REDCLIFFE & DISTRICT and BRISBANE LOCAL MEDICAL ASSOCIATION

RDMA & BLMA's Joint Newsletter

Newsletter
February 2020

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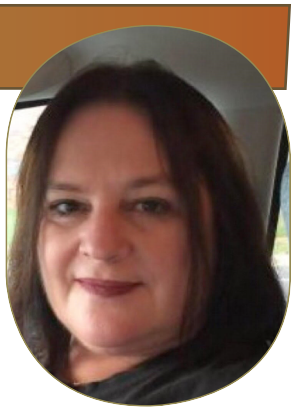
See Where We Work & Live P20. Roy Cornford

RDMA President's Report Dr Kimberley Bondeson



Presidents Report - February 2020
Dr Kimberley Bondeson

What an incredible and tremulous start to 2020 - bushfires that turned into megafires and burnt the Australian countryside, the likes of which have never been seen before. Town, homes and property, wildlife, koalas and livestock, all destroyed and burnt. They started on New Year's Eve, smoke covered the cities of Sydney, Melbourne and Canberra.

Drought conditions had made the forest a tinderbox, and strong winds associated with high temperatures created the perfect fire storm. Fighting the bushfires have bought people together, the Navy was mobilised to evacuate stranded tourists and locals off beaches where they were trapped by the fires. The international community stepped up and offered assistance and support to the Australian people.

Now we are faced with rain and flooding. There is a cyclone hanging around the South Pacific, and it is bringing with it much needed rain. The fires have been put out (finally), and the dams are filling up. Hopefully this will be an end to the drought, so that the famers can recover.

And now there is the Coronavirus - officially known as Covid-19, which originated in Wuhan, China, and to date has been estimated to have infected 55,000 + people, with 1,381 deaths. The main epicenter of the infection is in the Wuhan Province, and most of the deaths have been Chinese nationals who live in Wuhan. China itself has instituted quarantine measures, to try to stop the spread of the disease. One such measure was to close all the schools until the end of February, and plan a staggered return of students to school.

Australia and several other countries have closed their borders to China to try to stop the spread, and any Australian Citizens returning to Australia are placed in voluntary quarantine. Australia has just extended this ban on people coming from China until February 22nd.

Hopefully these measures, along with handwashing and hygiene measures as well as the wearing of protective surgical masks will contain this disease. A vaccine is being developed, but reports state that it will be at least a year before a vaccination is available. There are economic consequences to the quarantine measures in place in China, Australia and the rest of the world, which are unfolding. So containment of this virus, and hopefully a successful vaccine is paramount.

On a more positive note, I would like to congratulate the Northside Local Medical Association, Dr Bob Brown (President), Dr Paul Bryant (Vice President), Dr Ian Hadwin (Secretary) and Dr Graham McNally (Treasurer), who were all re- elected unopposed to the NLMA Executive at the recent AGM.

Congratulations to all of you for the hard work that you do.
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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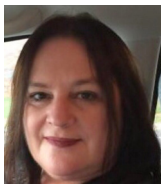

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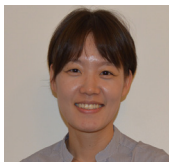

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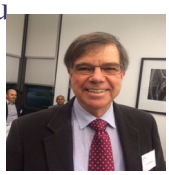

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RDMA 2020 MEETING DATES:

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

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

NEWSLETTER DEADLINE

Advertising & Contribution 15th March 20

Email: RDMANews@gmail.com

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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:**https://www.brisbanelma.org/**

CPD Points Attendance Certificate Available

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

Time: 6.30 pm for 7.00 pm

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

Next Meeting Date 25th February 2020

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Tuesday 25th of February 2020**

TIME: 7pm for 7:30pm start

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

COST: Financial Members, doctors in training, interns and medical students welcome.

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsors: Johnson & Johnson and RDMA
7:40pm	Speakers: Dr Jason Wong - General, Benign Oesophagogastric and Bariatric Surgeon 'Managing expectations, follow-up and problems after bariatric surgery' Dr Daniel Walker - General, Upper GI and Bariatric Surgeon 'Gastroesophageal Reflux - who, when and why to refer for surgery'
8:00pm	Main Meal served (during presentation)
8:20pm	Question Time
8:30pm	Guest Speaker: Dr Kym Irving - Psychologist Topic: "Registration and CPD for Senior Active Doctors – how they do it around the globe."
8:45pm	General Business and Dessert, Tea & Coffee served

RSVP: By Friday 21st of February 2020
(e) RDMA@qml.com.au or 0466 480 315

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Classifieds subject to the Editor's discretion.

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

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AMAQ BRANCH COUNCILLOR REPORT
Dr Wayne Herdy, North Coast Councillor

ERADICATION OF AN UNWANTED BURDEN

I recently attended a conference on Hepatitis C eradication. At the end of it I decided there is a bigger message with a lesson even for those who have no interest in Hepatitis C.

I have been delivering talks for some time now, hoping to persuade my GP colleagues to accept the challenge of identifying the HCV patients in their practices, and following the relatively simple pathway towards curing them. Regrettably few have answered the challenge.

The trend in the UK has been aimed at early eradication, using a few tools that don't sit comfortably into the Australian landscape but are still being experimented with in our back yard.

Firstly, for case-finding, small teams are going out where the HCV patients abide, in methadone clinics, needle exchanges, homeless shelters and jails. The teams have "peers" (reformed drug addicts, maybe a nurse or a pharmacist, but never a doctor (we would be too expensive, even if we were interested). Yes, this is already happening in Australia too.

Next, instead of the bothersome blood tests, nigh impossible in addicts with appalling venous access, they are making the diagnosis with one dried blood spot. This technology identifies the HCV virus but not the genotype [Australia is likely to forego the need for genotype by year's end]. A literally spot diagnosis in 7 minutes from a finger-prick. Bypass all those pesky and expensive doctors and pathologists again.

And the last step, when the diagnosis is made, a full supply of the chosen Direct Acting Antiviral is handed out. A nurse or pharmacist might be involved, or the workers might be people with hardly even a first aid certificate. [A course of DAA's in the UK is far far cheaper than what the Australian taxpayer pays, so there is less incentive to be formal in the process of prescribing and dispensing].

This is of course a wonderful program with a realistic prospect of achieving the WHO goal of eradication by 2030 (a goal where Australia is dragging behind).

Who can object to such a projected outcome at quite low cost? My personal objection is the lack of follow-up. I think HCV customers should be followed for life, a task which GP's are ideally equipped to manage. Otherwise we will miss a lot of cirrhosis, and fail to diagnose the hepatocellular carcinomas until too late.

Now for the strongest message for all doctors, with or without an interest in infectious disease.

What this cluster of experiments illustrates loud and clear is the fact that, if doctors fail to address challenges such as the HCV epidemic, somebody else will (yes WILL, not "might") step into the vacuum.

They will create a workforce niche that we will never win back. And the HCV battle illustrates that the gap might be filled by other health practitioners, maybe by nurses and pharmacists who we know are already more than keen to create a patch on what should be our turf.

But if we are not overly fussy about perfection of care the gap might well be filled by workers who have no health training at all.

Get ready for the Brave New World, it is already on our doorsteps. Doctors might become the unwanted burden scheduled for eradication.

Wayne Herdy

Editorial by Stephen Milgate, Australian Doctors Federation

Health Headlines (3/2/20)

(Reproduced with kind permission from Stephen)

I thought I would share this brilliant editorial from Stephen with RDMA and ASADA members.

Regards,

Geoff Hawson

Secretary, RDMA

President, Australian Senior Active Doctors Association (asada.net.au for membership form)

“The joint appearance of a bushfire crisis and the emergence of the corona virus calls for decisive action to ensure that the Australian medical workforce is fully operational and available to respond to a national emergency should it be required.

The ADF believes the first step should be to mobilise our senior active doctors to be ready to give whatever support they can to their colleagues who may face increasing workloads. Currently doctors who 'retire' are not permitted to maintain the facilities of test ordering, referring and prescribing. Our registration doesn't cater for the growing group of senior medicos who are fit, well and disciplined and who could maintain a reasonable CPD and light compliance workload. Our archaic registration practices have no step-down provisions, it's all or nothing. This is both wasteful and contrary to the major platforms of all political parties which encourage senior Australians to maintain participation in the Australian workforce.

There are legislated safeguards protecting public safety for impaired doctors of all ages. Many senior active doctors have enviable mental and physical health. All it would take would be for a state health minister to decide to maintain a register of senior active doctors with appropriate ability to respond to a crisis without bureaucratic hurdles to jump through.

It's time to act. “

Stephen Milgate, Australian Doctors Federation

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Wednesday 25th of March 2020**

TIME: 7pm for 7:30pm start

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

COST: Financial Members, doctors in training, interns and medical students welcome.

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsors: Tilray
7:40pm	Speaker: Dr Ben Jansen Founding Director of Cannabis Doctors Australia and one of Australia's leading prescribers of Medicinal Cannabis. 'Medicinal Cannabis : A Role in General Practice'
8:00pm	Main Meal served (during presentation)
8:20pm	Question Time
8:30pm	Dessert, Tea & Coffee served
8.40pm	General Business

RSVP: By Friday 20th of March 2020
(e) RDMA@qml.com.au or 0466 480 315

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

AMAQ's alarm at looming pharmacy trial

AMA Queensland has recently written to Queensland's 93 Members of Parliament urging them to call on the Health Minister to immediately stop preparations for the trial allowing pharmacists to dispense antibiotics for urinary tract infections (UTI) without the need for a prescription. In the letter we also called for an immediate end to the physiotherapy prescribing trial being held in emergency departments.

You can read the full letter at www.amaq.com.au

New features coming in 2020

As we move into 2020, we are making it easier for members to access AMA Queensland whenever and wherever they need us. Our team is busy finalising some new features that will be launched in 2020 as part of your AMA Queensland membership,

- ***NEW AMA app***
  In 2020 we are launching the new AMA Queensland app where you will be able to access Queensland Doctors' Community (QDC), download workplace resources, update your membership profile and renew your membership, register for events, access membership benefits and discounts and more – all at the touch of a button.

- ***NEW Live and Interactive Q&A Webinar Series on QDC***
  In 2020, we have introduced a series of 'LIVE Q&A webinars with key stakeholders via QDC, starting with AMA Federal President, Dr Tony Bartone, and Vice President Dr Chris Zappala. Save the date to chat LIVE with Tony and Chris on QDC on19 February at 6pm and have your say on key health policy issues you want AMA to take forward in 2020.

  Our second webinar will feature Adj Prof Steve Hambleton, Deputy Chair MBS Review Taskforce, answering questions on the MBS review and MBS billing issues.

- ***NEW QDC Junior Doctor-Only and Medical Student-Only Discussion Forums***
  Two new forums are being created especially for Students and Junior Doctor members to have peer-to-peer discussions on issues that are uniquely relevant to them.

In the meantime, we encourage you to share your experience on Queensland Doctors' Community (QDC). Log in to QDC to share their experiences, post conversations, and find out how other members have developed solutions to common challenges. Current topics of interest include pharmacy prescribing, doctors and Coronavirus, electronic medical records, to name a few.

Login with your AMA details and see what your colleagues are saying:
https://community.amaq.com.au/home

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Obesity in Queensland – Have your say

AMA Queensland will be holding the inaugural Obesity Awareness Week (March 2 – 6) next month and will be encouraging all Queenslanders to take part in a variety of activities aimed at improving their health and wellbeing. The messages will be distributed through a range of digital, social and traditional media channels

To assist AMA Queensland in developing materials to tackle the rising incidence of obesity, we are asking our members to answer three questions about their experience at the coal face of providing primary health care.

You can take the two-minute survey at **www.surveymonkey.com/r/Obesity_GPSurvey**

Your answers will provide an indication of the incidence of obesity-related health issues that GPs experience in their daily practice.

Keep an eye out for further details on Obesity Awareness Week and how you can get involved coming soon: we will be sending you Obesity Awareness Week flyers and posters for your practices and social media kit to post on your own pages.

Conversion therapy - Health Legislation Amendment Bill 2019

AMA Queensland sought feedback from members and recently provided a submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee about the proposed Bill before the Queensland Parliament (Health Legislation Amendment Bill 2019), particularly in relation to amendments to the Health Act 2005 seeking to outlaw conversion therapy in Queensland.

Dr Dilip Dhupelia, and AMA Queensland members, Dr Cary Breakey and Dr Peter Parry also presented at a public briefing on 7 February 2020.

Our position - AMA Queensland does not support conversion therapy and supports the State Government's intent to ban this practice. However, the Bill's definition of conversion therapy is ambiguous and AMA Queensland is concerned that doctors who currently deliver evidence-based therapies in this field may inadvertently fall foul of the legislation.

AMA Queensland recommended the Bill's definition of conversion therapy be amended to 'a treatment for which the only intent is to attempt to change or suppress a person's sexual orientation or gender identity'.

AMA Queensland also called for the Bill to be further amended to remove the indictable nature of the proposed legislation with any breaches or offences handled by the existing health regulatory framework such as the Health Ombudsman.

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

FAT CAN BE VERY USEFUL

By Dr Phillip Bushell-Guthrie

Portside Plastic and Cosmetic

Fat I have been told by some is a word never to be mentioned. However, it does have its good side and that appears to be the regenerative effect that it exerts through the regeneration cells it contains. It would appear that these cells do not age as the other cells do so they can provide regeneration even in older age groups.

In recent times fat has been used to promote healing and to help with rejuvenating the skin. Fat has for some years now been sucked out from one part of the body and injected back into another part. This is known as autologous fat grafting. Because the fat is from your own body it is not rejected.

Fat can be used to revolumise the face for those with a somewhat withered or aged look caused by the slow steady atrophy of subcutaneous facial fat as we age. Revolumisation gives back a smoother younger fresher look. It is like putting a new underlay under a carpet.

The regenerative cells also play a part. It is worth noting that there are 1000 times more of these cells in fat than in bone marrow. Larger amounts of fat have been used to augment areas of fat loss caused by trauma and for such things as breast augmentation with or without implants.

Smaller amounts have been used to fill out furrows on the face and to smooth out skin giving it its bounce back and making it look fresher. This is done by injecting the fat under the skin but very small amounts of liquefied fat can actually be injected into the skin itself to treat superficial wrinkles.

Fat transfer starts with sucking out some of the fat from your tummy or thighs. This is usually done under local anaesthesia in the rooms because only small amounts are needed but it can be done under general anaesthesia in hospital if necessary. After the oil and blood has been removed from the fat the particle size is reduced if necessary. This will depend on what the fat is to be used for.

The prepared fat is then loaded into small syringes ready for injection. When the fat particles take or pick up a blood supply they become a permanent part of the body in their new position and they will lose some volume or gain some volume as you would in any other area as your weight fluctuates.

There is an associated technique called lipogems which is a microfractionated fat technique that concentrates the stromal vascular fraction of the fat. It is this fraction that contains the healing and rejuvenating power of the fat. It is injected just under the skin and helps to produce skin rejuvenation but it is too thin to have any filling effect.

Fat transfer is very versatile. It's different uses, depend on the particle size. For the purposes of classification, we can divide fat transfer up into three main categories.

Macrofat transfer – here the particles of fat are around 2mm in diameter. Particles over 3mm in diameter probably won't take because they are too big to pick up a blood supply quickly enough. Macro particles are useful for filling in defects and for revolumising.

Microfat transfer – fat particles in this range are around 1mm in size. After processing they are injected into the body just under the skin to smooth out furrows and to provide rejuvenation.

Nanofat particles – here the fat is turned into an emulsion which is a liquid so it can be injected into the skin using a fine needle. This is used to treat surface wrinkles, dark circles under the eyes and those troublesome wrinkles just above the breast cleavage on the décolleté.

For those who can spare a little bit of fat it can be put to very good use if needed so spare a thought for those poor unfortunate people that don't have any fat to donate for their own good cause.

Dr Phillip Bushell-Guthrie

Portside Cosmetic and Plastic

The Sixth Decade, "Its Okay To Go Slower." By Dr Anne Ulcoq

Dr Anne Ulcoq is current president of DHASQ, former practice principal. The QDHP is an organisation established by the Doctors' Health Advisory Service (Qld) to assist colleagues who may be in difficulty. Our service provides a helpline for advice and support plus education to improve understanding of doctors health and how to care for doctors as patients. We strongly advocate for physicians' health and regularly collaborate with other organisations to support their work in the field of doctors' health. Doctors and medical students can access the 24/7 helpline on 07 3833 4352.

After studying or working fulltime my entire life I gave myself a gap term.No patients, no emails, no checking in remotely, just spent 3 months being a regular person. It was liberating and my patients and colleagues survived, they may have learnt new skills and found ways of surviving without me. More importantly I was amazed at how easy it was to step away and how replaceable I am.

I am returning to work part time and my patients seem to be coping with the new model of my practice of medicine. Some patients have changed doctors within the practice or gone to a medical centre that better suits their needs. I see this as a positive, a way of divesting myself of work and transitioning my patients to the future when I will retire.

In the meantime, I have done somethings with my life that are not things I will regret on my death bed. I have learnt to be still, and that time doesn't always have to be productive. I have had my second honeymoon after 4 decades of marriage, been present at the birth of my fourth grandchild and cut her umbilical cord and spent a month smelling her head and just being present with her and her parents. I have spent a month in a small Sicilian town where I could finally understand what they were saying some of the time. I have learnt to crochet, discovered the joy of yoga, I had daily swims in the Mediterranean, the Southern and the Indian ocean and mastered baking the perfect sourdough loaf.

I am no longer defined by being a doctor, I know who I am if I am not a doctor and when I go to work it is because I like work and I am not done just yet.

The Academic Navel-Gazers
By Dr Mal Mohanlal

There is a difference between bureaucratic thinking and rational thinking. If one is not aware, it can lead to distorted perceptions. In bureaucratic thinking, one is not allowed to use one's common sense. One is always guided by the letter of the law, not the spirit of the law.

Bureaucratic thinking is limited thinking. Large organisations, professions, institutions, hospitals, universities, and government agencies are usually associated with this type of thinking which helps people working in the system to control and regulate those who use their services. They are continually justifying their existence with new suggestions and ideas. There is an assumption that decisions made by them are in the best interest of the people they serve.

It, therefore, dismays me when the medical profession, which is supposed to look after the physical and mental health of people, become bureaucratic thinkers and engage in navel-gazing.

In the 6 Minutes Medicine on the Internet on 28 October 2019, there was an article titled "Doctors asked to upskill on youth mental health". It contained recommendations from the American Academy of Pediatrics saying "Paediatricians need to develop a range of mental health competencies to address the rising rates of mental health disorders in children and adolescents".

These mental health competencies include:

"' Foundational' communication skills.

Capacity to incorporate mental health content and tools into health promotion, and primary and secondary preventative care.

Skills in the psychosocial assessment and care of children with mental health conditions.

Knowledge and skills of evidence-based psychosocial therapy and psychopharmacologic therapy.

Skills to function as a team member and co-manager with mental health specialists.

Commitment to embrace mental health practice as integral to pediatric care".

When I read this, I could not help but think "what a load of bureaucratic bulldust" this is?

How can we improve our mental health when professionals such as these, are oblivious to what is happening in our society today? They should be investigating the causes of our problems and recommending solutions. Instead, they involve themselves with an academic approach which is just another form of navel-gazing.

These doctors should know better knowing what happens when we do not have any discipline in the home and the classroom. The first five years of a child's life are so very crucial. They are the formative years where positive or negative conditioning takes place.

During this period, what they require most is love and attention, not just pandering to their egos. This is where we teach children manners and how to behave. This is where we show them consideration for others etc.

Children are not born knowledgeable. They have to be taught. They learn by direct experience and by examples. Parents and teachers both have a duty and responsibility for teaching the civilised values we hold in society. If they abandon this responsibility, can we blame these children for growing up wild and behaving the way they do?

In the Brisbane Courier-Mail of 30/10/2019, I read about police charging an 11-year-old girl for stabbing her teacher. They had to use a taser to restrain her. On the same night, Channel 9 in their Current Affairs program ran a story on a young criminal gang, with members as young as 11 years old, leading the police on a wild car chase.

It seems society is going to the pot, and no one is questioning the present laws which prevent parents and teachers disciplining children when they are young. Yet when they go out of control later as teenagers or younger, as in the above instance, we are forced to use discipline (violence) against them. How stupid can we get? It means it is not OK to use violence against children when they are young, but it is OK to do so when they are older and out of control.

What are our wise pediatricians and psychiatrists have to say on this issue? Don't they have any recommendations to bring back

The Academic Navel-Gazers
By Dr Mal Mohanlal

some discipline in the home and the classroom?

Developing skills in psychosocial therapy and pharmacologic therapy is certainly not going to solve our problem.

No doubt the influence of Dr. Benjamin Spock, the American Pediatrician, on all the do-gooders of this world over sixty years ago, was so much so, that it made us abandoned the principle of 'spare the rod and spoil the child'. Now we are bearing the fruit of following this philosophy. It has taken our common sense away and affected our judgement. We have indeed thrown the baby out with the bathwater.

Violence is an unpleasant experience, and no one likes it. It can be a devastating experience. So we try to fight it and ban it. Have we succeeded with all the laws we have?

In my mind, violence is a form of communication. No matter how much you legislate against it, you won't make it disappear. You cannot eliminate it. It is in our blood through our territorial instinct. What we must do is try to understand it and harness its destructive power. It is the last form of communication, the last resort; otherwise, why do we have to fight wars?

Senseless violence occurs when there is no insight or self-respect in the individual.

Does this mean that I am advocating violence against children? Please try to think rationally and understand what I am getting at. Bureaucratic legislation has not prevented violence so far. It has prevented us from using our common sense approach to communication with children.

Children are very intelligent. When they see laws without consequences, they know how to exploit them to the full and treat them as one big joke. This is how one brings disrespect to the law.

There are no hard and fast rules about bringing up children. When we are dealing with children, we are trying to communicate with them. We have to be consistent in our approach and mean what we say. If they detect any weaknesses or inconsistencies, you can rest assured that they will know how to manipulate the situation.

When we stop parents, teachers, and the police from disciplining an unruly child with legislation, are we not asking them to swim with one arm tied behind their back?

What is the point of having laws that have no consequences?

What is our judicial system doing?

What message are we sending?

What perceptions are we creating?

Discipline does not have to be equated to violence.

What do you call a society that prevents disciplining its children through legislation yet entertains itself watching violence in the movies, TV, cinemas and computer games?

In my mind, there is no such thing as the past, present or the future.

The future is what we create through the actions we take in the present.

If no action is taken, our present becomes our future.

Are we not living in a fool's paradise?

Please prepare for more heartbreak and tears ahead.

Children are our priceless assets and our future. Governments should be getting their priorities right and helping parents to care for them in these first five years of their lives.

The present requires urgent action.

Please read "The Enchanted Time Traveller - A Book of Self-Knowledge and the Subconscious Mind" and gain some insight into your mind.

Learn about perceptions and how you can manipulate your subconscious mind. Visit the website: http://theenchantedtimetraveller.com.au/

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PRODUCTIVITY COMMISSION REPORT EXPOSES FALLING GOVERNMENT SUPPORT FOR GPs AND THEIR PATIENTS

The Productivity Commission's 2020 Report on Government Services (RoGS) has exposed Government neglect of general practice by revealing that per capita Commonwealth funding for general practice and GPs is going backwards.

AMA President, Dr Tony Bartone, said today that the RoGS report shows that expenditure per person on general practice was $391 per person in 2018-19, which is a decrease in real terms from $395 per person in 2017-18.

"The needs of GPs and their patients are being left behind," Dr Bartone said.

"Per capita spending on general practice is falling at a time when GPs face a rapidly growing workload due to the ageing population and the increasing complexity of conditions, many of them chronic, that patients are experiencing.

"The Government says it continues to believe in the value of general practice, but this report shows that it is failing to back this up with the necessary investment.

"The funding shortfall has hit GPs and general practice hard because it came on top of an extended period of Government freezing of Medicare rebates, which threatened the viability and livelihoods of many practices.

"The Government must acknowledge the compounding effect of under-investment in general practice over many years and increase funding immediately."

Dr Bartone said that the Medicare Benefits Schedule (MBS) General Practice and Primary Care Clinical Committee (GPPCCC) last year released its draft report, which called for greater funding for general practice.

"The Government announced some welcome additional funding for general practice in last year's Budget, but it still falls woefully short of what is needed to support general practice to meet patient needs and demands in the coming years and decades," Dr Bartone said.

"General practice is the most cost-effective part of the health system. GPs keep people out of hospital.

"But the RoGS report shows that there were about 2.9 million presentations to public hospital emergency departments that could have and should have been handled by GPs. Significant investment is needed to allow general practice to take this pressure off overstretched hospitals.

"The RoGS report highlights the worth and effectiveness of general practice with an extremely high satisfaction rate with GP services. More than 90 per cent of patients reported that their GP listened closely to them, showed them respect, and spent enough time with them.

"The report also found that only 3.4 per cent of the population reported delaying or not visiting a GP in the previous 12 months due to cost, and over 80 per cent of patients felt that they could get a GP appointment within an acceptable timeframe. Almost 75 per cent of patients seeking urgent GP care could get an appointment within 24 hours."

The AMA outlines its plan to better support general practice in its 2020-21 Pre-Budget Submission, which is available at https://ama.com.au/AMA_Budget_Submission_2020_21.pdf

5 February 2020

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HOW DID JESUS DIE

There are certain physical and medical inconsistencies in the gospel accounts of Jesus`s death on the cross.

1. Crucifixion was normally a long painful process lasting several days but Jesus died after only six hours on the cross. Mark 15: 17 states that he uttered a loud cry and breathed his last suggesting that something very painful caused His sudden death.

2. John 19: 34 records that when Jesus was pierced with a spear by the Roman soldier, water and blood poured out. The heart of a dead man does not bleed if pierced because there is no blood pressure within the heart when it has stopped beating. The Roman soldier would have been well aware of his anatomy, and knew exactly where to push his spear.

3. John also states that water flowed out with the blood, the question is where did the water come from. There must have been quite a large volume for it to flow down the cross and then down 20 feet of rock. It was necessary for the blood to have a path prepared for it so it could flow freely onto the mercy seat of the Ark of the Covenant.

There is a medical condition called Takotsubo cardiomyopathy also known as stress cardiomyopathy or broken heart syndrome. The condition is caused by extreme emotional stress and presents as heart failure due to weakness in the muscle of the left ventricle which then dilates into a globular shape resembling a Japanese octopus trap, hence the name of this condition. Jesus would have been under extreme stress and his heart condition would have caused him to have congestive heart failure which probably caused a pleural effusion in the space between his lungs and chest wall. When the spear entered his chest this fluid would have poured out.

Actual rupture of the heart has been recorded due to this condition which would mean that the pericardial sac or outer bag that contains the heart would have been pumped full of blood under pressure so that when the spear pierced this bag blood would have flowed out. The left ventricle of the heart contains about 100ml. Or less than half a teacup of blood so the above theory of a ruptured heart would be the only reasonable explanation for the large volume of blood necessary to fulfil God's purpose. The rupture of his heart would have caused extreme pain which would account for him crying out before he breathed his last.

Philip Dupre

BERLIN – 30th Anniversary of the FALL OF THE WALL

by Cheryl Ryan

The Berlin Wall constructed in 1961 divided Germany into East Germany and West Germany. The subsequent division of the city of Berlin into East Berlin and West Berlin left friends, family and neighbors devastated and torn on both sides.

A great historic turn occurred when the demolition of this serpentine wall began on 9th November, 1989 which saw overwhelming emotions on both sides of the wall, paving way for the German Reunification. The year 2019 is packed with the most glorious celebrations of the 30th Anniversary of the Fall of the Wall, not limited to a single day, or a week but throughout the year.

What Have We Planned For You

• Experience the fervor and celebrations at a grand festival from 4th to 10th November, 2019 when Berlin will be transformed into an impeccable open-air exhibition site. Seven original sites will see events in the form of sound installations, presentations, films and historical photographs.

• Participate in a neighborhood walk - Living at the Wall - at the popular street Oderberger Strabe, from April 2019 to 9th November 2019. Participation is free of charge.

• Go back in time by 30 years as you browse through photos, literary texts and historical objects on the Berlin Wall, exhibited by photographer Jurgen Hohmuth at the Pankow Museum. The exhibition is open from 7th June, 2019 to 19th January, 2020 and admission is free.

• Watch a play "Berlin Berlin" at Theatre Strahl, Halle Ostkreuz, Berlin on 13th, 14th and 15th August. Also enjoy a guided tour of the East Side Gallery.

• Participate in the 100 Miles 'Berlin Wall Run', 2019 along the erstwhile Berlin Wall on 17th and 18th August, registrations for which opened last year on the 9th of November. The most talked about marathon of the decade will see more than 1000 participants.

• Enlighten yourself at the permanent multimedia exhibition at the historic site on Bernauer Strabe, which was inaugurated on 9th November, 1989. It answers all your 'whys' regarding the construction, tenure, demolition and other historical facts about the Berlin Wall.

An interesting graffiti inscribed on the erstwhile Berlin Wall –

"Forget not the Tyranny of this Wall….nor the love of Freedom that made it Fall…." –

Beautifully portrays the emotions of the German people on both sides and the euphoria they experienced on the demolition 30 years ago!

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YEAR END TAX PLANNING, IT'S NEVER TOO EARLY.

Can you believe it's February 2020 already? We thought we would get in early and mention some tips on tax planning that you may want to think about over the coming months. Tax planning for the end of the Financial Year should not be left too late. Now is a perfect time and opportunity to review your finances and accounts, especially if you are expecting higher income than previous years. On the flip side it would be beneficial to review your situation if your income has dropped. Tax minimization and planning can be a very effective tool to legitimately save on tax. It is always better to be proactive rather than reactive.

To achieve best results you should review your tax group as a whole, individuals, companies, trusts, partnerships and self managed super funds. You should calculate & prepare year to date financial statements and project for a full year. This allows forward planning in relation to cash flow and deductions to be undertaken, all with the focus on tax saving.

If you are looking to selling your business & succession planning in the near future an effective tax plan gives you the best chance for a solid year end result to support the eventual business sale. A bad result could greatly affect a future sale as most sales refer to between 3 and 5 years of profit figures.

You might also take the opportunity to review the results of your superannuation and share portfolio performance and where necessary make changes. Now may be a good time to sell or buy shares to crystalize any capital gains or losses. It may also be a great time to check on year to date super fund contributions and remaining age based contributions limits available for the year.

As part of your review you should also revisit loan interest rates and terms to negotiate better rates with your bank, or even move banks if better deals are out there. You should also review your bank charges and again question your banker.

Insurances are often overlooked until required. It's not unusual for taxpayers to under or over insure or simply miss items that should be insured. An annual review on all insurances, life, income protection, trauma, business insurance and other general insurances is a worthwhile exercise. Quite often the renewal date arrives and we don't have the time to review the insurances before they are due.

Private health insurance is another insurance that should be reviewed annually. As taxpayers the majority of us pay the 2% basic medicare levy but there are some taxpayers paying the surcharge. If you are paying private health an annual review will ensure that you are covered for what you need to be. If you remove procedures and items that you won't require your premiums may reduce.

Tax planning is an individual choice. Often our best intentions are to plan, but time or lack of it often intervenes. Some of the above items, if addressed, should help you to preserve your hard earned money.

Feel free to call us should you like to discuss.

"Those who plan to fail, fail to plan." Benjamin Franklin

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MEDICAL TRAINING SURVEY DELIVERS MANY POSITIVES - BUT LONG HOURS, BULLYING, AND HARASSMENT ARE SERIOUS CONCERNS FOR DOCTORS IN TRAINING

Australia's first-ever national medical training survey (MTS) has revealed that most trainees rate their training very highly, but many are still unacceptably experiencing excessive hours, heavy workload, bullying, harassment, or discrimination. The survey was conducted by the Medical Board of Australia (MBA).

AMA President, Dr Tony Bartone, said today that the AMA supported the survey and welcomes the results, but the whole medical profession and training stakeholders must work together to ensure that they address the negatives to make the medical training journey a safer and more rewarding experience for the future medical workforce.

"Trainees deserve and should expect such a workplace – nothing less," Dr Bartone said. "The MTS has, overall, reinforced the quality and reputation of Australia's world class system of medical education.

"The AMA has lobbied for the MTS for many years to measure the performance of our system of medical training and identify key areas for improvement, and this advocacy has been justified.

"The survey, which focused on doctors undertaking pre-vocational and vocational training, revealed that most trainees rated the quality of their training and clinical supervision very highly, and would also recommend their current training post. "Nearly all of them intend to continue with their training program."The quality of health care in Australia is, in large measure, driven by the commitment and skills of its medical workforce and this survey shows that Australian patients will be well served into the future by a highly skilled workforce."

The MTS produced many positives, but Dr Bartone said it also put the spotlight on areas that will require further attention from educational bodies, employers, and other stakeholders, including the AMA."Safe working hours are still an issue for the profession, with one in eight trainees working at least 60 hours on average per week," Dr Bartone said.

"This is particularly worrying given the clear recent Australian research showing that doctors in training who work more than 55 hours each week have double the risk of developing mental health problems and suicidal ideation.
"The survey shows the pressure that trainees continue to work under, with half of all trainees who completed the survey considering their workload 'heavy' or 'very heavy'."Many trainees also continue to work extra hours, with only half receiving payment for unrostered overtime 'always' or 'most of the time'."One in five doctors in training (22 per cent) felt they had personally experienced bullying, harassment, and/or discrimination in their workplace in the last 12 months.

"This is an area that needs a continued focus to stamp out unacceptable behaviours in the workplace."Also of concern is that half of the doctors in training surveyed reported they are concerned about their future career. "This reflects ongoing concerns about a known shortfall in vocational places and the lack of employment opportunities once College Fellowship is obtained in some specialty areas. "To address this, the AMA urged the development of a National Medical Workforce Strategy to better coordinate the medical training pipeline, and ensure that the medical workforce meets future community need.

"Work on this strategy is now underway, with the AMA being involved in the consultation process at all levels," Dr Bartone said.
The MBA has committed to conducting the MTS on an annual basis, and the AMA is confident that trainees will continue to support this survey.

Critical to its success will be efforts by key stakeholders to address the legitimate concerns raised by trainees in the MTS. The AMA will use the MTS data to seek necessary and meaningful change for trainees in the workplace and with their training bodies.

10 February 2020
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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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Treasurer Dr Peter Stephenson Email; GJS2@internode.on.net

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

Where We Work and Live

" Value Our Veterans"

http://anzacportal.dva.gov.au/veterans/stories/roy-cornford

Roy Cornford

Enlisted into the Second Australian Imperial Force (AIF) in September 1941 Roy Cornford was just a 19 year old labourer. He arrived in Singapore late in the Malayan campaign as a re-inforcement for the 2/19th Battalion but he was fortunate enough to be evacuated from Singapore to Java a week before the city fell to Japanese force. Luck is a fleeting thing and his was not to hold. Roy unfortunately was taken as a Japanese prisoner when Java fell in March 1942.

Roy Cornford

Prisoners were transported back to Singapore and Roy went on to work in Thailand on the notorious Burma-Thailand Railway. In March 1944, Roy amongst a group of prisoners of war (POWs) in Thailand who were select-ed by their Japanese captors for transport to Japan to work as slave labour. Many delays were endured before the departure for Japan arrived and with it a tortuous trip from Thailand to Singapore began. Roy departed aboard the Japanese cargo ship Rakuyo Maru, part of a convoy bound for Japan from Singapore on 6 September 1944.

Roy's Story

All the men were packed and marched down to the docks. And when we got down to the docks there were two ships there. And one ship was to take 1500 prisoners; an-other was to take the other 800. Well there was about 750 Australians I think. And we were sup-posed to go on the ship that was to take the 800, but they marched us onto the wrong ship. So they had to make up the numbers of Englishmen on the same ship as us. And the other ship just had the 750 Englishmen on it.

When we eventually sailed, when we went aboard, we had to go up the gangplank and first they took on heaps of young Japanese people, injured Japanese soldiers, and then a heap of Geisha girls, and then they took us up. As we were going up the plank the Geisha girls were spitting at us.

We were taken on board, and first they put us all down in the hold. But as you went on board you had to carry a big tube of rubber. This was about 18 inches by 18 inches and it had a handle on it and they told us that was our life preservers. But as you went up they packed all of them down in the hold. Of course that hold was full of rubber.

They put us all down below, and you had about two foot square for each prisoner and the bit of gear that you had. But after the ship sailed they relented and allowed so many hundred up on deck and I was one of the lucky ones that was up on deck.

Well, you never got any better treatment or anything. It just meant more room for those down in the hold. And you only got one cup of water a day, but luckily on the second night it poured down raining, it just fell down. Everyone caught rain in their dixies and had a good wash and a good drink of water. And other days, to have a wash, they had a salt water hose going all the time and you'd go over there and get un-der that.

Continued next month.