



Newsletter July 2020

RDMA & BLMA's Joint Newsletter

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RDMA President's Report Dr Kimberley Bondeson

It was a beautiful winter's morning on the Redcliffe Peninsular – 12 degrees with warm sunshine and bright blue sky. RDMA is due to have its first meeting since the Covid 19 lockdown at the Golden Ox, and many of us are looking forward to the opportunity to see our colleagues again. And the world has changed again since my last monthly article. Victoria is in the midst of a level 4 lockdown, with specific postcodes in lockdown. Covid 19 has established itself in the community in various hotspots, and the health authorities are working to get it under control and stop the spread. The borders between most states (except Victoria) are now open, and the Australian people are gladly travelling interstate. There are queues to get into Queensland, up to 10km long, with long waits at the border whilst travel passes are examined.

One of the difficulties with this highly contagious virus, is that it is affecting the medical population – nurses and doctors, who are going into quarantine. This is leaving the hospitals that these people worked in looking for Doctors and nurses to fill the shifts that are left vacant by personnel who are in quarantine. This is specifically affecting Melbourne and its hospitals.

The nation's death toll is currently at 108, with 1803 active cases. Daily infections in Victoria are around 425, with 122 in hospital, 31 in intensive care. (Australian Doctor, 17th July 2020). According to Dr Bartone, AMA President, the hospitals are coping, and manage to boost or surge the workforce capacity. Compared to worldwide figures, Australia is still very lucky. There is ongoing discussion around eradication versus suppression, and one can easily see how eradication may become impossible, and we are left with managing the disease in the community.

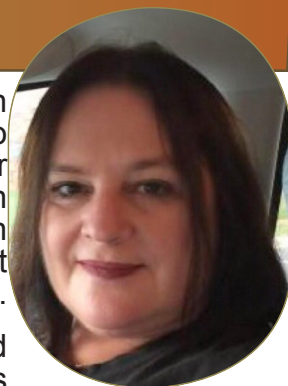
400 Victorian Health Workers have contacted Covid 19 over the course of the pandemic, including 150 currently in isolation (Australian Doctor, 17th July 2020). The spread of this infection certainly seems to suggest an airborne


virus, not a droplet born virus. This brings into question the need for proper N95 respirators, rather than surgical masks as protection for the Doctors and Nurses at the front line of this infection.

"Professor Macintyre and her team say PPE guidelines should be governed by the precautionary principle and they promote the use of N95 respirators rather than surgical masks for health workers because of possible airborne transmission of the virus. They say health authorities can learn from SARS in 2003, especially from Canada, where health workers in Vancouver used respirators and remained infection-free, while those in Toronto wore surgical masks, leading to 300 infections and three deaths". We will continue to monitor this situation.

Of note, my practice still has only ever received 1 box (50 surgical masks) from the local health authorities, at the beginning of the Pandemic, which are long gone, and we had to purchase from a Garage Supply Company masks, which are not TGA approved.

Kimberley Bondeson





**RDMA & BLMA's Joint
Newsletter**

Welcome from
**Dr Robert (Bob)
Brown**

President Brisbane Local
Medical Association

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

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

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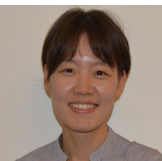
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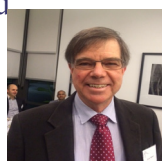
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RDMA 2020 MEETING DATES:

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

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

Time: 7.00 pm for 7.30 pm

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



NEWSLETTER DEADLINE

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BLMA 2020 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3265 3111
Email: gmcnally1@optusnet.com.au

W: <https://www.brisbanelma.org/>

CPD Points Attendance Certificate Available

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

Time: 6.30 pm for 7.00 pm

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



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The team behind your result

QML Pathology has spent more than 90 years servicing Queensland and northern New South Wales medical practitioners and patients.

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

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LIVING IN A SHELTERED WORKSHOP.

I think I am among a majority of private practitioners when I confess that I am ambivalent about bulk-billing.

My brain (although I never claim to possess a very commercially-oriented brain) is firmly in support of those who oppose bulk-billing.

It is a policy that makes us slaves of the State and denies us autonomy and dignity. If patients pay nothing for our services, then that reflects the value that they put on our services. And so on.

We should not forget that when the profession took the bait (and hook, line and sinker) of bulk billing 44 years ago, we were seduced by the rationale that the 15% discount reflected the reduced accountancy costs and elimination of bad debts.

What we were not told 44 years ago was that the government-determined rate would not be indexed forever, nor would there be a real adjustment to compensate for evolving technology (barring a few specific revisions).

My heart leans (maybe not so strongly) towards those who love bulk-billing. Some love it because it saves us a lot of effort, and some because it is open to cheating. I have a fondness for bulk-billing because the particular demographic that I serve would have almost no medical services without bulk billing.

Public health physicians love bulk billing because the creation of a universal health insurance scheme has delivered to Australia almost the best health service in the world, and near enough to the highest life expectancy in the world.

But no matter how you look at it, it is hard to escape the notion that working in a heavily subsidized health scheme is akin to working in a sheltered workshop.

No other private profession outside the health sector is supported by government-guaranteed financial returns.

OK, the “sheltered workshop” concept is not an original idea. But there is now a new slant on the concept.

It is impossible to do any searches on health news websites (including AMA, AMAQ, and the Colleges’ websites) without finding them dominated by COVID news and rehashes of old news. However, there is a new trend that I am just starting to see.

There is increasing talk, in the context of the much-longed-for post-COVID economic recovery, of speculation about what will be the best jobs to aim for when we start to emerge from the gloom. The best prospects? Far and away the winner is the health sector. The sheltered workshop wins again.

The ABC website, on 18th July, included an article that predicted that the most secure jobs after COVID will be in healthcare and social services. The estimate is 250,000 new jobs by 2023 (a big sponge provided by just one employment sector to soak up the million-plus expected to be unemployed by then).

That number was calculated even before COVID, it was an official government estimate of the growth in the sector by 2023.

If it is true that we are basking in the most secure employment sector in the country when the economy does come back to life, we can feel safe and comfortable in our own sheltered environment.

But I like to throw in a moral, or at least a thought-provoker, to each of my articles.

The punch line today is this. If the public policy has placed our profession into a safer position than most Aussie workers, does this not burden us with a whole raft of moral responsibilities to return to the Australian people a benefit proportionate to what they have given us? There is a debt to be repaid.

Wayne Herdy

NEXT MEETING DATE 29TH JULY 2020

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 29th July 2020

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	Sponsors: Tilray
7:40pm	Speaker: Dr Ben Jansen Founding Director of Cannabis Doctors Australia and one of Australia's leading prescribers of Medicinal Cannabis. 'Medicinal Cannabis : A Role in General Practice'
8:00pm	Main Meal served (during presentation)
8:20pm	Question Time
8:30pm	Dessert, Tea & Coffee served
8.40pm	General Business

RSVP: By Friday 24th July 2020
(e) RDMA@qml.com.au or 0466 480 315

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CHRONOLOGY OF SKIN CARE

By Dr Phillip Bushell-Guthrie

The Early Years

A lot of damage can be done in these years and unfortunately this damage is cumulative.

It is the parent's responsibility to ensure that sun protection is carried out but this is not always easy.

The no hat no play rule at school has helped a great deal in this age group.

The Teen Years

Teenagers are very conscious of their appearance and often there is resistance to sun protection measures particularly the wearing of hats.

However, it is important to persist because teenagers are out and about often getting large amounts of sun exposure.

Parental guidance is still needed because sun protection is not really considered the "cool thing" to do.

Ultra violet light can form free radicals which can damage genes in the cells of the basal cell layer responsible for skin renewal.

This can lead to skin cancers in later years. Sun protection is the key to having really good skin throughout life.

Slip, slop, slap and shade is still the programme.

Twenties

Generally now more mature and more amenable to sun protection measures but some think they are "bullet proof" to the sun.

If working in an outdoor job need to take extra care.

Those of Scottish, Irish or Scandinavian descent are particularly prone to sun damage.

Prevention is still the message.

Thirties

People who have had a lot of sun exposure often grow their first sun cancer in their thirties.

If there is a family history of malignant melanoma regular screening should commence.

Most people should start using skin rejuvenation products as well as sunblock.

It is easier to keep your skin in good condition than to regain it.

PRP and biological "fillers" can be useful often in combination with LED light.

Forties

Start regular skin checks. Continue using skin rejuvenation products.

Add in office-based procedures such as microdermabrasion, needling and peels as required.

Start using botulinum toxin and fillers if needed.

Large freckles may appear. These can be treated using topical preparations and IPL.

Fifties

Eyebags, neckbands and jowls start to form. These can be treated with blepharoplasty or a mini face lift.

These can be done under LA in the rooms.

If a double chin forms it can be treated by liposuction under local anaesthesia in the rooms.

The skin often starts to lose its elasticity due to sun damage. This can be improved using radiofrequency needling.

If the upper eyelid is hanging down obscuring vision this can be treated under LA in the rooms.

Continued on Page 8

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MBBS DCH (Syd)

5th June 2020

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Transition Phase of Medical Life after 70 or 65?

If you are in semi-retirement or wondering how life will be in retirement and if you love the stimulation that comes from frontline Medicine, here's a consideration for you.

A national Telehealth Service was established by a Melbourne General Practitioner in South Yarra 15 years ago and was quite low key for most of that time. However, it has been kicked back into life by the advent of Covid-19 and the Government's decision to create special item numbers for Telemedicine.

The Service is called 1300Health and operates from 7.00am to midnight every day of the week, nationwide. The Service is actively recruiting experienced general practitioners who can nominate the hours they wish to be On Call and who take the calls in their own homes. It is essentially a Triaging Service largely catering for a problem which the patient feels is acute.

The Service is growing exponentially and appears to have tapped into a need in the community. Patients have been unable & unsure about leaving their homes, GPs have withdrawn from face to face consultation to some extent.

A& E Departments are trying to confine their attendances to hospital-type emergencies and yet people are worried when a child has a high fever or has hurt himself, when they have a new pain, when they experience sensations they can't explain or when they are faced with a medical situation that they simply don't know how to handle or what to do.

Telemedicine is a great way to "keep one's hand in" and the neurones firing.

I have been participating for 5 weeks now and examples of the clinical problems which have presented through this Telehealth Service are:

- Acute Bronchiolitis, Biliary Colic/ Renal Colic, Chest Pain/Pleuritic Pain, Acute Lymphangitis, Maroon Urine after eating Dragon Fruit
- Lacerations in various places, Ingestion of dental plaque finder/ coins/ silica gel packet from a light fitting box, High fevers in children
- Covid-19 inquiries - should I have a test?
- Transient Ischaemic Attacks/ Falls off horses and tyre swings, Swollen eyelids
- High BP readings/ High BSLs Hernia pain while on Waiting List for Elective Surgery
- Severe gastroenteritis/ Allergic reaction to cashew nuts/ UTIS Rashes - Mobile phone photos can be sent to your phone
- Suspected DVTs/ Head injuries/ PR bleeding
- Second opinion and support worker inquiries about medication & clinical issues

You get the drift. In short, all the clinical presentations which GPs have been dealing with all their professional lives but now relying on remote history taking, making a considered diagnosis, imparting this diagnosis to the patient or the patient's representative and suggesting a course of action: Dial 000 & call an ambulance, give Panadol/Nurofen & call me back in 1-2 hours, see your own GP in the morning etc.

When you join this Telehealth Service, an IT person employed by the Service hooks you up to Pracsoft to record your notes and billing details for Medicare. Your remuneration is a percentage of the Medicare billings. The Service bulk bills the patient.

Interested practitioners contact Dr Josef GOLDBAUM on: 0410 663 200. Something to consider while transitioning out of General Practice. I love it.

Judith Andrews

Continued on Page 8

1300health

1300HEALTH is seeking expressions of interest from suitably qualified and experienced GPs to offer Medical Advice and Reassurance via its telephone based telehealth platform.

1300HEALTH offers medical triage to the public at large, that ranges from the simple and mundane to the complex and urgent. The work is stimulating and rewarding with sessions that can be tailored to suit your needs. The 1300HEALTH Platform was developed 15 years ago and was active during the Queensland floods when it provided its services free of charge. In 2012 it unsuccessfully submitted its offer to the Federal Government to provide a national General Practitioner Triage Service. Medibank Private was chosen instead, prior to its privatisation.

1300HEALTH has continued to provide After Hours, paid General Practitioner Triage; but since Medicare's recognition of telehealth, has begun to offer its services on a Bulk Bill basis, currently taking 30-60 calls per 7am to 10 pm period. Once sufficient, suitable medical manpower is on board, a marketing campaign will be undertaken to increase the calls rate accordingly.

1300HEALTH is operating and is currently undergoing redevelopment to improve its efficiency. Doctors do not have to be housebound or computerbound to take calls. The current system is flexible and mobile. Initially, Oncall Doctors will need to commit to set sessions. Eventually, doctors will be able to log on or off at will and take calls on a rotational basis. All calls in or out are recorded.

1300HEALTH is particularly suited to General Practitioners who are considering scaling back their office based consulting, Semi-retired General Practitioners and those experienced General Practitioners seeking to supplement their income are also suited to this role. The important considerations are integrity, experience and willingness to assist Australians and the Health System during these trying times.

1300HEALTH provides immediate patient support when support from the patient's usual GP is not available, without overburdening the medical emergency services.

FOR FURTHER INFORMATION CONTACT DR JOSEF GOLDBAUM on 0410663200 or write to 1300health@gmail.com

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CHRONOLOGY OF SKIN CARE

By Dr Phillip Bushell-Guthrie *Continued from Page 6*

Where the eyebrows have drooped a brow lift may be needed. This can be done under LA in the rooms.

Sixties

As for the fifties but the damage gets worse.

Hyperkeratoses can be spotted with Efudix or frozen being careful not to create white spots. Excise skin cancers early to limit scarring.

Strong peels can be useful to treat multiple hyperkeratosis. What is left are skin cancers that need to be excised.

If there is a lot of loose skin on the face and neck consider a full face and neck lift. The face often needs revolumising using a fat transfer from abdomen or thighs.

Fat contains stem cells which also help to rejuvenate the skin.

Seventies

Much the same as for the sixties only the damage is worse so more treatment is needed using the home care products, office procedures and surgical procedures under LA in the rooms or GA in hospital.

People in their seventies today are more active and are often still fully engaged socially so they want to keep themselves looking well.

Eighties

People when they reach their eighties generally don't have aesthetic surgical procedures.

However they often still have non-surgical procedures and continue to use the skin care products.

There is no reason why a person can't have a youthful looking skin in their eighties that makes people think they are a lot younger.



Are your Investment Ducks in a Row?

We are often asked by our clients where to invest surplus cash generated over the years of “life’s work”.

It might surprise you that our answer is not that straight forward. The structure of where this wealth is to be generated is the most important aspect to consider, implications like tax, asset protection, accessibility and most importantly family lifestyle options are considered to give good rounding advice.

There are plenty of investment structures to consider like family trusts, unit trusts, companies, self managed super funds, partnerships and investing in your own name. Over the years we have seen complex family trust deeds that work well whilst the family is younger and can distribute funds to beneficiaries.

However, they can become restrictive with age and can hinder a family’s options as time whisks by. It is the change in family circumstances that can make the unwinding of complex investment structures complicated and may result in significant tax implications.

Over the years we have found it important to keep investment structures as simple as possible. However, a full understanding of the structure’s “rule book” can help you adapt when family (or business) circumstances change.

So next time your adding to your family’s wealth maybe have a think about whether you are investing through the right structure to help protect blood line wealth whilst ensuring future estate tax considerations have also been ticked off.

If you would like to see if you have your Investment ducks in a row, feel free to call us on

Ph: 07 54379900.

Article written by Kirk Jarrott, Partner. Poole & Partners Pty Ltd.



Dr Chris Perry
President AMA Queensland
and
Jane Schmitt,
CEO AMA Queensland



STATEMENT FROM AMA QUEENSLAND PRESIDENT DR CHRIS PERRY

6 July 2020

Recently I publicly voiced Queensland doctors' concerns about the increasing use of role substitution in our health system and, in particular, the Queensland Government trial allowing pharmacists to diagnose urinary tract infections and prescribe antibiotics.

While these comments were misconstrued by some as an attack on health practitioners, they were welcomed by many more who – like doctors – have patients as their top priority in the health care system.

AMA Queensland's concerns about role substitution and allowing practitioners like pharmacists to operate outside their scope of practice, are not new but they have, until recently, fallen on deaf ears.

The Queensland Government's pharmacy trial warrants doctors to voice their concern loudly and clearly.

With three hours of online training and a 20-question multiple choice exam, pharmacists are charging \$19.95 to diagnose customers with urinary tract infections (UTIs) on the floor of their chemists. That's more than a bulk-billed GP would cost the patient.

They do not have access to a patient's past medical history to correlate symptoms, are not ordering urine tests to confirm the infection, can not access the results of previous tests and will not examine the patient for symptoms of pelvic and bladder cancer which may be similar to infection.

Regardless, the pharmacist is able to prescribe trimethoprim, nitrofurantoin or cephalexin and sell it to the customer along with other value-adding products from their bursting shelves – none of which are covered by a health care card.

While doctors work closely with pharmacists and highly value the role they fill in the health system, AMA Queensland believes pushing them or midwives or nurses or allied health professionals beyond their skills and knowledge zone is not safe for those AMA Queensland most values – the people of Queensland. ***Continued Page 11***

I graduated from Queensland University 44 years ago and I have been a constant employee of Queensland Health ever since, except for when I was working for a 170 bed rural African hospital and stints in universities and major teaching hospitals in the United States and UK trying to learn more about head and neck cancer and airway surgery.

It was a 17-year training period from my leaving school to setting up as an ENT surgeon. Fifteen to seventeen years is the norm for a doctor to obtain adequate skills compared to 3, 4 or 5 years' study for my critics.

For the last 33 years I have worked half-time as an ENT surgeon for Queensland Health, being paid less per hour than the hourly costs of my unattended private practice. My private patients have helped pay for my public consultant work for Queensland Health.

Queensland Health is a tremendous organisation to work with. It is very professional and cost efficient but like all behemoths, sometimes lumbers off in the wrong direction. Task substitution of roles that require a 12-17-year trained doctor to be involved, are being handed to health professionals with a shorter training time and narrower skill set.

Apart from potentially serious consequences for patients, the trial flies in the face of national evidence and efforts to address antimicrobial resistance.

And AMA Queensland fears the pharmacy trial is only the tip of the role substitution iceberg.

Patients with a referral to a hospital-based specialist are being seen by health practitioners without training in the respective speciality. For example, patients with referrals to orthopaedic specialists are being seen by physiotherapists or podiatrists who determine future care.

Doctors are highly supportive of the roles which audiologists, pharmacists, nurses and allied health practitioners fill in both public and private practice in delivering comprehensive care every single day.

What AMA Queensland is opposed to is the State Government supporting health practitioners to work outside their scope of practice as a cost-cutting measure which we believe will result in an increased risk to public safety, a reduced standard of quality care and reduced confidence in the health system.

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North Lakes QLD 4509

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For enquiries or bookings call 1300 177 226 or email petbrisbane@qscan.com.au

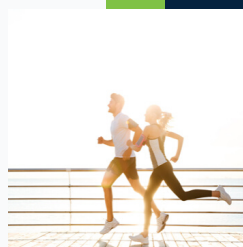
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RESEARCH SHOWS:

- A pre-operative assessment and treatment benefits include decreased length of stay, decreased anxiety levels, and improved self-confidence
- Pre-operative education on precautions leads to better post-op adherence
- Physiotherapy improves strength and gait speed and helps prevent complications such as subluxation and thromboembolic disease
- Physiotherapy provides pain relief, promotes rehabilitation and the reintegration of patients into ADLs

COSTA RICA

by Cheryl Ryan



Costa Rica in Central America is a small country landlocked between Nicaragua and Panama; and washed by the lashing aquamarine waves of the Pacific Ocean and the Caribbean Sea along its two sides. The country is known for its vast beaches, majestic active volcanoes and lush green national parks picturesque with breath-taking flora and fauna. Engage in bird watching and gush at the thrill of spotting the toucans, macaws, herons and kingfishers!

Costa Rican Cuisine

While Galla Pinto -rice and black beans - makes the national staple, many dishes are influenced by the abundance of fresh fruits and vegetables of this tropical country. Relish the Boquitas (appetizers), Ceviche (lemon-juice-soaked-raw-seafood), Chicharron (crispy pork) and Tres Leches (popular dessert) during your stay.

What Have We Planned For You!

- Opt for one of the many walking tours in the capital city of San Jose located in the Central Valley of Costa Rica. The city is buzzing with restaurants, shopping, casinos, and night life. Encircled by tropical green valleys and mountains, the city boasts of historic architecture and is home to a variety of museums.
- Experience the quietude of the Corcovado National Park also the largest in the country with vacant beaches, magical marine life, spectacular wildlife and loads of activities like camping, hiking and other water sports. Also visit the Drake Bay and the nearby Archaeological Museum of Stone Spheres.
- Take a trip to the mountainous town of Turrialba and engage in the most

exciting river rafting on the Reventazon and Pacuare Rivers.

- Sample the surreal surroundings of the Monteverde Cloud Forest Reserve nestled in tropical mountainous region. The Reserve has exceptional biodiversity and is home to countless species of reptiles, amphibians, insects, butterflies and a mammoth 400 species of birds, the most striking and rare being the extraordinary quetzal.
- Go on a day tour from San Jose to La Fortuna in the Northern Plains of Costa Rica. You are bound to be captivated by the marvelous Arenal Volcano often seen to be spewing lava. The volcano is surrounded by rainforests and hot springs. Also must-visit is the La Fortuna Waterfall, where you could take a swim at the base or sip away on your coffee from a café at the top while you admire the splendor of the natural surroundings.

Costa Rica with its abundance of natural wonders and vibrant cities is a paradise on earth!

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The Enchanted Elephant

By Dr Mal Mohanlal

Have you heard of the story of the elephant and the rope? It is on the Internet. It will give you some idea of how your subconscious mind works and how distorted perceptions can enslave you.

“A man passing by a group of elephants observes that these huge creatures were being held by a tiny rope tied to their front leg. There were no chains or cages, and one could see they could easily break away from their bonds at any time. But for some reason, they did not.

Seeing the trainer nearby, he asked him why these animals just stood there and made no attempts to get away. “Well,” said the trainer, “when they are very young and much smaller, we use the same size rope to tie them.

At that age, it’s enough to hold them. As they grow up, they are conditioned to believe they cannot break away. They believe the rope can still hold them, so they never try to break free.”

This story shows how we are all conditioned beings. Our perceptions and the cultural environment we grow up in, conditions our thinking. It is, therefore, most essential to learn about our subconscious mind and how we can break free of this conditioning.

Most people have no idea how their subconscious mind works. They eat, they drink, and they sleep without even knowing what their subconscious mind is doing. They work, they play, they argue and fight without even knowing that they have a subconscious mind.

When they have any unpleasant experience, they try to forget it. They hope and wish things might be different and use it as a garbage dump. But our subconscious mind never forgets anything. It will behave the way you train it.

Yes, you may temporarily forget a problem and put it aside. But years later it can come back and disturb you. Why? It is because you have not resolved the issue.

Do you know that your breathing, your heartbeat, your digestion, your sexual orientation and other vital functions are all under subconscious control? Even your immune system which protects and heals you is also under subconscious control. So shouldn’t you learn more about your mind and the part you don’t understand?

Is it possible for you to manipulate your subconscious mind? Of course, it is. You are manipulating it all the time yet are not even aware of it. The world outside you is also manipulating you, and you think you cannot be hypnotised.

If you observe, you will find that most of what we do, our activities are all directed towards appeasing our subconscious mind, that is manipulating our subconscious mind.

So when we pray to God or some Higher Power, for instance, what are we doing? We are saying words and sentences (verbalising) in our mind to some higher authority that help us soothe our subconscious mind. Words, not their meaning, have a powerful hypnotic effect on us.

They give form to our feelings. If we did not verbalise, you would find there is no substance to our emotions. Hence when we pray, we are directing our attention to the most potent energy source within us, which is keeping us alive. And that is our subconscious mind.

When we attend a funeral, we always say beautiful things about the person who is gone, although we know the contrary background of that person. Why?

It is because when we say all the good things about the other person although they may not be accurate, it helps us to feel better. We do it for ourselves, not the other person to appease our subconscious mind.

Also, we may perform rituals and ceremonies so that the departed soul may rest in peace. But in fact, they are performed for our benefit. It is how we console ourselves for the loss we have

The Enchanted Elephant

By Dr Mal Mohanlal *Continued from page 12*

incurred. Yes, we are all very selfish individuals. Whatever we do, we do things to make ourselves feel better. We are always trying to do something to appease our subconscious mind.

Again when we are listening to music or dancing to a tune, what are we doing? We are stimulating our subconscious mind in a way that makes us feel happy. We use music in so many ways to entertain ourselves.

Going to a restaurant eating delightful food in a friendly company is another way of enjoying ourselves. Taking part in a game, playing a sport, watching TV, listening to the radio or going to the cinema etc. are all activities designed to make ourselves happy.

Even when people take drugs, drink alcohol, etc., what are they doing? Some people might like to drown their sorrow or get kicks with drinks and drugs. But again, it is the subconscious mind they are trying to please.

As one can see, our subconscious mind is the most powerful energy source we have that keeps us going 24 hours a day. Yet most of us are not even aware of it. We take it for granted, like the elephant in the room.

No matter who you are or what you are, your perceptions and thinking are influencing your subconscious mind all the time. If you ignore this fact, you will be in the same boat as that elephant thinking that the rope you are tied to is preventing you from doing your own thing.

Freedom is a state of mind, and so is enslavement.

They both affect our behaviour and physical condition.

The secret to breaking free from this conditioning lies in your perceptions. It is your perception you must change.

Your perceptions make you think the way you do. Without changing them, you are the same

person. And if you do not change, your thinking is the same, and your destiny will be the same as that of the roped elephant.

This article applies not only to all individuals but also applies to groups. The medical profession is a perfect example of an elephant that needs waking up to its responsibilities. You have to congratulate the government for doing such an excellent job with them. They have trained these doctors from being independent thinkers to being bureaucratic thinkers.

At the same time, they have also made them believe in the system of self-regulation. Once that was achieved, one can see how this dumb animal's perception and thinking is now making it regulate itself - fait accompli for the government.

After reading this article if you agree and see the truth in what I have written, and realise that you are at present in the same position as this roped elephant, what must you do?

Do you continue in the same way or try to break free from your tied place?

What would you think of yourself if you remained in your present position? Please think.

Your liberation lies in your perception.

Please read the second edition of my book "The Enchanted Time Traveller - A Book of Self-knowledge and the Subconscious Mind".

This time it has a preface and additional chapters to help you discover your true potential.

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Visit Website: [Http://: theenchantedtimetraveller.com.au](http://theenchantedtimetraveller.com.au).

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DOCTORS AND MEDICAL STUDENTS HAVE HEALTH ISSUES TOO
AMA Position Statement on the Health and Wellbeing of Doctors and Medical Students

The AMA today released its revised *Position Statement on the Health and Wellbeing of Doctors and Medical Students*.

AMA President, Dr Tony Bartone, said that the health and welfare of doctors and medical students is an absolute priority for the AMA.

Dr Bartone said that the AMA has for many years provided leadership for the medical profession to collaboratively advance the processes that will enhance the physical and mental health of doctors and medical students, and improve the health and wellbeing of the entire profession.

“Doctors and medical students face a range of pressures and stressors over the course of their training and career, and it is vital that we address these issues on an individual level and as a profession – across the profession,” Dr Bartone said.

“The day-to-day pressures of being a doctor have touched us all, directly or indirectly, and they can have a profound and unfortunately tragic impact on either our own careers or the careers of our colleagues.

“Sadly, there are still some instances in medical workplace culture that permit bullying and harassment and perpetuate the fear of reprisal.

“The 2019 Medical Training Survey revealed that one in three trainees reported they had witnessed or experienced bullying or harassment. This is totally unacceptable, and must be eliminated from the workplace.”

The revised and updated *Position Statement on the Health and Wellbeing of Doctors and Medical Students 2020* identifies the actions that doctors can take at many levels to support the profession to promote good mental health and physical health, and the adoption of a healthy lifestyle for doctors throughout their medical training and medical careers.

“It is vital we make sure appropriate support and resources are in place to help doctors and medical students with their own health,” Dr Bartone said.

“We must build on the great work that is already occurring. Nowhere is this better illustrated than in times of crisis like COVID-19.

“The COVID-19 pandemic has presented unique challenges for doctors to maintain their own psychosocial wellbeing while responding to the pandemic and its effect on the health of the broader community.”

The revised *Position Statement* emphasises that consideration needs to be given to the level of work, stress, difficult clinical treatment decisions, and large numbers of ill patients that may impact the wellbeing of all frontline healthcare workers during the coronavirus crisis.

“Clear, consistent, and timely communication and messaging from health authorities and employers to all healthcare workers should be a priority during this time to maintain wellbeing

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AMA

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and reduce anxiety from misinformation. This will maintain a motivated and safe workforce during this period.

“It is important that doctors look out for the health of their colleagues during this difficult and stressful time.”

The AMA’s subsidiary company, Doctors’ Health Services Pty Ltd (DrHS), funds a network of independent doctors’ health advisory services around the country that provide triage and referral services, and education and other support.

These are delivered with the support of the Medical Board of Australia. More information is available at www.dr4drs.com.au

More recently, Department of Health funding has facilitated the launch of a new DrHS telehealth service for doctors and medical students who are struggling with their mental health. To access this service, doctors and medical students can call 1300 374 377 (1300 DR4 DRS)

Background

Since the AMA first developed this Position Statement in 2011, much has happened to inform the revised statement. This includes, but is not limited to:

- Competition for vocational training positions, employment post training, and CV buffing.
- A focus on bullying and harassment.
- Increased recognition of burnout and doctor suicide.
- A need for better postvention and return to work strategies.
- An emphasis on providing flexible work and training environments.
- Equal access to leave for all doctors (including parental and domestic violence leave).
- Gender and cultural diversity and awareness.

This Position Statement addresses both the structural and individual barriers to health and wellbeing, and acknowledges that physical and mental health are interrelated. This supports the WHO definition of health as ‘a state of complete physical, mental, and social wellbeing’.

Dr Bartone said that the AMA has been working with a range of stakeholders to develop the National Medical Framework for coordinated action on doctor and medical student wellbeing.

“The Framework, which brings together the best available evidence on what works to prevent and respond to mental ill-health and suicide in the medical profession, will be launched in coming months,” Dr Bartone said.

The *AMA Position Statement on the Health and Wellbeing of Doctors and Medical Students 2020* is available at <https://ama.com.au/position-statement/health-and-wellbeing-doctors-and-medical-students-2020>

14 July 2020

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HEALTH OF AUSTRALIAN FAMILIES PRIORITISED OVER ALCOHOL PROFIT MARGINS - AMA

The AMA has welcomed the decision to prioritise the health of Australian families and communities over the profit margins of the alcohol industry, after Australian and New Zealand Health Ministers today introduced mandatory pregnancy warning labels on alcohol products.

AMA President, Dr Tony Bartone, said that the AMA has been advocating for a clear, noticeable label on alcohol products for many years, and is enormously pleased to see this advocacy come to fruition.

“Warning people about the potential harms of alcohol cannot be left in the hands of an industry motivated by increasing its sales and profits,” Dr Bartone said.

“The approved black, white and red label gives consumers the best chance of being informed of the potential harms of consuming alcohol during pregnancy, compared to the watered down version that was preferred by alcohol industry groups.

“Drinking alcohol during pregnancy can cause a range of seriously harmful health conditions, including Foetal Alcohol Spectrum Disorder (FASD) – the leading cause of preventable intellectual disability in Australia.”

Alcohol consumed during pregnancy crosses the placenta and can cause complications of pregnancy and damage to the developing foetus.

The risks are greatest with high, frequent alcohol consumption during the first trimester of pregnancy.

“Educating Australians about the dangers of drinking alcohol while pregnant is a vital way to reduce FASD incidence – and this label is an important step in that direction,” Dr Bartone said.

“The decision to introduce mandatory pregnancy warning labels will lead to reduced

harm to individual drinkers and, more importantly, reduced harm to their unborn children.”

Background

- The current Australian guidelines (NHMRC) recommend that adults limit themselves to two standard alcoholic drinks per day;
- For women planning to become pregnant, or who are already pregnant, the safest option is to avoid alcohol altogether;
- Recent research found that 40 per cent of Australian women drink at least some alcohol during their pregnancy; and
- Alcohol consumption during pregnancy may be attributable to a number of factors, including the possibility that some women are unaware that they are pregnant (and therefore are not avoiding alcohol).

17 July 2020

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The Gallipoli Campaign 1915

In 1915 Turkey was part of the Ottoman Empire, which was allied to Germany. The capital of the Ottoman Empire was Constantinople (now known as Istanbul), and to reach it, ships had to sail through a narrow strait of water called the Dardanelles. The Turks protected this strait with artillery, forts, and mines.

In early 1915 British and French battleships tried to force their way through the Dardanelles.

Their aim was to bombard Constantinople, gain control of the Dardanelles and cut off Germany's access to the Black Sea ports. They failed, after running into fierce resistance from the Turkish defences.

It was decided to land infantry to attack the forts from the other side of the peninsula. At dawn on 25 April 1915, the Australian Imperial Force landed at Anzac Cove and was joined by New Zealand troops. Another, bigger force of British and Indian soldiers landed at the tip of the peninsula, and a French force landed on the opposite side of the Dardanelles.

In all places the advance was held up by a strong Turkish defence and a stalemate quickly developed. After eight months of fighting, Britain and her allies had made little progress.



Charles Bryant, *AE2 in the Sea of Marmora, April 1915* (1925, oil on canvas, 122.6 x 183 cm, AWM ART09016)
AWM REL32717



A cut-away model of a British E-class submarine, like the AE2. AWM H12299
These submarines were around 55 metres long and carried a crew of 35.
What jobs would the sailors have had to do on board the AE2?

The Australian and New Zealand Army Corps (ANZAC) was evacuated in December 1915.

Boer W899–1902
First World War, 1914–1918
Second World War, 1939–1945

One of the sailors wrote in his diary: *During all this time, the Captain remained extremely cool for all depended on him at this stage. It is due to his coolness that I am now writing this account. Nobody knew what a terrible strain it is on the nerves to undergo anything like this, especially the Captain as it all depends on him.*¹

On discovering they were very close to the Sea of Marmora, Henry sent a message back to the fleet. News of their success reached the commanders of the Gallipoli operation. For several days the AE2 harassed any enemy ships it could find, but by then its supply of torpedoes was running low.

Early on the morning of 30 April, the AE2 dived to avoid being seen by a Turkish torpedo boat – but something went wrong. The submarine lurched out of control, rising rapidly, breaking the surface then plunging deep beneath the water again. As the sub resurfaced for the final time, the vessel was hit by shells from an enemy gunboat and Henry knew they were doomed. He ordered the crew to abandon ship, and left only when the last man had escaped.

They were rescued from the water by the Turkish crew of the Sultan Hissar, and spent the next three-and-a-half years as prisoners of war, being forced to build a railway through rugged mountainous country. They suffered from overwork, disease, and the brutality of guards, and four of the sailors died. **Continued next month**