REDCLIFFE & DISTRICT and BRISBANE LOCAL MEDICAL ASSOCIATION

Newsletter
February 2021

RDMA & BLMA's Joint Newsletter

"A Doctor's View of Gallipoli Landings" https://anzacportal.dva.gov.au/stories-service/australians-war-stories/doctors-view-gallipoli-landings

See Where We Work & Live P20. A Doctor's View of Gallipoli

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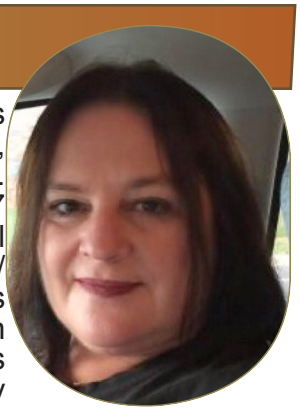
RDMA President's Report Dr Kimberley Bondeson



What a start to 2021!. Snap lockdowns, ongoing clusters of Covid 19, compulsory mask wearing, social distancing and ongoing hand hygiene, not to miss the closure of borders and border passes. The most worrying issue at the moment, I believe, is that there is evidence that this virus is airborne/ droplet, and was thought to be transmitted by a traveller using a nebulizer in one of the quarantine hotels in Melbourne. This hotel worker then transmitted this "UK Strain" to other family members, as well as the public. This has resulted in a snap 5 day lockdown in Melbourne, starting from midnight tonight.

On the other hand, the vaccine roll out is getting closer. The first Pfizer vaccines are due to arrive shortly into Australia, and will be rolled out to health care workers, front line workers and aged care residents via Hospital hubs. The next phase will be the Astra Zenica vaccine, manufactured in Australia and will be rolled out by GP practices and respiratory practices to the population according to age and immune status. After this, the vaccine will be rolled out to the general public. This is going to be a mammoth task, but I feel that the medical profession is well and truly up to it. In fact, it will be a pleasure to vaccinate our population. still have elderly patients who are not going out, and getting family members to deliver groceries for fear of coming into contact with the virus. Queensland to date has been incredibly fortunate in that it has not had any community spread. Overall, Australia is in a very good position, and are able to watch the United Kingdom, Europe and the United States of America roll out their vaccinations and see the difficulties and pitfalls that are occurring with such a mass vaccination program. It is also encouraging to see that there appears to be few side effects or problems with any of the vaccinations. The big question that remains to be seen is how effective these vaccines are, and how long immunity lasts.

It is fascinating to see what is occurring in the Queensland economy. In the September – December 2020 quarter, there was a reported 7000 new residents from interstate. Most recently I heard that the total new residents is now up to 20,000 in the South East Queensland and regional areas. This has put a tremendous stress on housing availability, both rental and purchasing. According the Channel 7 news (10/2/21) the normal rental market in Brisbane/ south-east Queensland is around 27%, but is now down to 2.9%. I have heard stories from my patients that for every house they apply to rent, they are one of 20-30 applicants. It seems a similar situation for purchasing houses, the demand has increased dramatically. Unfortunately, this increase in demand for rentals is putting pressure on our most vulnerable elderly renters, and single parents. Many are finding that their leases are not been renewed, and they have no-where to go. There reports of tent cities growing in towns like Harvey Bay. (according to the Chanel 7 news).

I would like to congratulate the new BLMA team – at their recent AGM, Dr Bob Brown was re-elected as President, along with Dr Ian Hadwen as Secretary. New Executive and Committee Members are Dr Dilip Dhupelia as Vice-Present, and Dr Gail Tsang and Dr Allan Phillips as Committee Members.

I wish a Big Thank You to BLMA outgoing Vice President Dr Paul Bryan and Treasurer, Dr Graham McNally, who has done a wonderful job over the years as Treasurer.

Dr 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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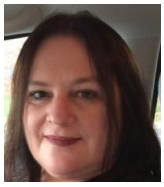

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RDMA 2021 MEETING DATES:

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

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

✓ Tuesday	February	23rd
Wednesday	March	31st
Tuesday	April	27th
Wednesday	May	26th
Tuesday	June	22nd
Wednesday	July	28th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	24th
Wednesday	September	15th
Tuesday	October	26th
NETWORKING MEETING		
Friday	November	19th

NEWSLETTER DEADLINE

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Email: RDMANews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

BLMA 2021 MEETING DATES:

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		
✓ Tuesday	February	9th
Tuesday	April	13th
Tuesday	June	8th
Tuesday	August	10th
Tuesday	October	12th
NETWORKING MEETING		
Friday	November	26th TBC

INSIDE THIS ISSUE:

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Next Meeting Date 23rd February 2021

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 23rd of February 2021

TIME: 7pm for 7:30pm start

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

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

RSVP: By Friday 19th of February 2021
(e) RDMA@qml.com.au or 0466 480 315

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AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served
	Welcome by Dr Kimberley Bondeson – President RDMA Inc
	Sponsors: GenesisCare and AbbVie
7:40pm	Speaker: Dr Michelle Grogan, Radiation Oncologist
	Topic: New cutting edge prostate cancer treatment – Stereotactic Body Radiation Therapy (SBRT)
	Speaker: Dr Jon-Paul Meyer, Urologist
	Topic: Prostate Cancer Updates
8:00pm	Main Meal served (during presentation)
8:20pm	Q&A
8:30pm	General Business - Dessert served
	Tea & Coffee served

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Dr Chris Perry
President AMA Queensland

Dr Brett Dale
CEO AMA Queensland,

We are well and truly into 2021 and are continuing to make strong representation for the medical profession in Queensland. A number of the issues we have advocated for are coming to fruition including ongoing Medicare funding for Telehealth and GPs playing a key role in COVID vaccinations. Here are some of the key issues and events we are currently working on.

COVID VACCINATIONS

The Australian COVID vaccine program is on the cusp of rolling out. With Pfizer vaccines now in Australia and Astra Zeneca approved by the Therapeutic Goods Administration, we are on the brink of both receiving the vaccines ourselves and administering them to our patients. The Australian COVID vaccine program will be running until at least the end of October given the phased approach, logistics required, multi-dose regimes and sheer volume to be administered.

Australia will be using the following vaccines.

- 20 million doses of Pfizer
  - Delivered in stages with 142,000 delivered in the first batch
  - Cold storage of -70°C
  - Two doses, 21 days apart
  - Administered at up to 50 vaccination sites/hubs with locations to be confirmed
- 53.8 million doses of Astra Zeneca
  - 3.8 million delivered to Australia and 50 million to be made in Australia
  - Cold storage of 4°C
  - Two doses, four to 12 weeks apart with 12 weeks the optimal regime
- 51 million doses of Novavax
  - To be manufactured in several locations across Europe
  - Cold storage between 2-8°C
  - Two doses, 21 days apart

The GPs expression of interest process closed on 3 February with about 5,400 registrations across Australia to participate Phase1b. We expect that practices included in this initial phase will be notified shortly with more sites to be on boarded as soon as more vaccines become available. The AMA held a webinar for members on the arrangements for GPs in the vaccination program with Acting Commonwealth Chief Medical Officer, Professor Michael Kidd. The video can be viewed on the AMA YouTube channel youtube.com/c/amaaustralia and provides background on our effective lobbying efforts as well answers to many common question from GPs.

We know that GPs will need a consistent and stable supply of consumables and are lobbying the federal and state health departments to harness their purchasing power through large-scale procurement deals. Lack of supply, or GPs bearing the brunt of these costs that may increase due to demand, may hamper the roll-out. We are advocating for these to be supplied by the government along with the vaccines as well as adequate Personal Protective Equipment.

Leading the community conversation on vaccinations with GPs will continue to be a strong theme that we will communicate in the media. GPs' ability to: assess a patient's medical history; easily administer timed, multi-dose vaccines; and monitor patient health throughout the process, will be key points in our messaging. Also GPs' experience in accurate record keeping in the National Australian Immunisation Register, and any adverse reactions through the Queensland Health Notifiable and Other Conditions Register, will be communicated as critical safety tools for the entire country.

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PRIVATE PRACTICE WEBINAR SERIES

The AMA Queensland Workplace Relations Team has created a comprehensive program for the 2021 Private Practice Webinar Training Series. This program is well suited to anyone who runs their own practice including GPs, practice managers and specialists. The five-part series provides contemporary workplace relations information through live webinars that are also available as recordings after the sessions. Topics include complaints and grievance management, mental health at work, workplace health and safety, and more.

Tickets are available to everyone, with AMA Queensland Members receiving a 50 per cent discount with all five sessions available to purchase for just $120. The first session is on Monday 22 March from 10am - 11am and will focus on Leave essentials: rights and obligations for employees and employers. Register at gld.ama.com.au/events/ or contact us on (07) 3872 2222 or email workplacerelations@amaq.com.au for more information.

WELLBEING AT WORK

Our *Wellbeing at Work* program is an Australian-first initiative that holds workshops in hospitals throughout Queensland that connects with and empowers first-year medical interns. The aim is to equip young doctors with the resilience and coping skills needed to survive and thrive in medicine. Dr Ira van der Steenstraten, a trained psychiatrist, psychotherapist and systems therapist, facilitates the workshops throughout Queensland and also harnesses her skills as a life coach and mindfulness trainer.

The program includes two x 90-minute workshops in each location, with a week or two in between each session, but can be tailored to suit each hospital's needs, and the needs of their interns. Sessions have no more than 30 participants per group and are interactive. Dr van der Steenstraten along with senior hospital staff, including the medical education unit, doctors in charge of clinical training and medical administration, share their stories and tips before encouraging interns to share their experiences. Interns soon realise they are not alone, others are experiencing the same challenges and that they can support each other. Problems with bullying, communication, conflict situations, fatigue and rostering issues are regularly reported in the sessions which is consistent with the findings of the *Resident Hospital Health Check* an annual survey of junior doctors conducted by the AMA Queensland since 2017.

We are very proud of our landmark *Wellbeing at Work* program and want to lead the way in a cultural shift for our profession. It is our goal for all senior staff in hospitals to prioritise interns and recognise them as colleagues that must be treated with respect and support as they commence their medical careers. Through the program, we also hope to be creating the next wave of leaders who continue to foster healthy, positive work cultures. If you want to join the program, then contact AMA Queensland on (07) 3872 2222 or email wellbeing@amaq.com.au.

VOLUNTARY ASSISTED DYING UPDATE

The Queensland Law Reform Commission will present the draft Voluntary Assisted Dying (VAD) legislation on Monday 1 March. There will be a two-week window for responses and we intend to carefully review the draft and respond accordingly to ensure doctors' rights are protected and adequate safeguards are in place for the vulnerable in our community.

We are well positioned to robustly advocate for any necessary adjustments to the draft legislation based on member feedback collected in our VAD survey. We are committed to actively participating in the public conversation on this important issue and will be sharing our member views in the coming weeks. The legislation is still expected to be introduced into parliament in late May followed by a 15-month implementation timeframe. Our focus will be to continue to communicate with members on this complex and emotive issue and ensure our profession and the community are appropriately protected.

Continued From Page 7

TELEHEALTH PERMANENTLY FUNDED BY MEDICARE

As you know, a Medicare-funded trial of telehealth occurred during COVID and was widely embraced by the community and medical profession. Around four million Australians use telehealth each month, that equates to approximately a quarter of Medicare-subsidised services. Telehealth is very important for Queensland given the size of our state and access to healthcare for our rural and remote communities.

In late November 2020, we announced that AMA had successfully lobbied for the Federal Government to make Medicare-funded telehealth a permanent part of the Australian healthcare system. The initial trial was originally slated to end in March but has been extended for six months while the AMA develops a long-term Medicare-funded model of telehealth. It is anticipated that our proposal will encourage patients to enrol with a practice in order to build a relationship with a GP. This is the biggest reform to Medicare since its introduction and the new framework will be ready in time for this year's federal budget.

AMA QUEENSLAND ANNUAL CONFERENCE 2021 – NORTHERN TERRITORY

This year's annual conference will take place from 19 to 25 September in the spectacular Northern Territory. From the mighty monolith of Uluru and the desert town of Alice Springs, to the coastal capital of Darwin and its neighbouring islands, this trip will provide truly unique travel experiences. With four half-day conference sessions, sumptuous welcome and farewell events, incredible tours, experiences and more, this year's event is set to be an unforgettable opportunity to experience the wonders of the Northern Territory with your colleagues, friends and families. Register at qld.ama.com.au/events/ or contact the AMA Queensland events on events@amaq.com.au team to find out more.

IN CONVERSATION WITH DR JEANNETTE YOUNG

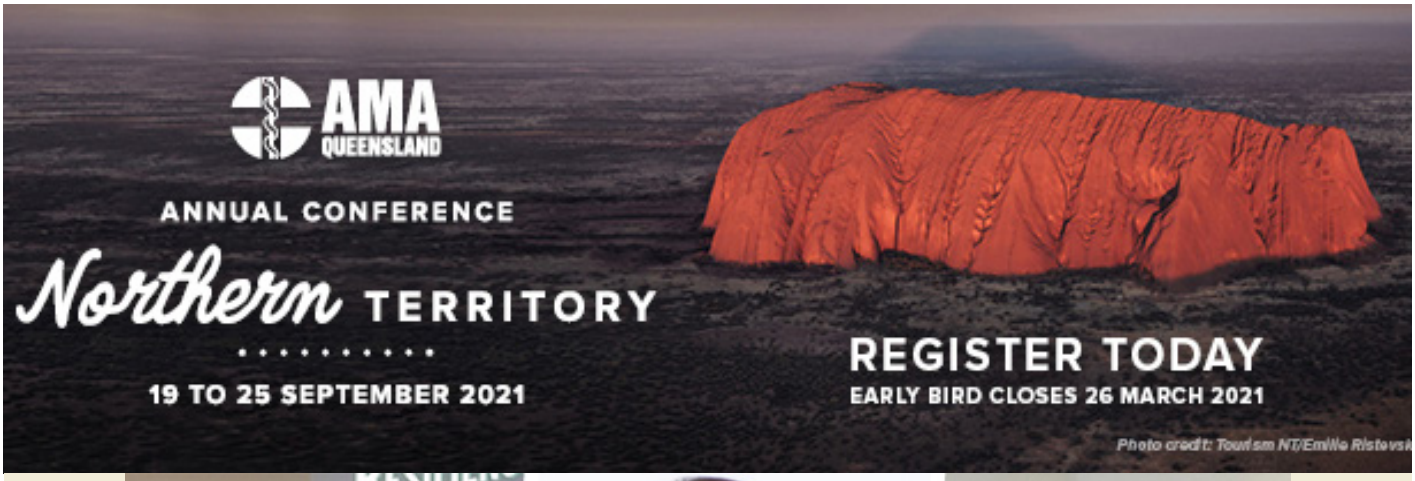
Our *In Conversation* series has recommended for 2021. Join us online as we speak with the Queensland Chief Health Officer, Dr Jeannette Young, on Friday 26 February at 2pm. Dr Young will discuss topics such as the COVID-19 vaccine and roll-out, opportunities and challenges for women in medicine, and more. Register at qld.ama.com.au/in_conversation_with and if you have any questions, please send them through to events@amaq.com.au. Watch our first 2021 *In Conversation* with Dr Dinesh Palipana on our AMA Queensland YouTube channel at youtube.com/user/AMAQLD, discussing our landmark collaboration on Doctors with Disability.

CONNECTING IN 2021

We intend to keep advocating for the profession at the state and federal level but also want to ensure we connect with members and the profession face-to-face throughout Queensland. The issues you face are important to us and we want to know how we can best represent you and help make a difference to your work, the profession and the community. This year we hope to see you at one of our AMA Queensland events that will be in-person and online and urge you to attend, log in and connect with us to learn, share and discuss the issues that are important to you and the medical profession.

Prof Chris Perry
President AMA Queensland

Dr Brett Dale
CEO AMA Queensland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MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Doctors in Training Still Overworked and Bullied

The second national Medical Training Survey (MTS) shows doctors in training are continuing to be affected by excessive hours, unpaid overtime, and bullying and harassment in the workplace.

Almost 22,000 doctors in training more than half of all trainee doctors in Australia took part in the Medical Board of Australia survey, which was conducted late last year. While most trainees rated their training experience highly, one in five reported experiencing bullying, harassment or discrimination, and almost one in two reported an excessive workload. "It was pleasing that the overwhelming majority of trainees rated their training experience highly in the 2020 survey, despite interruptions due to COVID-19," AMA President, Dr Omar Khorshid, said today. "This is a testament to the high quality of training in Australia and the commitment from supervisors, Colleges and senior medical staff to supporting trainees during this challenging time.

"However, the results show we have more work to do to address long standing issues we know we can do better on - unpaid overtime and excessive hours being worked, the absence of a structured learning experience for prevocational trainees and, most importantly, stamping out bullying and harassment, which is still a big issue in medicine and health. "It's time for State and Territory health departments to get serious about valuing the time doctors in training spend learning and providing excellent patient care by reviewing and providing appropriate staffing and adopting better rostering practices. "It's also time for employers to get on board and improve their workplace culture. They have a legal responsibility to provide a safe workplace for all employees."

The survey found that only half of all respondents reported being paid for unrostered overtime all or most of the time.

"Turning a blind eye to practices that allow doctors to work excessive hours of unpaid, unrostered overtime is not only inefficient and unproductive, but puts patient care and doctor wellbeing at risk," Dr Hash Abdeen, Chair of the AMA Council of Doctors in Training (CDT), said. "We need to explore the reasons why this is happening. Are there tasks that doctors are doing that contribute little to learning and could be transferred to other staff? Have rostering and staffing practices been reviewed?

"This survey again sees doctors in training reporting unacceptable levels of bullying and harassment and a fear of reporting it. This is particularly the case for our Indigenous colleagues. "It's just not good enough in 2021. We need to start calling this out for what is and creating safe systems for reporting, and mechanisms that demonstrate visible action and support all those involved." Only two out of five prevocational and unaccredited trainees reported having a training or professional development plan, and this cohort was more likely than other trainees to report having to compete with other doctors to access teaching and development opportunities (53 per cent).

"A structured learning experience is vital in preparing doctors in training for future medical practice," Dr Abdeen said."Prevocational and unaccredited trainees are particularly vulnerable to being taken advantage of as they don't have the protections offered to those in an accredited training program."The AMA has called for all prevocational training places to be accredited. We know it can be done and we need to start sharing our experiences." Doctors in specialist training also reported issues with exams, transparency, and alignment with College curriculum.

"The impact of COVID-19 on training provides us with an opportunity to review the suitability of one-off, high stakes, barrier exams as an assessment tool for progression to Fellowship," Dr Abdeen said. "This type of assessment places significant stress on trainees, and the lack of transparency in costs associated with training is an ongoing area of dissatisfaction for trainees. "The time is right to start a conversation about alternative methods of assessment and what that might look like." The results of the Medical Training Survey are consistent with the AMA Doctor in Training Hospital Health Checks run each year in States and Territories around the country.

The survey is available on the Medical Training Survey website.

Background

- 21,851 doctors in training across the profession completed the survey.
- 81 per cent said they would recommend their current training position to other doctors.
- 81 per cent said they would recommend their current workplace to other doctors.
- 46 per cent considered their workload 'heavy' or 'very heavy'.
- Only 50 per cent were paid for unrostered overtime 'always' or 'most of the time'.
- 22 per cent reported that an undesirable workplace culture, including the amount of
- work expected of them, had a negative impact on their wellbeing.
- 21 per cent reported having to work unpaid overtime.
- 21 per cent personally experienced bullying, harassment and/or discrimination in their
- workplace and 34 per cent had experienced and/or witnessed this behaviour. The most
- common source was senior medical staff.

2 February 2021,

CONTACT: 0427 209 753, media@ama.com.au

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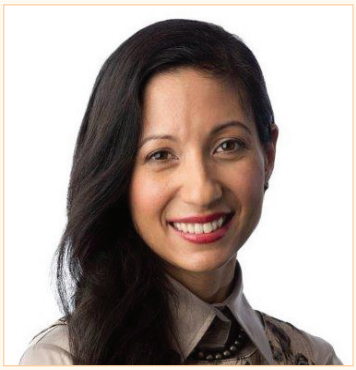

Dr Melanie Lau

MBBS FRANZCR

Dr Melanie Lau is clinic director and principal radiologist at I-MED Radiology Kippa-Ring.

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Dr Terence Michael Casey MBBS MRCP FACD
Consultant Dermatologist
27th November 1941 – 31st May 2018

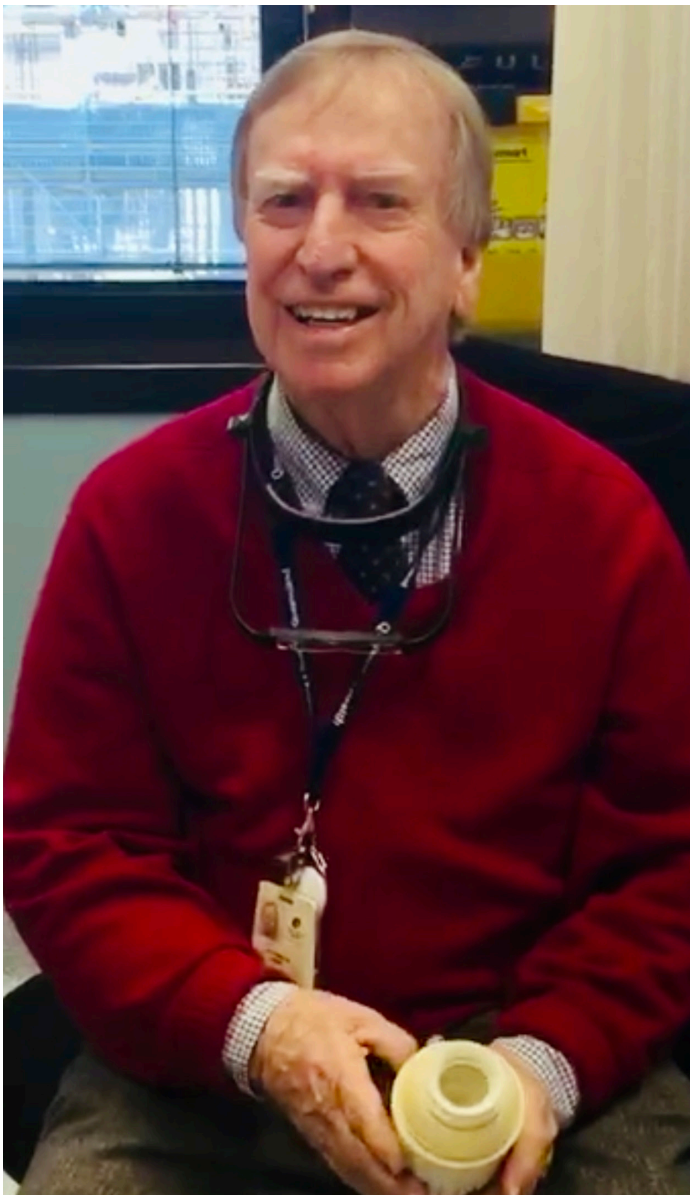
By Dr Genevieve Casey BCom MBBS FACD
Consultant Dermatologist

Dr Terry Casey was a pivotal figure in Queensland dermatology, working as a dermatologist in private and public practice for 42 years. He died peacefully at home surrounded by his family on 31 May 2018, age 76.

Dr Casey was born on 27 November 1941 at the Royal Brisbane Hospital, the third of seven children. He was the son of an electrician and an Avon sales representative, and grew up in the small town of Woodford, Queensland, swimming in lagoons, racing corrugated iron canoes, and building and flying model aeroplanes. Terry attended the local primary school, St Mary's, and moved to Brisbane for secondary education at St Columban's College. He was a very bright boy, and having skipped two grades at school, finished high school at the age of 16. From there, he studied Medicine at the University of Queensland and was president of Union College. The first person in his family to progress to university, Dr Casey graduated from Medicine in 1965.

From 1966 to 1969 he was a medical resident and medical registrar at the Royal Brisbane Hospital, Royal Women's Hospital and Royal Children's Hospital. During this time, one of his medical registrar positions involved looking after the dermatology inpatients under the guidance of Dr Sue Knyvett and Dr Graeme Beardmore, and this is where his interest in dermatology began.

Plans to undertake dermatology specialist training in London were put on hold for a year when he decided to join the Royal Australian Army in 1970. After two weeks of jungle warfare and weapons training, he flew to Saigon and then on to Vung Tau, where he was assigned to Number 1 Australian Field Hospital as a Regimental Medical Officer. Within minutes of arriving, he was put to work treating the wounded. After six months of operational service in Vietnam, he returned to Australia.



Vietnam was an exciting experience for this young Aussie doctor, and one that would prove to open doors for him. He joined the Army Reserve in 1981 and was the treating dermatologist for Defence Force personnel at Enoggera Barracks Military Hospital, Brisbane. He was promoted to Colonel, and from 1998 was the Consultant Dermatologist to the Surgeon-General Department of Defence in Canberra until compulsory military retirement in 2001, aged 60.

In 1971, Dr Casey arrived in London to

Continued from Page 10

Dr Terence Michael Casey MBBS MRCP FACD
Consultant Dermatologist
27th November 1941 – 31st May 2018

By Dr Genevieve Casey BCom MBBS FACD Consultant Dermatologist

undertake his dermatology specialist training. His military service and treatment of casualites and dermatologicial diseases in the Vietnam war piqued the interests of World War II veteran dermatologists on the interview panel in London, and he entered into dermatology specialist training at the Royal Free Hospital in 1972 under Prof. Charles Calnan and Prof. Imrich Sarkany, and then at The London Hospital in 1973. He attained Membership of the Royal College of Physicians in July 1972.

Dr Casey returned to Australia in January 1974 and was appointed Senior Dermatology Registrar at the Royal Brisbane and Royal Children's Hospital. In June 1974, he qualified and registered as a dermatologist, and in November 1974 was appointed Dermatologist on the Visiting Specialists Medical Staff at the Royal Brisbane and Royal Children's Hospital. In typical Dr Casey fashion, he managed to run four adult clinics, two children's clinics, as well as private practices on Wickham Terrace and at Redcliffe (where his proud mother was his receptionist), Southport, Aspley, Mitchelton and Kenmore. Dr Casey became the Director of Dermatology at the Royal Brisbane Hospital, a position he held for five years.

In London, he had used liqid nitrogen as a far more effective treatment for dermatological conditions than carbon dioxide snow . So he introduced it to Queensland. In 1981 he was appointed Clinical Teacher in the Faculty of Medicine at the University of Queensland, and then later Senior Lecturer in Dermatology. Having obtained his pilot's license in 2002, he provided rural dermatology services and flew himself (plus keen medical students and registrars) in a single-engine plane to clinics in Bundaberg, Emerald, Biloela, Roma, Goondiwindi, St George, and Thursday Island. In May 2002, Dr Casey was appointed as Fellow of the Australasian College of Dermatologists, and in May 2018, awarded the Certificate of Meritorious Service for service and dedication to the Australiasian College of Dermatologists. He had an amazing eye for dermatology, and if you ever wanted to know what a patient had, Dr Casey was your doctor.

Dr Casey worked as a Dermatologist at the Royal Brisbane Hospital/Royal Brisbane & Women's Hospital and Royal Children's Hospital/Lady Cilento Children's Hospital/ Queensland Children's Hospital, and in private practice for 42 years. He was a busy and talented clinician who helped train two generations of Dermatologists, including his daughter, Dr Genevieve Casey. When asked about retirement some years ago, he replied "what for?". He loved his practice, his colleagues, his registrars and his patients. Dr Casey practised medicine the way medicine should be practised, with a great love of clinical care and a strong emphasis on teaching and supporting colleagues.

Outside of his busy dermatology schedule, he flew his Mooney Ovation 3 aeroplane, and crashed many model aeroplanes on his cattle farm in Tenterfield, where he loved to be on weekends. He enjoyed skiing with his daughters and not more than a year before his death he could be easily spotted in his fluorescent orange ski jacket on the European and USA ski fields.

Since July 2018, I have had the great privlege to continue his private practice in Brisbane and Redcliffe and his public work at the Queensland Children's Hospital, and share the memory of him with his patients and colleagues. For me professionally, his are big shoes to fill. Dad has been such an important part of my career and has passed on to me many clever tips and dermatological 'recipes'. But what I'll remember most is his kind & gentle manner with his patients, his love of teaching, and his loyalty to his colleagues. I'm so thankful for having been able to work with and observe this great doctor.

Understanding the Ego and Suicides
By Dr Mal Mohanlal

Do you know that your ego, which you identify as I or self, is the most incredible survivor and confidence trickster in mind? To the ego, death is an anathema. So much so that we have created various beliefs and philosophies to comfort us and think that there is life after death. Yet we see people committing suicide. How is it that this ego, the great survivor suddenly turns around and goes on a path of self-destruction? The answer lies in understanding how our perceptions and thinking process influence our subconscious mind.

In my recent article titled “Rational or Delusional Thinking?”, I raised this question “Are you a rational or delusional thinker?”. Most people think they know themselves and believe that what they are doing is right and justified. The types of actions they take as a result lead them into different directions according to their perception of reality.

The problem is most people think they know themselves, yet do not know how their mind works. They do not realise how the body and the mind are so intimately connected. So to help you understand the basics, please let me recap the following from my observations. First of all, we all know that we have a body which is the physical part and a mind which is the mental part.

Everyone is familiar with the physical part, the body which does not require much explanation. However, the mental aspect, the mind, is not adequately understood by most people. They are not aware that it has two parts, the conscious and the subconscious. Most people are aware of the conscious part, where our ego is active and does all the time-travelling.

However, not many people are interested in or understand the subconscious mind. We mostly take it for granted, like the elephant in the room. Even the medical profession which should be interested in our mental health ignores this because doctors lack insight into their mind and are uncomfortable looking at their egos. Since our subconscious mind, the supreme energy source, controls all our vital functions such as our cardiovascular system, breathing, digestion etc. wouldn’t it be a stupid thing to do to ignore it? Yet we do. Doctors will be deluding themselves if they think they are practising evidence-based medicine at present.

Have you noticed how we are always trying to appease our subconscious mind in whatever we do in life? When we pray to God, for instance, are we not trying to appease our subconscious mind? Most of our activities are all directed at making ourselves happy or calming our subconscious mind.

Yet people do not know how the ego operates in their mind and how it influences the subconscious mind. People are not aware that our thinking process is hypnotic and that we are hypnotising ourselves whenever we are thinking. Not only that, but most people are not aware that the outside world is also hypnotising us. A lot of people believe they cannot be hypnotised.

Hence it is so easy to become deluded. Since we live in a very self-centred world, one can become very isolated. Without self-knowledge and gaining insight into one’s mind, one can become a potential candidate for suicide. To understand how we deceive ourselves, we must first learn to understand how our subconscious mind works.

Remember, our subconscious mind is the most potent energy source in our body. It controls all our vital functions in our body and makes us feel happy or sad, depending on how we stimulate it. It has no discriminatory power. It does not recognise right from wrong or the good from the bad. It affects us at various levels of our consciousness, from the cellular to our central brain. It is like a sponge that is constantly absorbing information from our inner as well as outer worlds. In brief, I would say that our subconscious mind is made up of a whole system of conditioned reflexes meant to protect us from our environment.

To understand how easy it is to delude ourselves, we have to look at the effects of words on the subconscious mind. The words have a direct reflex action. Their meaning does not matter.

For example, when we press a key on a piano keyboard, it makes a specific sound. Similarly, when we say a negative word in our mind, it produces a harmful chemical in our system. When we say a positive word, it creates a positive chemical. The meaning does not matter to the subconscious mind. As I see it, how we feel at a given moment is the sum of all the good and the harmful chemicals in our system.

Let me give you some examples of how we are continually deluding ourselves. When you instruct a person how to perform a task, and the person says “It is too hard, I can’t do it”, it will instantly produce chemicals that will block further understanding of the task.

It means that the person had defeated himself before he started even if he did not mean it that way. Why? It is because the words have a direct effect on the subconscious mind. If he keeps repeating this phrase, it will make him feel helpless. It is how

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one deludes oneself into thinking that one is helpless.

What one should be doing is to say the opposite even if he does not mean it "Yes, I can do the job. If he can do the job, I can do it better. All I need is training, knowledge and experience. Yes, I can do it." If the person keeps repeating this type of phrase in his mind, he will eventually succeed in doing the job. He has kept producing positive chemicals to keep his subconscious mind open to all possibilities. Please become aware when you find yourself keep saying negative words. It could lead you to disastrous consequences even if you did not mean them. They affect your perceptions and reinforce your negative thinking.

In the same way, a person can delude himself into believing that he is on the right track when he says "I understand." or "I know." In this instance, the subconscious mind will immediately block further understanding of the task given. It is because the subconscious mind reacts to words, not the meaning of the word. One can easily believe that one knows everything about the job and yet has not grasped everything. So please become aware of how you use words in your mind. Please do not say "I understand." when you have not learned the meaning of what has been said. That way, you will keep your mind open.

Let us look at another example of how we use words to hypnotise ourselves in feeling good. You attend a funeral of a person you know had a reckless past and was a difficult person who never listened to anyone. But the person on the pulpit says all the nice things about him. Tears come to your eyes, even though you are not sad. Why? It is because the words have a direct effect on our subconscious mind. We have no control. Here, we are consoling ourselves with words even though we may or may not mean them. It is why we never hear any harsh language at any funeral.

Let us consider people who are smokers. They say they know that smoking is bad for them, yet they continue to smoke. They do not realise they use words in their mind that makes them continue to smoke. They should become aware of this because it is only a habit and say the opposite to what they feel, like "I hate smoking. It is a dirty, filthy habit. I hate smoking." If they keep repeating this type of phrase, it will be easier for them to give up their habit. Better still, they should also use the power of perception to help themselves where they can instantly stop the habit of smoking.

Again, if you are suffering from any chronic illness like cancer, diabetes etc., it is even more vital to straighten out your perceptions. You are in this position because your immune system has been damaged. You can help yourself by changing your thinking and your approach to life. So if you harbour hate, anger, bitterness, resentment or any negative feelings in your mind, please realise you are here producing harmful chemicals that can further damage your immune system. They are bad for your physical and psychological health. Please become aware of these words. Replace all the negative words with positive words. The best part is you do not have to mean them or concentrate on the words and see how quickly you start feeling better.

As one can appreciate from above, you do not know yourself until you start understanding your subconscious mind. The world is manipulating you. So it is easy for a person to make himself feel depressed or suicidal just by talking negatively. Without insight into one's mind and any self-knowledge or understanding of how our mind works, one can easily talk oneself into taking action that can lead to disastrous consequences.

After reading the above, can you still trust to take yourself seriously? I have written this article to give you some insight into your mind. If it helps to make sense to you, it means you have some understanding. If it does not, it will have the same effect as reading the Holy Book in front of a buffalo. The thirst for self-knowledge has to come from within. One can take a horse to water, but one cannot force it to drink.

If you want to learn more about how to go about solving your various problems, you should read "The Enchanted Time Traveller - A Book of Self-knowledge and the Subconscious Mind".

You have not started living until you begin understanding your subconscious mind.

Visit Website: http:\\theenchantedtimetraveller.com.au\.

The EBook is available at Amazon.com.

Dr Mal Mohanlal

Bruny Island Tasmania by Cheryl Ryan

A twenty-minute ferry ride away from the Tasmanian mainland lies the island of Bruny.

Geographically it is made up of two smaller islands connected via an isthmus popularly called The Neck. Bruny Island is known as for its polar opposite experiences on the one hand it is popular among locals and tourists alike for its exquisite food and wine culture; on the other hand, it is a haven for nature lovers in search of rugged, untouched mountains and terrains that whisk you away from all screens and land you into the loving arms of nature.

The more you explore Bruny Island, the more chances you get to learn about the rich history of the island that spans centuries of explorations of the South Pacific as well as the cultural nuances of the original Aboriginal inhabitants of the island.

Perhaps then, the best way to explore the island is in the company of a local who can share enthusiastic tales of sailors and whalers who helped shape the history and culture of the island.

What we have planned for you

- Begin your trip with a breathtaking glimpse of the sunrise from the viewing deck at The Neck. The Neck is one of the most picturesque spots on the entire island which offers unmatched panoramic views of the ocean on either side with a narrow passage of land in the middle. The beach on the Eastern side is home to penguins, and if you're lucky you can spot them lazing around by the rocks early in the morning.

- Make your way to the Bligh Museum of Pacific Exploration to get a taste of the island's rich history of sailing and oceanic explorations. Once you have learnt of the history, make your way to the Cape Bruny Lighthouse, a short walk away from the museum and climb up the spiral staircase to catch panoramic views of the entire island and the surrounding ocean.

- Once you have had a taste of history, it's time to satiate your hunger starting with a visit to any of the numerous vineyards of the island. Get a taste of freshly made red wines along with organically produced cheese. Next, dine at the seaside restaurants and experience a food coma induced by the scrumptious seafood prepared from fish and shellfish caught fresh each morning.

- The size of the island is enough for you to explore it on foot as well. Make the most of this by hiking along the coastline with a tour guide who can help you spot the local wildlife as well take you on a trek through the rugged mountainous terrains. These mountains happen to be one of the oldest in the Earth's geological history and offer unmatched trekking experiences.

- Close the trip with a visit to the rocky beaches where you can find seals and penguins returning to the shore at sunset to rest after a long day of swimming and exploration.

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Two things are certain in life – Death & Taxes! Part 2 of 3 – Estate Planning

The Role of the Executor

An executor (or executrix) of an estate is an individual appointed to administer the estate of a deceased person. Executing a Will is a very important and timely process; unfortunately, it comes at a time when you are most likely mourning. Decisions will need to be made in relation to burial and then the burdens involved in finalizing the Estate begin. All assets, liabilities, tax & statutory requirements need to be addressed and resolved prior to any distribution being made to beneficiaries.

Immediately after Death

1. Check if the deceased is an organ donor.
2. Does the deceased have a Will? Determine the executor.
3. Review care arrangements for any dependents or children.
4. Advise family of the death and organize the funeral.
5. Register the Death with Birth, Deaths and Marriages in your state. Once this is complete a death certificate will be issued. (Best to obtain multiple certified copies as these will be required for various undertakings).
6. Keep records of all decisions made and any money spent. If family members remove personal items from the residence such as jewelry, valuables or art keep notes of all transactions.
7. Has probate been obtained or is it necessary? Seek advice from the solicitor.

Trap. *Be realistic of the timeframe of finalization of the estate. Beneficiaries will often put pressure on an executor to distribute money and items quickly, but an executor shouldn't fold to these demands. An estate should be completely finalized before all funds are distributed. If as the executor you distribute all the monies and then a subsequent liability arises you will be personally liable for the liability…. unless of course the beneficiaries agree to contribute, which in most cases they won't.*

Finalizing an Estate checklist

1. Notify the ATO of the deceased death using their online form.
2. Work to understand the deceased tax obligations for both the individual to date of death and if an estate return is necessary. Before any or all estate proceeds are distributed to beneficiaries all tax returns should be lodged and all tax obligations paid.
3. Ensure all Life Insurance policies are claimed.
4. Superannuation is distributed as per Binding Death nominations and remains outside of the Will.
5. Close all bank accounts.
6. Transfer or sell shares, real estate or other assets.
7. Assess & lodge any income tax returns as necessary and pay all outstanding tax obligations.
8. Don't be afraid to seek help from the solicitor or an accountant. Deceased estates can be complex.
9. Finally once all items have been resolved and all assets/liabilities have been transferred/ sold the residue of the estate can be distributed to beneficiaries.

The role of the executor is complex & time consuming but also an essential part of any deceased estate. You can turn down (renounce) the role of executor but if you do accept the responsibility seek advice if you need help.

If anyone would like to discuss the contents of this article please give either myself or Adam Niemiec a call 07 54379900.

(Article written by Kerri Welsh)

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Shot in the arm for Australians as TGA approves AstraZeneca vaccine

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Today's approval of the AstraZeneca vaccine by the independent Therapeutic Goods Administration (TGA) is a welcome step in the safe, timely rollout of vaccines to protect Australians from COVID-19, AMA President Dr Omar Khorshid said.

"The AstraZeneca vaccine is largely being produced locally and is likely to be the one most Australians will receive. We welcome news of its approval for use by the independent regulator.

"Australia is the one of the only countries in the world to have approved COVID vaccinations without need to use emergency approval.

"The vaccine has gone through traditional approval processes by the TGA and Australians can therefore be assured of its safety and efficacy.

"It's also the vaccine that can and will be delivered to Australians by trusted GPs in the safe and familiar setting of the GP surgery.

"Delivering the vaccine to as many Australians as possible, as quickly as possible will be an enormous challenge, but we can feel safe because Australia has not rushed through emergency approvals of these vaccines.

"The AMA has been successful in ensuring the Federal Government recognises GPs' critical role in administering the AstraZeneca vaccine to the wider community.

"GPs and practice nurses offer best practice vaccination services for patients, properly assessing their suitability for vaccination and in the delivery and administration of the vaccine.

With a new vaccine like this one, they can also provide support and advice to patients so that they can make an informed choice.

"Now we have the first batch of the Pfizer vaccine on Australian soil, and with the AstraZeneca vaccine soon to be produced here,

Australia is well placed to undertake the biggest mass vaccination program of our lifetime.

The Government's clear challenge will be to ensure that, as the supply of vaccines improves, it quickly expands the number of general practices where patients can be vaccinated so that it can meet its stated October deadline." Dr Khorshid said.

15 February 2021

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"A Doctor's View of Gallipoli Landings" https://anzacportal.dva.gov.au/stories-service/australians-war-stories/doctors-view-gallipoli-landings

A Doctor's View of Gallipoli Landings
Continued:

Of course practically none of the men had been under fire before and the test of being packed into boats helpless, with shrapnel, machine gun fire and rifle fire pouring over them was an extreme one. Out of one boatload only 11 got ashore unscathed, but the men were quite undaunted and maintained the reputation of the British Race.

Some of the Naval officers to whom I spoke afterwards, said they did not think that such soldiers existed; probably some of the men were even a little too enthusiastic and rather outran themselves.

"About noon, the big gun on the hill having been silenced, we returned to our original anchorage and the unloading of ammunition and water proceeded. A few more wounded were brought aboard but were fairly easily dealt with. It was simply surprising the way everybody worked. Officers left aboard to supervise the landing of stores had their men spending every available moment clearing the troop decks for me.

The ship's officers helped me with the taking in of the wounded in slings or up the gangways. One Medical Detail attended as best they could to the comfort of the wounded, dressing where possible their wounds and giving them water etc. Then we had a little spell, about 2pm and got the first chance of a bite of food we had had since starting work at about 5am.

"At a little after 3 we got one big rush of wounded and between that time and 8pm we took them in at the rate of over 140 per hour, till at the last we had a total of over 850 on board. We could do nothing more than sort them out as best we could, and send them to what appeared to be the most suitable position of the ship.

The very worst cases, unconscious and dying, were simply placed on a hatch and covered with a blanket; the next worst were put in the Hospital, and the next upon some mattresses and stretchers I had found and placed in A troop deck. The remainder were packed into the troop decks like sardines. Of course most of them had on their first field dressings, and these had to suffice except for the very bad ones, until such time as we could attend them.

One boat load of very severe cases I simply had to refuse, and I insisted on their being taken to another ship.

"Then began the work of attending to them, and we were hard at it till 3.30am. Anything like surgical treatment was past all hope, all we could do being to re-dress the worst of the wounds, and stop haemorrhage. Even fractures were left to the next day, merely being placed in a position which gave the greatest degree of comfort, or the least degree of pain.

"Fortunately I had plenty of opium and morphia on board and this was liberally given to all who were in pain. Some of the wounds were terrible; one man had a large portion of the head blown away at the back, but lived two days. A good many were shot through the abdomen, but some of these are doing well and should soon recover.

Huge wounds of the fleshy portions of the body, in many cases caused comparatively little pain. One young Naval Officer shot clean through the head caused us a lot of anxiety during the first few days, but is now conscious and should recover. Lung wounds are quite common, and where caused by bullets give rise to comparatively little trouble. On the other hand when caused by shrapnel - the bullets of which are spherical and about 3/8th inch diameter - the injury is much more severe.

"Almost every conceivable portion of the body has been hit - arms, legs, one in the tongue, a New Zealand officer right through upper jaw and nose, the bullet passing clean through, one man in the eye, another with a spent bullet in his ear, two through the windpipe, a couple through the spine and so on. Most had only one wound, some more, one man holding the record with eight separate wounds. And the escapes were wonderful. I know of at least three whose identity discs saved them from lung wounds; one man found a bullet in a testament he carried in his left breast pocket- quite the orthodox thing.

Another man had two jack knives in his trousers pocket and these were both perforated by a bullet which then just buried itself in his side, right over the femoral artery. In all, 15 of our patients have died, and some 20 are still in danger. All the remainder should recover.

Continued Next Edition