



RDMA & BLMA's Joint Newsletter

**Newsletter
December 2019**



"The Uncle We Never Knew"
<https://www.awm.gov.au/articles/blog/re-membering-Ivor-Whittaker> by Clare Hunter

See Where We
 Work & Live
 P20. Ivor Whit-
 taker

[HTTPS://WWW.FACEBOOK.COM/REDCLIFFEANDDISTRICTMEDICALASSOCIATION/](https://www.facebook.com/redcliffeanddistrictmedicalassociation/)

RDMA President's Report Dr Kimberley Bondeson

Today we have had the first proper rain on the Peninsular in months, and it very welcome. With the smoke haze in the air and the bushfires, many of my patients have been suffering. Let's hope that the rain is enough to clean the air, put some of the fires out, and help the farmers who are suffering drought.

The news this afternoon is full of sadness for the tourists who were killed in the volcano at White Island in New Zealand. An incredible event, which no-one saw coming, and to date has killed 8, with many more injured. What an incredible situation to have happened. Our thoughts are with the families of those who are suffering, and the hospitals in New Zealand who are dealing with the devastating resultant burns.

Many of us have been following what has happened in Samoa, with an outbreak of measles, which to date has claimed 71 lives, almost all children under the age of 4 years old and has prompted that nation's government to slam anti-vaccination advocates for slowing down their response to the crisis. What appears to have happened is that the measles vaccination rate in that nation dropped to 31%.

The highly contagious virus has swept through the nation of 200,000. After a major vaccination drive, the vaccine coverage rates is now 91%. How did this tragedy happen? Why did the vaccination rate for measles drop to 31%?

The following was certainly a contributing factor.

In 2018, following the tragic deaths of two infants after nurses used a muscle relaxant instead of water to administer their measles vaccine. (newsGP 11/12/19). What a tragedy – this event was then followed by social media which was the key method of dissemination of misinformation in Samoa, and propagated by anti-vaccination advocates. (newsGP 11/12/19).

According to newsGP, "Facebook – unknown a decade ago – now connects millions of Pacific people instantaneously, cheaply, and with no editorial gate-keepers".

"The rise of Facebook in the Pacific puts conspiracy theorists such as anti-vaxxers in a much stronger position than they were previously.


There are no editorial processes to stop them from lying about scientific research, or medical emergencies happening in the Pacific. They can spread their message to the public at low cost, using images of children with measles to provoke an emotional response. Low public knowledge about vaccinations, as well as the misuse by anti-vaxxers of stories such as the two Samoan infants who died in July 2018 from an improperly administered vaccine, make for a fertile ground for anti-vaccine messaging. These messages spread from one country to another in the Pacific, just like we fear that measles will". (newsGP 11/12/19)

So what are we able to do about this misinformation that is been spread through Facebook and other social media?

Facebook itself is working towards a solution to this problem. Let's hope there are not too many deaths before something is done.

Seasons Greeting to all.
 Kimberley Bondeson





RDMA & BLMA's Joint Newsletter
Welcome from
Dr Robert (Bob) Brown
 President Brisbane Local Medical Association

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

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



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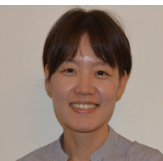
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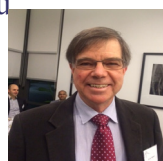
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RDMA 2020 MEETING DATES:

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

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

Time: 7.00 pm for 7.30 pm



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NETWORKING MEETING		
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

W: www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

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

Time: 6.30 pm for 7.00 pm



ANNUAL GENERAL MEETING - AGM		
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NEXT MEETING DATE 25TH FEBRUARY 2020

RDMA Networking Meeting 22.11.2019

Dr Kimberley Bondeson RDMA President Introduced Dr Geoffrey Hawson President of Australian Senior Active Doctors Association ASADA.

Speaker

Dr Geoffrey Hawson

Topic : "Update on Australian Senior Active Doctors Association (ASADA).

Sponsor: Redcliffe & District Local Medical Association.

Photos (Left to Right & Down):

1. Members Networking 2. Christmas Tree. 3. Members and RDMA Executive 4. RDMA Executive 5. Premila Balakrishnan & daughter Shruti Rateesh 6. Robert Hodge, Eugene Lim, Premila and Shruti, 7. Zelle Hodges & Peter Marendy. 8. ASADA Executive Dr Geoffrey Hawson President, Kimberley Bondeson Vice President and Peter Stephenson Secretary.



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The team behind your result



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

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AMAQ BRANCH COUNCILLOR REPORT DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



MEMBERS UPDATE ON QUEENSLAND DOCTORS COMMUNITY, EUTHANASIA LAWS AND HEATED TOBACCO PRODUCTS

The AMAQ has recently launched its Queensland Doctor's Community (QDC), which is a peer to peer online forum.

Any AMAQ member can log in, and become involved in discussion on topics already there, post questions or give a summary of their own personal experiences.

It is well worth a look at, particularly if you have a hot topic or a particular topic of interest which you wish to discuss or share with your colleagues.

Western Australia has become the second state to pass euthanasia laws. The WA legislation and Victoria's laws, adults are only considered for assisted dying if they are diagnosed with a medical condition that is advanced and progressive and is expected to cause death within 6 months.

Another condition of accessing the assisted dying is that the person's suffering cannot be tolerably relieved, the person has to be able to make their own decisions, and has to have been a resident of that state for at least 12 months.

The patient must make at least three requests – two verbal and one written – and two separate doctors must assess their eligibility.

In Victoria, one of the two assessing doctors must have specialist knowledge or experience in the condition that is causing the patient's death.

In WA, the legislation requires only that the assessing doctors are GP's with 10 years' experience. If one or both of the assessing doctors is a specialist of any kind, they need one year of experience in that field.

In Victoria, the patient must administer the legal medication themselves unless deemed physically incapable, whereas under the WA legislation, all patients have the option of having a doctor or nurse give them the medication, (the Australian 11/12/2019).

Philip Morris – a famous name in cigarettes manufacturing – is seeking government approval to sell vaping-like "heated tobacco products" in

Australia.

These devices are already legal in 50 countries, include the UK, US, Japan and New Zealand.

So, what are they?

Philip Morris claims that these heated sticks are an alternative to vaping and smoking and that they "produce fewer and/or lower levels of toxic chemicals than cigarettes".

The tobacco in a standard cigarette burn at more than 600C and generated smoke. The tobacco sticks are placed in a holder that heats them to 350C.

It will be with interest to see what the TGA proposes.

AMAQ Councillor Report

Dr Kimberley Bondeson

December 2019





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



Members driving the agenda on Queensland Doctors' Community

In November, we launched our latest member benefit, Queensland Doctors' Community (QDC), a new peer-to-peer online platform for AMA Queensland members.

QDC has seen some interesting discussions in its first month. Members across the state have been logging on and robustly discussing changes to CPD for doctors, private health insurance, ED issues, climate and health, pharmacy prescribing, general practice billing, tax deductions for travel expenses, junior doctor fatigue and bullying, and entry criteria for training programs, to name a few.

The conversations highlight the issues that are vital to you and will inform our advocacy moving forward. The key role of AMA Queensland is to support, promote and advocate for members, and your views from the coal face will ensure we are fighting for what is really important to you.

In 2020, we are introducing a series of 'LIVE Q&A webinars with key stakeholders via QDC, starting with new director-general of Queensland Health, Dr John Wakefield. Save the date to chat LIVE with Dr Wakefield on QDC on 30 January 2020. More details to come soon.

Finally, we are very excited to announce that in 2020 we are launching the new AMA Queensland app where you will be able to access QDC, update your membership profile, renew your membership, register for events, access membership benefits and discounts and more – all at the touch of a button. Keep an eye out for launch details coming soon.

If you haven't had a chance to explore QDC yet, take a few minutes to login by using your AMA details and see what your colleagues are saying. The more members get involved, the stronger your voice will be.

We look forward to seeing you on QDC.

A visit to the GP is what patients want, new AMA Queensland survey says

AMA Queensland recently conducted a survey of more than 1000 Queenslanders to determine community attitudes to primary health care delivery, including current preferences for future care models.

Pleasingly, the survey revealed 84 per cent of Queenslanders have a regular GP and the overwhelming majority believe their GP is a very valuable part of the health system. Respondents said the most valued aspect of having a regular GP was receiving medical expertise from a qualified doctor, followed by the opportunity for private conversations with their GP in a health care setting.

Key findings:

- Respondents prefer to visit their GP at their clinic for face-to-face consultations with 81% of survey respondents reporting their first preference for consulting a GP with a common ailment was in person.
- 75% believe they get more personalised attention at a small family GP practice.
- 77% believe they're more likely to see the same GP at a small family GP practice.
- 54% believe they're more likely to get an appointment when they want one at a large medical centre-style practice.
- GPs are overwhelmingly the first port of call for common issues and ailments including vaccinations, flu symptoms, contraception, headache, suspected infections, chronic stomach pain and back pain. (Pharmacists were the second option in all instances).

Continued Page 11

Looking to the future, three-quarters of Queenslanders would like other medical services co-located at their GP clinic with x-rays and scans the top of the wish list (56 per cent) followed by a pharmacy (53 per cent) and a psychologist (29 per cent). Queenslanders also want bulk-billing and more opportunities for same day, after hours and weekend appointments.

Overall, the survey revealed that GPs are highly valued by Queenslanders and are viewed as an integral part of the health system. There are, however, great challenges ahead for primary health care providers and AMA Queensland will continue to strongly advocate against expanded scope of practice for allied health practitioners and the serious and significant risks posed to the health and safety of Queenslanders.

In 2020, we will develop a similar survey focusing on specialists to explore issues around out of pocket expenses, private health insurance, regional access to health care and more.

AMA Queensland 2020 Obesity Awareness Week

AMA Queensland is currently developing a public education and awareness campaign aimed at battling obesity, curbing chronic disease rates and promoting healthy lifestyles.

AMA Queensland's 2020 Obesity Awareness Week, from 9 to 13 March, will focus on simple, easy ways that everyday habits can be swapped for healthier outcomes. Practical tips and tricks to help Queenslanders of all ages become more active, swap sugary snacks for healthy ones and cut down on digital devices.

The messages will be distributed through a range of digital, social and traditional media channels.

Save the date and keep an eye out for further details on Obesity Awareness Week and how you can get involved coming soon.

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland

AMAQ BRANCH COUNCILLOR REPORT

DR WAYNE HERDY, NORTH COAST COUNCILLOR



CHRISTMAS.



To some it is still a religious festival, one of the most important dates in the Christian calendar. But in an increasingly secular, even irreligious society, the Christian origins are less and less relevant.

It is strange that much of the seasonable trappings, like snowmen and sleighbells, are not only bizarre in the Southern hemisphere summer, they are totally alien to mainstream Australian culture.

And in an increasingly diverse culture, those who follow other faiths find that much of the Christian message is totally unknowable.

What does survive is the tradition that the season is a family time, an opportunity to reinvigorate all manner of personal relationships, a time to go to the beach or any other preferred recreational activity.

What of those who have no family, no formal or informal personal support network? At the time when most Australians are sitting down to a feast with their chosen cohort, there are hundreds of thousands who share the day with nobody.

There are those whose everyday existence is a solitary one, like Eleanor Rigby or the otherwise unknown Father Mackenzie immortalized by the Beatles. There are those who, stung by past choices, have no option but to be homeless and friendless. Even the charities that support the homeless often do not serve a Christmas lunch – that day is just too painful for their clients to attend to anything more than their personal penances.

Christmas is not uniformly a happy time for the medical profession. It is a time when the media gleefully report on the record road trauma. It is a time of excesses – food, alcohol, heat and sunshine and unaccustomed physical activities. It is a time of unpredictable medical risk, coinciding with a time when most medical resources are

partly or wholly closed.

So, as we prepare to enjoy the happy side of family sharing, spare just a passing thought for the many citizens for whom Christmas is the worst possible day of the year, and for the health professionals who face the challenge of providing a medical service against the odds.

Having spared that passing thought, may all of you go on to enjoy the chance to spend just a fleeting moment or two with the people with whom you have chosen to spend one of the most significant days in the calendar. A happy and safe Christmas to you all.

Wayne Herdy

Wayne Herdy supporting the Shack with Christmas Hampers for the homeless.



UPDATED RDMA 2020 MEETING DATES:

For all queries contact Anna Wozniak or 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

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BLMA 2020 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3121 4029

Email: gmcnally1@optushome.com.au. W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Riverview Restaurant, Brisbane

Time: 6.30 pm for 7.00 pm

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Bureaucratic Thinking & Mental Illness

By Dr Mal Mohanlal

Do you know that bureaucratic thinking is distorting our perceptions and thus becoming a significant contributor to mental illness in society?

When people have any mental illness, the medical profession puts them into boxes and various categories according to their behaviour and symptoms. It does not necessarily mean the doctors understand what is going on inside the person's mind. They will counsel and advise as best they can according to their personal experience and knowledge, and then it is for the patient to come to terms with the problem. But if the patient has no insight into his mind, then no doctor can help that individual except give him drug therapy. So when we are treating a person with a mental illness, what we are trying to do is help the person change his perceptions with psychotherapy and-or drug therapy.

In my mind, I see mental illness only as a disorder of perception. It is the degree that determines the level at which it becomes a clinical disorder of behaviour and action. Hence, a doctor must clear up his perceptions first before he can offer any mental health advice to a patient. If the doctor's perceptions are the same as the patient's, then how can he possibly help that individual? Therefore, acquiring self-knowledge and learning to understand the thinking process is most important for any health professional. We have to learn how to turn a negative perception into a positive one.

What I have discovered in my mind is that there is no such thing as a broken heart or a traumatic experience that lasts forever. All experiences in life are meant to make you a better and wiser person by teaching you a lesson in life.

Therefore, all experiences in life, good or bad, are eventually good for you. That is my perception and observation. So if a patient comes to me for help, what I will try to do is help him change his perceptions and help him to come to terms with the experience. Of course, if the patient has no desire to change or help himself, then obviously my help will be minimal.

Just labelling a person as suffering from schizophrenia or bipolar disorder, PTSD, etc. does not change his perceptions. All it does is give him justification for continuing with his present state of mind. For example, he will say that "At last, the doctors have found something wrong with me. I now have ADHD".

In my mind, bureaucratic thinking which is the main base of governments and institutions all

over the world is a principal factor contributing to the mental ill-health of people today. It is turning all of us into zombies. Bureaucratic thinking is simplistic thinking applied to control and regulate people.

Please let me give you some examples. Some time ago, in a small country town, I was approaching a T junction from a side street in my car. There was a stop sign. As there was no traffic on the road, I slowed the car and turned in. A traffic cop, waiting on the opposite of the road, hailed and stopped me. He asked, "Did you see the Stop Sign?". I said, "Yes." I had broken the law. Stop means stop, and he booked me for the offence.

Can you see here how only the letter of the law was applied? There was no use of common sense or consideration of traffic conditions on the road. No deep thinking, moral or ethical approach was in the police officer's mind. There can be no argument with what he did. He was only doing his job.

Let us look at the law that prevents parents, teachers and police from disciplining children. Here again, they literally follow the letter of the law. You cannot give any corporal punishment. However, when the kids are out of control, one can use whatever force necessary to contain them. Is there any use of any common sense in this? Violence is not permitted in one instance, but it is OK to use force in the next. This type of contradiction is bad for mental health. It creates confusion in mind and sends wrong messages to children as well as adults.

From the above, you must see that bureaucratic thinking has great limitations. There is no consideration for ethics, common sense or reason. It is just a plain, simple application of the letter of the law. One can see it affects our mental health and behaviour. It makes us feel intellectually handicapped. So you must think the medical profession would be the first fighting against this type of thinking. Right?

Wrong. These professionals who should be helping us clear up our perceptions are themselves suffering from a disorder of perception. They have themselves become bureaucrats who are trying to con the public into thinking that we are practising a high standard of medicine by having a bureaucratic QI & CPD (Quality Improvement & Continuing Professional Development) system. Nothing can be further from the truth.

Continued on page 9



Happy New Year!

From all of the team at Sports & Spinal we hope that you all had a wonderful Christmas and New Years spent with family, friends and loved ones.

We look forward continuing to provide services to you and the community in 2020.

As a New year, New you special we are offering all new patients two weeks free of clinical Pilates sessions!



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Bureaucratic Thinking & Mental Illness By Dr Mal Mohanlal

Continued from page 8

In this system, a doctor is given points to take part in certain educational activities. He is required to attain a minimal number of points in three years, after which he is given a certificate of completion. This certificate qualifies him for further registration with the medical board and implies that he has met the standard required of him. Does it now mean that this doctor is currently practising a high standard of medicine? You would be very naive indeed to think that way.

In my mind, it is the individual doctor's ethical approach to his work that sets the standards in medicine. One may attend as many lectures, and hold as many certificates as one may like, but if one has no ethics and feelings towards his fellow beings, you might as well say goodbye to standards.

It is time for the medical profession to stop indulging in bureaucratic thinking and examine the role it should be playing in society. It should

protect society from bureaucratic thinking, not become part of it. If we become part of the problem, how can we solve it? There must be an ethical approach to raise standards in medicine. Applying bullying and coercive measures is not the way to go. They are the same techniques of modifying behaviour used when I was a kid at school. The teacher will say "You will not be allowed to go home until you bring me one hundred lines "I must not talk in the classroom". I wonder whether we have progressed or regressed? See pages 10 and 11.

Please read the "The Enchanted Time Traveller - A Book of Self-Knowledge and the Subconscious Mind" to learn about your perceptions and thinking. Please do not become a zombie.

For raising standards in medicine, it is always the singer, never the song. Visit Website: <http://theenchantedtimetraveller.com.au/>

Continued on page 10

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3 December 2019

The Chairperson
The Medical Board of Australia
AHPRA

Dear Sir/Madam

Enclosed please find my latest article regarding the CPD requirements for doctors. You will find a point of view different from yours. If you are interested in improving the mental health of society then it might help you change your whole approach to CPD.

Please understand the fact that you cannot force a person to learn things. Learning should always be a voluntary and fun experience. One can take a horse to water, but you cannot make it drink. So whatever action you take after ignoring this fact is a lie. And they say that if you repeat a lie often enough, it becomes accepted as true. That is bad for mental health.

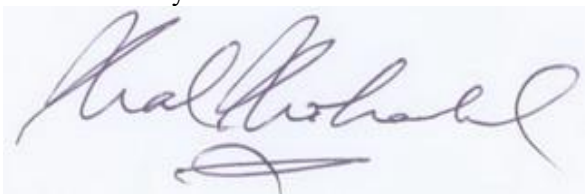
At present, you are applying an archaic and puerile approach to postgraduate education. It has bullying and coercive overtones. When you impose something on someone, it produces a sense of resentment and a burden. The result is simply a zombie type of reaction. This surely cannot be the way to produce high standards in any profession.

Remember that we are dealing with mature adults and professionals who have a sense of self-worth. You should not treat them as kids with no brains. It is an insult to intelligence. Cannot they be relied on to do the right thing for their own self-education? At present, under your system, who are you trying to convince that we are practicing high standards of medicine- yourself, the government, the medical profession or the public? Why have the public complaints to AHPRA increased if your system is working?

My final plea in helping you consider the future of the CPD program: If after reading my article, you were personally to consult a doctor regarding a mental health problem, would you consult a doctor who thought like me or rather consult a doctor who thought like you?

Wishing you the compliments of the season and kind regards

Yours sincerely



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DR NINA MOHANLAL

M.B.B.S.(Qld) D.Phil. (OXON) FRACGP

1 December 2019

Dr. Tony Bartone
Federal President
AMA

Dear Dr. Bartone

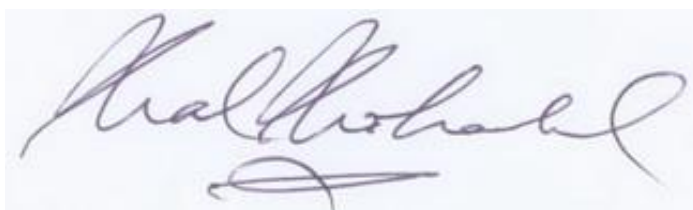
Attached is my latest article titled "Bureaucratic Thinking and Mental Illness" which questions the direction the AMA and the Royal Colleges are taking us. If you value your sanity and want to maintain your mental health, I would urge you to read and study it. You should reassess the role you are playing at present.

The CPD system is a con and an insult to all hard-working doctors. If our medical leaders wish to regress to their childhood days, they are welcome to do so. But why drag down the whole profession with you? It should be scrapped. We do not want bureaucratic interference in our practice of medicine. Please start thinking straight and fight for sanity. You cannot enforce learning on anyone. One may take a horse to water, but you cannot force it to drink. Coercing people into doing things, only succeeds in cultivating an unethical approach in medicine. There is nothing scientific about it. It only reflects bullying and sadistic behaviour on the part of the government, the AMA and the Royal Colleges.

When you co-operate with a government bureaucracy you are becoming intellectually handicapped. You can not think for yourself. How can you possibly defend our profession when you are merely playing the role of a pimp for the profession? We should be fighting for an independent medical profession free of politics and bureaucratic interference.

I just hope I am not wasting my time writing to you. If the AMA and the Royal Colleges ignore what I have written in this article, then I fear for the future mental health of our society. Is the giant ever going to wake up from his slumber?

Regards and best wishes



Mal Mohanlal

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**INNOVATION AND TECHNOLOGY ARE KEY TO PUTTING THE
 CARE BACK INTO AGED CARE**

AMA Position Statement on Innovation in Aged Care 2019

AMA President, Dr Tony Bartone, said today that innovation and enhanced technology must be at the core of any reforms to improve the levels of care, compassion, and coordination in Australia’s aged care sector.

Releasing the AMA’s new *Position Statement on Innovation in Aged Care 2019*, Dr Bartone said that the Royal Commission into Aged Care Quality and Safety highlighted deficiencies in innovation and technology in the aged care industry, and the AMA Position Statement identifies specific examples where improvements can and should be made.

Dr Bartone said that the Royal Commission’s Interim Report states that they ‘*uncovered an aged care system that is characterised by an absence of innovation and by rigid conformity*’ where ‘*innovation is stymied*’.

“The Royal Commission called for an increased use of technology in aged care, and the AMA supports that call 100 per cent,” Dr Bartone said.

“At a time when Australia has a rapidly growing and ageing population with complex health care needs, technological innovations in aged care are desperately needed.

“Innovation is vital to improve the level of care provided, to deliver consumer-centred care, and enable the sustainability of the aged care system.

“Our Position Statement sets out clearly the role that innovation in technological developments can play in the improvement of care provision for older people in aged care settings.

“Innovation is urgently needed in aged care resourcing, electronic records, medication management, assistive technologies, communication technologies, data collection and research, privacy, and security.

“Older people often move between aged care, primary care, and acute and multiple other care settings. Innovation will improve information sharing between these settings and help avoid the sorts of mishaps that we see happening in aged care, and which were exposed by the Royal Commission.

“The application of digital health to medication management can bring improvements to how medication is prescribed and dispensed.

“Information shared between health care, aged care, and pharmacies will reduce mismanagement of medication and avoid polypharmacy in aged care.”

Dr Bartone said that residential aged care facilities (RACFs) have the responsibility to continuously strive to improve care, including through technological innovation, but this will require significant new and recurrent funding.

“The facilities are settings for increasing complexity of care but they are poorly integrated into the overall health system, with lack of innovation a significant barrier,” Dr Bartone said.

**Continued from Page 14**

“On top of additional funding and resource allocation, the facilities must be upgraded and upskilled to increase and improve integration and coordination - not only with primary care, but the wider health system in general.

“Innovation will be crucial. Government funding models must enable and support innovation.

“Innovative technologies used in aged care should be co-designed with end users - older people, their families and carers, and health care and aged care providers - to achieve the best possible outcome for older people.

“And there must be greater emphasis on impact evaluations of the application of innovative technologies. The AMA is also concerned with the ethical implications of technology use, data collection, and research in aged care.

“We will continue to advocate for timely policies to protect data privacy and security related to older people accessing aged care services,” Dr Bartone said.

The AMA Position Statement on Innovation in Aged Care is available at <https://ama.com.au/position-statement/innovation-aged-care-2019-position-statement>

Background

- Australia is facing an ageing population with more chronic, complex medical conditions than ever before. Starting from 2.7 million people aged over 70 in 2019, it is estimated that over the next 20 years one million people will be added to the over 70 cohort each decade. The 85 years and over cohort is expected to grow to more than one million people by 2039 – up from the current 500,000.
- This is expected to have a huge impact on the future of aged care, in terms of funding and the ability of the system to cope with the growing demand.
- It will be crucial for the Government and the aged care providers to develop timely strategies to develop and implement innovative ideas and policies in aged care. The AMA is leading the way in this regard by outlining what the guiding principles of technological innovation should be.
- The release of this Position Statement coincides with the work of the Royal Commission into Aged Care Quality and Safety, which is looking into all aspects of aged care provision, including *‘how best to deliver aged care services in a sustainable way, including through innovative models of care, increased use of technology, and investment in the aged care workforce and capital infrastructure’*.

The transcript of Dr Bartone’s comments to the Royal Commission into Aged Care Quality and Safety Canberra hearings on Monday 9 December is available at <https://ama.com.au/media/dr-tony-bartone-aged-care-royal-commission>

11 December 2019

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ELEK HUNGARY by Cheryl Ryan



Elek is a small laid back yet picturesque village in the Bekes county of Hungary known for its nationality traditions. Located on the Hungarian-Romanian border this undiscovered tourist destination has a rich history and cultural heritage. This petite town is a mélange of minority settlements of German, Romanian, Gypsy and Hungarian people.

Hidden away from the chaotic life in the cities, this quaint village does not even have its own train station and the only closest station is 6km away at Ketegyhaza. Yet the City Cultural Center organises many events, camps and courses the year round. If you are looking for a lazy vacation in the European countryside this is your ideal destination.

What Have We Planned For You

- Spend your morning at the Roman Catholic Church. This church of the Blessed Virgin Mary built in Baroque style will stupefy you with its splendid architecture and 47 meters high tower.
- Be awed by the most significant monument of this locked away town – a national memorial which was built to commemorate the expulsion of the Germans during the troubled times of 1945-46. Created by sculptor Sandor Kligl the memorial comprises five statues against a towering Swabian house - of an elderly couple, a young woman and children dressed in traditional German clothes.
- Take a basic course in learning the Italian language or indulge in bakery classes and learn the local specialties to prepare back home.
- Admire the City Library which boasts of

a separate music department as well as a magazine reader section. The library has reading and lending facilities open to both children and adults. You could witness the regular events such as literary evenings, musical afternoons, writer-reader meetings, fine art exhibitions and book presentations which are open to non-members too.

- Sample the freshly cooked local fare at the Day Care Kitchen which can feed about a thousand people and also caters to family events as well as social events. You can find their weekly menus posted well in advance.
- The Roman Catholic Cemetery with its highlight being the stunningly beautiful Calvary is not to be missed! This cemetery houses the tombs of Hungarian Heroes from the World Wars I and II with I and II inscribed on marble plaques.

This yet to be discovered old world town will bring to you the most charming experiences of eating, living and sharing space with peaceful villagers.

www.123Travelconferences.com.au

123 TRAVEL CONFERENCE

A banner for 123 TRAVEL CONFERENCE. It features the text "FLIGHTS • ACCOMMODATION • HOTELS • TOURS • TRAVEL INSURANCE • CRUISES" at the top. Below this is a logo for "123 TRAVEL" with a suitcase icon. To the right is a banner that says "WE'RE PROUD TO BE ATAS PROFESSIONAL CREDIBLE & RELIABLE" with "travel accredited" written below the ATAS logo.

Aged Care – What you ought to know

Most people want to remain independent throughout retirement and to stay in control of where and how they live. But your ability to do so may depend on your health and physical well-being. As we age, some things become harder to do on our own.

If your ability to live independently starts to decline and you need help with daily living activities such as cooking, cleaning and personal care, you may need to move into residential care

The costs for residential care are divided into three categories:



The daily care fees can be up to \$110,878 per year, but a large portion is paid by the government. The contribution you would pay is between \$18,845 and \$46,600 depending on your financial means (as assessed by the Department of Human Services – DHS).

For most people however, the biggest concern is how to pay the large amounts quoted for a room. These range from around \$100,000 to \$2 million but will commonly be between \$400,000 - \$600,000. These lump sum payments are called Refundable Accommodation Deposits – RADs.

Example

Bert is moving into residential care. He is a widower on the full age pension with a home worth \$420,000 and \$20,000 in the bank. The service he and his family have chosen is asking for a RAD of \$530,000 (or \$72.31 per day).

Bert is worried that he cannot afford a place in this service without asking his children for help. He sought advice on his options and decided to take the advice to:

- Sell his home (with \$20,000 of sales costs)
- Use the net sale proceeds to pay a \$400,000 RAD, leaving a DAP of \$17.74 per day on the remaining \$130,000
- Instruct the service provider to deduct the DAP each month from his RAD

This leaves his \$24,268 age pension to cover his daily care fees of \$21,479 per year (this includes the basic daily fee and the means-tested care fee) plus some personal expenses. His DAP is deducted from his RAD leaving Bert financially self-sufficient and keeping a \$20,000 cash reserve to meet other expenses.

If you have any questions on this article or would like to discuss please give us a call on 07 54379900.

We also want to Wish All Members a Very Merry Christmas & Prosperous 2020!



AMA WARNINGS COME TRUE – PUBLIC HOSPITAL PERFORMANCE GOING BACKWARDS DUE TO LACK OF FUNDING

AIHW Report on Elective Surgery Waiting Times and Emergency Department Care 2018-19 confirms the worst

AMA President, Dr Tony Bartone, said today that new information from the Australian Institute of Health and Welfare (AIHW) confirms the AMA's dire warnings during the election campaign that public hospital performance would suffer without significant new funding from the Commonwealth and State/Territory Governments.

Both the AIHW report on Elective Surgery Waiting Times and Emergency Department Care 2018-19, released today, and the 2019 AMA Public Hospital Report Card, released in April, paint a disturbing picture of public hospitals under pressure and patients waiting longer for their care.

"Unfortunately, once again we are seeing our public hospitals go backwards," Dr Bartone said.

"We are seeing another year of worsening figures, another year of patients waiting longer.

"The AIHW data show that the elective surgery median wait time for elective surgery in all categories in 2018-19 rose to 41 days, which is the worst performance against this measure since 2001-02.

"In 2018-19, the number of elective surgery admissions per 1000 population in each State and Territory was stagnant in NSW and Victoria, better in the ACT, and worse in all other jurisdictions.

"Nationally, only 63 per cent of urgent emergency presentations were seen within the clinically recommended timeframe of 30 minutes.

"Three in 10 emergency patients waited more than four hours for their treatment to be completed.

"When we launched our Report Card during the election campaign, the AMA warned that, if governments did not act, and act urgently,

public hospital performance would worsen – and that has sadly come to pass.

"I made this point again last week at the National Press Club. More people are going to end up waiting in the public system if we don't act to fix our whole health system, including support for the private sector.

"Yet our governments continue to do the same thing to help our public hospitals – absolutely nothing.

"We need leadership. We need action. We need funding. And we need it now.

"We urgently need significant national investment to give hospitals the capacity to cope with increasing volume.

"When governments underfund and create inadequate hospital capacity, they are making a choice to constrain the supply of public hospital services.

"People will wait longer. While they wait longer, they get sicker. There are more patient complications and even an increased number of deaths.

"Governments need to increase public hospital funding, not just to stem the bleeding, but to allow them to at least to get back to the better performance we've had in the past.

"We must then progress a system of reform and innovation to deal with increased rates of chronic disease and the ageing population through improved primary care," Dr Bartone said.

The 2019 AMA Public Hospital Report Card is available at <https://ama.com.au/ama-public-hospital-report-card-2019>

11 December 2019

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Dear Doctors

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

This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and speakers are most welcome. Annual subscription is \$120.00. Doctors-in-training and retired doctors are invited to join at no cost.

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Where We Work and Live

"The Uncle We Never Knew"

<https://www.awm.gov.au/articles/blog/remembering-Ivor-Whittaker> by Clare Hunter

Following his recovery, Whittaker was promoted to temporary major and seconded to the 1st Australian Corps Intelligence Section. It was during this time that he was attached to the Royal Air Force's Middle East Command Headquarters as the army's Air Intelligence Liaison Officer.

The following year he was on a reconnaissance flight in a Blenheim bomber when it went missing over the Mediterranean. Whittaker was declared missing, presumed dead, on 12 September 1941, but his body was never found, and today he is commemorated at the Alamein Memorial in Egypt.

In his will, he requested that a sum of money be used to build a skiers' retreat at Mt Buller in country Victoria. Named the Ivor Whittaker Memorial Lodge in his honour, it is run by the Ski Club of Victoria and is affectionately known as "the Whitt". Today, visitors to the lodge are still greeted by a poem written by his friend John Armstrong in his memory.

*Kick the snow off your boots as you enter,
For this is no ordinary shack,
It is built in the name of a skier who
knew how to carry his pack,
With the highest ideals of the sportsman, he's
gone to the ultimate crest,
Kick the snow off your boots as you enter,
By example this lodge has been blessed.*

For the family, it was a particularly special tribute after a time of great uncertainty.

"I remember my mother saying the just not knowing was very hard to take," Henry said.

"He was missing, presumed dead, and I know that was very open-ended and very uncertain ...

We didn't really know what had happened to Ivor ... [and] I don't know at what point they accepted that he wasn't in a prisoner of war camp.

"I think a lot of people who came back from the war didn't talk a lot, but we did talk a little bit. I guess like most families, you wish you'd asked more questions when you had the chance to...



Ivor Whittaker was on a reconnaissance flight when it went missing over the Mediterranean.

[but] we talked about him and his friends, [and] I guess over the years I've found out a bit more."

Henry's mother, Marcelle, had hoped to make the trip to Canberra for the Last Post Ceremony commemorating his life, but couldn't due to health reasons. Instead, her son read the story to her at her nursing home in Melbourne; she couldn't have been more proud.

"Somebody commented on this occasion that [the Last Post Ceremony] was the funeral that perhaps he'd never had," Henry said.

"This man with so much promise and so much opportunity [went] away to war ... and one of the things that really hit me during the service was ... just to hear the age. That was a very poignant moment for me. Ivor was 31, and then in those moments, I just thought of all the things that lay ahead of him ... that never would be.

The End.