE

The AMA today demanded that healthcare workers treating known, or likely COVID-19 patients, must be provided with P2 or N95 particulate filter respirator masks, rather than standard surgical masks.

AMA Federal President, Dr Omar Khorshid, demanded the mandated use of filter respirator masks for COVID-19 patient care, in response to guidelines issued today recommending filter respirator masks in areas of community transmission for care of patients with challenging behaviours only.

“The Infection Control Expert Group’s new advice to clinicians is P2 or N95 masks are not mandatory for all COVID-19 patient care,” Dr Khorshid said.

“The guidelines infer a surgical mask is sufficient for doctors and nurses working with patients who likely have the virus, unless those patient’s demonstrate challenging behaviours.

“A surgical mask works to protect a patient.

“Surgical masks are not designed to shield the clinician from illness.

“P2 or N95 masks filter and best prevent virus transmission. If a doctor or nurse is caring for a patient with, or likely to have, COVID-19, P2 or N95 masks are essential, regardless of the presence of potential challenging behaviours.

“The revised guidelines on use of masks by healthcare workers in areas of COVID-19 community transmission do not assure sufficient clinician safety.”

In calling on the Infection Control Expert Group to strengthen its mask guidance for COVID-19 patient care, Dr Khorshid also called for greater effort to assure healthcare worker safety.

“Governments must commit to zero healthcare worker deaths. Doing so requires sufficient supply of appropriate personal protective equipment,” Dr Khorshid said.

“It may be that supply constraints of P2 or N95 masks is behind the reason to not mandate their use in COVID-19 patient care.

“Supply constraint can not be an excuse when it comes to healthcare worker safety. The right type of personal protective equipment for doctors and nurses must be guaranteed at all times.”

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7 August 2020

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**EXTEND MEDICARE TELEHEALTH ITEMS UNTIL MARCH - AMA**

The AMA has written to Health Minister Greg Hunt, calling on the Federal Government to extend temporary telehealth arrangements under Medicare that have supported patients to have a consultation with their doctor either over the phone or by video.

These arrangements, which were put in place as part of the Government’s COVID-19 response, are due to end on 30 September.

“The AMA has long advocated for Medicare-subsidised telehealth consultations, and the COVID-19 arrangements have shown the value of telehealth,” AMA President, Dr Omar Khorshid, said today.

“They have supported the provision of care during these very difficult times and contributed to efforts to contain the spread of the virus. Telehealth has been embraced by doctors and the public alike.

“When the September deadline was decided, there was some optimism that Australia may be over the worst of the pandemic by this time. We now know that the virus will be with us well past the end of September.

“Victoria is in the midst of a second wave of infections, and NSW is increasingly struggling in its daily battle to reduce its daily infection numbers. Most other States have also seen new infections, albeit at very low levels.

“Telehealth remains fundamental to our national efforts to contain the spread of COVID-19, and ending the temporary Medicare arrangements in September would be premature.

“The telehealth arrangements also ensure that patients who are self-isolating can still access care.

“The AMA has been in discussions with the Department of Health about a long-term plan for telehealth in Australia, and has previously applauded the Minister’s commitment to making telehealth a permanent feature of our health system.

“However, in the short term, we need a telehealth framework that can operate in the context of a pandemic response.”

The AMA has called on the Government to extend support for telehealth until March next year, which aligns with the timing of its JobKeeper program extension.

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13 August 2020

CONTACT: Maria Hawthorne 02 6270 5478 / 0427 209 753



## NEW AMA PRESIDENT CALLS TO REVIVE ECONOMY

The AMA today elected a new President, Dr Omar Khorshid, and Vice President, Dr Chris Moy.

The election, at the AMA's National Conference, follows the conclusion of the two-year term of President Dr Tony Bartone and Vice President Dr Chris Zappala.

Dr Khorshid, an orthopaedic surgeon in Perth and a former AMA WA President, said governments should increase medical, health, and aged care expenditure to both combat COVID-19 and help the economy avoid prolonged recession.

"State and Federal Governments have rightly funded the response effort to COVID-19," Dr Khorshid said.

"Yet the Victorian aged care crisis, that could so easily occur in any State, arises from years of underinvestment in nursing, general practice and specialist geriatric care in aged care services.

"The crisis in mental health, that will get worse the longer COVID-19 is with us, arises from decades of underinvestment.

"Nations that adopt austerity and neglect health spending during recessions have taken longer to return to economic growth, and their populations have been sicker.

"Yet where nations have increased health expenditure or directed stimulus funding to health care needs, their economies recover faster and populations have been healthier.

"Given my term as AMA President will see Australia living with COVID-19 and its induced economic downturn, I'm putting governments on notice it is time to spend, and not cut health."

Dr Khorshid said his priorities for his term as AMA President are to:

- Reaffirm the AMA as a strong, independent

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

voice for health, with a critical role to hold governments to account, particularly on their handling of COVID-19;

- Restart efforts to address financial sustainability of the Nation's public and private health system, and to fully utilise and develop the quality and capacity of public and private care;

- Halt the slide towards funder directed managed care;

- Promote the value and cost effectiveness of high quality General Practice at the core of the health system and as a gateway to more expensive care;

- Foster better gender equity within the leadership of the medical profession

- Seek action from governments and the community on important public health issues, including climate change and climate health impacts.

1 August 2020

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# Where We Work and Live

## “Value Our Veterans”

<http://anzacportal.dva.gov.au/veterans/stories/Audacity:HenryStokes>

### Returning Home.

Henry survived captivity and returned to England in 1918, where he was awarded the Distinguished Service Order for his courageous actions.

He was promoted to commander in 1919, but retired the following year. He married actress Dorothea “Peg” Pidcock in 1925, and when the Second World War broke out Henry returned to duty at the age of 54.

Henry always remembered the actions of the



AWM REL25341.001

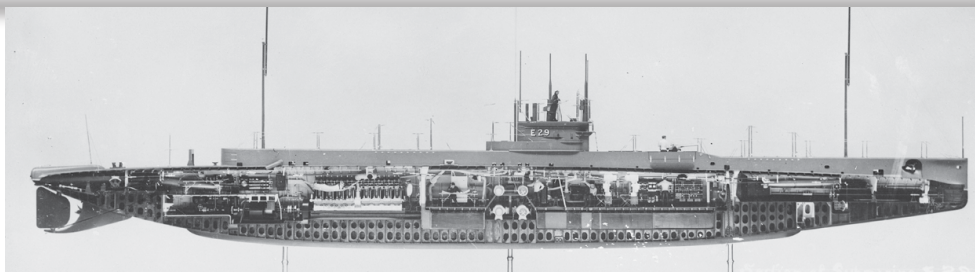
Henry (standing, left at back) with some of his crew on the deck of the submarine. AWM H18370

Look at how these men are dressed.

What conditions do you think these men would have faced on board the AE2?

AE2 and one of his crew remembered him saying: No Captain has been more proud of the men under his command than I was while commanding that Australian submarine.

Good comrades, loyal servants, and brave men.



AA cut-away model of a British E-class submarine, like the AE2. AWM H12299. These submarines were around 55 metres long and carried a crew of 35. What jobs would the sailors have had to do on board the AE2?

### Distinguished Service Order

Instituted in 1886, the Distinguished Service Order was awarded to officers who had performed distinguished or meritorious service during wartime. It was usually awarded for service in actual combat with the enemy. These awards were announced in the London Gazette.

### Korean War 1950–1953

Recent conflicts and peacekeeping 1990–today  
Vietnam War 1962–1975

If you are in the Royal Australian Navy, Lieutenant is pronounced “loo-tenant”. However, if you are in the Australian Army or the Royal Australian Air Force, it is pronounced “leff-tenant”. Did you know?



A combination of technical difficulties and action by Turkish forces sank the AE2 in April 1915. AWM H10720

Submarines were relatively new technology in 1915.

Given the dangers, how would you have felt about volunteering to serve aboard a submarine in a war zone?

**The End**