RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
JULY 2015

Dr Wayne Herdy's Maud St Clinic Opens

See Where We Work & Live on page 20.

Northside President's Report Dr Bob Brown

The Northside Local Medical Association welcomes Dr.Chris Zappala as President of the AMAQ. I have known Chris for many years and it is wonderful to see him rise to this very important position within the Queensland health system. We wish him well and he can rely on the support of our members in the year or years ahead. It is now possible for the AMAQ President to serve two terms instead of the previous one year term.

Unfortunately, Chris was immediately thrust into the intricacies of the medico-political world. This was a result of a communique to members about a proposal to look at the sale of the AMAQ Headquarters on L'Estrange Terrace and a possible move into the CBD or inner city precincts. Of course, such a move would involve the sale of "Hunstanton" which has been the property of the Association for sixty years, and does have a place in the hearts of many members, including former and current counsellors and executives.

The communique was perceived by many, including yours truly, as being somewhat ham-fisted and presumptive.

With the current structure of the AMAQ, the Board was completely within its charter to act as it did, and I acknowledge the time and hard work which has gone into the process over the past few years. The Association is fortunate to be in a good financial position and is looking to future economies as well as improvements in member access and benefits.

However, the AMAQ is a membership organisation and it is crucial that the membership is consulted on such important matters as well as being kept informed and not taken for granted.

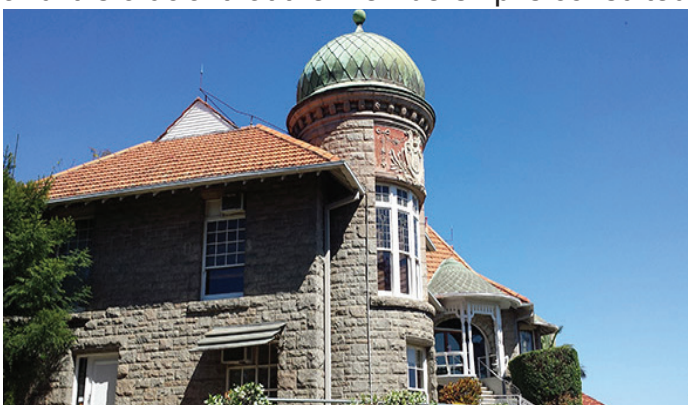
I have a personal love of Hunstanton and a very significant memory of the times and tribulations of the AMAQ since I first joined the AMAQ Council in 1991. Since that time, the Association has made significant progress in membership recruitment and a necessary change in governance. We have a fine CEO and a hardworking and talented Secretariat.

I still do not agree with the proposal of the AMAQ Board. To see a well-known and workable free hold property sold, in these uncertain times, with monies invested and leasing a City property, does not sit comfortably with me.

I believe that the membership has been given some comfort by the conciliation of Dr Chris Zappala and Ms Jane Schmidt. They have been generous in their time and openness offered to those members who were off-sided by the initial communique, and I see this as a learning experience for all of us. I do believe that lessons were learnt and that issues of concern to members recognised and in some ways, assuaged.

My thanks to Chris and Jane.

Communication is the name of the game.
From Bob Brown, President, Northside LMA .



RDMA & NLMA's Joint Newsletter

Welcome from

Dr Kimberley Bondeson

President Redcliffe & District Local Medical Association

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

RDMA Executive Contacts:

President:
Dr Kimberley Bondeson
Ph: 3284 9777

Vice President & AMAQ Councillor:
Dr Wayne Herdy
Ph: 5476 0111

Secretary:
Dr Ken Fry
Ph: 3359 7879

Treasurer:
Dr Peter Stephenson
Ph: 3886 6889

Meetings' Convener:
Mrs Margaret MacPherson
Ph: 3049 4444

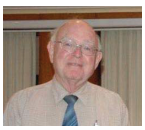
Newsletter Editor: Dr Wayne Herdy
Ph: 5476 0111

Advertising information is on RDMA's website
www.redcliffedoctorsmedicalassociation.org/
please contact **Newsletter Publisher.**
Email: RDMAnews@gmail.com
Mobile: 0408 714 984

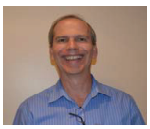
NLMA Executive Team Contacts

President:
Dr Robert (Bob) Brown
Phone: (07) 3265 3111
Email: drbbrown@bigpond.com
C/- Taigum Central Medical Practice,
Shop 1, 217 Beams Rd, Taigum Qld 4018

Vice President:
Dr Ken Fry
Phone: (07) 3359 7879
Email: kmfry@bigpond.com



Treasurer:
Dr Graham McNally
Phone: (07) 3265 3111
Email: gmcnally1@optushome.com.au
C/- Taigum Central Medical Practice,
Shop 1, 217 Beams Rd, Taigum Qld 4018



Secretary
Dr Ian Hadwin
Contact Details;
Phone: (07) 3359 7879
Email: hadmed@powerup.com.au

Convener:
Lucy Smith, QML Marketing Office,
Phone: (07) 07 3121 4565.,
Fax: (07) 3121 4972
Email: Lucy.Smith@qml.com.au

RDMA & NLMA Newsletter Publisher.
For all enquiries, editorials, advertising contributions & costs
Email: RDMAnews@gmail.com
Mobile: 0408 714 984

RDMA 2015 MEETING DATES:

For all queries contact Margaret MacPherson
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 24th
	Wednesday	March 25th
	Tuesday	April 28th
	Thursday	May 28th
	Tuesday	June 30th
	Tuesday	July 28th
Next	Wednesday	August 26th AGM:
	Tuesday	September 15th
	Wednesday	October 28th
	NETWORKING:	
	Friday	December 4th

RDMA NEWSLETTER DEADLINE

Advertising & Contribution is 15th August 2015
Email RDMAnews@gmail.com
W: www.redcliffedoctorsmedicalassociation.org

NLMA 2015 Bi-MEETING DATES:

For all Northside LMA Meeting & Membership queries contact:
Meeting Convener:
Lucy Smith , QML Marketing Office,
Contact Details;
Phone: (07) 3121 4565, Fax: (07) 3121 4972
Email: lucy.smith@qml.com.au
Website and Link:
Northside Local Medical Association Website
Link: http://northsidelocalmedical.wordpress.com/

Meeting Times: 6.45 pm for 7.15 pm

1	10th February 2015	2	14th April 2015
3	9th June 2015	4	11th August 2015
5	13th October 2015	6	8th December 2015

INSIDE THIS ISSUE:

CLASSIFIEDS remain FREE for current members. To place a classified please email: RDMAnews@gmail.com with the details. Classifieds will be published for a maximum of three placements. Classifieds are not to be used as advertisements.

AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

AMAQ And Local Medical Associations

AMAQ is having another look at the relationship between AMAQ and the several Local Medical Associations scattered around the state.

LMA's, or something like them, started as local sub-branches of the British Medical Association, long before the AMA took over from the BMA. Those ancient sub-branches bear little relation to the LMA's of today, their legacy being more closely reflected in the geographic areas currently represented by individuals on AMAQ Branch Council.

The LMA's as we see them today are the product of local initiatives driven by one or two individuals motivated by a need to unite the doctors within their natural catchment areas. Their purposes were more social than political, but they also adopted other roles including education and public advocacy. They were the natural channel of communication among professionals in confined areas, at a time when tools such as the internet were not even distant dreams.

Members of LMA's are not members of the AMA. Some LMA's have a high proportion of AMA members in their ranks, some have few. There is no provision for cross-membership.

Such small groups are inherently fragile, and can virtually cease to function or even to exist if the few individuals leading them choose to step down from the leadership. Some LMA's, especially the Sunshine Coast, have developed such inherent strength that they look set to survive regardless of what any individuals choose to do.

LMA's suffered a serious blow with the emergence of Divisions of General Practice. Potential leaders (at least among the GP's) could choose between leadership roles in LMA's or in Divisions, but few had time to do both. In LMA's, they were working hard with no financial reward and little or no secretarial support to maintain coherence within a semi-interested group of fellows. In Divisions, they were working at a more relaxed pace, with reasonable financial reward and extensive secretarial support, to be the front personalities of groups of GP's who also had a financial interest in what the Division did for them. Needless to say, the LMA's lost virtually half of their potential volunteer office-bearers, and lost a lot of ongoing interest from their GP members who had limited time for attending meetings. Many LMA's headed towards virtual oblivion. A beneficial outcome of Divisions morphing into Medicare Locals and now into even larger conglomerates is that GP's looking for a genuinely local professional body have been turning back to LMA's. The demise of Divisions and the remarkably non-local character of Medicare "Locals" provide an emerging environment in which the moribund or latent LMA's might find new life.

Return our attention from the history to the current AMAQ interest. Some years ago an AMAQ President took a real interest in LMA's. Zelle Hodge initiated a monthly LMA Presidents' teleconference. It was surprising how many

continued P5

Dr WAYNE HERDY AMAQ BRANCH COUNCILLOR REPORT cont from P4

LMA's which had minimal membership and even less active participation were able to nominate a local President. This teleconference was a valuable communication tool, and a mutual support society. The LMA Presidents were able to compare notes on issues of concern to their members and obtain support knowing that other LMA's shared similar issues. The AMAQ President was able to nurture personal relationships with the local Presidents, and obtain grassroots feedback on what issues were of real importance to the members. Regrettably, subsequent AMAQ Presidents did not see the value of maintaining a regular two-way dialogue with those at their respective coalfaces.

About five years ago, when the LMA Presidents teleconferences were still alive. I initiated a drive to re-energize the moribund LMA's by creating an internal communication tool, their own Newsletter. I proposed to use an existing contractor to adapt a generic Newsletter, add local material, and hopefully use advertising revenue to make it self-funding. What that enterprise lacked was a central unifying management to sell the product to the LMA's and distribute the product to the potential membership of the renewed LMA's. I asked AMAQ to use its secretarial resources to deliver that platform. Unfortunately, by the time that plan was fully developed, the leaders in AMAQ had lost interest in LMA's and failed to see the benefits. With renewed interest by the current President, I hold some hope that AMAQ and the LMA's will join hands to support their respective members, especially those in smaller or more remote communities.

My fervent hope is that, once each LMA has a communication tool capable of reaching most of its potential members, they can become active with regular meetings and sharing of views. Especially away from the urban South-East corner of this vast state, it is very easy for doctors to become isolated, even with the internet and teleconferencing. LMA's are an ideal mutual local support network.

The AMAQ is interested for two main reasons.

Firstly, there is an undeniable potential membership benefit if the AMAQ can reach out to doctors who presently hardly even know that the AMA exists. In some rural areas, 85% of doctors are IMG's and many of those intend staying only a few years, so have little interest in their national professional organization. They still need a local support network. All should belong to a LMA. Some might end up joining the AMA, but only if the AMA is delivering what they need.

Secondly, the AMAQ stands to derive a benefit of even greater importance than membership. A close relationship with the LMA's will give the AMAQ a two-way channel of communication with the grassroots doctors, both AMA members and non-members. Knowledge is power. The AMA is often criticized, with good reason, of an ivory-tower mentality, of being out of touch with the everyday doctor-patient relationship. Knowledge of what is really happening in the workplace, whether at a regional hospital or in a single-doctor town, gives the AMA some real power to deliver what is needed by doctors, by patients, and by the wider Australian community.

I support the fostering of a closer alliance between the AMAQ and Queensland LMA's.

Wayne Herdy,
AMAQ representative, North Coast district.

AUSTRALIAN MEDICAL ASSOC PRESIDENT Dr CHRIS ZAPPALA

MEMBERS' UPDATE

Dear Members,
The release of the Queensland Budget 2015-2016 brought a trove of welcome announcements, including several explicitly called for in Part 1 of the AMA Queensland *Health Vision* and through our 2015 Election Platform.

Among the triumphs was the announcement of $7.5 billion towards the establishment of a state-wide Health Promotion Commission aimed to develop a whole-of-government healthcare plan. A key function of the Commission will be to address and prevent the chronic illnesses that are so prevalent in our society and causative among re-admission events. It is disconcerting that at a time where our access to health knowledge and quality care is unprecedented, we are plagued with increasing rates of preventable disease. AMA Queensland welcomes the Commission as a positive step to more effectively manage the burgeoning prevalence of chronic illness among our aging population.

Many members have voiced grievances about the archaic IT systems present in various facilities across the state (HBCIS is steam driven), and we are pleased the Budget allocates $179 million to hospital ICT infrastructure. Antiquated and insufficient IT systems create an added administrative burden for administrators and clinicians, which detract from the collective efforts in patient care. Time will tell exactly what systems will be implemented, but we hold sanguine expectations all Queensland public hospitals will have first-class IT systems to complement the first-class care being provided. This will obviously be a necessary prelude to a credible implementation of a useful integrated electronic medical record. As we near the full implementation of the ieMR at PAH and Cairns Hospitals later this year, such infrastructure will be crucial.

Whilst this Budget is not perfect, its incorporation of several of our key platforms demonstrates the Government's commitment to consultation in policy development and the positive change AMA Queensland can achieve through sensible, evidence-based advocacy. There is still work to be done.
AMA Queensland has never wavered in its willingness and commitment to represents it's members, argue for professional improvements and health system reform that improves the care we can offer our patients. This is not a sententious statement or trite rallying call as suggested by political opponents – but rather a visceral strategic principle that permeates decision-making and priority setting within our Association.

I remain very concerned about expanding the scope of practice for allied health professionals following the government's adoption of a precarious nurse endoscopy model. This is a perfect example of obdurate policy that lacks clear evidence of improved patient outcomes or economic efficiency and attempts to inveigle doctors into an alliance with predatory collegiate combatants within the healthcare system whose ultimate goal is role substitution. The follies of such policies are highlighted as comic when the deficiency of nurses within the system is recalled and the relentless complication of their work lives with administrative tasks made obvious.

A quality health system is contingent on a well trained workforce with clear duties, responsibilities and goals. Medical practitioners are the optimal professional with training and education to perform such procedures safely. Experience and knowledge go beyond the mere act of performing the procedure, but encompass the 'fringe' decision-making, acute procedural load, complication management and ability to settle on management plans with alacrity and agility. The health system is most efficient when health professionals seek to complement each other's roles, not substitute them, and we will continue to advocate for a system that sees all health services provided by professionals with the proficiency and training to perform them safely. Watch this space!

Sincerely,
Dr Chris Zappala
AMA Queensland President

An Update on Hunstanton
by Dr Mal Mohanlal.

6 July 2015

Dr Chris Zappala
The President
AMAQ

By fax 38564727

Dear Dr Zappala

I understand the AMAQ Board of Directors has decided to sell the AMA House which is heritage listed, and move into the CBD.

This may be a good business proposition but is it wise not to consult other members and seek their opinion? Moreover is it wise to move into the CBD where there are lots of costly parking problems and traffic congestion?

I sincerely hope that you will use your wisdom, insight and leadership in involving the rank and file AMAQ members in making this decision before going ahead with your plan. Clearly the decision you make today will reflect positively or negatively on you in the future.

Best wishes

Yours sincerely

MAL MOHANLAL

Dr Mal Mohanlal
General Practitioner
Beach Medical Clinic
135 Margate Parade
MARGATE QLD 4019

Dear Dr Mohanlal

Thank you for your recent correspondence in regard to the proposed sale of Hunstanton House. The decision to offer Hunstanton House for sale has been considered for a couple of years through the Finance, Risk & Audit Committee and through successive AMA Queensland Boards. The final decision was a unanimous one taken by the previous Board. A great deal of advice had been sought and discussion undertaken through this process – which has included a focus on creating financial stability for the Association into the future and a 'fit-for-purpose' headquarter facility. Your comments about parking and access are understood and I can assure you our final location in the CBD or city fringe will hopefully be such that it entails enhanced access for all members.

There is definitely some sadness in selling our headquarter building of the last 60 years, but I believe a sound commercial decision has been made. In the various member surveys that have been conducted, doctors resoundingly tell us they want a range of services and benefits at a reasonable membership price. To provide this, we must ensure our investments – which includes the buildings we lease and occupy – provide an optimised return to the Association and by extension, to members. I do believe past and current directors have appropriately and carefully considered all the information provided to them and made (sometimes difficult) decisions in the best interest of the Association. To this end, it must be recognised that only a very small number of members have expressed concern at the decision to sell.

Hunstanton House has not been listed with any agent as yet nor have any agreements been entered into. There was always an intention to discuss with members the credentials of the proposal, accepting that there are some commercial sensitivities that need to be observed. The AMA Queensland is holding an information session open to all members, to discuss this and any other issue they wish to raise, on 13 July at 18:30 for 19:00 start at Hunstanton House. I am also happy to meet with you in person to discuss your concerns and provide further information regarding the proposed sale of Hunstanton. Please do not hesitate to contact me on 0422 082 270 if you wish.

Kind regards.

Dr Chris Zappala
President
Australian Medical Association Queensland

AMAQ BRANCH COUNCILLOR REPORT
GREATER BRISBANE AREA
Dr KIMBERLEY BONDESON

Education Minister and Influenza Season

On the news this am, it discussed the Education Minister, Sussan Ley, as advocating for increased fitness in school children, commencing at primary school level.

I watched it twice, and yes, she was introduced as the Minister for Education. So I checked. Had something happened and we had a new Federal Health Minister, or was it an error on the part of the television station? No, we do not have a new Health Minister, and yes, the correct Minister for Education is Christopher Pyne. And I do absolutely agree, introducing increased activity and fitness for school children, along with sensible diet and eating plan is an excellent way to improve the overall fitness and eating habits of Australians.

But, this example reinforced, the idea that it is very easy for the government to change the portfolio of its ministers. And the education process of the current minister would start all over again. Of course this happens if we have a change of party, and prime minister as well.

Now, onto immunisations – the figures of notifications of influenza have been steadily increasing and it would appear that either

1. The Flu Season is here a month early, or

2. We have an early and much worse Influenza Season this year.

Whether this is due to a new strain of the bug not covered by the current immunisation, or due to the delay in the release of this year's flu vaccinations, will not be known for a few months.

The first casualties of the Medicare Rebate Freeze are starting to surface. There is report of a small, bulk billing practice in Redfern, one of Sydney's disadvantaged suburbs, being forced to close its doors after 34 years. This is despite having introduced a gap fee for the non-concessional patients (about 30% of the patient list) a few years ago.

So where will these patients go? And what will this cost the government per patient? What about dressings, and wound care? These are the biggest cost to a general practice, and they are not funded in any way by the government.

The Medicare Rebate Freeze is the most significant change that the government has implemented, and I feel sure that the consequences of this have not been thought through. We will keep watching.

Kimberley Bondeson,
AMAQ Branch Councillor

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: **Tuesday 28th July**

Time: 7 for 7.30pm

Venue: Renoir Room - The Ox, 330 Oxley Ave, Margate

Sponsor: Monserrat Day Hospital

Speakers: Dr Darshit Thaker & Dr Kieron Bigby

Topic: "Personalised Medicine - Future of Oncology."

Cost: Financial members - FREE
Non-financial members $30 payable at the door.
(Membership applications available)

Agenda: 8.15pm Main Meal, Question Time
8.40pm General Business, Dessert, Tea & Coffee

RSVP: e: Margaret.macpherson@qml.com.au
t: 3049 4429 by Friday By 17th July 2015

QML Pathology

RDMA May Meeting 30.6.2015

Chair President Dr Kimberley Bondeson introduced the Guest Speaker Dr Robert Hensen (clockwise from right). Topic: Exciting Developments In Haematology. Emerging Trends and Technologies. Sponsor for the night was ICON Cancer Care represented by Andrew Shine. Bruce Goldstaff and Wayne Herdy, New Member Matt Nikon, Geoff Harding and New Member David Jardine.

Interesting Tidbits

NATTY MOMENTS:

Funnies

What did one ocean say to the other ocean? Nothing, they just waved.

o O o

A day without sunshine is like, night.

o O o

Born free, taxed to death.

o O o

For Sale: Parachute. Used once, never opened.

o O o

A bank is a place that will lend you money, if you can prove that you don't need it.

o O o

What is faster Hot or cold? Hot, because you can catch a cold.

o O o

What's the difference between a new husband and a new dog? After a year, the dog is still excited to see you.

o O o

Love may be blind, but marriage is a real eye-opener.

o O o

Why did the scientist install a knocker on his door? He wanted to win the No-bell prize!

o O o

When everything's coming your way, you're in the wrong lane.

o O o

I say no to alcohol, it just doesn't listen.

o O o

If you can't convince them, confuse them.

o O o

Whenever I find the key to success, someone changes the lock.

o O o

Why did the bee get married? Because he found his honey.

o O o

What do you call a boomerang that doesn't come back? A stick.

o O o

Why is the man who invests all your money called a broker?

o O o

My birth certificate was a letter of apology that my dad got from the condom company…

o O o

Time is what keeps things from happening all at once.

o O o

Lottery: a tax on people who are bad at math.

MEDICAL MOTORING
with Doctor Clive Fraser

Motoring Article #118
Safe motoring,
doctorclivefraser@hotmail.com.

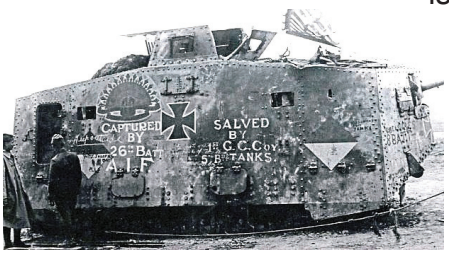
"Built Like A Tank"

As a child growing up in Brisbane I have wonderful memories of visits to the Queensland Museum at Bowen Hills. They had butterflies, shrunken heads and a real live lungfish.

But, best of all they had the only surviving WW1 German A7V tank, affectionately called "Mephisto". The name was presumably from Mephistopheles, a demon in German folklore.

The tank was captured by Australian forces (mainly Queenslanders) in 1918 at Villers-Bretonneux and the Aussie troops had to don gas masks when the Germans deployed chlorine gas.

Although Mephisto was destined for the British Imperial War Museum it somehow ended up in Brisbane and Queensland has been its home ever since. It isn't operational, but as a child I always wondered how such a big lump of metal could move?



One of the most endearing comments that you can make about a car is to say that, "It's built like a tank". That comment implies that the car is solid, reliable and unbreakable and is entirely positive so long as you don't say that the car drives like a tank too! So it was with much fanfare that Russia recently unveiled a new vehicle which wasn't made by Avtovaz, Avtotor or Avtoframos. It wasn't a Lada and yes it could easily claim to be built like a tank, because it was, "a tank".

It was Russia's all new T-14 Armata tank which was due to be show-cased to the world at a celebration in Red Square to mark the 70th anniversary of the end of the war against Germany in WW2. Unfortunately, as the whole world now knows one of the T-14 tanks broke down for 15 minutes during a rehearsal and the driver poetically raised a red flag.Just as well it wasn't deployed in a battle situation where a white flag would likely have been a safer option.

Whilst Australia will soon stop making cars, Russia will be hoping that there will be a queue of buyers for its latest piece of military hardware. Selling armaments to the rest of the World is after all a very lucrative business and may help to pay for modernizing the old Soviet-era hardware.

Unlike automobiles where makers brag about how many kilowatts and air-bags their model has the specifications of the new T-14 will be a closely guarded secret for the foreseeable future.Countries that sell weapons do tend to exaggerate their capabilities and are also inclined to leave out all the bells and whistles in models destined for export. Who knows their customers might one day start shooting back.

But what is known about the Armata tank is that the turret is un-manned and controlled robotically. That might mean that a fully robotic tank is not that far away. It's 125mm gun is said to be smooth-bored and can fire missiles as well as shells. That smooth bore gives the projectile a greater shell velocity and the barrel a longer life. But tanks aren't all about who has the biggest err um, you know, long pointy thing.

They are a compromise between mobility (speed), armour and fire-power. In the case of anything made in Russia that equation might also need to include reliability. Will the Queensland Museum ever house a captured Russian T-14 tank?

	Mephisto A7V	Armata T-14
First produced	1918	2015
Weight	33 tonnes	48 tonnes
Crew	18	3
Armour	15-30 mm steel	44S-SV-SH steel alloy
Main armament	57 mm gun	125 mm gun
Engine	2x4 cylinder 149 kW	12 cylinder X config 1120 kW
Speed	15 km/h	80 km/h
Range	80 km	500 km
Number produced	20	20

Well, maybe. We do after all still have Mephisto!

Safe motoring,
Doctor Clive Fraser

Just because it is a tablet….

By Dr Kieron Bigby

I am always amazed by the glisten in a patient's eye when you talk about oral chemotherapy as an alternative treatment option. Not because I don't empathise with their desire in avoiding the chemotherapy day unit or the potential for central venous access. Nor it is the hope that one less patient on the drip equals one less infusional drug reaction. Is it more the wonderment and delight that can creep across a patient's face that the possibilities of oral based treatment is available for their condition and that somehow it is inherently going to be less toxic.

Whilst big pharma has accommodated us (i.e., cancer care specialists and patients) of recent years with a plethora of oral therapies, a greater prevalence of a known entity has arisen - that being palmar-plantar erythrodysaesthesia (aka hand and foot syndrome (HFS)). Whilst a known problem with some cytotoxic chemotherapies (e.g., Docetaxel, Doxorubicin, 5-Fluorouracil – both IV and oral), HFS's explosive potential (up to 50% of patients) is really seen in a number of the more recently approved oral novel targeted therapies (Sunitinib, Lapatinib, Pazopanib, Sorafenib, etc.).

Hand and foot syndrome is defined simply as redness, swelling, and pain on the palms of the hands and/or the soles of the feet.[1] The symptoms of HFS range from mild (e.g., erythema, swelling, a sensation of tingling or burning, tenderness, tightness, calluses and blisters) to more severe (cracking, desquamation, ulceration, severe pain, functional impairment). Whilst HFS incidence peaks in the first 6 weeks of targeted therapy, traditional chemotherapy's effects manifest over a number of months and both tend to be persistent if experienced. Health related quality of life is clearly compromised with HFS and so prevention and treatment are very important.

The only recognized cure to HFS is treatment interruption and/or dose de-escalation and that clearly has the potential to compromise outcomes, especially if the goal is to cure. Other nonpharmacologic methods of management include avoidance of pressure, prevention of injury, and cooling. Underlying the research to date has been the belief that reactive oxygen species from free radicals are promoted in the stratum corneum either due to extravasation of drug metabolites via the microcapillaries or possibly via secretion from eccrine glands. So James Bond was right – about the free radicals anyway.

Typing hand and foot cream products/treatments in to Google™ generates 10,900,000 hits, so

clearly there is a big market. Whilst HFS treatment generates a few less web pages to look at (1.4 million), what is the evidence telling us that any of this might be helpful?

Previous studies have looked at oral Vitamin B6[2] and topical creams with 12% urea and 6% lactic acid[3]. Both showed no benefit and maybe detriment, but the studies did have some inherent limitations. Whilst the Chinese have shown benefit with using celecoxib[4], safety and drug interactions are of potential concern. Despite some of these initial failures and with extensive dermatologic literature on urea based creams (UBCs) suggesting its benefit, two further studies have again looked at UBCs with drugs known to cause problematic HFS.

Two recent papers published recently in the Journal of Clinical Oncology[5,6] looked at 10% urea based creams. The first study[5] looked at German patients using capecitabine (oral 5-FU) in GI tumours or breast cancer with a primary end point of prevention of HFS of any grade at 6 weeks by patient diary. Of the 152 patients, 40% using the experimental cream Mapisal™ (a cream promoted with anti-oxidant and high radical protection factor) experienced HFS compared with 22% using a 10% urea based cream. Overall skin related quality of life was significantly worse in the group using the anti-oxidant cream at study's end.

The second study[6] looked at HFS incidence in 871 Chinese patients using sorafenib for liver cancer with patients openly randomized to a 10% urea based cream or supportive care alone (without any cream). At the 12 week evaluation point, 56% of urea based cream users had any HFS compared with 74% using essentially nothing. Despite the more HFS, no difference in drug dose intensity was seen, and no negative effect on cancer outcome was noted.

So what is all this telling us? Whilst the data has been a little inconsistent, urea based creams started prophylactically, with as least 10% concentrations, seems to be helpful at minimizing the development, severity and progression of HFS. Whether additional compounds are important (i.e., lactic acid) or the percentage of urea is critical or the need for other constituents (e.g., allantoin, etc.) is still uncertain. Whilst not advocating any product particularly, incorporating a 10% urea seems a reasonable start (see figures). Overall, more robust data is still needed.

More References available upon request.

http://www.cancer.net/navigating-cancer-careside-effects/hand-foot-syndrome-or-palmar-plantar-erythrodysesthesia

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

DIRECT LIFE INSURANCE, NOT SO CHEAP

Today we are bombarded with direct insurance advertisements on TV and social media. Companies such as Real Insurance, Choosi, Suncorp and the most recent one Coles Insurance all claim to be the cheapest and easiest to apply. Coles even has a "Price Beat Guarantee" stamp on their Life insurance so it must be the cheapest right? Wrong.

Firstly, let's look at the price of these policies compared to a normal retail policy which can be offered through an insurance adviser. I am 30 years old, non-smoker and want $1MIL Life cover. Coles Life insurance will cost me $66.93 per month which includes their 20% discount if I am a frequent flyer member and Suncorp will cost me $81.98 per month for the same cover. If I apply with Suncorp I get a $50 gift card and 10% back on my premium every 3 years. When I compare this to a retail insurance policy with Asteron, $1MIL of Life cover will only cost me $45.87 per month. This is a premium saving of over 45% compared to Coles and a 70% premium saving compared to Suncorp, even though Suncorp owns Asteron. Even with Suncorp's 10% back every 3 years I will be around $350 p.a. better off with Asteron.

The second issue is policy ownership. All of the direct insurance companies are very limited as to who can own the policy and in most situations the policy must be owned by the life insured/self owned. The issue with this is that the premium then needs to be paid in after tax dollars out of the personal account and the premium is not tax deductible. This is opposed to retail insurance policies where I can own the policy through a Self Managed Super Fund (SMSF) or get any other superannuation fund I have (e.g. Q Super, Colonial First State, MLC, Sunsuper etc.) to pay for the premium. The premium then does not affect my personal cash flow, is funded by existing super fund account balance and/or employer contributions and the premium is a tax deduction to my super fund.

Applying for cover sounds so easy with direct insurers? Good marketing is the key as you normally only require a short form application which can be done over the phone or online. The maximum cover you can normally apply for is $1.5MIL with no blood tests or medicals. The reality with retail insurance policies is that you can apply for up to $2.5MIL with no blood tests or medicals if you are under age 45. The application can also be done over the phone with the insurance adviser for convenience. There is also no limit with the level of cover you can apply for with retail insurance. I myself have $2.3MIL Life cover as I have two young children, my wife is a full time mum and we have a mortgage. My premium is also funded by my Superannuation Fund. On this basis a direct insurance company would not meet my needs.

Finally and most importantly is the claims management. Who will handle the claim for your spouse or your estate if you pass away? I'm sure the 16 year old check out boy at Coles won't provide any assistance. Having an insurance adviser who provides a claims management service will ensure your claim is handled efficiently and professionally with the insurance company directly on your behalf which saves a lot of time and stress for the dependent family members.

For more information please don't hesitate to contact Hayden White (Risk Specialist) at Poole Group on 07 5437 9900 or hwhite@poolegroup.com.au.

AMA Family Doctor Week 2015
YOU AND YOUR FAMILY DOCTOR: THE BEST PARTNERSHIP IN HEALTH

AMA

FAMILY DOCTORS – THE FIRST PORT OF CALL FOR BETTER MENTAL HEALTH

AMA FAMILY DOCTOR WEEK, 19-25 July 2015

You and Your Family Doctor: the best partnership in health

During Family Doctor Week, the AMA is highlighting the important role played by GPs in looking after the mental health of their patients and their local communities.

AMA President, Professor Brian Owler, said today that patients who have an established relationship with their GP are more at ease in discussing any mental health concerns with their family doctor, and local GPs are an easily accessible confidant for people wanting to start a confidential conversation about their mental health with a highly trained medical professional.

"GPs are often the first port of call for people with mental health concerns," Professor Owler said.

"The confidence and trust of the GP-patient relationship allows people to open up about mental health concerns, and the GP can manage the patient's care and refer them to the appropriate health professionals for ongoing care.

"Australians have come a long way in their awareness of mental illness and their ability to talk openly about formerly taboo subjects.

"This conversation must continue to ensure more people speak out if they are concerned about the wellbeing of a loved one, or notice a change in their own mental health.

"Mental illness comes in many forms, from psychosis to mood disorders, and the tragic results can include self-harm, harm to others, and suicide.

"With an average of seven Australians taking their own lives every day, many Australians can say that they know someone touched by the tragedy of suicide.

"Suicide is the leading cause of death for men and women under the aged of 34.

"It can be hard for people to talk about how they feel and how they are functioning in daily life, but local GPs are an ideal starting point to get the appropriate advice and care.

"Feeling anxious or overwhelmed, having interrupted sleep, or feeling disengaged from family, work, and life are warning signs that people might need assistance.

"When someone feels emotionally or mentally unwell, the trusted relationship developed with a family doctor is vital."

21 July 2015

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Odette Visser 02 6270 5412 / 0427 209 753

Follow the AMA Media on Twitter: http://twitter.com/ama_media
Follow the AMA President on Twitter: http://twitter.com/amapresident
Follow *Australian Medicine* on Twitter: https://twitter.com/amaausmed
Like the AMA on Facebook https://www.facebook.com/AustralianMedicalAssociation

What's So Special About 13th September 2015?

By Dr Philip Dupre

It could perhaps be the day of the greatest US stock market collapse ever. Exactly seven years prior to this date in the Jewish calendar, on 29 September 2008 the US stock market had its biggest one day fall in history, seven billion dollars were lost or 7% of its value (777.7 points).

Exactly seven years prior to this in the Jewish calendar 17 September 2001, the second biggest fall occurred, the greatest up until that time. 1994 and 1987 were also significant years in the stock market.

The above dates correspond to the last day of the Jewish year, 29th day of Elul. Every seventh year is a Shmitah year when all debts should be cancelled and all the above years are Shmitah years.

According to experts (including books by James Rickards), the conditions today are far worse than those leading up to the 2008 collapse and all reserve counter measures have been used up so we could perhaps be in for a very rough ride.

The last two blood moons of the Tetrad occur at this time, indicating significant events in Jewish and world history.

In ancient Israel God gave warnings which were repeatedly ignored and people continued to "do what was right in their own sight" resulting in successive periods of devastation, each greater than the one before, until in 70 AD the Jewish nation was completely destroyed for 2000 years.

The parallels with modern America are remarkable (have you read "The Harbinger" by Jonathan Cahn?) and bearing in mind God's signature number is 7, the warnings in 2008 were given loud and clear.

The law passed in the US 50 years ago prohibiting bible teaching in schools has led to a massive decline in morality. More recently the decision by the US government to legally accept sodomy as a socially acceptable practice may perhaps be the last straw for America's future.

The repercussions around the world are likely to be significant if the US dollar were to collapse, so it would be wise for us all at this time to give some serious consideration to God's offer of eternal life and protection.

"The message of the Cross is foolishness to those who are perishing. (1 Corinthians 1:18)".

Philip Dupre

PENANG - THE FOOD PARADISE OF ASIA

By Cheryl Ryan

Penang – The food Paradise of Asia
Known as the Pearl of the Orient, Penang tops the list of attractive locations of Malaysia, with its picturesque sandy beaches and biological diversity. Penang promises to leave you stunned with its natural oceanic beauty, vast options of water-sports activities, enticing landscapes and exotic cuisines. It is also called Food Paradise of Malaysia due to culinary influence of Multi-cultural history of Malay, Chinese, Indian and European ethnicity.

What Penang has got in store for you?

- Beaches – If you are an ardent beach fan and want to spend your holiday relaxing on a beach, then head to some of the popular beaches of Penang. Penang has many secluded and unspoiled exotic beaches like Muka Head, Teluk Duyung (Monkey beach), Penatai Kerachut among others. These picturesque sandy beaches with crystal clear turquoise waters offer breath-taking natural views. If you like to click pictures, then these beaches give you plenty of opportunities to capture the natural beauty.

- Water sports – For adrenaline junkies, Penang brings to you plenty of exciting water activities. From Snorkeling to Jet-skiing, Scuba diving to Surfing, Penang has it all. You can also try Parasailing near the beaches. Escape Adventure Land offers zip lining (flying foxes), speeding through open air, hanging several feet above ground.

- Jungle Trekking and Camping – Penang National Park has many natural trails through the jungle, consisting diverse biological heritage and wide varieties of habitats. It is spread in over two and half thousand hectares of land comprising lakes, wetlands, mangroves, coral reefs and turtle nesting areas. It is recommended to visit Penang Hill to watch breath-taking views of the Island from the top. You can take Funicular train or hike 800 m, savoring the mesmerizing surrounding sights.

- Bird watching - For the nature lover inside you, Penang is home to more than 300 exotic species of birds from all over the world. Penang Bird Park is the largest bird park in Malaysia, offering you isolation from the hustle of the city and lets you enjoy rich natural diversity of flora & fauna.

- For Foodies – Penang is paradise for foodies, especially street food comprising Chinese, Indian and Malay cuisines, a diversity brought by years of multi-cultural heritage. Penang is known for varieties of food stalls offering must-try dishes like Char Kway Tweo, Penang Laksa and Nasi Kandar which can only be found in the island.

What we have planned for you?
We have developed an exhaustive itinerary, including exciting attractions and activities in the lovely Penang.

- Trip to beautiful Penang Hill by Funicular train, to watch gorgeous 360 degrees top view of the Island and taking leisure walk on the hill in cool breeze, savoring the natural beauty

- Snorkeling in the crystal-clear waters, parasailing in the ocean, diving deep into the ocean experiencing coral life, treating you with the enriching beauty of the aquatic life-forms.

- Hiking and Camping trip to Penang National Park, exploring the hills and bird watching

- Food trips to streets of Georgetown, discovering and exploring exotic spicy cuisines of Penang

- Shopping trips to Campbell street, popular for showcasing antiques and handicrafts originating from different cultures of Asia

Visit Penang and make memories for lifetime!

Cheryl Ryan 123Travelconferences
123Travel Shop 5/56 Burnett Street Buderim

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
Website : http://www.ama.com.au/

AMA WARNS AGAINST RADICAL CHANGES TO MEDICAL INTERN TRAINING

AMA President, Professor Brian Owler, said today that there is no need to radically change the Australian model of medical intern training.

The AMA has lodged a submission in response to an options paper released by the Council of Australian Governments (COAG) Health Council National Review of Medical Intern Training.

"The AMA urges caution on any proposed major changes to internship training for medical graduates," Professor Owler said.

"There is no evidence to show that the current model of internship in Australia is 'broken', or that radical changes to its structure are required.

"Our submission highlights that the current model of intern training in Australia has served the community well.

"It gives new medical graduates a well-rounded, generalist, supervised, and protected introduction to medicine, which enables junior doctors to develop their medical skills and professionalism.

"Instead of sweeping changes, we need to build on what works.

"We support improvements to supervision and assessment processes, and expanding prevocational experience in non-traditional settings, such as the community and private settings, where there is evidence that these changes produce results."

Professor Owler said the COAG Review is considering a range of options to reform intern training, from incremental change to more radical proposals such as a two-year prevocational training program or transferring the intern year into the last year of medical school.

"The Review shows there is a lack of data surrounding the quality and effectiveness of the intern year in preparing junior doctors for independent practice," Professor Owler said.

"The AMA believes the Review must propose new systems to provide better information on the quality of medical intern training, the transition from medical school to intern training, and in the remaining prevocational and vocational training years.

"To support this approach, the AMA has recommended a national survey of medical training, similar to the survey that the General Medical Council undertakes in the United Kingdom."

The AMA submission is at https://ama.com.au/submission/medical-intern-review

---

23 July 2015

CONTACT: Odette Visser 02 6270 5412 / 0427 209 753

Australian Medical Association Limited
42 Macquarie Street, Barton ACT 2600:
PO Box 6090, Kingston ACT 2604
ABN 37 008 426 793
T: (02) 6270 5400 F (02) 6270 5499
Website : http://www.ama.com.au/

THE GP-PHARMACIST TEAM - AN OPPORTUNITY TO DELIVER EVEN BETTER OUTCOMES FOR PATIENTS AMA FAMILY DOCTOR WEEK 19-25 JULY 2015

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

You and Your Family Doctor: the best partnership in health The AMA has renewed its call for the Federal Government to support the AMA proposal to enhance the care provided to patients by integrating non-dispensing pharmacists into GP-led primary health care teams.

As part of AMA Family Doctor Week 2015, the AMA has produced a video highlighting the many benefits to patients and the health system by broadening the GP-led primary health team to include non-dispensing pharmacists, who can provide expert advice on the best and most effective use of medicines.

AMA President, Professor Brian Owler, said today the Pharmacist in General Practice Incentive Program (PGPIP) would create greater efficiencies for practices, better care for patients, new career opportunities for pharmacists, and significant Budget savings across the whole health system.

“This is a great opportunity for the Federal Government to realise its quest for savings and value without harming the health sector or compromising patient care,” Professor Owler said. “Under the AMA plan, pharmacists within general practice can assist with things such as medication management, providing patient education on their medications, and supporting GP prescribing with advice on medication interactions and newly available medications.”

The proposal is backed by an independent analysis from Deloitte Access Economics, which shows that the AMA proposal would deliver $1.56 in savings for every dollar invested in it. The Deloitte Access Economics analysis shows that if 3100 general practices took up the PGPIP, substantial savings to the health system would include:

- a saving of $1.266 billion due to fewer hospital admissions related to the use of medications;
- PBS savings of $180.6 million because of better use of medications and improved compliance;
- patient savings of $49.8 million from reduced co-payments for medical consultations and medicines; and
- MBS savings of $18.1 million from fewer GP attendances due to adverse reactions to drugs.

The AMA has developed this model in consultation with the Pharmaceutical Society of Australia, which has given it its full backing. Other key GP organisations have also given their support to the concept.

The AMA proposal for the Pharmacist in General Practice Incentive Program, including the Deloitte Access Economics analysis, can be viewed at https://ama.com.au/article/general-practice-pharmacists-improving-patient-care

As part of Family Doctor Week 2015, the AMA has produced a number of videos highlighting the important contribution family doctors make to the health of the nation, including:

- General Practice: More a Passion than a Job
- Prevention and Care throughout Life
- Plan for Pharmacists in General Practice

All the videos can be downloaded from the AMA Family Doctor Week website at https://ama.com.au/family-doctor-week-2015

AMA Family Doctor Week is proudly sponsored by the Australian Government Department of Social Services, the National Health and Medical Research Council (NHMRC), Cutcher & Neale, and AMEX.

21 July 2015

CONTACT:
Odette Visser
02 6270 5412 / 0427 209 753

CONTACT:
John Flannery
02 6270 5477 / 0419 494 761

Odette Visser
02 6270 5412 / 0427 209 753

Follow the AMA Media on Twitter: http://twitter.com/ama_media

Follow the AMA President on Twitter: http://twitter.com/amapresident

Follow Australian Medicine on Twitter: https://twitter.com/amaausmed

Like the AMA on Facebook https://www.facebook.com/AustralianMedicalAssociation

REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription Benefits

Don't waste time! Join now!

Monthly: Newsletters, Topical Educational Meetings,

CPD Points & Attendance Certificate Available

3 Course Cuisine, Rounded off with the End of Year Networking Meeting

Get your membership benefits! Socialise! Broaden your knowledge!

Dear Doctors

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

Annual subscription is $120.00. Doctors-in-training and retired doctors are invited to join at no cost. 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/ or speakers are most welcome.

RDMA SUBSCRIPTION FORM – INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email: GJS2@Narangba-Medical.com.au.

ABN 88 637 858 491

1. **One Member (July to June: $120; Oct.-June: $90; Jan-June: $60.00; April-June: $30.00)**
2. **Two Family Members ($20 Discount each) ($200 pro rata)** (Please supply details for both members)
3. **Doctors-in-training and retired doctors: FREE**

1. Dr. _____
(First Name) *(Surname)*

2. Dr. _____
(First Name) *(Surname)*

1. ***EMAIL ADDRESS***: _____@_____

2. ***EMAIL ADDRESS***: _____@_____

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

CBA BANK DETAILS: **Redcliffe & District Local Medical Assoc Inc:BSB**: **064 122 Account**: **0090 2422**

METHODS OF PAYMENT:

1. **PREFERRED INTERNET BANKING**
2. **PAYMENT BY DEPOSIT SLIP**: Remember: INCLUDE your name i.e: Dr. F. Bloggs, RDMA A/c & date:
3. **ENCLOSED PAYMENT:** (Member Subscription Form on website, type directly into it and email)
   i) **Complete form & return:**
   - **c/-QML or Redcliffe & District Medical Assoc Inc. P O Box 223 Redcliffe 4020**

   ii) Or by email to GJS2@Narangba-Medical.com.au

Opening of Dr Wayne Herdy's Maud Street Medical Practice Nambour 23/07/2015

Local indigenous artist Bruce Rivett produced this painting to celebrate the opening of Dr Wayne Herdy's new medical centre at Maud St, Nambour. The story in the picture is the story of the crocodile's circle of life, the crocodile laying eggs and protecting them while still striving for her own survival.

Dr Herdy says that the theme of protecting and preserving the cycle of life is a fitting theme for a medical practice, and this picture brings together the ancient traditional stories with the modern practice of medicine.

Dr Herdy has a long track record of caring for indigenous patients, with numerous trips to remote communities in Central Australia and the Northern Territory. The new medical centre includes features specifically intended to make it friendly for indigenous patients. Dr Herdy is honoured that his work has been recognised by members of the local indigenous community in this artwork.

After being in another location in Nambour for 23 years I am now beginning a major new enterprise and have just opened my own practice a few hundred metres away. The new practice has been seeing patients for just one month now, but has its official opening ceremony on Thursday 23rd, officiated by Peter Wellington (the local LMA, member for Nicklin, independent, and now Speaker of the Queensland Parliament).

My past history includes 6 years as a Federal AMA Councillor, 10 years as State AMAQ Branch Councillor, and time spent on the federal AMA committee for indigenous health. In that time, I regularly crossed paths with Dr Noel Hayman who will be well known to AIDA.

Nearly 10 years ago, I started doing short deployments to Central Australia and the Territory, to truly remote aboriginal communities, doing about 5-6 per year. I have visited maybe 20 communities so far, some very traditional. I made a point of bringing back an item of artwork from most of the communities that were big enough to have an art centre and several of those are now in my waiting room attracting a lot of attention.

I flatter myself that I have learned more about aboriginal culture than most Australians, but am a bit embarrassed to admit that I have been called upon as a public speaker to explain aboriginal culture to fellow doctors.

I have a long track record of treating the disadvantaged and marginalized, homeless and drug addicts, as well as the indigenous - although I always shy away from mentioning the first sub-populations in the same paragraph as my indigenous patients because they are not the same, even if many other GP's do treat them the same.

My new clinic was planned to be a warm attractive welcoming environment, not as clinical and sterile and commercial as most GP clinics. Because I deal with subgroups that enjoy little luxury in their lives, I intentionally give them a Hilton-class physical and emotional environment as well as hopefully giving them gold class medical and nursing attention (which, although I can't and don't advertise it, I strongly believe is a higher quality of medical care than is usually offered by the expensive private billing practices).

Because we specifically welcome the socially disadvantaged and offer a cuppa and an informal chat in the waiting room, my patients feel that this is already almost a drop-in centre for them, even if they don't need a medical consultation. It's not a very commercial approach to the delivery of medical care, but its delivering what the customer most needs, a friendly refuge.