



RDMA

RDMA & NLMA's Joint Newsletter

Newsletter

JULY 2018

"Guess You'll Be Thinking I've Gone Up in Smoke"
Page 20

<https://www.awm.gov.au/articles/blog/remembering-kathleen-neuss> See Where We Work & Live P20.

President's Report Dr Kimberley Bondeson



We have ongoing lovely cold weather, blue skies and the occasional rainy day. This month of July has seen a colder winter than we have seen in quite a few years.

The world, and the world news has been following the plight of 12 boys and their soccer coach who were trapped 4km deep inside a flooding cave system in Thailand. The cave system, called the Tham Luang Cave Complex is located in Northern Thailand, near the Thai border with Myanmar, in one of Southeast Asia's remote regions. From the news, it appears that the boys, aged 11yo to 16yo, part of the Wild Boars Soccer Team, and their coach, a 25yo named Ek (Ekkapol) entered the cave complex after their soccer game, and parked their pushbikes outside. They somehow became trapped inside the cave by flash flooding, which forced them to go deeper into the cave complex to escape the flooding waters. They were cut off from the cave's entrance.


The first indication that something was wrong was when the boys failed to arrive home, when their parents contacted the head coach. He went to the cave site, and saw the push bikes at the entrance, and water coming out of the cave. And hence began one of the most fantastic, international cave rescue operations that I have ever encountered. The world held its breath and watched.

The Thai Army Seals were called in, and they quickly contacted renowned international cave divers for assistance. One of these rescuers, Australia Dr Richard Harris, an anaesthetist from Adelaide who is an experienced cave diver, responded to the call. He played an important part in assessing and treating the boys when they were found in the Cave and planning on how they would be rescued. Other Specialised Cave Divers from all over the world came to assist. The Thai Army was mobilised, and the search began for the boys. Ten days later, two British divers found the boys, when they were extending guide lines into the cave. If the guide lines had been shorter, then they would have missed the boys. Four Thai divers then stayed with the boys, who were given high protein drinks and foods, while the planning began on how to extract them. These boys could not swim, let alone scuba dive, and were weakened by the time they were found. They had to wait another 6 days before they could start to leave, and it took two days before all the 12 boys and their coach were safely out. Thirteen other countries rendered assistance in this massive mission.

Sadly, one of the Thai Divers died in the rescue attempt (Saman Gunan (also spelt Kunan), a 38yo former Thai Navy Seal, who died after entering the cave to lay oxygen tanks along the exit route. He ran out of air, and could not be saved, despite his buddy performing CPR. The actual rescue was incredible. It took 2 days, and 4 boys were extracted at a time – the first time took 9 hours. This involved giving the boys a mild sedative, and putting them in scuba gear, with a full face mask. They were then attached to an experienced diver, and taken out of the cave system, at times having to scuba dive in the water, be carried over rough, dangerous terrain, and then scuba dive through a flooded area again. They were continuously monitored by doctors on the way out. One area, called the choke area, was only 34 cm high and the diver and the boy had to be carefully squeezed through. They were then carried out on a stretcher to waiting ambulances and/or helicopters.

All boys and the soccer coach are now in hospital, and are recovering. They are being observed for any infections, and are being built up before they will be reunited with their families and allowed to go home. Miracles do happen. Within hours of the last diver coming out of the cave, the water pumping system failed (which was pumping out the water to keep it lower in the cave system) and the monsoon rains started with a vengeance. This remarkable situation, the international communities assistance, response and co-operation led by the Thai's is one I have never seen before.

Kimberley



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

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



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

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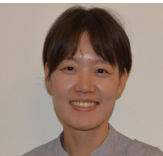


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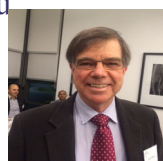
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RDMA 2018 MEETING DATES:

For all queries contact Emelia Hong Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

| | | |
|------------------------------|-----------|------|
| Tuesday | February | 27th |
| Wednesday | March | 28th |
| Tuesday | April | 24th |
| Wednesday | May | 30th |
| Tuesday | June | 26th |
| Wednesday | July | 25th |
| ANNUAL GENERAL MEETING - AGM | | |
| Tuesday | August | 28th |
| Wednesday | September | 12th |
| Tuesday | October | 30th |
| NETWORKING MEETING | | |
| Friday | December | 7th |



NEWSLETTER DEADLINE

Advertising & Contribution **15 August 2018**

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

NLMA 2018 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3121 4029
Email: gmcnally1@optushome.com.au

W: www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

| | | |
|------------------------------|----------|--------------|
| 1 | February | 13th |
| 2 | April | 10th |
| 3 | June | 12th |
| ANNUAL GENERAL MEETING - AGM | | |
| 4 | August | 14th |
| 5 | October | 9th |
| 6 | December | 11th OR 14th |



NEXT MEETING DATE 25TH JULY 2018

RDMA Meeting for 26.06.18

Dr Bondeson, RDMA President
Introduced the Speaker:

Speaker

Dr Ryan Maxwell, Cardiologist with
Sub Speciality Training in Adult
Congenital Heart Disease and
Echocardiography/ Prince Charles
and Redcliffe Hospitals:

Topic " Updates in Cardiology and
Interesting Cases".

Sponsor: Bayer Australia Ltd, repre-
sentatives were Brendan Greig and
Elmarie Hudstra

Photo:

Brendan, Speaker Dr Ryan Maxwell
(Cardiologist) with Elmarie Hudstra.

New Members in attendance were:

Drs Omid Gouranourimy (new mem-
ber) and Masoud Alesalan New
Member) with Max Wilson.

Dr Yng Or (new member), Vaishinavi
Malarghangan & Maliha Farzana.

Monica Koracki with Dr Colin Chow
(new member).

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 25th of July 2018

TIME: 7pm for 7:30pm start

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

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

AGENDA:

| | |
|--------|---|
| 7:00pm | Arrival & Registration |
| 7:30pm | Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc |
| 7:35pm | Sponsor: Icon Cancer Care |
| 7:40pm | Speaker: Dr Michael Poulsen, Radiation Oncologist, Icon Cancer Centre, North Lakes Topic: "Clinical Relevance of New Technologies in Radiation Oncology" |
| 7:55pm | Speaker: Trent Aland, Director of Medical Physics - Icon Cancer Centre Topic: "Radiation Oncology Technology Developments" |
| 8:10pm | Speaker: Dr Jason Butler, Clinical Haematologist, Icon Cancer Centre, North Lakes Topic: "Mibs, Mabs, and all that Jazz" |
| 8:20pm | Main Meal Served & Question Time |
| 8:30pm | Presentation-Dr Michael Clearly, Vice President of AMAQ |
| 8:40pm | Dessert, Tea & Coffee served/ General Business |

RSVP: By Friday 20th of July 2018

(e) RDMA@qml.com.au or 0413 760 961

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

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All classifieds subject to the Editor's discretion.

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

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AMAQ BRANCH COUNCILLOR REPORT

DR KIMBERLEY BONDESON, GREATER BRISBANE AREA

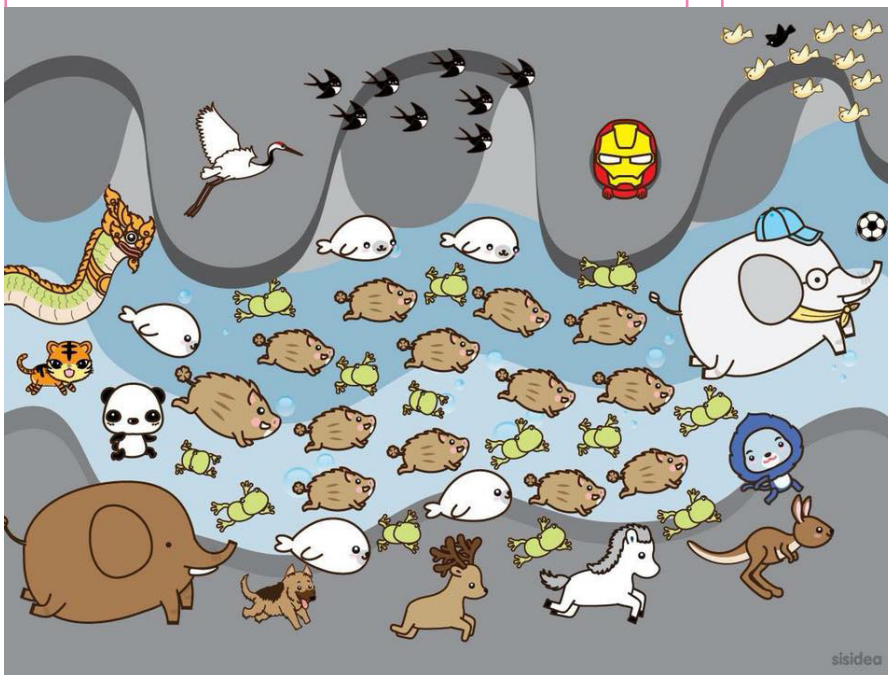


THE THAILAND CAVE RESCUE: AN INTERNATIONAL EFFORT

The Thailand Cave Rescue story continued from my president's report:

According to the Guardian Newspaper: the attached cartoon was created by Aruni Aunhawarakorn and Jantima Manasviyoungkul, who draw it together under the pen name SISIDEA.

It has even been featured on a Thai billboard.



Their cartoon depicts the boys as wild boars, swimming out of the cave surrounded by other animals:

- a Kangaroo for Australia,
- Seals for the Thai Navy Seals,
- Iron Man for Elon Musk.

All led by Narongsak Osatanakorn who coordinated the rescue mission, depicted as a White Elephant wearing his trademark blue cap and yellow scarf.

According to the Thai Navy Seals web site, the following lists what each animal represents:

- Wild Boars: The children and coach
- White Elephant: Governor Narongsak
- White horse: All heroes Involved in the mission
- Seal: Thai Navy SEAL
- Frog: The divers
- Naga (Dragon): Water pumping and drilling teams
- Lion: England
- Kangaroo: Australia
- Panda: China
- Crane: Japan
- Tiger: Myanmar
- Brown Elephant: Laos
- Dog: K9 unit
- Martin: Climbers from Libong, Thailand
- Eagle: United States
- Iron man: Elon Musk
- Birds: The media
- Crow: "Just some bad comments/people/obstacle. No need to pay much attention"

Apparently the cartoonists have shared with the Guardian an annotated version of the cartoon, which now also has:

- a Canadian Beaver,
- a French Rooster and
- Danish Swan, among other additions.

Sincerely

Kimberley Bondeson



**AMA Family
Doctor Week 2018**

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**STAY ON TOP OF YOUR HEALTH
AMA FAMILY DOCTOR WEEK, 22- 28 July 2018**

Your Family Doctor: Here for you

Family doctors play a critical role in reducing preventable disease in both children and adults, and AMA Family Doctor Week 2018 is an opportunity to remind people of the services their GP can provide, AMA President, Dr Tony Bartone, said today.

“Prevention is better than any cure, and you don’t have to be sick to pay a visit to your GP,” Dr Bartone said. “Your GP can help you with health assessments, weight management, and other services to keep you fit and healthy throughout all stages of life.

“Identifying a problem sooner rather than later means better health outcomes for the patient. For example, the survival rate for people with eight of the most common cancers is more than three times higher when the disease is diagnosed early. “Family doctors can undertake a range of health assessments and screening services to help identify health risks or problems, allowing these to be tackled early through lifestyle changes or treatment.

“Effective weight management, with good nutrition and moderate physical activity, reduces the risk of developing diabetes, cancer, cardiovascular disease, depression, and a range of other chronic conditions that affect your mobility and quality of life.

“With two-thirds of adult Australians and more than one-quarter of our children being overweight or obese, there has never been a better time to visit your family doctor to get on top of your health.”

Immunisation is also one of the best investments you can make in your health, and the health of your family. “Immunisations are needed at many stages of life,” Dr Bartone said. “A number of childhood vaccinations require multiple administrations over time to build immunity, while others require booster shots every few years. “Others, like influenza vaccinations, are recommended yearly to protect against current strains, while some are needed as a one-off, for example when travelling overseas.

“Ensuring your immunisations are up-to-date helps reduce the spread of preventable disease. Not only will it protect you, but also others in the community who may not be able to be immunised, are too young, or are more susceptible to being infected.

“Your family doctor can advise you when you or your family are due for vaccinations, and which vaccines you may be eligible to have for free under the National Immunisation Program.”

Family Doctor Week recognises and celebrates the important role that family GPs play in the lives of their patients. It runs from 22-28 July 2018. Follow all the action on Twitter: #amafdw18 and the Family Doctor Week Website

22 July 2018
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LOW BACK PAIN – WHAT’S THE LATEST EVIDENCE?

Low back pain (LBP) is ranked globally as the leading cause of disability (World Health Organisation 2018). Chronic LBP sufferers demonstrate physical deficits or dysfunctional movement characteristics. Recent research has revealed that people with LBP have reduced lumbar ROM, proprioception, significant co-contraction, fear of movement and move more slowly during activities of daily living when compared to those without LBP (Laird et al. 2014, Karayannis et al. 2013, Marras et al. 2002, Laird et al. 2014).

A key message highlighted in recent series on LBP in the Lancet (Hartvigsen et al. 2018) and LBP guidelines (Denmark, USA and UK) was the need to replace expensive, potentially harmful interventions (i.e. surgery and opioids) with cheaper and safer interventions such as exercise and education (Foster et al. 2018). Guidelines encourage active treatments, endorsing the use of exercise that also target psychosocial factors and focus on functional improvement. This involves looking at the bigger picture of function, rather than structure, and incorporates full body movement and conditioning through functional rehab strategies relative to day to day activities.

Sports & Spinal’s new Functional Back Rehabilitation program supports this emerging evidence and the need for more functional based rehabilitation for those with back pain.

Key features of the program are:

- Duration: 8-weeks of 60-minute sessions 3 x weekly supervised intensive program
- Patient Population: those struggling with persistent back pain or recovering from surgery

Aim: to improve the ability to perform daily physical tasks, occupational or sports specific tasks, simple or complex motor activities with ease, efficiency, strength and control

Involves: multi-joint functional movement that challenges coordination, core and motor control stability through graded exposure. This includes multi-plane, multi-tempo exercises with variable neurological demand

Goal: restore normal movement patterns, return to work, sport and/or normal ADLs

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



AMA Queensland is currently working on a sequel to our Health Vision. *Health Vision Two* will focus on four core areas of importance to members, such as access to public paediatric services, rural medical workforce initiatives, mental health services and obesity.

Paediatric Services: Evidence shows that wait times to see a paediatrician in the public system can be of a minimum of a year, but often much longer and even so more in rural and remote areas. *Health Vision Two* will explore the reasons for these delays and possible solutions. It will look at using the private system as a means to alleviate demand, as currently occurs with public dentistry. There will also be a focus on improving paediatric end-of-life care and utilising the Healthy Futures Commission to lessen demand on public paediatric services.

Rural, Regional and Remote Workforce: It is well known that rural, regional and remote (RRR) areas suffer from shortages of medical staff. Building on the findings from a recent survey of our members in RRR areas, we will advocate for recruitment of the right medical staff for the right areas. Further, *Health Vision Two* will call for improved working arrangements to improve recruitment and retention, and for incentives to be provided to the private sector to help fill workplace gaps in RRR areas.

Mental Health: People with severe mental illness tend to die 10 to 25 years earlier than the general population. This is often attributed to chronic physical medical conditions, but suicide is also another important cause of death for this cohort. There is evidence which suggests that the health system is currently not geared towards meeting the needs of people suffering from mental illness. AMA Queensland will call on Governments at all levels to recognise the importance of the first five years of life by providing the right supports for healthy pregnancies, and ensure all children have free and equitable access to education, nutrition, health care and meaningful activities that can build resilience. Vulnerable children/families in particular will benefit from measures that help overcome disadvantage, inequities, social problems and dysfunctions that can promote mental health problems.

We will also call on the Queensland Government to improve the mental health of doctors through reforms to mandatory reporting and further funding of the Doctors' Health Advisory Service Queensland (DHASQ). Finally, we will call on the Government to ensure equity of access to mental health support across ethnicity, geography and age, using a combination of physical services and telehealth, and providing online support for medical practitioners, particularly GPs who are looking after patients with mental health

Obesity: *Health Vision Two* will be a key platform in our efforts to have obesity recognised as a chronic condition and to obtain external assistance for our awareness campaign.

PUBLIC HEALTH

AMA Queensland is committed to improving public health. As part of this commitment, we are currently focusing on two specific areas, namely, **obesity and water fluoridation**.

On the latter, we are working with the Australian Dental Association to convince the Queensland Government of the merits of making **water fluoridation mandatory state-wide**. After the decision to mandate water fluoridation was reversed in 2012, almost twenty local councils have decided not to continue water fluoridation. This means that some of Queensland's biggest regional cities, such as Cairns, Rockhampton, Bundaberg, Hervey Bay, Maryborough, Warwick and Stanthorpe are now without fluoride in their water supply. We believe this needs to change and we will work diligently to try and convince the Government of the merits of making this change.

The other area of public health we are focusing on is the **obesity epidemic facing Queensland**. This is a topic we have advocated on for quite some time now. This advocacy has resulted in some notable wins in the 2018 State Budget, such as the Healthy Futures Commission being introduced to improve public health in Queensland and increased funding for bariatric surgery. We are now aiming to build on this success by making it easier for GPs to help their patients achieve a healthy weight. At present, we are doing this through two means. First, we are working with the Queensland Government to convince the Federal Government to classify obesity as a chronic condition in its own right, rather than a risk factor, so that GPs can use it as an explicit reason to provide their patients with a GP Management Plan and team care arrangements. We are also developing an innovative awareness podcast campaign, which will aim to influence generational eating habits and promote GPs role in weight loss planning.

If you have any issues you feel need AMA Queensland's attention, feel free to drop us a line. We are always happy to get your thoughts directly via membership@amaq.com.au.

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland

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Understanding Depression and the Subconscious Mind:

by Mal Mohanlal: Continued Page 9

On 15 May 2018, "6 Minutes Medicine" a medical forum publication on the Internet published an article titled "8 Facts on the Dark Side of Doctoring- Dealing with the Elephant in the Room"

It was a plea by a specialist Head and Neck Surgeon at the Combined Annual Scientific Congress of the Royal Australasian College of Surgeons and the New Zealand College of Anaesthetists stating that "We know that there is an elephant in the room, but we really don't know what to do with that elephant. Doctors are struggling and they are struggling quietly."

He produced the latest statistics on this issue based on a Beyond Blue survey of more than 12,000 doctors:

- 1 in 5 has been diagnosed with or received treatment for depression.
- 1 in 4 has had suicidal thoughts.
- And 1 in 50 has attempted suicide.
- Females are at higher risk.

The specialty hotspots for suicide are general practice, emergency medicine and anaesthesia.

- 1 in 2 are emotionally exhausted.
- 1 in 6 or 7 are not effective due to burnout.

Of those experiencing burnout, 1 in 2 describe themselves as highly cynical."

I have been writing on the mental health issue for a while stating that it is simply a disorder of perception. It is only the degree that determines the point at which it becomes a clinical disorder of behaviour and action. But the medical profession is not listening.

From the statistics above it is clear that the medical profession is also suffering from a disorder of perception like many of their patients. When it comes to mental health they do not want to look at themselves for fear that they might have to change their directions. Yet unless they realise that we are hypnotic creatures and our perceptions create physiological and biochemical in us, all our research work will only prove to be just chasing shadows not the substance.

We must acknowledge the fact that our hopes and fears and desires affect our perception of reality. Our perceptions lead us to think in a particular way thus affecting our thinking. Our

thinking process is hypnotic. It is made up of words and sentences. It influences our subconscious mind positively or negatively depending on the type of words we use; meanings or beliefs do not matter. Now our mental and physical health depends on our immune system which is directly under subconscious control.

So it is the subconscious mind that is the elephant in the room and the way we influence it is what we should be addressing.

As I have said before, how one feels at a given moment depends on how one is stimulating one's subconscious mind. When you are happy it means you are stimulating it positively; when you are depressed and miserable it means you are stimulating it negatively.

If we look around us every one of us is an ego tripper and a time traveller. From the moment one is born, one starts acquiring an identity. One is given a name and then everything we do becomes I, Me and Mine. This self-centred action leads to possessiveness which in turn leads to thinking in terms of "My house, my car, my wife, my husband, my kids etc."

One does not realise that when we go through life this way acquiring wealth, knowledge, power etc. it is a self-isolating process. This process leads to building a mental wall round us. On day sooner or later, depending on the circumstances and one's conditioning, unless an individual becomes aware of it, one will surely find oneself totally isolated, totally surrounded by this wall and totally alone.

This is the dark side we refer to when our perceptions create a very gloomy picture of reality where there is total despair and everything in life becomes meaningless. This of course is a distorted picture of reality which an individual acquires through self-centred thinking and lack of self-knowledge. Please understand that our thinking process is a hypnotic process and we are constantly hypnotizing ourselves. Under this hypnotic spell the ego is liable to talk himself or herself into taking extremely stupid actions.

If any of you find yourselves in this precarious situation, my advice is not to take yourself too seriously. The wall you have built around yourself is of your own making. It is in your mind. You can break it down and go beyond it just by becoming aware of it in the first instance.

Understanding Depression and the Subconscious Mind:

by Mal Mohanlal: Continued from Page 8

Awareness is the weapon you use to dehypnotise yourself. Once you can make that perception that it is a self-created barrier it will melt away. It is a wall you have built through ignorance. You are a part of this universe and the timeless reality. As you clear up your perceptions, you will realise that there is a whole world beyond the cocoon you have created. However if you withdraw into your shell, you will only be reinforcing that wall.

Verbalising our feelings is a habit we have acquired in our thinking process. We use words and sentences to express our feelings and as a means of communication. Now these words can have a powerful hypnotic effect on the way we feel about a situation.

Please let me explain how words intensify or give form to your feelings. Suppose you are very angry. You start expressing your anger using words such as "I hate that so and so etc..." You will find that if you keep using negative words and language you can become quite emotionally upset, and liable to act in a destructive way.

But if you did not verbalise your feelings and just tried to understand and stay with them, you will find that they have no life of their own. The feelings will just melt away. Yes it is the words that activate your feelings. Try to maintain the feeling of anger without saying anything in your mind and see how long you can maintain it. You will find that without words your feelings have no substance.

Another habit of the ego is to keep analysing the negative experience you may have had. Well my friend if you keep analysing the situation, you will become even more miserable. This is because once you use words it gives form to your feelings and it will activate the thinking process even more.

You will be going round and round in circles like a squirrel in a cage. So my advice is stop analysing. If someone does not want to talk to you, don't ask yourself why etc. You should say in your mind "If you don't want to talk to me, I have no time for you either. Good bye and good luck." You will be amazed to find yourself instantly free of the negative feelings.

As we are all ego trippers and time travellers, sooner or later we can expect the dark curtain

descending on any one of us out of the blue. If you think you love someone and it is causing you heartache, clearly your perception is distorted because love never makes one miserable. Love always makes one happy. It is your selfishness and your ego that is making you miserable. Learn to understand what love is. When you; love you are always a winner because when you love you never possess a person.

However if you possessed someone, it is not love. You will have a feeling of loss attached to it. Love and possession cannot coexist. That is the fundamental law of the mind. Please learn to understand what love is and how your ego tries to manipulate it. Love cannot be manipulated. Once you clear up your perceptions of love and possession, you will be amazed to find how open and free you will feel.

Do not depend on the world to make you happy. You have to make yourself happy. Stop feeling sorry for yourself and regretting. Life is never meant for regrets. All the experiences in life, the good and the bad, are all good for you. They teach you a lesson in life and should make you a better person. Learn from those experiences, make amends and move on. Make the whole world your oyster not only your little shell.

So my message to the medical profession and to all the people who are suffering from depression, anxiety etc, is very clear. If you don't wish to become one of the statistics in a mental health survey like above, please do not ignore the elephant in the room. Be willing to change your perceptions and harmonise with your subconscious mind. Ignoring the facts will not make them disappear.

Distorted perceptions can lead to misery. By becoming aware that we are hypnotic creatures, and by acquiring self-knowledge and understanding of how our feelings can be activated by words, one can dehypnotise oneself from one's self-created misery. Yes my friend, I can lead a horse to water, but I cannot force it to drink.

Read "The Enchanted Time Traveller – A Book of Self-knowledge and the Subconscious Mind" and open your mind to new possibilities.

Visit Website: <http://theenchantedtimetraveller.com.au/>

The Dying With Dignity Forum

By Dr Peter Stephenson

I got back from Abu Dhabi on the 23rd of June to be able to take the day off on Monday 25th. This was to attend the Dying with Dignity Forum at the Queensland Parliament.

About 200 people were there, including the Speaker and 6-8 Members of the Queensland Parliament. The plan was to kick start a Voluntary Assisted Dying Bill to be debated in Queensland.

Other than the polities, among the speakers were Jos Hall, President of Dying With Dignity Qld, David Muir of the Clem Jones Trust, Marshall Perron (past Chief Minister of the Northern Territory) who instituted a Dying with Dignity Bill in the Northern Territory which was reversed by the Federal Parliament), Everald Compton (a Uniting Church minister).

We had video presentations from Holly Warland and Andrew Denton, the television presenter. Holly Warland is a young lady almost totally paralysed from a degenerative muscle disease, passionately wanting to be able to die comfortably.

Her speech can be found here: <http://www.abc.net.au/news/2018-06-25/dying-with-dignity-forum-queensland-parliament/9894260>

Andrew started the organisation Go Gentle Australia and their web site is <https://www.gogentleaustralia.org.au/> and he had a cogent argument for Queensland to get on with a Bill like the one in Victoria that was recently passed. West Australia is debating one too. NSW missed out by one vote and Queensland has NEVER had a discussion on this subject, despite having a high profile past mayor of Brisbane. He set up his Trust to instigate Voluntary Assisted Dying in Australia and has helped with the Victorian Bill.

We also had Dr Sid Finnigan, MBBS, FRANZCO, as a speaker who represented an organization called Doctors for Assisted Dying Choice. I had never heard of them and after the meeting I met up with him and he told me how to join. I was not the only doctor in the audience, and she too, was keen to join and you can too.

Just go to their web site and join. I have looked through the 143 public members and I was very impressed and I did not see any of our members. However, I am now one of them.

<http://drs4assisteddyingchoice.org/public-members>

We are a national organisation of Australian medical practitioners, in current practice or retired, who are committed to attaining a legal choice for rational adults, who, for reasons of no realistic chance of cure or relief from intolerable symptoms, would like to gently end their lives. Assistance may be by doctor provision of medication for the patient to consume, or by doctor-administration.

<http://drs4assisteddyingchoice.org/public-members>

19 July 2018



Pharmacist power play risks patient health

Pharmacists must not be allowed to put profits before people, as they push for more power to issue repeat prescriptions without a script from a doctor.

AMA Queensland State President Dr Dilip Dhupelia said pharmacists don't have the high-level medical training or expertise to replace GPs.

"If pharmacists want to diagnose and treat patients, and be allowed to control and manage patient medication, they should devote the many years needed to be a skilled and qualified doctor," Dr Dhupelia said.

"There's an inarguable reason GPs spend so much time training and in ongoing professional development and their expertise can't be duplicated without those qualifications."

AMA Queensland has called on the state government to reject a push to expand the scope of services provided by pharmacists and pharmacy assistants and has warned the government that it would have to take full responsibility for the potential negative outcomes.

Some of the functions being sought by pharmacists include supplying contraceptive pills without a prescription and providing certain medicines to people with cardiovascular disease and respiratory illnesses without the need for a repeat prescription.

"This is the thin edge of the wedge," Dr Dhupelia said. "The pharmacy lobby is riding roughshod over the best interests of our patients. Prioritising convenience over health outcomes and letting pharmacists do what they want puts Queenslanders' health at risk," he said.

"Research shows that people who regularly visit their GP are healthier and live longer¹.

"Taking shortcuts can lead to chronic and fatal health problems being missed until it's too late.

"Our members can provide numerous instances of where a repeat prescription encounter became a life-saving opportunity.

"For example, a patient went in for a repeat prescription and the GP found a malignant melanoma while taking her blood pressure.

"And, at a time when four people die every day from drug misuse, it is ludicrous to even consider making it easier for people to get drugs by fronting up to a pharmacy without a prescription from a doctor."

Dr Dhupelia said doctors also feared that some pharmacists would 'upsell' to patients by recommending and selling products that were not necessary, a problem identified in a 2016 Federal Government pharmacy review.

"Rather than declaring an open slather free-for-all on our health, the state government should encourage pharmacists to integrate into GP practices," he said.

"It's much better for patients where pharmacists and GPs work together under one roof, and only provide the services they are actually qualified to give."

¹ OECD (2017), Health at a Glance 2017: OECD Indicators, OECD Publishing, Paris; Pereira Gray DJ, Sidaway-Lee K, White E, et al, Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality, *BMJ Open* 2018;8:e021161. doi: 10.1136/bmjopen-2017-021161

The Medical Journal of Australia • MJA

MEDIA RELEASE

GENDER GAP IN HEART ATTACK TREATMENT “PERPLEXING”

WOMEN who suffer a serious heart attack called an ST-elevated myocardial infarction (STEMI) are less likely to receive life-saving invasive management, revascularisation, or preventive medication at discharge than men, according to research published online today by the *Medical Journal of Australia*.

In an analysis of data from 41 Australian hospitals collected by the Cooperative National Registry of Acute Coronary care, Guideline Adherence and Clinical Events (CONCORDANCE) registry between February 2009 and May 2016, researchers led by Dr Ehsan Khan from Flinders Medical Centre in Adelaide, found that there were significant differences in the way women were treated than men, even after adjustment.

“Despite broader awareness of STEMI protocols, revascularisation rates for women with STEMI are lower than for men,” Khan and colleagues wrote.

“In hospital, rates of major adverse cardiovascular events and mortality were similar, but at 6 months [after discharge they were] significantly higher for women. Women were less frequently referred for cardiac rehabilitation or prescribed preventive medications on discharge.”

The reasons for the persisting differences in the investigation and management of men and women with STEMI in Australian hospitals was “perplexing”, the authors wrote.

“We found that women with STEMI ... received less comprehensive assessment and treatment,” they wrote.

“Current guidelines support invasive management of patients at high risk, while acknowledging that this increases the risk of complications. Undertreatment of patients with a high-risk score has been a consistent feature of acute coronary syndrome (ACS) management in several studies.

“Undertreatment in the population we examined might be caused by poor awareness that women with STEMI are generally at higher risk, or by a preference for subjectively determining risk rather than applying more reliable, objective risk prediction tools.

“Treatment protocols for patients with STEMI have improved in Australia, and we found that overall rates of total revascularisation have increased since 2010.

“Nevertheless, sex differences persist. More detailed qualitative evaluation of the reasons for these differences is needed to understand whether variances in management are justified, or whether strategies are needed to redress the imbalances.

“These differences do not seem medically justified. Future research should identify why they persist, which influences on decision making by health providers and health services cause these differences, and identify strategies for redressing the disparities in treatment,” Khan and colleagues concluded.

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.

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Media release
Friday 29 June 2018

AMSA: Medical students supportive of sugar-sweetened beverage tax to address Australian obesity crisis

The Australian Medical Students' Association (AMSA), the peak representative body of Australia's 17,000 medical students, supports the implementation of a tax on sugar-sweetened beverages as a means of reducing obesity in Australia.

An '[industry sugar pledge](#)' was announced earlier this week by the Australian Beverages Council Limited (ABCL) and has been endorsed by the Federal Government. Major beverage companies in Australia have committed to reduce their sugar content by 20 per cent by 2025.

"AMSA does not believe this commitment is enough," Concetta Masterson, the Coordinator of AMSA Healthy Communities, AMSA's advocacy project for the prevention of non-communicable diseases, said.

"This pledge is deceptive. Compliance will be judged based on the average sugar content across all drinks sold by the company, including bottled water. Companies are unlikely to reduce the sugar content of their worst offenders, and could reach the 20 per cent reduction by simply increasing production of bottled water," Ms Masterson said.

"2025 is also far too late, with Australia facing a worsening obesity crisis now. Our current public health response is not good enough. We need the Federal Government to take active measures to reduce the consumption and health impacts of sugar-sweetened beverages."

AMSA joins the Australian Medical Association (AMA) in its recommendation to implement a sugar-sweetened beverage tax in Australia. This measure has proven to be effective in improving public health outcomes in other countries around the world.

Furthermore, AMSA believes that sugar-sweetened beverages should be made less available in healthcare settings to encourage the consumption of healthier alternatives. AMSA urges all other states to follow in the footsteps of New South Wales with its [framework](#).

"These measures are not the only course of action needed, but are important first steps in improving the health of Australians. As young doctors, we will have the responsibility of managing the increasing disease burden of obesity in the future if it is not addressed right now," Ms Masterson said.

Background

A recent Australian Institute of Health and Welfare (AIHW) report revealed that Australia is in the worst third for obesity around the world. Overconsumption of sugar, particularly through sugar-sweetened beverages (SSBs), is a major risk factor for developing obesity. In turn, obesity is the leading cause of noncommunicable diseases, such as cardiovascular disease and diabetes mellitus, which account for 91 per cent of total deaths in Australia every year.

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SRI LANKA

by Cheryl Ryan

Sri Lanka is a gorgeous island country, located in the Indian Ocean, south of India.

The country houses enough to see and explore that will captivate you to the core. It's tropical climate and friendly locals are the perks in addition to the diversity it offers to the travellers.

Whether you love long stretches of pristine beaches, or are an admirer of ancient architecture, or perhaps a fan of big cats and the wild, Sri Lanka will make your holidays memorable.

The teardrop-shaped island country is a magnificent amalgamation of picture-perfect landscapes, flavourful food, varied wildlife, exuberant nightlife, ancient ruins, and the most welcoming and hospitable locals.

Sri Lanka – The land undiscovered

Sri Lanka is a jewel hiding in plain sight.

Thanks to the significantly smaller size of the country, visiting its Points of Interest is extremely easy for travellers. You can start your morning around the world's oldest human-planted trees; visit Minneriya in the afternoon, surrounded by hundreds of elephants.

By the evening you could be strolling along a peaceful beach, and good luck with counting the little and scrumptious dishes that are served along rice and curry for dinner!

Sri Lanka has 2000 years of history and culture to live through its temples, caves, monuments, and food.

What have we planned for you?

Check out our itinerary specially designed to let you experience the best of all the worlds that Sri Lanka has to offer – scenic hikes, delicious food, overgrown ruins, and much more.

- Visit the magnificent Gangaramaya Temple



- Shop at the charming floating market in Pettah
- Visit the turtle hatcheries in Bentota
- Enjoy a relaxing Ayurvedic Spa and rejuvenate your senses
- Witness a mesmerising sunrise at the Kandy Lake
- Take a dip at Ramboda Falls
- Visit the Nuwara Tea estates and learn the extension process of making the Sri Lankan tea
- Go whale/dolphin-spotting at Mirissa
- Visit the Pinnawala Elephant Orphanage and play with baby elephants
- Leopard-spotting at Yala National Park
- Climb up the Sigiriya Rock Fortress

Get ready to be enchanted by the mesmerising beauty of Sri Lanka, an island country that offers a myriad of activities for every kind of a traveller.

www.123Travelconferences.com.au



Rethink account-based pensions as you progress through retirement

During our working lives we use superannuation to save for retirement. The challenge is then how to spread this money across the 20-30 years or more of retirement.

In the early days of retirement, account-based pensions (ABPs) are the most popular option for turning savings into a regular income stream. And with good reason – well five good reasons.

1. ABPs offer flexibility to draw as much as you need. You just need to take a minimum amount each year. This allows you to meet your varying income needs each year to meet changing plans.
2. You can choose how your money is invested to manage the risks you are prepared to take with volatility of returns. The more aggressively you invest into shares or property, the higher your potential return. This may help your money to last longer or allow you to draw higher levels of income but adds risk to your portfolio.
3. The income (or lump sums) you receive are tax-free from age 60. A good reason to celebrate a 60th birthday. The earnings are also added tax-free to your account. But be warned, if you don't take out the required minimum your money is considered by the Tax Office to have transferred back to accumulation phase and the super fund will have to pay 15% tax on earnings that year.
4. You can nominate your spouse as a reversionary beneficiary, so the pension continues to be paid after you have passed away.
5. The fifth and last advantage applies to ABPs set up before 1 January 2015 but only if you have continuously received a means-tested income support payment (or blind pension) from either Centrelink or Veterans' Affairs since 31 December 2014. These ABPs have income assessed under deductible rules instead of deeming rules which may reduce the assessable income calculated.

The downside of an ABP is that unless you manage and monitor your choices and income drawdowns you could run out of money earlier than expected. Avoid surprises by having a plan and monitor it regularly with advice from a professional adviser.

These are all good reasons to start and hold an ABP when you have a full retirement ahead of you, but the benefits may diminish in importance as you get older. Especially if your health or cognitive ability declines and you need to move into residential aged care. Once you are in aged care, the estate planning implications may become more important.

Many people need to rearrange investments to pay for residential care accommodation, or to meet ongoing costs. If you still have an ABP at this point, consider who would inherit any death benefits. If it is a non-tax dependent (eg adult non-dependent children) you may wish to get advice on whether it is better to cash out the ABP.

While you are alive (and over age 60), you can take your money out of an ABP with no tax payable. But if it is left to non-tax dependents, they may pay tax liability of 15% (plus Medicare if applicable) on any taxable component.



Yours in Aged Care

Sharon Coleman

Accredited Aged Care Specialist / Accountant



**YOUR AGED CARE
SOLUTIONS**

RECOGNISING AUSTRALIA'S GPs, AMA FAMILY DOCTOR WEEK, 22- 28 JULY 2018 YOUR FAMILY DOCTOR: HERE FOR YOU!

AMA Family Doctor Week, held from 22 to 28 July, is an opportunity to recognise the work and dedication of Australia's 36,000 GPs, who tackle key health issues day in, day out. "Your family doctor is here for you, and Family Doctor Week is a great opportunity to remind Australians that a visit to their GP is the best investment they can make in their health care," AMA President, Dr Tony Bartone, a GP from Melbourne, said today.

"Australia's health system is one of the best in the world, and it all begins with the GP-led primary care system. "Eight out of 10 Australians see their family doctor once a year, and more than nine in 10 always go to the same general practice, with 65 per cent of people surveyed reporting that they had been going to their family doctor for five years or more. "People who have a regular family doctor tend to have better health outcomes, with new research from the United Kingdom suggesting that seeing the same doctor each time you need medical care might even reduce your risk of death.

"Patients who need urgent medical care can usually obtain an appointment on the day they call, with nearly two-thirds reporting that they were seen by a family doctor within four hours of making an appointment. "GPs are specialists in their field, with a minimum of 10 to 15 years training, and they manage 90 per cent of the problems they encounter.

"They are the leaders in preventive health care, early diagnosis and treatment, and comprehensive care. "Australians rely on their trusted relationship with their family doctor. It's a partnership with someone who knows their medical history, who they can talk to about their health concerns, who can advise them on how to reduce their health risks, who can assist them in managing their health, who can help them to feel well, and who can listen to them and guide them when it all starts to get too much.

"This continuity of care underpins quality health care, and is fundamental to better health outcomes." As part of Family Doctor Week, the AMA has produced a series of videos showcasing how your family doctor is there for you. You can view them on the Family Doctor Week Website. Dr Bartone will address the National Press Club, Canberra, on 25 July.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Follow all the action on Twitter: #amafdw18 and the Family Doctor Week Website Background In 2016-17:

- Australia had 35,942 GPs.
- GPs provided 145.6 million non-referred attendance (NRA) services, or 6,089 services for each full service equivalent (FSE) GP.
- 45.4 per cent of GPs were female.
- 14 per cent of GPs were aged 65 years and older.
- 40.6 per cent of GPs were trained overseas.

In 2015, there were:

- 4,936 GP training positions/trainees (out of a total of 20,069 training positions).
- 1,529 First Year GP registrars.
- 3,812 Female GP Registrars.
- 2,459 GP Registrars completing general practice training through the rural pathway.
- 55 per cent increase in training numbers between 2011-2015.

Usual GP:

- 78 per cent of patients have a preferred usual GP.
- 98 per cent of people aged 45 and over have a usual GP.
- 93 per cent of Australians always go to the same general practice.

Sources: Department of Health - GP Workforce Statistics 2001-02 to 2016-17; Medical Training Review Panel: 19th Report
Productivity Commission - Report on Government Services 2017 General practice activity in Australia 2015-16. H.Britt et al. University of Sydney, 2016
Practice Incentive Program Performance Audit Report No 5. 2010-11 The Menzies-Nous Australian Health Survey 2012 Australian Bureau of Statistics - Patient Experiences in Australia Survey 2016-17 ABS/
Australian Institute of Health and Welfare - Survey of Health Care, Australia, 2016
21st July 2018

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

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Where We Work and Live

"Guess You'll Be Thinking I've Gone Up In Smoke"
<https://www.awm.gov.au/articles/blog/remembering-kathleen-neuss>

Neuss was hit in the hip by shrapnel from a bomb blast, and had to be helped up on deck by her friends Wilma Oram and Mona Wilton, who were already wounded.

They all but carried her to a lifeboat, her friend Pat Gunther giving her tin hat to Neuss in case she needed to bail water from the lifeboat, saying, 'We'll see you on shore'. Neuss gave Gunther her lifejacket, and Gunther made it to another part of Banka Island and survived the war as a prisoner of the Japanese.

Many lives were lost during the sinking. Some, like Neuss, were helped into lifeboats, while others swam or desperately clung to debris. Those who could made for the nearby Banka Island. It was there that some of the survivors travelled

from Radji beach to the nearest port to formally surrender to the Japanese, but Neuss was among the 22 Australian nurses who remained to tend the wounded.

When the Japanese arrived at the beach on the morning of 16 February, the men were

marched around the rocky headland and executed. After returning and wiping their bayonets in front of the nurses, the Japanese turned their attention to them.

The Japanese signed for the remaining nurses and one civilian woman to march into the sea. Aware of what was about to happen to them as they walked to the water's edge, Matron Irene

Drummond said to her sisters, "Chins up, girls. I'm proud of you ... I love you all."

When the water reached their waists the Japanese opened fire with machine-guns. Of the 22 Australian nurses ordered into the sea that day, all but one were killed. The only nurse to survive the massacre was Sister Vivian Bullwinkel who was shot in the hip but survived by feigning death in the surf.



AUSTRALIAN WAR MEMORIAL P03960.001
Kathleen Neuss courtesy by Australian War Memorial

After the war she contacted the families of the nurses who were killed and testified at the International War Crimes Tribunal. Noyce said his family were devastated when they finally learned of his aunt's death. "It basically killed my grandparents," Noyce said. "They died in 1950, 1951, and they were both only in their 60s and 70s, but it basically shattered them.

"My father had gone through the war and had seen a lot of his close mates killed so he was somewhat conditioned to tragedy – and close tragedy – but it certainly did have a big impact on them ... "My father was one of 13 friends and acquaintances, including Kath, who all joined up for the Second World War ... and he was the only one of the 13 who survived the war."

Noyce has since been to Banka Island three times to pay his respects to those who were killed. He first went to Banka Island with his cousin Ian three years ago and returned on the 75th anniversary of the massacre with a 20 kilogram bronze plaque dedicated to those who were executed on Radji beach. He hopes the story of those who were killed will never be forgotten. "To imagine what happened there 75 years ago was quite chilling I tell you," he said. "[But] the more the stories of all these people can be told the better we all are."

New Story Next Month



AUSTRALIAN WAR MEMORIAL P02783.033
Kathleen Neuss courtesy by Australian War Memorial