



Rocksberg Park

See Rocksberg Park featuring in our Historical Pictorial in this edition page 3 and our regular Where We Work And Live segment on Page 20 .



RDMA President's Message ... Dr Wayne Herdy

PRESIDENT'S REPORT.

Queensland and the rest of the world are recovering from an unprecedented series of natural disasters. Australia-wide, thousands were evacuated from nursing homes and transferred among hospitals, fortunately without serious incident. The worst effect in our area was relatively minor low-level flooding around Caboolture. It is timely to consider what might have been a lot worse for us, and the response that our profession might have been called on to deliver.

In Morayfield, nursing homes were cut off. In Caboolture, elderly and disabled were isolated from their usual health support. For short periods, the Bruce Highway was cut and ambulance access was denied along other major transport corridors. For short periods, electricity and telephones were interrupted and other public infrastructure such as our water supply was under threat.



In Ipswich, the largest pharmacy warehouse in Queensland went under metres of water, threatening the supply of most pharmaceuticals statewide. Other medical wholesalers lost stock, including personal protection equipment. Had an epidemic of infectious disease swept our area – and it could have, given the raw sewage and flood detritus washed onto the shores of Redcliffe and Bribie – we would have been deprived of the modern medical tools that we take for granted.

Individually, many households were prepared, with supplies of food and water and batteries. But collectively, as a profession, we must ask: how ready were the doctors of this area to handle what could easily have developed into our own local disaster?

Wayne HERDY

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

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DATE CLAIMERS :

For all queries contact Tracey: (07) 3049 4429

Venue: The Ox, 330 Oxley Ave, Margate

Time: 7.00 pm for 7.30 pm

2011 Dates:

Tuesday	March 29
Thursday	April 28 (Note Date Change)
Tuesday	May 31
Wednesday	June 22
Tuesday	July 26

Annual General Meeting

Wednesday August 31

Tuesday	September 13
Wednesday	October 26

Year End Networking Function

Friday November 25

APRIL NEWSLETTER 2011

The **14th APRIL 2010** is the **timeline** for **ALL** contributions, advertisements and classifieds.

Please email the RDMA Publisher at **RDMAnews@gmail.com** or Fax: (07) 5429 8407
Website: <http://www.rdma.org.au>

THIS NEWSLETTER

Thank you to the following members for their contributions:

- Dr Mal Mohanlal - Post Traumatic Stress Syndrome
- Dr Vernon Heazlewood - Morayfield Floods Pictorial
- Dr Peter Stephenson - Dr Peter Norman Eulogy 1924-2011

We eagerly look forward to reading and enjoying our members contributions in the next edition.

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Rocksberg Park



This parkland is situated at the end of the River Road Heritage Drive Trail and is located along the banks of the upper reaches of the Caboolture River. This naturally cool and attractive site has a long history of being used as a family picnic and paddling spot. As a result the area is being developed into a Heritage Park. The wish of local residents is for the social history of the early European settlers of the area to be honoured in this parkland. The photographs show just a few of the many families that toiled to establish farms, homes and eventually communities, hewn from this tough and ancient land.

*Saboteur River Crossings Leading To
Rocksberg Park*



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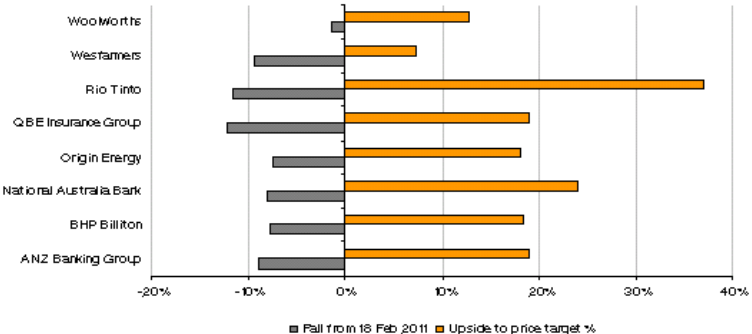
Market Volatility Creates Opportunities

Now is the time to review your portfolio, accumulate quality stocks and focus on the fundamentals.

Since the 18th of February the ASX 200 has fallen 408 points or 8%. The sell down was initially driven by Middle East tension; however, it has been compounded by a raft of national disasters most notably the tragic events in Japan.

The ASX 200 is now trading on 11x forward earnings, a 22% discount to

Table 1 : CORE : longer term holding that form the basis of a diversified portfolio



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its 10 year average. As a result we believe the market is fundamentally cheap. While it is always difficult to pick the bottom of the market we remain comfortable with the medium term outlook and economic fundamentals.

Therefore we recommend prudent investors use these opportunities to add to core holdings and reweight portfolios back into quality stocks. When confidence returns to the market we believe investors will be rewarded.

We believe investors should take this opportunity to reweight their portfolio back towards quality core stocks. We have seen the likes of Wesfarmers sold off by 9% in the last three weeks, Rio Tinto is down by nearly 12% and ANZ Bank is off 9%. These stocks are trading near six month lows and this is where investors who are willing to ride out the negative sentiment can benefit over the long term by buying blue chip stocks at attractive levels.

The market is not always rational in how stocks are treated. While some stocks have been heavily oversold, others have run, over the last three weeks. We believe investors should consider locking in some profits in smaller less diversified names and switching into their larger and more liquid counter parts. To put it simply we believe investors should consider trading up and improving the quality of their portfolios.

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REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: Tuesday 29 March 2011

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: Sanofi-Aventis and Warner Chilcott Represented by: Ian Thompson
7.40pm	Speaker: Dr Colin Kennett - Geriatrician, Brighton Community Health Topic: Osteoporosis in the Elderly
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: tracey.jewell@qml.com.au t: 3049 4429
by Friday 25 March

QML Pathology.

AMA QUEENSLAND PRESIDENT *Dr Gino Pecoraro*



Snapshot on the State of Health in 2011

Health reform has returned since taking hiatus at the end of last year, with changing political circumstances at the Federal and State levels producing a new agreement. This is again touted as “the most sweeping reform to Medicare since its inception,” rhetoric and superlatives aside, AMA Queensland continues to monitor the situation closely in tandem with our Federal and other State AMA offices to ensure the fine print of health reforms are not a backward step for doctors and our patients.

New Minister for Health

Following a number of resignations from senior Labor ministers, the Premier Honourable Anna Bligh reshuffled her cabinet resulting in the appointment of a new Minister for Health, Honourable Geoff Wilson.

I have met with the Minister on a number of occasions and discussed a number of issues of concern. The most immediate issues that remain unaddressed include a new Visiting Medical Officers' agreement, access for health professionals to private and confidential health treatment, and a strong investment in mental health following recent natural disasters around the State.

The Health Minister has one of the most challenging portfolios in its breadth and scope of issues and it is critical that he engages with clinicians to ensure proposed solutions work in the wards and waiting rooms of Queensland's hospitals.

GP Super Clinics

GP Super Clinics remain a contentious issue for GPs with a number of the proposed sites coming under scrutiny with claims the Federal Government did not assess the sites before they were chosen.

In February 2011, the Department of Health and Ageing held consultations for two proposed GP Super Clinics, one in the Sunshine Coast and one in the Gold Coast.

According to the Primary Health Care Research & Information Service's document, *Division Key Characteristics 2008-09*, the Sunshine Coast have one GP for every 865 people, the highest ratio in Queensland, while the Gold Coast have one GP for every 1011 people, the state's third-highest ratio.

By the Federal Government's own measure these areas cannot be considered Districts of Workforce Shortage where General Practitioners are in short supply. At a time where governments are scrambling to re-assess budgets and find financial solutions to fund the much needed disaster recovery in Queensland, \$22 million could provide much needed health services in areas such as Tully, Ipswich, Cairns and Toowoomba.

GP Campaign

Recently AMA Queensland requested feedback from all member and non-member GPs on the current issues threatening the way general practice operates in this country. The future of general practice stands to change due to issues such as:

1. Medicare Locals
2. GP Super Clinics
3. Bulk billing GP clinics in Queensland Hospitals
4. MBS Indexation
5. Nurse practitioners

Your feedback is of the utmost importance and without it AMA is powerless to truly represent your interests at a State and a Federal level.

To protect and empower general practice into the future we are urging all GPs to send through any general comments, advice and concerns about these issues to AMA Queensland. If you would like to provide feedback or wish to see a copy of the email please contact us at media@amaq.com.au.

Dr Gino Pecoraro,
AMA Queensland President

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 & 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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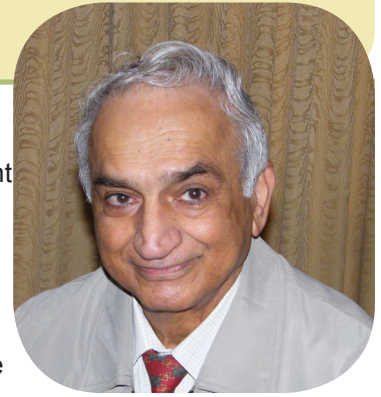
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POST TRAUMATIC STRESS SYNDROME

Mal Mohanlal REPRINT due to space restrictions



Our Federal Government spends millions of dollars in trying to improve our mental health but its right hand does not know what its left hand is doing. In fact we have created a system which promotes mental illness rather than improving our mental health

In the Courier Mail of 7 January 2011, Reserve Navy Commander Dr Doug McKenzie, a senior military doctor, is reported to have said that the post traumatic stress disorder (PTSD) epidemic was creating more illness than actually existed and was costing taxpayers millions of dollars. He describes it as a "mental illness gravy train".

He estimated that up to 90 percent of recent mental illness pension claims could be false. He called for the Government to launch an independent inquiry into the PTSD "epidemic".

Well good luck to you Dr McKenzie if you can bring about some positive changes in our hugely unmanageable bureaucratic government welfare system. But don't hold your breath. Not very long ago I pointed out to the Minister responsible for Workers' Compensation system in Queensland about how easy it was to exploit it. He pointed out that was the law and there was nothing he could do to change it. It seems that when anything becomes a law, it is immutable.


The message therefore is clear. If our legal system allows exploitation of the system, one should not blame any individual for exploiting it. It is the law and there is no emotionalism, sentimentality, morality or ethics attached to it.

Here is a case of a good looking young woman with a bright future who was a victim of sexual assault in one of the southern capitals. She wanted a referral to see a psychologist. On asking why, she said she was required to submit regular reports to the authorities because she was claiming damages as a victim of crime. With a financial gain to be made, what do you think is her prognosis regarding her mental health? Can the psychologist help her?

Now who is exploiting whom? The government bureaucrats who are trying to justify their existence with the administrative work or the lawyers who are making money from the legal process? Then

in comes the medical profession with the government designed mental health care plan with its referral to a psychologist, all giving the impression that they are helping out the victim and at the same time making a buck out of it. Finally the pharmaceutical industry with the chemists also gets its share of the cut with any drugs prescribed by the doctors. In the mean time the "victim" of course is only interested to see a pot of gold at the end of the tunnel even though we know that it will be contaminated with mental radioactivity by the time she gets there.

Clearly negative laws can only have a negative conditioning effect on the human mind and behavior. The result can only be negative. Unless governments are willing to look at such laws and changing them, I am afraid all we are doing is only shifting deck chairs on the Titanic when it comes to improving people's mental health. Please prepare for more mental illness in society as time goes by.



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Media Release

24 March 2011

AMSA congratulates Indigenous doctors of the future

On Close the Gap Day, the Australian Medical Students' Association (AMSA) congratulates the 14 Aboriginal and Torres Strait Islander Students who have recently commenced their first year of the Northern Territory Medical Program (NTMP) through Flinders University.

AMSA President, Mr Robert Marshall, said that the NTMP is an excellent example of positive steps that should be supported to actively close the 10-17-year gap in Indigenous and non-Indigenous life expectancy.

"Improvements in recruiting and retaining Aboriginal and Torres Strait Islander medical students are essential to reducing the health inequalities existing between Aboriginal and Torres Strait Islander and non-Indigenous Australians," he said.

The development of the Healthy Futures Report by the Australian Indigenous Doctors' Association (AIDA) has given a great best-practice framework to guide medical schools with the recruitment and retention of Aboriginal and Torres Strait Islander students.

"Programs such as the NTMP show a valuable example of how the recommendations of this report can be implemented with positive effects on recruitment and retention," Mr Marshall said.

"Along with these positive steps, governments and medical schools need to ensure all medical graduates are equipped with the skills, knowledge and attributes to provide quality health care to Indigenous Australians."

AMSA policy on Aboriginal and Torres Strait Islander Student Retention and Support is available at www.amsa.org.au

Media Contact

Lee Fairhead 0439 040 333



Left - Caboolture River 2 km wide.

Right - Long shot - Flotsam 10 metres up.

PICTORIAL
Morayfield Floods 2011
Vernon Heazlewood,



Morayfield Road, Centenary Lakes during the recent flood



Morayfield Road, Centenary Lakes after the recent flood



Morayfield Road, Centenary Lakes during flood

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Close up - Flotsam 10 metres up

Members contributions are welcome and contain topics of interest, clinical or non clinical in nature

MEDICAL MOTORING

with Doctor Clive Fraser

Motoring Article #78



Safe motoring,
Doctor Clive Fraser
doctorclivefraser@hotmail.com

“Constant Velocity”

In 1926 Alfred H Rzeppa, an engineer with Ford, invented a new type of joint that articulated at variable angles between two rotating shafts.

For nearly 400 years there had been other styles of universal joints, the most common of these being the Cardan Joint.

Essentially a pair of closely coupled hinges configured at 90 degrees to each other, these joints are used in gimbal mountings on a ship's compass and are on the tail-shaft of every old Holden.

Though simple in design, they require a lot of maintenance and don't work in extreme angles.

They also have a fatal flaw.

You see, because of their geometry the constant angular velocity of the input shaft produces a variable speed in the output shaft.

The relationship between the two speeds is periodic, something like but not exactly the same as a sine wave with the period of the wave occurring at twice the frequency of the rotating shafts.

This effect can be counter-acted to some extent by placing two Cardan Joints out of phase with each other on a shaft.

But some jerkiness will still remain and is noticeable as a shuddering motion, particularly on take-off (aka launch shudder).

Whilst all of this might not matter much in a shaft driven by a steam engine, it certainly would be noticeable in the front end of a modern motor vehicle.

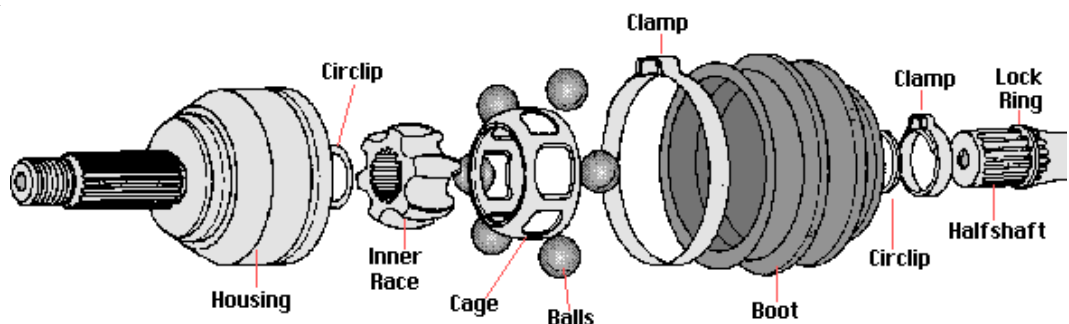
So Rzeppa's constant velocity joint solved the problem by connecting the shafts with a spherical coupling using six ball bearings on the articulating

surfaces.

The set-up follows the principle of a bevel gear in that the axes of the shafts intersect at a constant point at the centre of the sphere.

Power is therefore transmitted smoothly at variable angles up to 52 degrees.

And whilst CV joints work reliably provided that they are protected from the dirty outside world by a corrugated rubber boot, I regret to say that the left front CV joint on my new Volkswagen Passat CC became arthritic after only a few thousand kilometres and had to be replaced.



Alas, if that was the only problem with my car.

To be continued.

Practice Point - Constant velocity joints

Found in the drive-shafts of every front wheel drive vehicle. There is usually a pair on each shaft.

They are also used in all-wheel-drive vehicles. Audi Quattros have ten of them.

Rheumatologists like them because they are pain-free and have a good range of movement.

A clunking noise during a turn lets you know when they've failed. A noise in the outside wheel in a turn indicates a problem on that side.

Safe motoring,
Doctor Clive Fraser



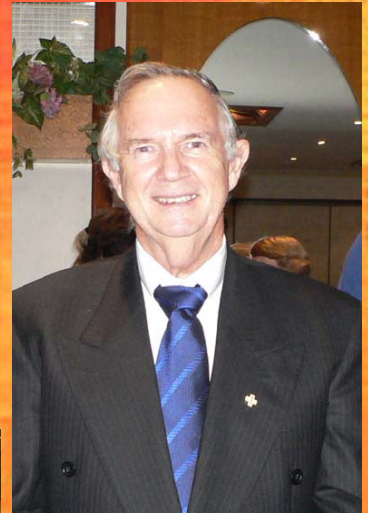
Kimberley Bondeson
Vice President

Guest Speaker

Dr Catherine Yelland
Director of Medicine
& Older Persons Unit,
Redcliffe Hospital

Topic:

New Investigations of
Dementia



Wayne Herdy
President

Venue:

Renoir Room, The Ox,
330 Oxley Ave, Margate



Peter Stephenson
Treasurer



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Ingrid Walker

Tracey Jewell
Meeting Convener

Redcliffe District Local Medical Association's February Meeting at The Ox 23/02/11



EXECUTIVE DIRECTOR REDCLIFFE HOSPITAL

Metro North Health Service District

Donna O'Sullivan



Yasi and Redcliffe Hospital

In preparation for Cyclone Yasi's approach to North Queensland, Cairns Hospital was evacuated. Redcliffe Hospital participated in this evacuation accepting 20 inpatients on transfer from Cairns Hospital. We were notified of the impending evacuation late morning and were told to expect patients the following morning.

Our first patients arrived around midnight that evening and, as they were ventilated, we sent a retrieval team to the airport to collect them. This was a novel job for us as patients are generally retrieved from Redcliffe Hospital - we usually do not do the retrieving. The following morning another 18 patients, with various ailments, arrived on our doorstep via ambulance transport. Four (4) of these patients birthed during their stay with us and another had birthed only 24 hours prior to evacuation.



Executive Director & Director Medical Services Redcliffe Hospital, Dr Donna O'Sullivan thanks Indigenous Hospital Liaison Officer, Michelle Pieper for supporting Aboriginal and Torres Strait Islander patients evacuated from Cairns.

The majority of the Cairns patients were Aboriginal or Torres Strait Islander. At this time Redcliffe Hospital's Indigenous Liaison Officer had only recently been interviewed and had not yet taken up the position. It was therefore critical that we source some assistance. Michelle Pieper from Metro North Health Service District's Primary and Community Health Services who is usually based at Caboolture Hospital was able to assist us in ensuring cultural appropriateness for the Indigenous patients.

As I noted in a recent staff newsletter; "Cultural support is very important for Aboriginal and Torres Strait Islander hospital patients and it was wonderful that Michelle could step in and lend a

hand at a time when our cultural support position was vacant. A big 'thank you' goes to Michelle for her efforts and her valuable contribution to the care of the patients who were evacuated".

Michelle said she was pleased to be able to assist and that she enjoyed the experience, which was both challenging and rewarding. "It was a very stressful time for these patients particularly as they felt disconnected from their families and communities. My role was to help them feel comfortable in the in their new surroundings and help hospital staff to deliver culturally appropriate care. It was rewarding work and it has been really hard to say goodbye to these people after building such a rapport with them."

Many staff contributed to the care of the Cairns patients. We have recently contacted 11 of these patients to seek feedback on their experience. It was interesting to note that most of the patients were unaware of their destination until either boarding the evacuation flight or on arrival at Brisbane Airport. However all patients noted that communication from the staff at Redcliffe was exceptional and that all patients felt supported in contacting and communicating with their families in Cairns. When asked if there were any possible improvements in Redcliffe's processes, all patients agreed that the care and attentiveness was above and beyond their expectations.



Michelle Pieper with one of the families she supported – Mum Lency, Dad Eric and baby Emma

This was a fascinating process to be involved with and really tested some of our systems. It was great to receive positive feedback on our communication processes as these are often the areas in which we lack. We continue to work in this space.

Cheers: Donna.

AMAQ & FEDERAL COUNCILLOR REPORT

*North Coast area representative, AMAQ Branch Council,
Queensland Area Representative, AMA Federal Council.
Wayne Herdy,*



HEALTH REFORM.

Health reform has dominated the medico-political scene for the past months. There are three domains of activity – Local Hospital Networks (LHN's), Medicare Locals (ML's), and GP Super Clinics (GPSC's).

LHN's have undergone radical revision, especially the funding proposals that would feed them. The Rudd concept of 60:40 (Commonwealth: State) funding with a GST claw-back is now history. The Gillard plan is now 50:50 contribution to a common pool.

The AMA was reluctantly satisfied with this option as the closest we are likely to come to a single source of funding. We wanted single-source funding because we saw it as the only way to end the cost-shifting and blame-shifting that treated our patient as pawns in a never-ending political game. But even the basic LHN agreement has been declared optional after the latest round of COAG talks. It looks as if Queensland will stay with the LHN concept, but not every State will.

ML's had their "final" boundaries announced in January, so all the Divisions and other potential players started jockeying for position to put in bids to form (not "become" as the jargon has it) the new ML's. But then the Prime Minister weighed in over her Minister for Health, declaring that some of the ML's were too big, and recognizing other problems. So even the "final" boundaries are being re-negotiated, with the final "final" boundaries to be announced some time in April, probably just after the close date for the first round of applications.

GPSC's are still being formed. One of the first GPSC's that was born without any GP's has finally recruited its first GP. Redcliffe is still being built, after an injection of about 100% additional funding. Strathpine is actually operational. There have been public meetings at Nambour and Caboolture, supposedly as two-way dialogues about actually comprising one-way information sessions – take it or leave it. The AMA remains opposed to GPSC's – they are no better than some of the private GP clinics that we have already been running for years, and give a huge public subsidy to create unequal competition for existing GP's, to develop a model that has no evidence base and a principle that has failed overseas.

NEW HEALTH MINISTER.

Queensland is still in the honeymoon period with its new Health Minister, Geoff Wilson, a country boy with a barrister's qualification. The Minister met with the whole (almost) AMAQ Branch Council only 12 days into his portfolio. We hope that this overture, a rare event to have a Minister in our home turf, signals a new preparedness to listen, a quality sadly absent from some of the past few Ministers.

He was open and honest, did manage to dodge a few questions by admitting that he was the new kid on the block, but answered what he could without much recourse to the Director-General who accompanied him, and closed with a promise to come back another day. This is a very promising beginning to a new portfolio. AMAQ does not expect to dominate Queensland Health policy, but in this new Minister we do appear to have a person who will listen to reasonable argument.

DISASTER SEASON

Brisbane floods, Christchurch earthquakes, cyclone destruction, Japanese earthquakes and tsunamis and nuclear catastrophes. Mother Nature has become very upset indeed, and thrown out challenges to the community one after another. The medical response has been outstanding. AMAQ quickly became a central reference point for the Queensland tragedies, and measured up extraordinarily well (even if we do have to self-congratulate, because we were not in the business of getting public congratulations when it was all happening). We have learned some valuable lessons on command, control, communication and coordination, and will do even better next time.

The tsunami following the Japanese earthquake caused a lot of concern as the wave spread down to the Pacific islands. Fortunately for our neighbours, the northern shore of PNG and the Pacific islands escaped virtually unscathed. While we cast our eyes north to Japan to await the call if we are needed, we are thankful that the vulnerable developing nations at our front door did not need our help.

As always, the opinions herein remain those of your correspondent,
Wayne HERDY,

Interesting Tidbits



NATTY MOMENTS:

Lexiphiles - Hope you enjoy these.

To write with a broken pencil is pointless.

When fish are in schools they sometimes take debate.

A thief who stole a calendar got twelve months.

When the smog lifts in Los Angeles, U.C.L.A.

The professor discovered that her theory of earthquakes was on shaky ground.

The batteries were given out free of charge.

A dentist and a manicurist married. They fought tooth and nail.

A will is a dead give away.

If you don't pay your exorcist you can get repossessed.

With her marriage, she got a new name and a dress.

Show me a piano falling down a mineshaft and I'll show you A-flat miner.

You are stuck with your debt if you can't budge it.

Local Area Network in Australia : The LAN down under.

A boiled egg, is hard to beat.

When you've seen one shopping center you've seen a mall.

Police were called to a day care where a three-year-old was resisting a rest.

Did you hear about the fellow whose whole left side was cut off? He's all right now.

If you take a laptop computer for a run you could jog your memory.

A bicycle can't stand alone; it is two tired.

In a democracy it's your vote that counts; in feudalism, it's your Count that votes.

When a clock is hungry it goes back four seconds.

The guy who fell onto an upholstery machine was fully recovered.

He had a photographic memory which was never developed.

Those who get too big for their britches will be exposed in the end.

When she saw her first strands of gray hair, she thought she'd dye.

Acupuncture: a jab well done.

IVF Caboolture

The fertility specialist team with over 25 years combined IVF experience.

IVF Caboolture offers all patients a FREE consultation. This consultation is tailored specifically to the needs of each person or couple and thoroughly explores every aspect of the IVF process thus enabling you to make fully informed decisions.

Services provided include egg freezing and Pre-Implantation Genetic Screening



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Dr Peter Norman 1924 - 2011, Obituary

by *Peter Stephenson,*



Dr. Peter Norman came to our area in the mid-1970 and worked in Kallangur as a GP. He had many GP practices from then till he retired in 2008 but he was the Government Medical Officer (GMO) throughout his career in North Brisbane and Pine Rivers. This entailed checking the recently deceased looking for foul play. Unfortunately he was contacted at all hours of the day and night. Because of this position, he was great friends with the Queensland Police and he told me that it was very beneficial whenever he was accosted by them for speeding.

Peter and I had many things in common other than our first names. We both went to the same medical school in Paddington, London which was St. Mary's Hospital Medical School. According to his biography, he was there during the second World War years and used to stand on the roof of the hospital and watch the V1 flying bombs land on London, with a fatalistic fascination.

He writes that he was accepted by the medical school because he was good rugby player, and I can attest to that too. Not that I was accepted for that reason, but we did consistently have a very good rugby team, winning the inter-hospital medical school rugby tournament regularly. The legendary Welsh/British Lions fullback JPR Williams was in my year at some point in his extended medical degree course, extended to allow him to carry out his representative rugby. Peter's medical school career was extended likewise.

He became a doctor to prove that he could because one of his headmasters laughed for five minutes after he told him that he was going to be a doctor. As he was at St. Mary's during the war years, he did not have much tuition as most of the teaching doctors were away at the war. He felt that he was mostly self taught from books and thought that he could have been a surgeon.

He and his wife Barbara were very keen on

Labradors and they built Lakeside Kennels on Narangba Road, Narangba. Through his love of dogs, he became involved in the cancer detection program using dogs. This program is going to be carried on after his death and is to be called the Dr. Peter Norman Cancer Detection Program.

He was an avid exerciser into his old age and as I also lived in Narangba, I would see him walking around Narangba early every morning. He would walk for many kilometers as it was good for his asthma. I was his GP till he moved into a nursing home. He only moved there to be with Barbara who needed to be there because of her Alzheimer's disease. Unfortunately, Peter was the chef at their home and the nursing home's food was not up to his taste so he had food smuggled in. He even got me to look into the food situation with the home's CEO!

Peter was a strong family man and had two children by his first marriage to an anaesthetist Rebe. He came to Australia in 1964, leaving his wife in Europe with their two children, who were to come out to Australia once he was established. However, that was not to be as Rebe reneged on their agreement and he had to "kidnap" his 13 and 11 year old girls from their school in Switzerland. Rebe did come to Australia to try and get them back but the court ruled in Peter's favour. While being separated from Rebe, he met Barbara when in Canberra. She had three children by her first marriage and "5 was enough" came about.

In his memoirs, he comments that he did not have a happy childhood. He certainly made sure that did not happen to their five children! At his recent memorial service, the love of all them shone through.

Rest in a well deserved peace, Peter.

Lillian van Litsenburg MP
Member for Redcliffe

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Lillian calls for Redcliffe people to be Queensland's healthiest

Healthy eating is an important part of a balanced happy and healthy lifestyle which includes regular exercise and a great social life.

Social activities are often arranged around food and often around the types of food we are told to avoid.

We are told this or that food is bad for us and so we feel guilty about eating it.

We are told constantly about our increasing weight which can cause more guilt about eating. Through a variety of circumstances, often cultural, many of us comfort eat when we are stressed and then diet frantically for several days after. Preparation of healthy food takes more time and energy which many of us don't have at the end of the work day.

All of this makes achieving a healthy, balanced diet a real minefield.

Vegetables and fruit are important because they build resistance to diseases including cancer and they can make the difference between feeling tired all day or feeling energetic and having sparkling eyes, healthy skin and hair.

Try adding some vegetables with each meal. Put some parsley or spring onion with your scrambled egg or some banana, apple or sultanas with your cereal. Add some lettuce and tomato with your lunch. Stir in some fresh baby spinach leaves into your pasta and put a couple of fresh seasonal vegetables on your dinner plate!

Healthy eating is not about dieting frantically, it's about moderation and trying to eat five serves of vegetables and two serves of fruit as often as you can.



And it's okay to have an ice-cream, a chocolate bar or fried chicken takeaway's occasionally.

You can get your fresh fruit and vegetables at one of our local Redcliffe Markets on Sunday's at the Redcliffe Showgrounds or at the Jetty Markets on the waterfront.

If you buy your lunch during the week, you could consider a healthy alternative to the hamburger and chips. Redcliffe has loads of healthy eating options like Fuss pots, Sushi train, Subway or the new juice and

Smoothie Bar at Blue Water square to name a few.

For heaps of good ideas and information about how to improve your diet and 'find your 30' head to www.your30.qld.gov.au

Redcliffe, let's make the healthy choices the easy choices and work towards becoming Queensland's healthiest community.

A handwritten signature in black ink that reads "Lillian van Litsenburg".



MEDICARE LOCALS AMA PROPOSES A BETTER MODEL

The AMA today released its Position Statement on Medicare Locals and urged the Government to adopt the AMA recommendations to establish better primary health care organisations (PHCOs) than the currently proposed Medicare Locals model.

AMA President, Dr Andrew Pesce, said today that the main function of Medicare Locals must be to better support the role of the GP in delivering services to patients.

"GPs are the highest trained practitioners in the primary health care setting and have a key role in the coordination and management of care for patients," Dr Pesce said.

"They provide 120 million services to patients each year.

"Medicare Locals could be useful to GPs by supporting them in carrying out their role and assisting them in accessing allied health services in the community.

"There must be no fundholding arrangements for GP and other specialist services and Pharmaceutical Benefits Scheme medicines.

"Local doctors must be on the Boards of Medical Locals and have leadership roles on other governance committees.

"These important arrangements and conditions are missing from the Government's guidelines, which means the AMA cannot support Medicare Locals as currently proposed.

"We call on the Government to defer the current processes to establish Medicare Locals so that there can be proper consultation with

the medical profession about the future of primary care in this country.

"Many stakeholders and commentators see problems with the proposed Medicare Locals.

"Even those who offer their support qualify that support with concerns about the proposed structure and governance of Medicare Locals, especially how they will coordinate care between primary and acute care settings.

"The AMA Position Statement contains sensible achievable recommendations to deliver quality primary care services to the Australian community," Dr Pesce said.

The AMA Position Statement on Medicare Locals is on the AMA website at <http://ama.com.au/node/6500>

24 March 2011

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REDCLIFFE AND DISTRICT LOCAL MEDICAL ASSOCIATION INC.

The objects for which the Association is established are:

- (1) THE PROMOTION OF THE MEDICAL EDUCATION OF THE MEMBERS, AND OF THE LOCAL COMMUNITY.
- (2) PROMOTION OF THE MEDICO-POLITICAL INTERESTS OF THE MEMBERS, PATIENTS, AND THE LOCAL COMMUNITY.
- (3) LIAISON WITH OTHER MEDICAL REPRESENTATIVE BODIES.
- (4) THE PROMOTION OF QUALITY MEDICAL SERVICES.
- (5) PROMOTION OF AN ENVIRONMENT TO FACILITATE AND ENCOURAGE SOCIAL INTERACTION BETWEEN ASSOCIATION MEMBERS.

We are here to

- (1) TEACH AND LEARN
- (2) BE INFORMED ON MEDICAL POLITICAL ISSUES AT ALL LEVELS
- (3) LOBBY ON LOCAL POLITICAL ISSUES
- (4) WORK WITH OTHER DOCTORS' GROUPS
- (5) WORK FOR THE BENEFIT OF OUR PATIENTS
- (6) NETWORK AND HAVE A GOOD TIME TOGETHER.

MEMBERSHIP APPLICATION AND RENEWAL FORM

MEMBERSHIP SUBSCRIPTION FOR THE PERIOD: 1ST JULY 2010 TO 30TH JUNE 2011

The Redcliffe and District Local Medical Association Inc. invites you to join our Association.

YOUR MEMBERSHIP GETS YOU

- FREE ENTRY TO OUR MONTHLY MEETINGS (10 MEETINGS A YEAR)
- MONTHLY NEWSLETTER (AT LEAST 10 ISSUES A YEAR)
- FREE ENTRY TO OUR END-OF-YEAR NETWORKING MEETING.
- THE ONLY LOCAL CONVOCATION FOR GENERAL PRACTITIONERS AND SPECIALISTS TO SOCIALIZE AND TO DISCUSS LOCAL AND NATIONAL MEDICO-POLITICAL ISSUES.

Subscription rates:

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REDCLIFFE AND DISTRICT LOCAL MEDICAL ASSOCIATION Inc

ABN 88 637 858 491

I hereby apply for membership of the Redcliffe and District Local Medical Association, and agree to abide by the Rules of the Association.

Signed:	
Doctor:	
(First Name)	(Surname)
Email Address:	
Practice Address	Postcode
Phone	Fax
<i>Please tick the appropriate box: "I do <input type="checkbox"/> / do not <input type="checkbox"/> give consent for my name and practice address to be included in the Association's website."</i>	

Membership fee enclosed, or

PREFERABLY Paid by: Internet Banking (Remember to place your name on the deposit i.e: Dr. F. Bloggs RDMA) Account: BSB 064 122 Account: No: 0090 2422 Redcliffe & District Local Medical Association/ Date and Bank Paid

Please complete this form and return to: Redcliffe & District Local Medical Association Inc. P O Box 223 Redcliffe 4020 OR c/-QML or by email to GJS2@Narangba-Medical.com.au

Where We Live And Work

The Rocksberg Monument

Through this Monument at Rocksberg,
We say thanks to God above,
For giving us a special cast,
Our Pioneers who settled,
At Rocksberg, in the Past.

Since 1852 many families have contributed to the heritage of Rocksberg. Acknowledged below are names from the first 50 years of European settlement.

BAKER, BROWN, CHAPMAN, CLARKE,
COSTAS, COTTON, FELSCHOW,
FLUX, FOSTER, GOELDNER,
HAMILTON, HENRICKS, HUDSON,
JAMES, KEILLOR, LINDSAY,
MACNAMARA, McCLURE, NEWTON,
OUTPIDGE, ROBERTSON, SMITH,
TAYLOR, WILSON, WRIGHT, ZILLMAN.

February 2004

Sculptor:
Guy Robinson.
Poet:
Ivan Wall.



Rocksberg Park

