RDMA & BLMA's Joint Newsletter

Newsletter March 2021

" A Doctor's View of Gallipoli Landings" https://anzacportal.dva.gov.au/stories-service/australians-war-stories/doctors-view-gallipoli-landings

See Where We Work & Live P20. A Doctor's View of Gallipoli

HTTPS://WWW.FACEBOOK.COM/REDCLIFFEANDDISTRICTMEDICALASSOCIATION/

RDMA President's Report Dr Kimberley Bondeson

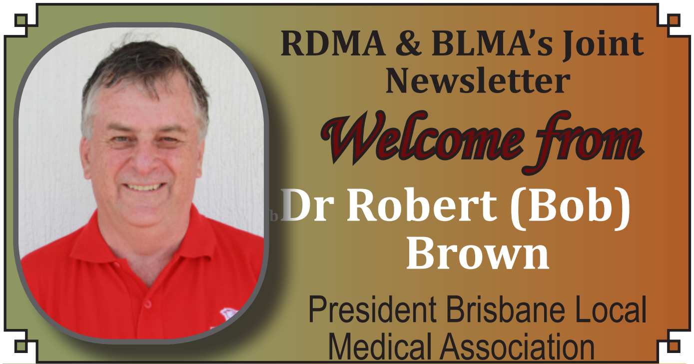
The year seems to be going extremely fast, we are nearly near the Easter season, which is in early April this year. And what a year it has been. We are about to start the roll out of Covid 19 Vaccinations next week in General Practices– phase 1b. Our practice has been allocated 80 doses for the first week, and we will be able to order 100 doses a week after that. These doses of the AstraZeneca vaccination are imported from overseas, the Australia manufactured vaccinations are not yet ready. During phase 1a, the hospital hubs have used the Pfizer vaccination, which needs to be stored at -70 degrees Celsius to vaccination some 130,000 front line workers. So, it would appear it will be a very slow, but hopefully steady flow of vaccinations.

The following week, after the arrival of the Covid 19 vaccinations in some 4,700 GP clinics Australia wide, the influenza vaccination will arrive. This will keep us busy, particularly the paperwork for both vaccinations. To date, my patients are quite happy to wait for both vaccinations. I am constantly delighted and surprised at the level of knowledge that many of the older people have about both of the Covid 19 vaccinations. Many of them have relatives overseas who have already been vaccinated, without any problems. Again, Australia is a lucky country compared to many others who have suffered many more deaths and serious illness from the Covid 19 infection.

And then there is the question of lockdowns to try to contain the outbreaks. This appears to be very controversial. In Queensland, again, we have been extremely fortunate, compared to Melbourne in Victoria. Dr Leon Piterman has stated "these lockdowns, particularly when there were only 16 cases, run against WHO guidelines, destroying business confidence, creating further uncertainty and exacerbating mental illness having locked people into the prison of their own home and into the dark interstices of their own minds. They have locked out businesses from making a living, supporting employment and, in many cases, they have led to businesses locking up permanently, (Medical Republic, 8 March 2021). He is referring to the most recent lockdown in Melbourne, which was for 5 days, over the period of Valentine's day as well as Chinese New Year. Professor Leon Piterman is Professor of General Practice at Monash University and has been in clinical practice for 40 years. His article is very well written and worth reading.

There are other changes on the horizon, with the Royal Commission into Aged Care Quality and Safety recommending that only psychiatrists or geriatricians would be the only doctors allowed to prescribe anti-psychotic medications in nursing homes. The proposed clampdown, subject to Federal Government Approval, would come into effect from 1st November 2021. With the publicity that this report has been given in the media, none of my patients actually want to go to a nursing home, and I have seen several families keep their elderly at home and care for them, or even take them out of a nursing home. It is interesting that the topic of anti-psychotic medications used as chemical restraints has been given much more publicity that the underlying problem in aged care which is the staff to patient ratio's. It will be interesting to see what actually happens.

Dr Kimberley Bondeson



Note: Doctors in Training RDMA Membership is Free

RDMA & BLMA Meeting Dates Page 2.

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

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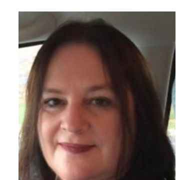

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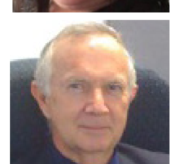

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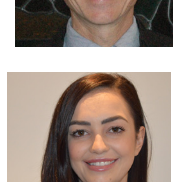

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Advertising information is on RDMA's website
www.redcliffedoctorsmedicalassociation.org/

RDMA 2021 MEETING DATES:

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

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

	Tuesday	February	23rd
✓	Wednesday	March	31st
	Tuesday	April	27th
	Wednesday	May	26th
	Tuesday	June	22nd
	Wednesday	July	28th
	ANNUAL GENERAL MEETING - AGM		
	Tuesday	August	24th
	Wednesday	September	15th
	Tuesday	October	26th
	NETWORKING MEETING		
	Friday	November	19th

NEXT NEWSLETTER DEADLINE

Advertising & Contribution 15th April 2021

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Email: TBA

BLMA 2021 MEETING DATES:

W:**https://www.brisbanelma.org/**

CPD Points Attendance Certificate Available

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

Time: 6.30 pm for 7.00 pm

	ANNUAL GENERAL MEETING - AGM		
	Tuesday	February	9th
✓	Tuesday	April	13th
	Tuesday	June	8th
	Tuesday	August	10th
	Tuesday	October	12th
	NETWORKING MEETING		
	Friday	November	26th TBC

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- Non-members $55.00

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WHAT CAN PHYSIOTHERAPY DO?

Some examples of how physiotherapy can help to manage persistent pelvic pain are:

- Pelvic floor retraining: sometimes the muscles are too tight when there are issues in the pelvis, and this can lead to the original pain, or to compound existing pain. Women's Health physiotherapists are specifically trained to assess and treat the pelvic floor for this
- Postural retraining: the body moves as a coordinated unit, and with pain and dysfunction, this co-ordination is lost. Physios can assess and retrain patients to regain optimal movement patterns to manage pain
- Exercise & lifestyle modifications: physiotherapist can assess a patient's individualised needs regarding work, exercise and social life goals, and combine this with managing pain to optimise outcomes
- Pain relieving modalities: advice on supportive braces or seats, or the use of TENs machines for pain and nerve conduction management can be utilised as a good addition to treatment with pelvic pain flare management

The Hospital that feels better

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We are located in the North Lakes Health precinct and offer free onsite parking for all patients.

Ask your GP for a Referral

7 Endeavour Blvd, North Lakes Qld 4509
Ph: (07) 3833 6755 Fax: (07) 3491 3614
www.montserrat.com.au

Delivering Quality Healthcare Locally

Next Meeting Date 31st March 2021

The RDMA Meeting was opened by Dr Kimberley Bondeson who introduced sponsor representatives for Genesis Care and AbbVie

Speaker 1
Michelle Grogan, Radiation Oncologist.
Topic: New Cutting Edge Prostate Cancer Treatment. Stereotatic Body Radiation Therapy (SBRT)

Speaker 2.
Dr Jon-Paul Meyer, Urologist,
Topic: Prostate Cancer Updates

Photos: Left to right:
1. Speaker Dr Jon-Paul Meyer & Kimberley Bondeson

2. Jon-Paul Meyer, Kimberley Bondeson, Geoff Hawson, Pravin Kasan
3. Jon-Paul Meyer, Kimberley Bondeson, Pravin Kasan, Michelle Grogan, Geoff Hawson,

4.Sponsors – Rhianna Lovett & Maxine Parfitt

5. New Members: Ravi Palanivel, Murugan, Colin Chow & Anton Topilsk

6. Colin Chow & Tyler Douglas

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Wednesday 31st March 2021**

TIME: 7pm for 7:30pm start

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

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

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsors: Bristol Myers Squibb and Pfizer
7:40pm	Speaker: Dr Niranjan Gaikwad, Staff interventional Cardiologist & Director of Coronary Care Unit & Chest Pain Assessment Centre Speaker: Dr Jonathan Hunter, Echocardiolist/General Physician. Topic: "An Interactive Discussion including updates on Cardiovascular Medicine for the Treatment of Atrial Fibrillation & Venous Thromboembolism."
8:00pm	Main Meal served (during presentation) Q&A General Business - Dessert served
8:30pm	Tea & Coffee served

RSVP: By Friday 26th of March 2021
(e) RDMA@qml.com.au or 0466 480 315

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a QML Pathology PUB/MR/1330, version 1 (Jan-16)

qml.com.au

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ASADA PRESIDENT's REPORT

DR GEOFFREY HAWSON, ASSOC PROF, MBBS FRACP FAChPM,

SIMPLE MATH IN THE AGE OF COVID

Most people baulk at mathematics, especially statistics, and consider it too hard or irrelevant.

Here, I present some "simple" concepts that might assist you to understand some of the issues associated with Covid-19 and avoid some glaring mistakes that even company CEO's are making in the news.

I encourage you to open the links, Google the concepts and come to your own conclusions.

The final shortcut is purely to help you do some quick financial calculations in your head. (Rule of 72)

The Zero Numerator or the Rule of Three
Is a vaccine ever 100% effective? How to avoid the obvious trap!

AZ's Covid -19 vaccine has had the following comment made about it in the media.

The AZ vaccine prevents severe illness "100 per cent of the time" (based on two cases of severe illness in the placebo compared with zero in the vaccine group), and likewise the vaccine prevents death "100 per cent of the time" (based on one death in the placebo arm compared with zero in the vaccine arm.

Any time someone states that something never happens 100% of the time, they fall into the trap of the "Rule of 3 or Zero Numerator". As defined by Hanly some years ago, if something happens zero times in n possibilities, then the upper limit of the 95% confidence limits is 3 divided by n.

No matter how many people are in the group, 0,1, 2 & 3 occurrences are always going to be no different from each other statistically if the two arms are similar in size. An easy mistake to make if you are being interviewed or not thinking on your feet.

The rule of 3 allows you to quickly sort out the probabilities if zero events happening (3/n) or the reciprocal. The statement that people are protected 100% of the time because say 90 out of 90 people had no adverse event is not accurate.. This is the same as saying that 0/90 had the event and therefore the 95% confidence intervals extend from 0 to 3/90 (1/30 or 3.33%). This means you can be reasonably confident that the true result is 100-3.3= 96.7%.

I have tried over the years to encourage my registrars and residents to remember this simple formula to prevent falling in to just this fallacy.

You do not need a computer to work this one out. If you prefer to be a little more complex you can use the Rule of Three and a half . This gives a more accurate result and can be performed with your phone calculator.

Pareto Principle , and the value k.
The Pareto principle says that most of the time, things are distributed unevenly, often called the 80:20 principle. Eighty percent of your sales come from 20% of buyers.

Eighty percent of complaints might come from 20% of your customers. The numbers are not exact but emphasise unevenness.

It might be 70:30 or 90:10. It was originally discussed in a wealth context. What has this to do with Covid 19? Not all people with the virus spread it equally. Some spread it to many people and others to none.

In Daegu, South Korea, just one woman, (dubbed Patient 31), generated more than 5,000 known cases in a megachurch cluster. In NZ only about 19% of introductions of the virus led to more than one additional case.

Dr Geoffrey Hawson, Assoc Prof, MBBS FRACP FAChPM,

Simple Math in the age of Covid

This is where the k number is important. It is a measure of dispersion. There is no simple math formula for k, but it is very important to understand this dispersion factor to understand the news.

It is sometimes called the Pareto principle in articles and Pareto helps us to understand k. It is not just a simple power progression like 2n (where 2 represents the R0) This explains why you have super spreaders and other times when a known positive case causes no new infections.

R Zero and Herd Immunity
If we know the infection rate or number for an infectious disease (R0; R zero or R null) we see how infectious a disease is and how you can approximate herd immunity percentages quite simply.

If R0 is 2 then each person infected will infect another 2 people and so on in an exponential fashion until the disease has infected/killed all the people or there are enough people left immune to stop the transmission (with the exception discussed above on k). This is called "herd immunity" The simplistic formula for this which does not consider people resistant in the first place, a vaccinated population etc etc, is 1-1/R0. (1-1/2 = 0.5 or 50%)

With Measles with an R0 of around 18 you need a high percentage of the population vaccinated. (1-1/18 = 1-.06 = .94 or 94%). This explains why clusters of antivaxxers are problematic.

Rule of 72 .
If inflation is 2% how long will it take to halve the value of your money? 72/2 = 36, so 36 years. I

f you earn 6% per annum, how long will it take for your money to double? 72/6 = 12 years. You can even adjust for inflation. You earn 6%, but inflation is 2%. How long before you double your money? 72/ (6-2) = 18 years.

Please note that this is generally for compound interest, not simple interest. You can include your tax rate in as well.

Hopefully, these simple rules will help you understand the literature, unravel "crap" on the news and make it easier to discuss these issues with your patients.

Assoc. Professor Geoffrey Hawson
PO Box 41 Redcliffe 4020
Mobile: 0418870140
http://www.asada.net.au

http://www.med.mcgill.ca/epidemiology/hanley/tmp/Proportion/zero_numerator.pdf

https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/10.1111/anae.12980

https://resumelab.com/career-advice/pareto-principle?gclid=EAIaIQobChMI3sDw6N-B7wIVyZVLBR278QtDEAAYASAAEgLRE_D_BwE

https://www.forbes.com/sites/kevinkruse/2016/03/07/80-20-rule/?sh=634fef753814

https://en.wikipedia.org/wiki/Rule_of_72

Dr Chris Perry
President AMA Queensland

Dr Brett Dale
CEO AMA Queensland,

AMA Queensland Working for Doctors

We continue to listen to our members throughout Queensland to understand the issues that are impacting doctors and their patients, advocate for positive change and improvements, and lead the conversation for the medical profession in our state. Here are just some of the issues we are working on to ensure doctors' rights, health and safety are protected, and that the necessary support and resources are provided so that medical professionals can deliver exemplary healthcare to the community.

Voluntary Assisted Dying

In early March, the Queensland Law Reform Commission (QLRC) announced the original timeline for the draft voluntary assisted dying (VAD) legislation would not be met. AMA Queensland continued to lead the conversation on this important issue and proceeded with the publication of our member survey. With more than 1,250 respondents, we are confident of our members' views and will continue to influence the draft legislation before it proceeds to a conscience vote in the Queensland Parliament later this year. Our priority is to ensure there are adequate protections in place for the vulnerable in our community and that doctors rights are secured.

We recognise that VAD is about choice for patients facing painful, incurable conditions where they have exhausted all options. However, we must also continue to seek increased funding for palliative care and not have this side-tracked by the VAD debate. This issue is supported by our members with 98 per cent of respondents saying that patients should be offered accessible palliative care at the same time or prior to VAD. Other key statistics include 94 per cent of doctors believing there should be equitable access to VAD for rural and remote areas, and 86 per cent agreeing that two doctors must assess a patient's eligibility to access VAD and must be independent of each other. We will continue to keep members updated as the draft legislation is released for feedback and public hearings occur. Read the full survey results.

COVID-19 Vaccination Program
Phase 1A

The Australian COVID-19 vaccine program is now well and truly underway with hubs and hospitals administering the Pfizer and Astra-Zeneca vaccines to those at greatest risk. The vaccine overdose of two elderly patients in February in Queensland was a mistake, but the vilification of the doctor involved was completely inappropriate. Public comments stating the doctor involved was a GP were found to be inaccurate creating unnecessary reputational damage for the specialisation of general practice at a time when community confidence is needed most. It is good news the patients are doing well and we absolutely understand community concern but doctors are human and mistakes do unfortunately occur. While many of us have used multi-dose vials in the past, this is not the norm for new practitioners so training that mitigates this risk is vital. We must also have systems and processes in place to support everyone in the vaccine program and ensure patient care is prioritised. It is the only way we can move forward and make improvements to protect patients, doctors, nurses and all healthcare workers involved in the COVID-19 vaccine roll-out. This is just the start of the program and there will be other challenges so we have to collaborate with all levels of government and across the health profession to find solutions to failures in the system.

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Phase 1B

Dr Ian Williams give vaccine to Debra Bacon

About 250 GP clinics in Queensland started Astra-Zeneca vaccines on 22 March that will ramp up to 600 over the following four weeks when all eligible practices are on boarded. At a national level this was 1,000 GPs initially that will rapidly scale-up to more than 4,500. With this phase comes new challenges for GPs such as workload and capacity, administering the vaccine to patients that are new to the clinic and training on correct administration of the vaccine. The pressure on consumables will also be immense as millions of injections will require needles, syringes, vaccine trays, sharps containers and PPE. Initially this was going to be left to GPs to coordinate and pay for. We strongly lobbied all levels of government to step in and use their procurement power to shore up a consistent supply of consumables for GPs and we won. GPs will now receive syringes, needles and sharps containers along with vaccines. We are also advocating for all GPs to be able to administer the vaccine in the long run as this provides continuity of care for the community with doctors who understand individual health needs.

Dr Maria Boulton, Chair of our Council of General Practice has been a formidable force representing GPs and we thank her for outstanding advocacy and media engagement in relation to the vaccine roll-out. Dr Boulton has been an authoritative voice providing valuable insights on the priorities and pressure points for GPs and effectively responding to media inquiries. Our councils are powerful platforms to advocate for your specialist areas and we encourage you to work with your respective councils to address key issues and opportunities.

Webinar for GPs in 1B

Our Workplace Relations team has prepared a webinar for GP members participating in Phase 1B. The focus is effective rostering, especially for part-timers, and advice on how to ensure requests to work additional hours meet the National Employment Standards. Contact us via events@amaq.com.au to find out more or to receive a copy of the recording.

PPE and COVID-19 vaccines

The recent transmission of COVID-19 at the PA Hospital, from a patient to a doctor, is very alarming. We hope the doctor makes a speedy recovery and await the findings of Queensland Health’s inquiry into the transmission. We want to hear from doctors at Queensland public hospitals in relation to their supply of appropriate PPE as well as access to COVID vaccines. If you have any concerns or issues you would like to share with us, please contact us on (07) 3872 2222 or amaq@amaq.com.au.

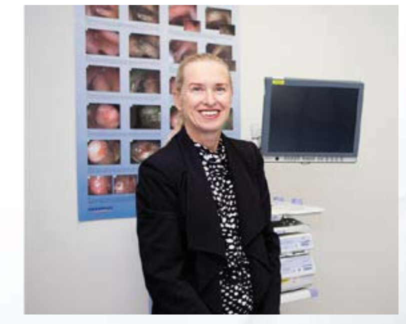
VMOS - We are paging you!

Our industrial relations partner, the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ), recently achieved significant progress in its work to provide Visiting Medical Officers (VMOs) coverage under the upcoming Medical Officers’ Certified Agreement (MOCA 6). Towards the end of 2020, ASMOFQ obtained a guarantee from the previous Health Minister that Queensland Health will include VMOs under MOCA 6, together with Senior Medical Officers (SMO), Registrars and Resident Medical Officers.

ASMOFQ will also continue to negotiate with Queensland Health, on behalf of VMOs, for better entitlements and protections, without compromising on remuneration or flexibility. Currently, VMOs employed by Queensland Health are engaged on individual, albeit standardised contracts. This can cause problems for our members when grievances arise because, unlike their SMO colleagues, they do not have access to the Queensland Industrial Relations Commission (QIRC) to resolve such disputes.

As an interim measure until MOCA 6, ASMOFQ is negotiating a Health Employment Directive (HED) with Queensland Health which will provide VMOs access to the QIRC to resolve disputes. This HED would act in addition to the standard VMO contract of employment, so VMOs would still have the option to follow the existing dispute resolution procedure, such as using a private mediator to resolve disputes, or electing to take their own legal action. However, ASMOFQ expects that many VMOs will benefit from the more efficient and effective dispute resolution process that is available via the QIRC, that would be provided for in this HED until such time as MOCA 6 becomes operational.

The AMA Queensland VMO Committee has been reactivated and wants to hear from VMOs working in a variety of hospitals and specialties to provide a deep understanding of the issues and to establish the best negotiating platform going forward. Connect with our committee and identify any issues you wish us to address and encourage anyone who would like to participate as a committee member to contact the secretariat at AMA Queensland Lisa O'Donnell via email l.odonnell@amaq.com.au or phone (07) 3872 2222.



Dr Sharon Kelly, Chair VMO Committee

AMA Queensland Events

An exciting events program is taking shape for AMA Queensland in 2021 and we hope to connect with you in person or online. For more information on the events program head to qld.ama.com.au/events.

Dinner for the Profession

Get your evening gown or suit to the dry cleaner and book the hairdresser. The date has been set for our Dinner for the Profession event for Friday 16 July from 7pm-10pm at the Emporium Hotel, South Bank. Join medical colleagues for a three-course dinner and celebrate the exemplary work of doctors throughout Queensland at this prestigious, black-tie, gala event. Book a table now.

Junior Doctor Conference

We are also pleased to announce that we will hold two Junior Doctor Conferences this year with the first to take place in Townsville at James Cook University from 10 to 11 July. The Gold Coast will also play host in the second half the year with dates to be released soon. This is a must-attend event for doctors at the start of their careers where they will be inspired by leaders in medicine, explore college pathways, hear from specialists and more. It is an ideal opportunity for junior doctors to focus on their professional development and we are delighted to take this key event to regional Queensland. Register for JDC now.

Continued Page 9

AMA Queensland Annual Conference

Book your leave now so you can join the AMA Queensland Annual Conference in the Northern Territory from 19 to 25 September. Secure your place on this outstanding conference that provides an incredible mix of professional development, events, food, culture, tours and experiences. Register now.

In Conversation

Our *In Conversation With* webinar series has hit its strides in 2021 with high-profile speakers including Dr Dinesh Palipana in January talking about doctors with disabilities, and Queensland's Chief Health Officer Dr Jeannette Young in February, discussing COVID vaccinations and resilience for the profession. Our speaker in March was Shyla Mills CEO of Palliative Care Queensland, who spoke about the key issues faced by the medical profession who care for patients at their end of life journey and the need for greater funding. You can find the recordings of these webinars on the AMA Queensland YouTube channel and keep an eye on our social media channels where we'll announced our exciting speaker for April.

Private Practice Webinar Series

Our Workplace Relations team has commenced the Private Practice Webinar Training Series for GPs, practice managers and specialists. The series covers key issues such as mental health in the workplace, termination of employment and leave essentials for employees and employers. Book all five sessions and receive a 40 per cent discount and remember you can join the live webinars or receive a recording to watch at a time that suits you. Find out more.

Women in Breakfast

Save the date for our Women in Medicine Breakfast event taking place on Thursday 7 October, from 7am-9am. Everyone is invited to join us for a motivating and uplifting morning of support, networking and advice featuring a panel session with Dr Rhea Liang and Dr Alex Markwell to be chaired by Dr Mellissa Naidoo. Book your ticket now.

Connect with us in 2021

We are here to represent the medical profession in Queensland and can only do this if we know and understand the key issues impacting you. We hope to connect with you in person or online at one of our events this year and continue to advance the medical profession in Queensland.

For members we urge you to keep contributing to the discussions on the Queensland Doctors' Community (QDC) online platform to share your ideas and feedback. This is also where we post COVID-19 information and updates and release member-only information, so keep up to date with emerging issues via QDC.

We look forward to continuing to work for you in 2021.

Prof Chris Perry OAM, President AMA Queensland

Dr Brett Dale, CEO AMA Queensland

Medicine and Politics – Bad Medicine
By Dr Mal Mohanlal

Do you know that mixing medicine with politics is bad medicine? Here is the reason why.

On 01/02/2021, on the Internet, the Australian Doctor published an article titled "Should the AMA and RACGP donate to political parties?- Will it win friends and influence people as it has with the Pharmacy Guild of Australia which donated more than $200,000 in 2019/20?"

It prompted me to make the following comment:

"I recently wrote the following comments to the presidents of Federal AMA, AMAQ and the RACGP:

'There is no doubt the medical profession has lost its way. It is because doctors are thinking like politicians and bureaucrats. They are suffering from a disorder of perception.

Unless the medical profession can wake up to its responsibilities, I foresee a grim future for the profession and the mental health of the public.

We should be all fighting for an independent medical profession free of politics and avoid bureaucratic thinking. Without rational thought, we are doomed to the present state of affairs. We will be only deluding ourselves if we think we are practising evidence-based medicine.

In my mind, the present Covid crisis is a direct result of confused thinking and mishandling of the virus by the medical profession. We have created a bureaucratic madness. We are so naïve. Politicians will use the medical profession wherever possible to manipulate the public.'

I do not know how many of your readers will agree with me."

Of course, not all comments agreed with me.

One person stated, "I respect your opinion and desire to maintain a prestigious integrity of thunderous silence but people crave communication and communicate we must. With a mouth, with a pen or with a wallet. That's my simple opinion."

I responded with the following: "I understand your point of view. Please remember, doctors have a responsibility to look after the physical and mental health of people. If we become like the politicians and bureaucrats, then we become part of the problem, that is, the pot cannot call the kettle black.

As it is, I regard all politicians and bureaucrats as suffering a disorder of perception. They cannot look beyond their nose and are limited in their thinking.

If doctors wish to join this crazy mob, they are welcome. But one cannot improve the mental health of society when one becomes part of the problem. It is why we cannot compare medicine with other professions."

However, this reasoning did not convince my protagonist, who stated: "Unfortunately, like it or hate it, money speaks loudly, and so far words will not hold Government accountable."

Unfortunately, many in the medical profession worldwide think this way today. They believe in the principle that if you cannot beat them, you join them.

So I pose this question to all our medical leaders wherever they may be, "Is it rational to lose one's sanity over people who are irrational that is, people who cannot think straight and cannot use or allowed to use common sense, by joining them?"

Politics is a game of distorting people's perceptions. Politicians would like you to believe in something which may not be valid. In medicine, we do the opposite.

We try to straighten out people's perceptions. We try to help them understand and see things in the right way. In a bureaucracy, one sticks only to the letter of the law, not the spirit of the law. Yet there are exceptions to every rule.

Bureaucracy does not allow that. It is why politics is bad medicine because it creates a contradiction. Any contradiction in my mind is bad for mental health as it stops rational thinking.

So if a doctor were to think like a politician or a bureaucrat, how can it possibly lead to rational thinking? Do you think the medical profession should involve itself in politics?

Mental illness in my mind is a disorder of perception. The degree determines the level at which it becomes a clinical disorder of behaviour and action. It is increasing in every society

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Medicine and Politics – Bad Medicine By Dr Mal Mohanlal

in the world today. One can see the 'Titanic' carrying our mental health is sinking. Doctors should be out in the rescue boats trying to save lives (improving our mental health), instead of joining the band on the deck playing their last tune.

With a high suicide rate among the medical profession, our medical leaders still show no insight into their mind or have any idea of how our subconscious mind operates. Their thinking appears to be stuck in a bureaucratic groove of their own making. How can we expect them to lead us out of this world of chaos?

As one can see, the world is turning us all into zombies. Whether you are a professional or a layperson, whether you are a private or a public employee, my humble plea to you is to start thinking for yourself.

Learn to understand how your mind works. Become aware of your thinking process. Learn how your ego influences your subconscious mind with the words you use in your mind.

Become aware of your emotions. Observe how words give form to your feelings.

By acquiring self-knowledge this way and understanding your mind's workings, you can become the master of your destiny.

If you wish to learn more about your mind and what makes you tick, you should read my book, "The Enchanted Time Traveller – A Book of Self-knowledge and the Subconscious Mind".

It will make life easier for you to manage and make sense of the world around you. All health professionals should study it before advising other people about their mental health problems.

You have not started living until you start understanding how your subconscious mind works.

Please visit Website: http:/theenchanted-timetraveller.com.au. The EBook is available at Amazon.com.

RECURRENT DISLOCATION OF THE PATELLA - A SIMPLE SOLUTION

By Dr Philip Dupre, Orthopaedic Surgeon

This condition invariably presents in adolescence and mainly affects girls. The first dislocation usually occurs with a twisting movement while the knee is in slight flexion. Reduction is often spontaneous so diagnosis of what has happened may not be obvious.

There is always tenderness medial to the patella where the capsule has been torn and severe apprehension is demonstrated if the patella is gently pushed laterally while flexing the knee. (Apprehension test).

Following the initial dislocation, recurrence is common, because the medial patello-femoral ligament and capsule have been torn and stretched. Physiotherapy is usually arranged initially in order to strengthen the medial quadriceps muscle. Operative correction is required if the problem becomes recurrent and fails to respond to conservative measures.

The aim of surgery is to tighten the medial capsule and release the lateral. More severe cases may require realignment of the patellar tendon.

An alternative to operative treatment is to contract and strengthen the medial capsule and patello-femoral ligament by injecting a mixture of 50% glucose solution mixed with local anaesthetic in equal parts. This has the effect of causing an inflammatory reaction which contracts and thickens connective tissues.

The technique is to infiltrate 3mls. of this mixture into the medial patello-femoral ligament which lies supero-medial to the patella. Symptomatic improvement is usually noticed about a week later and repeat injections may be necessary at 3 to 4 week intervals which will give successive improvement.

About 3 to 4 injections are usually required over the next few weeks or months to give complete stability and symptomatic relief.

In older patients with patello-femoral pain the same principle applies if skyline x-rays of the patella show lateral shift or malalignment.

Dr Philip Dupre
Orthopaedic Surgeon

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AMA

LOCAL GPs ON BOARD TO ROLL OUT COVID-19 VACCINES
Joint AMA, Department of Health, RACGP & ACRRM media release

More than 4,500 accredited general practices will participate in Phase 1b of Australia's COVID-19 rollout, one of the greatest logistical challenges in our nation's history.

The plans were announced by Minister for Health and Aged Care, Greg Hunt today, with the collaboration of the Australian Medical Association (AMA), The Royal Australian College of General Practitioners (RACGP), and the Australian College of Rural and Remote Medicine (ACRRM).

Minister for Health and Aged Care, Greg Hunt said the Government is committed to bringing on board all eligible practices as quickly as possible, with vaccination start dates set to be staggered and dosage allocation to be dependent on vaccine availability.

"More than 1,000 general practices will commence from the week of 22 March 2021, with a rapid scale up over the following four weeks. This will ensure an efficient and equitable distribution of vaccines across the country," Minister Hunt said.

"Phase 1b of the rollout includes vulnerable populations, such as older people and people with certain underlying conditions."

No-one is better placed in the community than local GPs, who will play a major role in ensuring all Australians who seek to be vaccinated have access to safe and effective COVID19 vaccines.

President of the AMA, Dr Omar Khorshid said "General Practitioners have a proven track record with flu vaccination of older Australians and those living with chronic disease who will make up the bulk of the Phase 1B rollout.

"It is very pleasing to see the majority of GPs putting up their hands to participate in this critical national program.

"General practice is highly accessible for people and has helped Australia achieve some of the highest rates of vaccination in the world.

"Patients see their GP for trusted advice and support and rolling out a COVID-19 vaccine through general practice is the best way to encourage the community to get vaccinated."

RACGP Ppresident, Dr Karen Price said the approach is built on a platform of trust and knowledge.

"This is an historic and logistically-challenging project and GPs across the country are honoured to contribute, and committed to ensuring that all eligible patients have access to the vaccine, no matter where they live.

"We already have the trust of our patients and our communities and can ensure that those who are ready to be vaccinated can be, and those who are unsure can have their questions answered to help them decide."

Continued Page 13

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The staged commencement of general practices will be complemented by GP-led Respiratory Clinics and Aboriginal Community Controlled Health Services working together to deliver vaccines to eligible priority populations.

In welcoming the announcement, ACRRM president, Dr Sarah Chalmers recognised the significant preparation undertaken in the leadup to rollout.

"ACRRM acknowledges the enormous amount of work that has been put into planning for the vaccination rollout, including for rural and remote communities.

The equitable distribution points across the country means that all our vulnerable patients can access the vaccine."

Nationally, more than 130 Respiratory Clinics and over 300 Aboriginal Community Controlled Health Service sites will support the Phase 1b roll out. This adds to more than 5,000 points of presence across Australia in addition to vaccination clinics set up by states and territories.

Minister Hunt said, "It has been clear from the positive response to the EOI that GPs are both prepared and committed to support the natural COVID-19 vaccination effort as well, as their local communities.

"We also acknowledge the work of the Australian Medical Association, The Royal Australian College of General Practitioners, and Australian College of Rural and Remote Medicine who have been instrumental during this process," Minister Hunt said.

Australia's COVID-19 Vaccine National Rollout Strategy is underpinned by multiple parts of the health system working together to contribute to the vaccination effort.

This will be further enhanced by pharmacies to ensure equitable and timely access across Australia.

The Australian Government thanks all practices that expressed an interest in participating in the COVID-19 vaccine rollout, and for their ongoing commitment to support their local community.

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6 March 2021

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Follow the AMA President on Twitter: http://twitter.com/amapresident
Like the AMA on Facebook https://www.facebook.com/AustralianMedicalAssociation

Lady Elliot Island Queensland by Cheryl Ryan

Nestled cosily in the Great Barrier Reef, Lady Elliot Island is a diver's paradise!

With breathtaking views of the coral reef, the island offers more than just a routine diving experience -- from swimming along and playing chase with the gentle giants that are Manta Rays, to clicking a selfie with lazy turtles thronging the clear blue waters.

Lady Elliot Island has been rightly named as one of the top five diving destinations of the world.

And rightly so -- it is as much a spot for an off-the-grid holiday in the lap of Mother Nature, as much as it is a paradise for every hydrophile on the planet with breathtaking underwater experiences found nowhere else on the planet.

A short flight away from the coast of Queensland, the island is one of the closest and easily accessible coral islands situated in the Great Barrier Reef.

You can choose to visit the island as a quick stop on your day-trip or stay overnight to have a complete immersive experience at any of the certified eco resorts with rooms just meters away from the sea.

What we have planned for you

- Start your morning with a lagoon walk which offers a tour of the reef and coral exploration on foot, yes on foot! You are provided with protective foot gear and handed a special viewing device called a seascope along with a walking pole to aid in the exploration of marine life up close. The tours are guided by expert marine biologists and conservationists to help you gain more insight into the life and times of the coral landscape.
- Post your unique morning walk, it is time to sail into deeper waters and go snorkeling with Manta Rays. Lady Elliot Island is known for being host to the largest congregation of Manta Rays. These gentle giants can have wingspans up to seven meters! But they will be happy to play a game of chase with you.
- If you time your visit to coincide with the turtle breeding season, which lasts from November to February, you can get a chance to spend the night visiting and guarding turtle nesting sites only to help release the hatchlings safely into the sea the following morning.
- And if you plan to stay a while longer, spend the day diving into the deeper waters where the visibility extends as far as 20 meters. It gives you a chance to swim alongside schools of fish and gaze longingly at the exquisite color palette of the reef, allowing you to get a firsthand experience of why the island is known as a diver's paradise!
- The best way to spend the night is to hop onto the glass bottom boats equipped with UV lights to explore the coral reef come alive at night. The light enables you to view the coral polyps awakening and catch glimpses of the various marine species which are their most active after sundown.

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Two things are certain in life - death & taxes! Part 3 of 3 - Keep those records!
Once the estate has been administered by the executor there are a few things that the beneficiaries of the estate need to be mindful of. Especially if they decide to dispose of assets they have inherited.

When a beneficiary inherits an asset then later decides to sell that particular asset they need to know what the cost base is in order to calculate their capital gain. Different cost base rules apply to inherited assets depending on when the asset was originally purchased.

You may not be aware but capital gains tax came into effect 20th September 1985. Before then capital gains tax didn't exist. As most would say the good old days! Below is a brief overview of the cost base rules for assets purchased pre and post 20th September 1985.

Assets acquired by the deceased before 20 September 1985
If the deceased acquired the asset before 20 September 1985, the first element of your cost base and reduced cost base, which is the amount taken to have been paid for the asset, is the market value of the asset on the day the person died.

The ATO have various methods for determining the 'market value' of assets. Property and share investments are two of the most common assets to transfer to beneficiaries. Below is a brief example on how you would determine there market value:

Real estate - Obtain a market valuation from a professional valuer/realtor at Date of Death.

Share investment - Use the average market price at Date of Death.

Assets acquired by the deceased on or after 20 September 1985
If the deceased acquired the asset on or after 20 September 1985, the first element of your cost base and reduced cost base is taken to be the deceased's cost base i.e. what they paid for the asset.

For example, if Henry purchased an investment property on 6th July 2005 for $350,000 then passed away in 2020, leaving the asset to his sister Mary, Mary would use the same cost base as Henry as Henry purchased the asset on 6th July 2005. Therefore Mary would use $350,000 as her cost base for working out her capital gain.

In light of the above different rules apply again if the property was purchased on or after 20 September 1985 and just before the deceased died it was their main residence and was not being used to produce income. In this specific scenario the first element of the cost base and reduced cost base of the dwelling - its acquisition cost - is its market value at date of death - the same rules for assets acquired pre 20 September 1985.

Long story short, it is crucial for beneficiaries to keep accurate cost base records for assets they have inherited. The last thing you want to do is pay more tax then required! An executor will most likely have been privy to this information so the executor is a good place to start in piecing together the puzzle.

What has been detailed above only scratches the surface on Capital Gains tax on inherited assets. There are so many scenarios, all unique, which can result in various outcomes.

If you have any questions or would like some advice around capital gains tax please do not hesitate to contact either Kerri Welsh or Adam Niemiec from Poole Group Accountants on 07 5437 9900.

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CLOSING THE GAP VITAL TO ENSURE HEALTH EQUITY

National Close the Gap Day

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The disparities between the health status of Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians continue to fall by the wayside and closing the gap is vital to ensure health equity in this country, AMA President Dr Omar Khorshid said today.
On National Close the Gap Day, the AMA encourages all Australians to take meaningful action in support of achieving health equity for Aboriginal and Torres Strait Islander peoples by 2032.

The AMA has actively called on the Government to address health inequities experienced by Aboriginal and Torres Strait Islander people, that stem from the social and cultural determinants of health.

“Closing the life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous people is everyone’s business: it is a national issue in which every individual,
organisation and group in Australia can play a role,” Dr Khorshid said.

“Every person’s health is shaped by the social, economic, cultural, and environmental conditions in which they live.

“Addressing the social and cultural determinants of health is vital if we want to see vast improvements in the health and well-being of Aboriginal and Torres Strait Islander people. “This is a national priority.

“All levels of government must take a more proactive role in addressing the social determinants of health, including regular public reporting on progress,” Dr Khorshid said.

There are significant numbers of Aboriginal and Torres Strait Islander people with undetected, treatable, and preventable conditions which have a significant impact on life expectancy.

The leading contributors to the health gap directly relate to diet – obesity, high blood cholesterol, alcohol consumption, high blood pressure, and low fruit and vegetable intake.

“Many of the health outcomes in Indigenous communities are completely avoidable,” Dr Khorshid said. “Every effort must be made to ensure no one misses out on access to health care – no matter where they live.”
The AMA believes good policy to close the gap must start today.

The Close the Gap campaign – a coalition of Aboriginal and Torres Strait Islander peoples and non-Indigenous health and organisations, including the AMA, calls on governments to take real, measurable action to achieve Indigenous health equity by 2032.

The AMA Position Statement on Social Determinants of Health 2020 is available here.
https://ama.com.au/articles/social-determinants-health-2020

The AMA Federal Council’s endorsement of the Uluru Statement from the Heart is available here.
https://ama.com.au/media/ama-federal-council-endorses-uluru-statement-heart

The AMA Report Card on Aboriginal and Torres Strait Islander health is available here
https://ama.com.au/article/aboriginal-and-torres-strait-islander-health-report-cards
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18 March 2021

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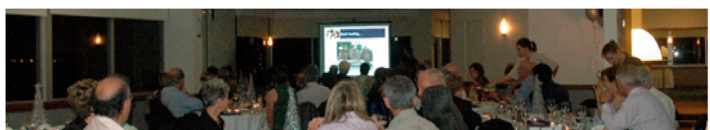

Dear Doctors

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.

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

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"A Doctor's View of Gallipoli Landings" https://anzacportal.dva.gov.au/stories-service/australians-war-stories/doctors-view-gallipoli-landings

A Doctor's View of Gallipoli Landings
Continued:

Captain Benjafield had been agitating to have permission for his ship to take the wounded to hospital in Alexandria but without luck, "At last about 3pm Tuesday, General Carruthers came aboard and gave us permission to sail and off we went without delay, on our return to Alexandria."

Captain Benjafield returned to Gallipoli and served in a field hospital before being promoted to Major and appointed Medical Officer in charge of the military hospital at Ras-el-Tin.

Subsequently he was posted to England as MO to the Australian Military Hospital. Despite his pleas to be sent to France or be given a surgical appointment, he was told his work as an administrator and organiser was too valuable.

He was eventually invalided back to Australia with first class testimonials from General Howse. On arriving in Sydney in November 1917, instead of being demobilised he was employed in the medical service and took charge of the Liverpool Camp while the MO was on leave.

After an expected appointment as Superintendent of Randwick Military Hospital fell through, Dr Benjafield returned to private practice.

After the war, he became an outspoken and colourful figure and a well-known Macquarie Street doctor who continued to visit his repat patients on a regular basis even after he had retired.

The caption to a newspaper cartoon published on his retirement pointed out that 50,000 Diggers had passed through his hands since the outbreak of war.

He was 94 when he died.

The material for this article was supplied by

Dr Vivian Benjabield,
Date: 1915-1918
Unit: Australian Army Medical Corps
Location: Gallipoli, Middle East and England

Betsy Brennan of New South Wales
Tags
- Australians at War stories
- World War I 1914-1918

Last updated: 31 May 2019

DVA (Department of Veterans' Affairs) (2019), A doctor's view of Gallipoli landings, DVA Anzac Portal, accessed 14 December 2020,

http://anzacportal.dva.gov.au/stories-service/australians-war-stories/doctors-view-gallipoli-landings

The End.