RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter
JUNE 2013

Kokoda

See Kokoda in our historical article in our regular Where We Live And Work segments pages 3, 10 and 20.

President's Message . Dr WAYNE HERDY

Is there something rotten in the State of Redcliffe?

Last month's Newsletter cited an article from the local press, detailing how the GP Super Clinic deal at Redcliffe Hospital had been structured. The hospital (through the auspices of the Hospital Foundation) sold the land to the consortium for a dollar, but purchased back the land, AND the $20 million building on it, for a dollar!

We heard the words of a former senior member of the Redcliffe Hospital Foundation Board , who had resigned because of concerns about the ethical path that the Board was following three years ago. Every GP on the peninsula saw long ago that the 7-storey structure was never intended to be a GP clinic. The then Division of GP was an early participant in the consortium but distances itself from the project within months of its inception.

The newspaper allegation was that the project had been delayed in order to trigger a clause in the sale contract that allowed the hospital to resume the land (and the building) if the funding collapsed or the construction failed to progress. If that is true, then the hospital has acquired a major building asset for nothing, but with an apparent ethical taint.

Who has gained? The hospital, and the State government. Who has lost? Anybody who contributed to the GP Super Clinic project, mostly the Federal government. And in a sense, the Redcliffe community has lost part of its dignity, with the controversy that has dogged the Super Clinic concept generally and this project in particular.

At last month's meeting, the members of RDMA debated this newspaper report and decided

- **we are happy that our hospital has acquired a major building asset at minimal cost**
- **we are not happy that there is a strong ethical and moral taint to the way it was acquired**
- **would we like to do something about this ethical dilemma? – yes, and at least we would like to be sure of the truth of the matter**
- **what can we do about this dilemma? – nobody is sure, but we would certainly like to be sure that there is no legal taint as well**
- **will RDMA do anything to resolve the dilemma? Not ourselves, because we lack the resources**
- **would RDMA like somebody to publicly resolve the ethical dilemma? Yes, but who? – we have referred the matter to AMAQ to consider, and wonder if there is enough of a taint to refer the debate to a regulatory body like the CMC.**

And at the end of the day, we still don't really know what the hospital is going to do with this new building dominating its front entrance. An interesting position indeed. Watch this space. There will certainly be more to come out of the woodwork before this story is finished.

Wayne Herdy

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

2013 MEETING DATE CLAIMERS:

For all queries contact Margaret MacPherson Meeting Convener: Phone: (07) 3049 4444

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Next Meeting

Tuesday February 26th
Wednesday March 27th
Tuesday April 30th
Wednesday May 29th
Tuesday June 25th
Wednesday July 31st

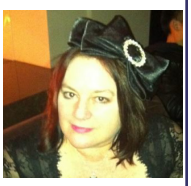
Annual General Meeting
Tuesday August 27th

Wednesday September 18th
Tuesday October 29th

End of Year Networking Function
Friday November 29th

CONTACTS:

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



Vice President:
Dr Kimberley Bondeson
Ph: 3284 9777

Secretary:
Dr Ken Fry
Ph: 3359 7879

Treasurer:
Dr Peter Stephenson
Ph: 3886 6889

Meetings' Convener:
Mrs Margaret MacPherson
Ph: 3049 4444

Newsletter Editor: Dr Wayne Herdy
Ph: 5476 0111

For general enquiries and all editorial or advertising contributions and costs, please contact: **RDMA Newsletter Publisher. Please email (preferred) any correspondence to:**

Email: RDMAnews@gmail.com
Website: http//www.rdma.org.au
Mail: RDMA, PO Box 223, Redcliffe 4020
Mobile: 0408 714 984

JULY NEWSLETTER 2013

The 19th July 2013 is the timeline for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at RDMAnews@gmail.com
Website: http//www.rdma.org.au

INSIDE THIS ISSUE:

KOKODA !!! Few names can evoke such a range of emotional responses in the hearts of Australians. Courage, sacrifice, mateship, endurance – the proud qualities of the Australian soldier. An immense physical challenge for those who walk the modern Track – as I did last month. Unequalled jungle mountain scenery.

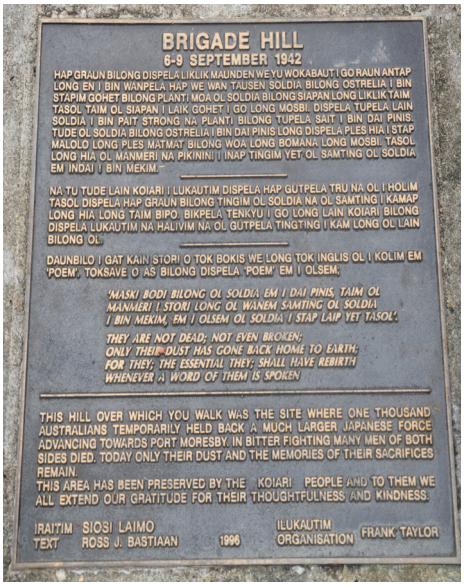
The significance of Kokoda is that it was the first time, and so far the only time in history, that Australian soldiers were defending their homeland, on what was then home turf, against a foreign invader. For a reservist soldier, as I still am, there is also the tradition that the poorly-trained and poorly-equipped soldiers who fought a brave fighting withdrawal against superior numbers of crack experienced and well-equipped Japanese troops, were reservists (until quite late in the campaign).

We also bear forever the shame that our men were commanded by an American general, Douglas Macarthur, who signalled from the safety of his Melbourne headquarters: "the casualty rate does not justify the failure to advance". Macarthur believed that our engineers should just bulldoze a highway through mountains where, even today, pack mules cannot travel. Our political slavery to America did not teach us a lesson and we were to repeat the mistake in Vietnam three decades later.

How hard was it? I have never done anything so physically difficult – even though I trekked in the relative comfort of the dry season. Nothing in Australia resembles the relentless hills, the unending mud, the heat and humidity, that Kokoda imposes on the visitor.

What pervades the Track? The military history, the confined battle conditions, the innumerable surviving fighting trenches, the memorials at Popondetta, Kokada, Isurava and Brigade Hill, and the hard remnants of an impossible war.

What is my most enduring memory? That the tradition of the Fuzzy Wuzzy Angels is alive and well and in the good hands of their descendants, the porters who make the trek possible for the 4000 Australians (and few non-Aussies) who walk the


BRIGADE HILL

6-9 SEPTEMBER 1942

HAP GRAUN BILONG DISPELA LIKLIK MAUNDEN WE YU WOKABAUT I GO RAUN ANTAP LONG EN I BIN WANPELA HAP WE WAN TAUSEN SOLDIA BILONG OSTRELIA I BIN STAPIM GOHET BILONG PLANTI MOA OL SOLDIA BILONG SIAPAN LONG LIKLIK TAIM TASOL TAIM OL SIAPAN I LAIK GOHET I GO LONG MOSBI. DISPELA TUPELA LAIN SOLDIA I BIN PAIT STRONG NA PLANTI BILONG TUPELA SAIT I BIN DAI PINIS. TUDE OL SOLDIA BILONG OSTRELIA I BIN DAI PINIS LONG DISPELA PLES HIA I STAP MALOLO LONG PLES MATMAT BILONG WOA LONG BOMANA LONG MOSBI. TASOL LONG HIA OL MANMERI NA PIKININI I INAP TINGIM YET OL SAMTING OL SOLDIA EM INDAI I BIN MEKIM.

NA TU TUDE LAIN KOIARI I LUKAUTIM DISPELA HAP GUTPELA TRU NA OL I HOLIM TASOL DISPELA HAP GRAUN BILONG TINGIM OL SOLDIA NA OL SAMTING I KAMAP LONG HIA LONG TAIM BIPO. BIKPELA TENKYU I GO LONG LAIN KOIARI BILONG DISPELA LUKAUTIM NA HALIVIM NA OL GUTPELA TINGTING I KAM LONG OL LAIN BILONG OL.

DAUNBILO I GAT KAIN STORI O TOK BOKIS WE LONG TOK INGLIS OL I KOLIM EM 'POEM', TOKSAVE O AS BILONG DISPELA 'POEM' EM I OLSEM:

'MASKI BODI BILONG OL SOLDIA EM I DAI PINIS, TAIM OL MANMERI I STORI LONG OL WANEM SAMTING OL SOLDIA I BIN MEKIM, EM I OLSEM OL SOLDIA I STAP LAIP YET TASOL.'

THEY ARE NOT DEAD; NOT EVEN BROKEN;
ONLY THEIR DUST HAS GONE BACK HOME TO EARTH;
FOR THEY; THE ESSENTIAL THEY; SHALL HAVE REBIRTH
WHENEVER A WORD OF THEM IS SPOKEN

THIS HILL OVER WHICH YOU WALK WAS THE SITE WHERE ONE THOUSAND AUSTRALIANS TEMPORARILY HELD BACK A MUCH LARGER JAPANESE FORCE ADVANCING TOWARDS PORT MORESBY. IN BITTER FIGHTING MANY MEN OF BOTH SIDES DIED. TODAY ONLY THEIR DUST AND THE MEMORIES OF THEIR SACRIFICES REMAIN.
THIS AREA HAS BEEN PRESERVED BY THE KOIARI PEOPLE AND TO THEM WE ALL EXTEND OUR GRATITUDE FOR THEIR THOUGHTFULNESS AND KINDNESS.

IRAITIM SIOSI LAIMO ILUKAUTIM
TEXT ROSS J. BASTIAAN 1996 ORGANISATION FRANK TAYLOR

Track every year.

My walk was my personal tribute to the thousands of kids who died there 70 years ago. I felt a little of their pain, I left a little of myself behind in the place where they left their entire earthly remains. Let us all honour their memory.

Wayne Herdy

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT
Dr CHRISTIAN ROWAN

Alcohol, Drugs and Rural Health in Focus

Dear Members,

This is my first column as AMA Queensland President 2013-14 having been inducted to the position on Friday 14 June at the AMA Queensland Inauguration Ceremony.

As an Addiction Medicine Specialist I intend to highlight, among other important issues, the areas of alcohol, tobacco and other drugs; rural health; and preventative medicine.

In addition to my role as AMA Queensland President, I am also the Deputy Chief Medical Officer at UnitingCare Health, Director of Medical Services at St Andrew's War Memorial Hospital and Medical Director at Addiction Sciences Queensland.

My work in addiction medicine has given me a broad overview of the complexities involved in caring for patients affected by drugs and alcohol. Addiction medicine appealed to me as specialty because it requires holistic patient care and successful treatment holds benefits for the individual patient but also the broader community.

Queensland communities suffer a significant health, social and economic burden because of substance dependency and I am determined as AMA Queensland President to tackle these issues head on. Australia has seen a huge increase in the misuse of prescription medicines, an alarming situation that requires long-term, sustainable and collaborative solutions that support patients and reduces the human and financial cost of addiction.

My other medical experience includes more than a decade of general practice in rural and regional Queensland which gave me invaluable insight into the unique challenges and rewards on offer to doctors in the bush. I have seen first-hand how important it is to maintain support networks for health professionals working in rural and remote areas.

I also have significant interest and experience in Indigenous health care and supporting *Closing the Gap* initiatives will be a high priority, planning for visits to indigenous communities in Cape York and Far North Queensland is already underway.
As the Federal election draws closer, AMA will be actively campaigning for additional General Practice support. We will be highlighting issues affecting GPs such as the lack of Medicare Benefits Schedule item indexation, changes to the Practice Incentives Program impacting on after hours GP services and the rollout of eHealth initiatives.

We will also continue discussions with the Queensland Government over its Health Ombudsman Bill, which has significant failings in its current form. Although AMA Queensland supports the development of a more efficient, transparent health complaints management process, we strongly believe that a level of independence from Government is required to protect the integrity of the Ombudsman's powers.

Despite the many challenges we will encounter over the next year, I am extremely honoured to hold the position of AMA Queensland President and I look forward to working with our AMA and fellow LMA members over the coming months.

Yours sincerely,
Dr Christian Rowan
AMA Queensland President

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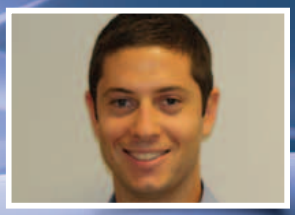
Direct 07 5438 4520



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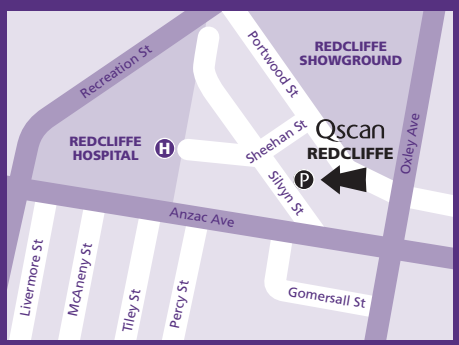
All General Practitioner referred paediatric MRI scans that fit Medicare criteria are also bulk billed.



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Fax: 07 3283 4277

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AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

REVALIDATION.

Those who actually read my column and remember it might recall that a few years ago I was predicting that the Australian medical profession was likely to be subjected to re-credentialling in the not too distant future.

For once, my crystal ball is not clouding over; this prediction is starting to develop some clarity.

Shakespeare wrote: "Give me young doctors and old lawyers." (please don't embarrass me by asking for the citation). This quote rings true centuries later.

Lawyers get smarter with experience, but doctors go out of date quickly. I remember the era of the 80's when every month saw a new anti-arrhythmic drug, none of which is still marketed. I recall seeing one of the first laparoscopes in the early 70's – today minimally invasive surgery is the industry standard. Todays radiologists and interventional cardiologists can get wires into tiny hidden places that only a decade ago were the exclusive province of the open-heart surgeons.

Medical science is growing faster than publishers can get the research onto the Internet. Patients are increasing seeking excellence in their chosen doctors (and researching them via Internet searches) rather than taking pot luck.

What gap needs to be filled? Doctors are recognized as imperfect. Some are more imperfect than others. The Victorian Medical Board recently declared that 3% of doctors generated 49% of patient complaints.

Very few Australian doctors reported to our regulatory bodies are ever referred for re-training. The New Zealand Medical Board recently declared that 1.5% of their doctors are actually "unsafe". The UK has recently introduced a level of re-certification. Doctors in the USA are subject to periodic Board re-examinations.

It seems self-evident that enforced re-education (and re-examination) will raise the academic standards of doctors. But there is scant evidence that this will produce the supposed outcomes of better patient care and fewer patient complaints.

The health industry is changing to reflect these developments. We are all subject to mandatory CME, at least since National Registration, and semi-mandatory CME for decades before that. The debate in Australia is no longer whether our doctors should be subject to periodic re-certification, but the form that revalidation will take. Will it be targeted (at least to start with) against doctors who produce the highest number of reports? Or should it be universal from the commencement? How often do doctors need to go back to the examiners? Will the examinations be left to the learned Colleges or will the Medical Board (and ultimately AHPRA) be determining standards?

And who will pay for the education and examinations? [This last question is especially important if the current proposal to cap tax-deductibility of self-education comes to fruition.]

What is important, even vital, for the medical profession, is that we retain as much control of the regulatory process as possible. The Medical Board of Queensland (with its doctor members) was recently sacked wholesale and their oversight function will be replaced by a Medical Ombudsman (unlikely to be a doctor). We do not want to become a political puppet yet again, for some aspiring bureaucrat or Ministerial hopeful to gain a public profile by further doctor-bashing. What doctors want is the best chance of an optimal outcome for every patient intervention. When re-credentialling becomes a reality (and I have no doubt that it will), we want to see the highest level of self-regulation that the political process will allow.

We doctors are the guardians of the sacred knowledge, and it is not being parochial for us to claim the highest level of involvement in determining how our practitioners will keep the light of that knowledge burning brightly into the future.

Wayne Herdy
North Coast Branch Councillor, AMAQ

RDMA May Meeting 29.05.2013

Chair President Dr Wayne Herdy, Speaker Dr William Braun Topic: Obesity and its Metobolic Diseases, The Role of the General Practitioner. Sponsor Allergan: Richard Dennis

Centre top clock wise;
RDMA President Dr Wayne Herdy & Speaker Dr William Braun. Allengan Sponsor: Richard Dennis & Margaret MacPherson **New Members:** Lisa Daniels, Sakib Taggert Seena. Melissa Lee, Oram Caroll, Dr Wayne Herdy, Erika de Costa & Kamara Sydney Smith. Samir Bhagwat. Salih Bazdar & Margaret McPherson

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: **Tuesday 25th June 2013**

Time: 7 for 7.30pm

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

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

Agenda:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Wayne Herdy - President RDMA Inc.
7.35pm	Sponsor: Bayer Pharmaceuticals
7.40pm	Speaker: Dr Patrick Carroll Topic: Appropriate usage of new oral anticoagulants in the treatment of DVT and prevention of stroke and systemic embolism in NVAF
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 21st June 2013

QML Pathology.

RDMA VICE PRESIDENT
Dr KIMBERLEY BONDESON

SELF FUNDING, MEDICARE LOCALS AND FLU SEASON FORECASTS

Ongoing concerns are the Governments stance concerning the $2000 Cap on Self Education expenses. If this does come in, and believe me it has been taken up and objected to by all medical groups across the board, including the AMA, RACGP, and RDAA amongst many others, then it will change the way we practice medicine and keep up to date. It will particularly impact on trainees in the different specialties. Let us sincerely hope that the government of the day does not go carelessly ahead, and then wait and see the results, in the same manner they pushed and rolled out the GP Superclinics.

Medicare Locals are still there, and anyone who has read their original after-hours contracts with general practices will be pleased to know that these have now been changed. They have removed the clauses that would have granted ML and government officials the right to enter practices and access records for auditing. I haven't seen the new contract yet, but hopefully they also removed the references to "Body Corporates" which is constantly mentioned in the contract.

Well, winter is here with cold early mornings and cool days. We have not seen any real activity in influenza presentations, but a peak is still expected later in the year. Last year, as a GP, we saw our first proper flu season in our practice with more patient flu presentations than we've had for several years. Apparently there is a difference in the Northern and Southern Hemispheres influenza strains. It is predicted that Australia will see a nasty flu season this year, but we will have to wait and see.

Kimberley Bondeson
Vice President

SNAPSHOT FROM THE PAST Hospital's Status in Doubt
REDAMA Newsletter from Series 2 No 12 June 1991, Page 3

HOSPITAL'S STATUS IN DOUBT

The future status of Redcliffe Hospital has become a story of mixed fortunes, according to the latest information available to the Redcliffe and Districts Local Medical Association.

In the past month, various, seemingly unrelated, events have created an air of confusion in medical, political and community circles about the hospital's immediate future.

According to the LMA president, Dr David Brand, the prospects have gone from very encouraging to heart-breaking.

"It now looks like Stage 2 of Redcliffe Hospital is going to become another 'Redcliffe Railway Saga' complete with spoiled election promises," Dr Brand said.

The drama began when several letters were published in local newspapers - some totally incomprehensible - criticising the hospital board and staff over inadequacies and perceived, preferential bed allocations.

IMPROVED

The LMA executive decided to buy into the issue by drawing attention to the fact that the criticism should be directed at the Health Department.

A media release defending the hospital board, staff and medical consultants pointed out that matters would be significantly improved by the construction of the long awaited Stage 2.

But Health Minister, Mr McElligott, responded with a statement indicating that the improvement would be created by the construction of the new hospital facilities at Caboolture.

The statement admitted that it would be at least two years before there would be any move on extensions at Redcliffe.

MATERNITY

This was followed by the news that the Health Department was insisting on proceeding with the construction of a maternity wing at Caboolture despite advice from specialist obstetricians and gynaecologists at Redcliffe that they would not be able to guarantee their services.

Dr Brand said he had now heard from general practitioners in the Caboolture area that they would be reluctant to provide their services without the support of the specialists.

"Redcliffe Maternity is coping well with the current demand but it will need to expand in the foreseeable future," he said in a media release.

After a visit to the hospital, Mr McElligott called a "hold" on the Caboolture project to allow time for a "survey of area needs to be carried out."

"One would have thought a survey would have been the first thing the department did before making any plans for a maternity wing, anywhere," Dr Brand said.

"What is more important is the fact that we know there are no GPs or specialists interested in servicing a maternity wing there.

"Surely that would have been detected if a proper survey had been carried out before plans were made," he said.

The LMA will canvas support from all organisations throughout the region in a bid to prevent any erosion of the hospital's services or status.

..."Don't expect instant changes"

• AUTHORITY DIRECTOR TELLS LMA

There was promising news about hospital services when the newly appointed Director of the Sunshine Coast Health Authority, Dr John Menzies, attended the May meeting of the Redcliffe and Districts Local Medical Association.

Dr Menzies (pictured right) assured the meeting the Redcliffe Hospital would be enthusiastically embraced into the new system which includes Nambour, Gympie and Caboolture Hospitals.

He said it was expected the authority could be based at Mooloolaba and that regular visits would be made to each hospital.

Dr Menzies described the new system as "bringing Queensland into line with all other States."

He said he believed that when it was fully operational, doctors, hospital staff and the general public would see the benefits.

"But don't expect instant changes from day one - on the surface nothing will change for a while because it is not our intention to rush in with innovations and revolutionary ideas," Dr Menzies said.

The new system will be administered on a multi-level with each hospital retaining its own management team. answering to the Director.

A Board of up to five directors will set policy and maintain control of budgets and staff allocations.

Dr Menzies said it was likely that each hospital would have one "senior" staff appointment but basically, all administration would be a team effort.

The new system will come into effect on July 1 throughout the State.

The current medical superintendent at Redcliffe, Dr Steve Buckland, attended the meeting but had no comment on the new arrangements.

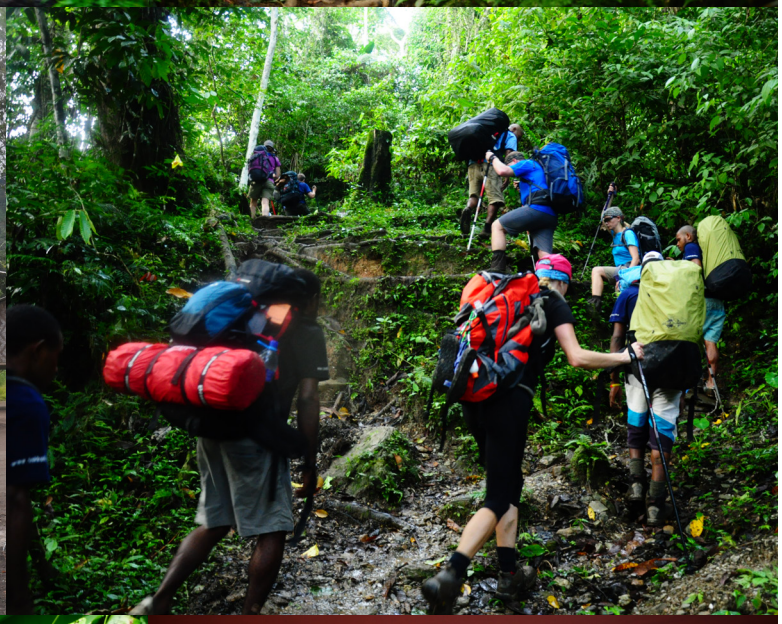
Dr Menzies told the doctors he believes the regionalised authorities would produce a better system of hospital administration and better utilisation of facilities.

He declined to offer comment on whether the next stage of Redcliffe Hospital should be seen as a high priority.

The names of the members of the Board for the Sunshine Coast were to have been announced in the last two weeks of June.

They were not available from the Minister's office when this edition of Redama went to press.


Kokoda



MEDICAL MOTORING
with Doctor Clive Fraser

Motoring Article #103
Safe motoring,
doctorclivefraser@hotmail.com.

Parking Sensors "Is My Car Haunted!"

Having worked in the field of psychiatry for nearly 30 years, I'd be the first person to admit that I have met some interesting people in my time.

For the most part I'm humbled that most of my patients are just like you and I.

They have all the strengths and frailties that make us human.

And whilst many people have confided some very personal details, I'm yet to meet someone who has told me that they've actually seen a ghost.

Whilst this may simply be an aberration in my history taking as I ask no screening questions on this topic, I am quite surprised that there have been no apparitions, particularly amongst those unfortunate individuals who have the severest of mental ailments.

Throughout recorded history and in most cultures there is a common element that sightings, if not belief in the presence of ghosts is almost universally described.

As a paid-up member of the Skeptics Society I can assure you that I hold no belief in water-divining or homeopathy, but I do know that millions of people around the World do believe in these things.

As a scientist I can immediately explain this as relating to the power of the placebo.

So if millions of completely sane individuals can believe that a solution containing not even one atom of a substance may relieve them of their ailment, why can't I for a brief moment believe in ghosts?

My evidence for my car being haunted stems from the fact that annoyingly and intermittently my reversing sensors have started detecting something behind my vehicle.

This only began when my car was two years old.

After replacing the aforementioned sensors multiple times the problem has persisted with my dealership finally suggesting that my factory-fitted tow-bar was the problem.

But I'm still unable to understand how my tow-bar eluded detection for a whole two years and according to Google I'm the only owner on this planet with this problem.

Could it be a ghost? Why not? Some 'facts' about ghosts

What is the mass of a ghost?
Most ghosts are the same size as an ordinary human equivalent. The average human has a volume of 70 litres. As ghosts 'float' in the air their mass would be 1.2 kg per cubic metre which means the average ghost weighs 84 grams.

What do ghosts wear?
Clothes silly, just like the rest of us!

Why don't ghosts have feet?
A good question which I can answer in a future motoring column if enough doctors need to know.

PS:
Whilst not acknowledging that my car may be haunted, the manufacturer of my vehicle has now found a 'gremlin' in my gearbox and will be replacing 30,000 units in Australia to eradicate the pesky problem.

Safe motoring, Doctor Clive Fraser
Email: doctorclivefraser@hotmail.com

Secure your Location Goodwill

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ACCOUNTANTS & INVESTMENT ADVISERS

Medical practices are usually very stable businesses, operating from the same location for many years. Over time, while the doctors operating from the location may change, the public associates the physical location with a medical practice and the site goodwill grows. With this in mind, a strategic opportunity may arise to own the physical location and capture this site goodwill for the future.

Many of you have probably thought from time to time what it would take to purchase a commercial medical suite, perhaps with a colleague or on your own. This is not a silly idea or in most cases that far out of reach. A stunning opportunity has presented itself to act upon this idea and make it a reality. Maybe the time is neigh? There is a somewhat a perfect storm at large with a mix of significantly low interest rates, deflated property prices in a buyers market and the opportunity of long-term growth yields. In most cases what seems to hold us back from activating this idea is of course, personal cash flow, most of which is tied up in the family home, the business and other personal debt pressures. Let's face it, with Superannuation going to 12% by 2019 chances are there will be a point undoubtedly for most of us that our superannuation may have more liquidity than we do personally. It's just a fact. This being the case you may wish to make this liquidity work for you and see your Super Fund help achieve your goals now and into the future.

- Did you know your SMSF can borrow to buy the premises that you operate out of and the big banks will lend up to 80%? Possibly even higher for Medical practitioners.

- Did you know that the property can be jointly purchased between yourself and a colleague or group of colleague's Super Funds to boost your purchasing power via a trust structure?

- Did you know the rent paid to you Super Fund/s for the premises could be a tax deduction to you and your colleague/s which can be used to pay down the borrowing?

- The rent paid across to your super Fund/s can be used to pay down the loan, so effectively the tax office is funding a portion of your loan repayments.

- Do you understand the increased asset protection that is provided for you and your family by holding assets within a Superannuation environment? This is important for you and your family in this increasingly litigious society.

- Did you know the payments of rent are a way of moving family wealth into super and are not counted toward your annual contribution limits?

- When the time comes for you to retire your fund/s may still receive the rental income of the premises, which with other asset mixes that you may have by retirement, may provide an income stream for you suitable for your lifestyle needs.

There are a couple of options to consider when activating the above and there are many legislative aspects to balance. Each and every scenario is individual and variable based on your personal goals and circumstances. We at Poole Group are leading the market in Superannuation advice and compliance. Please contact us to throw some ideas around and take advantage of the opportunity to maximise a unique set of events for you and your family, because as you know, opportunities like this do not last forever. The key is to recognise it when it occurs.

David Darrant & Stacy Barnes - Poole Group
Phone 07 5437 9900
Research with the help of Super Intelligence Pty Ltd

COMPUTERS & GADGETS

Email: apndx@hotmail.com.

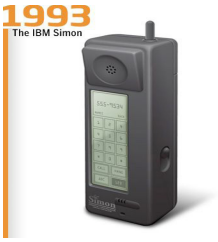
with Doctor Daniel Mehanna

"Mobile Wars""

Fresh from our discussion of Window 8 last month, it is time to concentrate on the other battle ranging for the hearts and minds (and wallets) of the consumer.

Proponents (or opponents) on either side range from passionate to stubborn, pigheaded and even sheer ignorant. They have been known to rant, insult, abuse and degrade their adversary's view. The architect of one of the sides has even threatened "thermonuclear" war towards the other side! No kidding. No....we're not talking the FORD vs Holden rivalry...(RIP Falcon - I'll leave for that Dr Clive Fraser to discuss in his column) but the Apple VS Android wars.

But first let's go back to the beginning. It was 40 years ago, April 3, 1973. Martin Cooper, then a senior engineer at Motorola, made a cell phone call — the first one ever. The call, in the presence of a journalist, was to his chief competitor, Dr. Joel S. Engel, who was head of Bell Labs: "Joel, this is Marty. I'm calling you from a cell phone, a real handheld portable cell phone." Yes, the first cell phone call was for the purpose of gloating!



Since then the race has been on to make better, faster, smaller and more recently smarter phones. In the early day phones were big and bulky and could only do essentially one thing - make phone calls. Those were the days when Nokia and Motorola were king. Life was simple and seemed good. People were satisfied showing off their "bricks". Over time however, phones got smaller and basic functions added to their feature set. Phones became able help us in our daily lives by connecting to the internet, running third party applications and a host of other advances were made and the Smartphone was born.

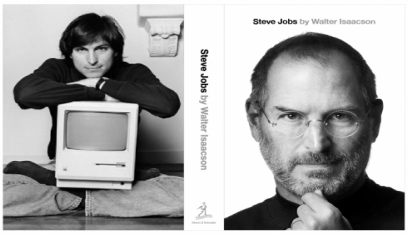
The Smartphone

Although we think of the Iphone as "the" smartphone arguably the first smartphone was made by IBM in 1993 and was called The IBM Simon (which even had a touch screen!). This was then followed over the years by the Blackberry (or "crackberry" as it became affectionately known by its users alluding to its addictive quality) and models by Nokia and Eriksson.

Apple and the iPhone

The game changed in 2007 with the release of the Apple iPhone. Development of what was to become the iPhone began in 2004, when Apple started to gather a team of 1000 employees to work on the highly confidential "Project Purple". Under Steve Job's guidance, the focus of research was steered away from the tablet to a phone. Apple designed both the hardware and the software at an estimated development cost of US $150 million over thirty months. On January 9, 2007 Steve Jobs announced the iPhone at the Macworld convention and on June 29, 2007 the first iPhone was released.

This was a breakthough and has become a modern success story. Over the years both the hardware and the software have been incrementally improved to have we have today. Crucially apple has taken a closed approach with its software and hardware. Users are essentially locked into the Apple ecosystem (unless the phone is jail broken – essentially modified against Apple's wishes) with very little freedom in terms of customising and modifying the phones and operating systems- a stance essentially opposite to Androids philosophy.



Among the many features that the iPhone introduced was the establishment of the application marketplace whereby third part developers can write programs for the device. This marketplace and especially the quality of its apps has been one of apples strong points.

Google and Android

Android, Inc. was founded in Palo Alto, California in October 2003 with the intentions to develop an advanced operating system for digital cameras. The focus was eventually turned to designing a mobile device operating system. Google subsequently acquired Android in August 2005. Android is a Linux-based operating system which is open source.

This is one of Androids major advantages (and disadvantages) over Apple. The operating system is easily customisable and modifiable with enthusiasts modifying major parts of the operating system and repacking it into whole new operating systems. The downside of this is security. Whereby the iPhone operating system is generally safe and secure due to apple strict rules regarding the operating system and its app store , android is generally much less secure especially if the phone as been "rooted" (androids' version of jailbreaking it) and dubious third party application allows to run on it. Worryingly, due to Google's general laxity with security numerous apps on the Google store have been found to have serious security concerns.

Apples view of Android has essentially been of anger, accusing android of copying Apples ideas. Famously Steve Jobs (founder of Apples) was quoted as saying: "I will spend my last dying breath if I need to, and I will spend every penny of Apple's $40 billion in the bank, to right this wrong," Jobs said. "I'm going to destroy Android, because it's a stolen product. I'm willing to go thermonuclear war on this." One thing that is certain, however, is that competition in the market has benefited the consumer with improved products.

Next month we will compare the two operating systems. Happy computing!

Arthritis to breast cancer

THE latest in gadgets to help arthritis suffers were paraded to an amazed audience at the May meeting of the Redcliffe and Districts LMA.

Sponsored by Pfizer, manufacturers of Feldene, the meeting heard an update on arthritis treatment and support services from Lyn Newcombe of the Arthritis Association.

Lyn, with Judy Larsen, then displayed the gadgets which included table knives, tap turners, special scissors and a teapot tipper, all designed to help sufferers.

Lyn urged doctors to make greater use of the association's services in counselling and support.

She said services included self help courses, exercises, relaxation classes and a water exercise programme.

She repeated the philosophy that exercise is one of the best forms of treatment - or prevention - of arthritis.

The association holds regular meetings featuring experts in all fields of arthritis and supports research.

State manager of Pfizer, Warren Doherty, reminded doctors that his company is committed to research-based production policies.

"We ask doctors to remember that when choosing which drug to prescribe," he said.

The latest on screening for breast cancer will be the topic for the guest speakers at the June meeting of the Redcliffe and Districts Local Medical Association.

The speakers, Dr Colin Furnival and Dr Cheryl Hirst will outline their views on Why and How breast screening should be carried out.

The meeting will be sponsored by Roche.

It will be held at the Golden Ox Restaurant, Oxley Avenue, Margate on Friday, June 28 at 7pm.

Acceptances must be lodged with the secretariat (284 6666) by June 26.

Pfizer State Manager, Warren Doherty (left) and area representative Mark Geard, deep in conversation with president, Dr David Brand, after the meeting.

The HODGE REPORT From Page 11

They are talented young people who can care for their own ethnic group.

Two questions need to be answered.

The first is "Do we need immigrants?" We are already over-supplied and are graduating all the doctors we need.

Any claimed shortages are the result of maldistribution of the medical workforce, an issue being given priority attention by the Queensland Government and the AMA.

The second question is how good are their qualifications and suitability to practice in our community?

The answer is that the qualifications, postgraduate training and professional skills of most of the potential immigrant doctors are inferior to a great extent to those of Australian graduates.

There are now more than 100,000 unemployed doctors in the EEC who have not completed an intern year.

The AMC examination has provided a benchmark for determining competence of foreign medical graduates.

We all know immigrant doctors who have passed the AMC examination and who practice a high standard of medicine in our community.

The present move by NACSR to allow registration without passing appropriate examinations is deplorable.

It cannot be denied that a high level of competence is required in order that doctors can understand Australian disease patterns and Australian medical traditions with the ability to communicate in the Australian idiom.

The AMA insists that high medical standards be maintained.

FREE MEDICAL CLASSIFIEDS

DR PRAVIN KASAN, Obstetrician, gynaecologist and colposcopist has relocated his practice to Suite 3, (new extension), Peninsula Specialist Centre, George Street, Kippa Ring. Telephone no is unchanged at 284 4211, a/h 203 4112.

DR PETER WILSON, general paediatrician, advises that he no longer visits at Bongaree Arcade, Bribie Island on Tuesday afternoons. Dr Wilson is practicing from 3 Annie Street, Caboolture. Ph. (074) 95 2833 and has a Wednesday morning clinic at Albany Clinic Specialist Centre, Albany Creek Road. Ph 264 4694.

DR ROBERT EDWARDS, Thoracic Physician, has extended his practice in thoracic medicine to Margate Specialist Centre, 282 Oxley Avenue, Margate on Thursday afternoons. Ph 870 4511.

REDCLIFFE Hospital Cancer Support Group meets on the 1st and 3rd Wednesday of each month. 10.30am-12 noon. All welcome, free admission. Details, Alice de Vries, 883 0883.

MEMBERS of the Redcliffe and Districts Local Medical Association are given notice that the Annual General Meeting will be held on Friday, July 26, at 7pm, at the Golden Ox Restaurant, Oxley Avenue, Margate. Nominations for the positions of President, Vice President, Secretary and Treasurer should be submitted, in writing to the Secretary by July 10. Notices of Motions for consideration at the meeting should be submitted in writing by the same date.

REDAMA REPORT

Redama Report is the official publication of the Redcliffe and Districts Local Medical Association, and is distributed free to members of the medical profession in the association's designated area.

Editor: Ross Thompson, The Word Factory Public Relations, PO Box 525 ASHMORE CITY 4214.

Telephone: (075) 91 3099 Fax: (075) 91 3216.

Narangba Family Medical Practice

Job Vacancy

A part-time *(with view to full time if required)* VR Family Doctor for the Narangba Family Medical Practice (www.narangba-medical.com.au) as one of our doctors (Dr. Orr) is leaving to specialise.

We are a three doctor, fully computerised, non-bulk-billing practice established since 1986 in an outer, semi-rural northern suburb of Brisbane. The ideal candidate would be of an age where taking over the whole practice eventually would be a distinct possibility.

Contact: Dr Peter C. Stephenson, Mobile: 0403 151 602.

Practice Location: Opposite the Narangba Railway Station, Main Shopping Centre, beside the Narangba Pharmacy.
Street Address: 30 Main Street, Narangba Q 4504.
Postal Address: P.O. Box 3 Narangba Q 4504

MAJELLAN MEDICAL CENTRE

Job Vacancy

A VR, GP is required for a Scarborough Beachfront, Non-Corporate Practice which is 30 minutes from Brisbane's CBD. The Accredited Practice has private billing facilities, modern equipment and has staffing of nine doctors and registered nursing support.

The Medical Centre has a Computerised Skin Cancer Clinic, ultrasound machine and operating microscope. Allied Health staff are also on site. A candidate who is fluent in English, Afrikaans, Dutch, German or French languages would be an advantage.

Contact: Angela De-Gaetano (Practice Manager)
Practice Location: Majellan Medical Centre, 107 Landsborough Avenue, Scarborough Q 4020
Practice Phone: (07) 3880 1444 **Practice Fax: (07) 3880 1067**



THE MEDUSA PHENOMENON

AUTHOR:

Dr Mal Mohanlal

In the Greek mythology Medusa was a monster with a human female face. From her scalp grew living venomous snakes instead of hair. She looked so hideous that gazing directly upon her would turn anyone into stone. In my mind I regard this fear of turning into stone, very much like fear of transforming oneself into a new person, when confronted with reality as the Medusa Phenomenon.

Do you know that this phenomenon is exhibited by the self or ego in every individual whenever a fundamental change or direction in lifestyle or thinking is required? There is a fear that if we honestly looked at ourselves that perception might change us and we might lose our identity or the comfort zone we have created. There is therefore a tendency to always look away from ourselves and think that the solution to our problems lies outside us and not within us. This way we can avoid taking direct action and make only superficial changes in our lives without disturbing the status quo.

Facing reality is therefore like gazing at the Medusa. It elicits the Medusa Phenomenon. Look around you and you will find the Medusa Phenomenon in action everywhere.

For example if a person avoids something for fear that it might change his thinking or change his perceptions, is surely reflecting the Medusa Phenomenon. It is always easier to hide behind a belief system or a label and become a follower than to question the value system we have created.

When we want to lose weight, what do we do? We go on a diet, as if there is a magic formula outside us that will solve our problem. But surely it is because we have been consuming more calories than what our body requires in 24 hours that we have gained weight. So in order to lose weight, all we have to do is consume fewer calories than what we need in 24 hours. But no we do not do that. We depend on the various diets to teach us to eat less and lose weight. Hence we have a whole industry developed in making money out of people who are overweight.

Again if we looked at the problem of smoking in society it is the same situation. The smoker usually knows that smoking is bad for health, yet he continues to smoke. He is lead to believe that he needs outside help to give up smoking. He thinks he needs will power to give up smoking. Having a weak will power is a good excuse not to give up smoking. Hence we have now a whole industry developed to help people give up smoking. Surely what the individual needs is a change in his perceptions. Smokers are a good example of the Medusa Phenomenon in action because they dare not honestly look at themselves.

Alcoholics and drug dependents are another group where this Medusa Phenomenon is seen to be operating in full force. They dare not look at themselves for fear that what they see, might change them. It is better to blame the past and the world outside them for their misery rather than confront reality. If they were to find themselves on a desert island, they would be probably more concerned with where their next meal was coming from, rather than their next drink or pill. So you can see that solutions to our problems are quite simple and lie within us. If you are one of those people who dare not look at yourself or hate to look at yourself, clearly what you need is change in your perceptions. Read **The Enchanted Time Traveller** and learn how to change your perceptions without using will power.

Visit website**:** **http://theenchantedtimetraveller.com.au/** The book is also available as an EBook.

Interesting Tidbits NATTY MOMENTS:

Only Joking !! Punography!!

When chemists die, they barium.
Jokes about German sausage are the wurst.
I know a guy who's addicted to brake fluid. He says he can stop any time.
How does Moses make his tea? Hebrews it.
I stayed up all night to see where the sun went. Then it dawned on me.
This girl said she recognized me from the vegetarian club, but I'd never met herbivore.
I'm reading a book about anti-gravity. I just can't put it down.
I did a theatrical performance about puns. It was a play on words.
They told me I had type-A blood, but it was a Type-O.
PMS jokes aren't funny; period.
Why were the Indians in the USA first? They had reservations.
We're going on a class trip to the Coca-Cola factory. I hope there's no pop quiz.
I didn't like my beard at first. Then it grew on me.
Did you hear about the cross-eyed teacher who lost her job because she couldn't control her pupils?
When you get a bladder infection urine trouble.
Broken pencils are pointless.
I tried to catch some fog, but I mist.
What do you call a dinosaur with an extensive vocabulary? A thesaurus.
England has no kidney bank, but it does have a Liverpool .
I used to be a banker, but then I lost interest.
I dropped out of communism class because of lousy Marx.
I got a job at a bakery because I kneaded dough.
Haunted French pancakes give me the crepes.
Velcro - what a rip off !

I'll have to say I got married over seas, my wife hates me saying I married abroad!

A cartoonist was found dead in his home. Details are sketchy.
Venison for dinner again? Oh deer!

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

DISCUSSION PAPER EXPOSES "NEW TAX ON LEARNING".

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA Vice President, Professor Geoffrey Dobb, said today that Government assurances that employer provided genuine medical education would not be affected by new tax arrangements have been undermined by the Government's own Discussion Paper.

Under the proposed reforms, the tax deduction for work-related self-education expenses would be limited to $2,000 per person from 1 July 2014. Professor Dobb said that both the Treasurer and the Health Minister have said publicly that the new arrangements would not penalise legitimate education activities and employer-funded education would not be subject to Fringe Benefits Tax (FBT), but the Discussion Paper sets out a different view.

Clause 68 of the Discussion Paper says: "The Government understands that many employers incur education expenses on behalf of their employees as this training provides benefits to their business.

As part of this proposed measure the otherwise deductible rule may no longer apply to education expenses in excess of the $2000 cap. This may result in employers being liable for FBT on any education expenses over the cap of $2000, incurred by them on behalf of their employees." "The Discussion Paper states clearly that legitimate employer-provided self-education expenses will be caught up in the new arrangements and potentially subject to FBT," Professor Dobb said. "It is a tax on learning.

"It goes much further than the Government's stated policy position. "It would add enormous cost and complexity to ongoing medical education, and many doctors will be forced to limit or scrap further education as their employers opt out of supporting this activity.

"The danger is that the Australian community will have a medical workforce in the future that is less skilled, less trained, and less motivated than today. "The tax system will discourage doctors from becoming even better doctors." Professor Dobb said that the new tax measures would have a dramatic effect on areas that are already experiencing medical workforce shortages.

"Doctors working in rural areas of Australia, especially Western Australia, Tasmania, and the Northern Territory, will no longer be able to afford the travel and other costs associated with the medical training needed to help them serve their communities, and many may choose to move to larger centres.

"The Government must immediately withdraw the Discussion Paper and instead engage in face-to-face consultation with the medical and other professions to protect genuine and much-needed professional development."

13 June 2013

John Flannery 02 6270 5477 / 0419 494 761
Kirsty Waterford 02 6270 5464 / 0427 209 753

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

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP

Attendance at the Redcliffe & District Medical Association (RDMA) Meeting is **FREE** to current RDMA members.

Doctors are welcome to join on the night and be introduced to the members. **Membership application forms are in this edition and available at the sign-in table on the night.**

Meeting dates are in the date claimers on page 4
COST for non-members:
$30 for doctor, non-member

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CHANGES TO CLASSIFIEDS

Classifieds remain **FREE** for current members. To place a classified please email: RDMAnews@gmail.com with the details for further processing.

Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

Members wishing to advertise are encouraged to take advantage of the Business Card or larger sized advertisement with the appropriate discount on offers.

REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription Benefits

Don't waste time! Join now!

Monthly Newsletters, Topical Educational Meetings, 3 Course Cuisine, Rounded off with the End of Year Networking Meeting

Get your membership benefits! Socialise! Broaden your knowledge!

Dear Doctors

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

Annual subscription is $100.00. Doctors-in-training and retired doctors are invited to join at no cost. This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and/ or speakers are most welcome.

RDMA SUBSCRIPTION FORM – INTERNET PAYMENT PREFERRED

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

ABN 88 637 858 491

1. **One Member (July to June: $100; Oct.-June: $75; Jan-June: $50.00; April-June: $25.00)**
2. **Two Family Members ($25 Discount each) ($150 pro rata)** (Please supply details for both members)
3. **Doctors-in-training and retired doctors: FREE**

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

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

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

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

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

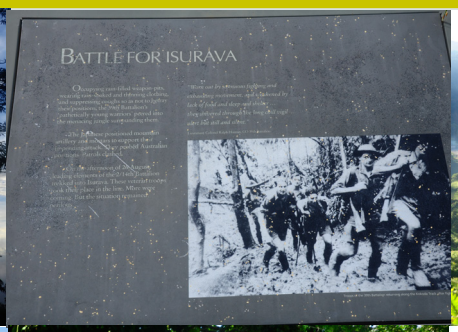
CBA BANK DETAILS: **Redcliffe & District Local Medical Assoc Inc:BSB**: **064 122 Account**: **0090 2422**

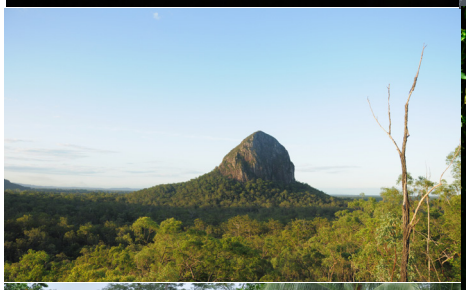
METHODS OF PAYMENT:

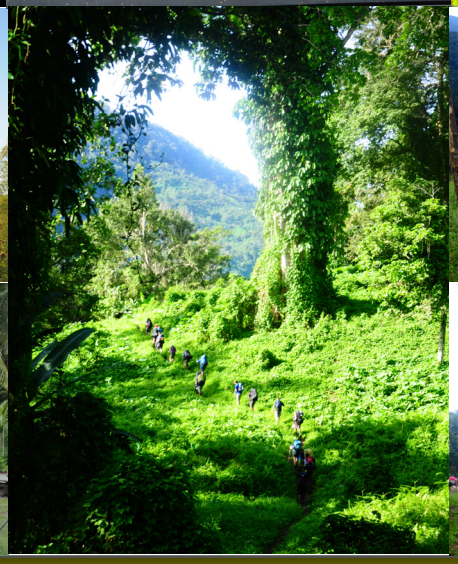
1. **PREFERRED INTERNET BANKING**
2. **PAYMENT BY DEPOSIT SLIP**: Remember: INCLUDE your name i.e: Dr. F. Bloggs, RDMA A/c & date:
3. **ENCLOSED PAYMENT:** (Member Subscription Form on website, type directly into it and email)
   i) **Complete form & return:**
   - **c/-QML or Redcliffe & District Medical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

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

Where We Live And Work







Kokoda