RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter
MAY 2014

ANZAC DAY CEREMONY

25th APRIL 2014 (page 20)

On Anzac day this year, the President of the Redcliffe & District Local Medical Association, Dr Kimberley Bondeson, laid a wreath to honour our ANZAC's at the service in Redcliffe.

Anzac Day Ceremony

See Our RDMA President lay a wreath at the Anzac Day Ceremony at Redcliffe in our historical article in our regular Where We Live And Work segments page 20 and an Article by Ray Huntely VETS Still Fighting Page 12.

President's Message . Dr KIMBERLEY BONDESON

Welcome to May, 2014. We have a new Budget that has been released. One of the most disheartening Budgets I have ever seen. It is not yet through the Senate, and I sincerely hope that certain aspects of it do not go through. There are 2 main concerns - the cost cuts on health and on education. My main concern is If they go through in the present form, it would appear that we are going to produce a generation of unhealthy children, teenagers, and young adults. I can't comment on the Education aspect in the Budget, nor do I choose to.

This Government has already deserted the hospital doctors & their contracts. Anyone in the public system who could, has left, or is planning to leave. They have lost faith and respect for the government who they feel has railroaded them. That means we lose our senior doctors from the public system. This means, we will decrease the number of training positions available. Wouldn't want to be a Graduate Medical Student coming out when there is not going to be enough training positions in our Tertiary Hospitals.

What happened to the respect for doctors that was there 50 years ago? A senior doctor, a 5th generation doctor, told me that his father, a surgeon, was an "Honorary" at the local hospital. He was not paid for his public work. He made his income from his private practice. He had respect from the Hospital and from his patients. Recently the Government actually had a senior respected Assistant Health Minister, Dr Chris Davis as an adviser. What did they do to him? Sacked him, alleging he wasn't following the Protocol of the Westminster system. How dare he speak up, stand by his Medical Colleagues, and tell the Health Minister and Premier that what they were doing was unreasonable, unfair, and unethical. I personally would like to congratulate Dr Davis on standing by his principles, ethics and his judgement that have been built over 40 years of Practicing.

In regards to the whole debacle of co-payments - the media keep saying that the co-payment is the equivalent of a glass of beer, or several cigarettes. I am sorry, but that is incorrect & misleading. My 60 nursing home patients do not drink beer, or smoke. Yes, not one of them smokes, as they can't afford it!

How am I supposed to ask one of my dying demented patients, who I am treating with palliative care, (requiring daily doctor visits in order to keep them comfortable) until they pass away, for, wait for it, a co-payment?

What about the single Mother with 4 small children on the Pension, all of the children with asthma, who get regular URTI's to come up with $7 upfront prior to her visit to the doctor for 2 of her children who have moderate to severe asthma. Children who I would like to see 2 to 3 times a week until their asthma is under control? Or when one of them is hospitalised? That would work out at $7 per child per visit - by the way. This mother does not drink, nor smoke, and does not have a car. She walks everywhere.

What about the diabetic patients? Particularly the newly diagnosed - the last one I had was discharged from one of the larger public tertiary

Continued on Page 5

RDMA Welcomes A Message From

Dr BOB BROWN,

President Northside Local Medical Association

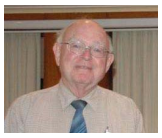
"Failures of Previous Years & New Year Changes" **Cont Page 3**

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

NLMA Executive Team Contacts

President:
Dr Robert (Bob) Brown
Phone: (07) 3265 3111
Postal Address:
C/- Taigum Central Medical Practice,
Shop 1, 217 Beams Rd, Taigum Qld 4018

Treasurer:
Dr Graham McNally
Phone: (07) 3265 3111
Postal Address:
C/- Taigum Central Medical Practice,
Shop 1, 217 Beams Rd, Taigum Qld 4018



Secretary:
Dr Ken Fry
Phone: Ph: 3359 7879

Convener:
Lucy Smith, QML Marketing Office,
Phone: (07) 07 3121 4565., Fax: (07) 3121 4972
Email: Lucy.Smith@qml.com.au

RDMA Newsletter Publisher.
Email: RDMAnews@gmail.com
Mobile: 0408 714 984
For general enquiries and all editorial or advertising contributions and costs,

2014 MEETING DATE CLAIMERS:

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

CPD Points & Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

	Tuesday	February 25th
	Wednesday	March 26th
	Wednesday	April 30th
	Tuesday	May 27th Date Change
Next	Tuesday	June 24th
	Wednesday	July 30th
AGM:	Tuesday	August 26th
	Wednesday	September 17th
	Tuesday	October 28th Date Change
NETWORKING:		
	Friday	December 5th

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RDMA Executive Contacts:

President:
Dr Kimberley Bondeson
Ph: 3284 9777

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

Secretary:
Dr Ken Fry
Ph: 3359 7879

Treasurer:
Dr Peter Stephenson
Ph: 3886 6889

Meetings' Convener:
Mrs Margaret MacPherson
Ph: 3049 4444

Newsletter Editor: Dr Wayne Herdy
Ph: 5476 0111

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NORTHSIDE LOCAL MEDICAL ASSOC PRESIDENT
Dr ROBERT (BOB) BROWN

"Failures of Previous Years & New Year Changes"

Well, a new budget, a soon to be new financial year. Let's go over the failures of the previous few years, and look at some of the proposed changes for the new financial year.

There was the Super Clinic fiasco - Out of the 64 promised, only 22 are functioning, and the building at Redcliffe has only one GP in it, who was poached from the surgery around the corner.

The PCEHR - a miserable failure, with the government trying to breathe new life into it by requiring GP's to upload information from care plans and annual health assessments.

The Hospital Doctors Contract Dispute - still not solved, but many doctors are now signing the contracts, in their slightly improved and revised form (what option did they really have?), after much disgruntlement, and loss of trust and faith in the public system.

The sacking of Dr Chris Davis, the Assistant Minister for Health?

Apparently the Health Minister does not need an assistant, and in particular does not need a medical adviser. Protocol, protocol, protocol!

2014 Bi-MEETING DATE CLAIMER:

For all Northside LMA Meeting & Membership queries contact:

Meeting Convener:

Lucy Smith , QML Marketing Office,

Contact Details;

Phone: (07) 3121 4565, Fax: (07) 3121 4972

Email: lucy.smith@qml.com.au

Website and Link:

Northside Local Medical Association Website

Link: http://northsidelocalmedical.wordpress.com/

Meeting Times: 6.45 pm for 7.15 pm

2014 Dates:

1	11th February 2014	4	12th August 2014
2	8th April 2014	5	14th October 2014
3	10th June 2014	6	9th December 2014

The slow but sure introduction of Private Health Insurance Companies being allowed (or simply ignored by the government) to charge an 'administration fee' (another word for co-payment) to specific General Practitioner Groups so their Health Insurance Members can be "bulk billed" - the introduction of Managed Care, which is creeping in and extending, seemingly with the Governments blessing.

Medicare Locals - no-one quite seems to know what they do, or whether they are going or staying? One thing for sure, is they cost a considerable amount of money.

And now GP Co-payments - the Minister for Health, Peter Dutton stated that the GP's are being given a "windfall" of $2 per patient.

Don't quite know how he has worked that out, as I can't. He also said that most General Practitioners do not attend nursing home patients, and would not be put in a position to ask a demented patient for a co-payment.

Wonder who he thinks cares for them? Let's hope he does not get dementia and find himself in one of his government funded dementia specific beds himself - with no General Practitioner caring for him, as after all, according to him, not many General Practitioners attend nursing homes.

We should carefully point out to The Honourable Mr Peter Dutton, that a patient cannot be admitted to a nursing home, unless they have a nominated General Practitioner who will attend on a regular monthly basis, and more to the point, if the patient becomes ill, and/or if they require pain relief and Palliation at the end of their life.

As well as all the associated paperwork that goes with them.

It will be an interesting year.

Dr Bob Brown
Presidents Report – NLMA

AUSTRALIAN MEDICAL ASSOCIATION QLD PRESIDENT
Dr Christian Rowan

A Budget Overview

Over the past month, there has been significant media speculation surrounding the Federal Budget and its implications for Australia's health care system. The budget was recently released, confirming the fears of many about increasing patient costs that would ultimately limit the accessibility of the health care system.

Under the new budget, co-payments for patients will increase while many rebates will be frozen or cut, meaning patients will pay more for GP, emergency department and specialist visits as well as prescriptions. Unfortunately, vulnerable populations who are most reliant on the health care system, such as low income families and patients with chronic illnesses, will be hit hardest by the new copayments.

AMA Queensland understands the importance of achieving a budget surplus, but the new co-payment structure will do more harm than good. There is a place for co-payments but only when there is a strong safety net in place as evidence shows that disadvantaged populations are the hardest hit by these fees. The last thing we want is for patients to forgo medical treatment because of cost. Not only is it bad for the patient, but it's counterintuitive to the cost saving motivation behind this budget.

We know that general practice, supported by diagnostic services, is one of the most cost-efficient aspects of our medical system. The role of GPs in early detection, diagnosis and treatment cannot be understated. If patients postpone seeing their GP, it may cause conditions to worsen. Ultimately, this leads to higher costs for the health care system and added distress for the patient.

Some new initiatives will have long term benefits such as reforms to Medicare Locals and new investments in medical research. We welcome these investments, but also need to ensure we are providing patients with the health care they need in the short term. AMA Queensland will continue to align with AMA and LMA members to advocate for an accessible and efficient health care system that represents the best interest of medical practitioners and patients.

Sincerely, Dr Christian Rowan,

Kimberley Bondeson's
PRESIDENT'S REPORT
Continued from the FRONT PAGE:

hospital, where she had been an inpatient and commenced on insulin. She was not given any prescriptions or education, and turned up feeling unwell 3 days later with a BSL of above 30. She missed her follow up appointment a week later (obviously someone thought that she was fine to have a BSL of 30 for a week), as the ambulance service had the wrong day to collect her, and she did not have $100 for the taxi fare to the hospital, and was too unwell to use public transport. She walked to my surgery.

How am I going to ask my elderly patients with chronic wounds, as well as younger patients with chronic wounds, who require daily and second daily dressings in order to keep them out of hospital (and by the way, the doctors personally pay for the dressings as we are not allowed to charge for them) to pay $7 up front for every visit? The government says that it is only for the first 10 visits? No wonder Governments' have trouble keeping the books balanced. They obviously can't multiply. That's $70. Well, I guess they cannot pay their electricity bill leading to their power being cut off. This has happened to one of my patients. She was paying for bus fares for her children to go to school. She and her children lived by candlelight and food baskets from St Vincent de Paul for several months - let's not forget the reconnection fee for electricity. Centrelink keeps telling her "she has to live within her means". She does not smoke or drink, and does not have a car. Who is "Mean" here??

What about the disabled, blind patients I have who live around the corner. They have a ridiculous amount of paperwork which needs to be done monthly (guess who?), as well as their medical conditions monitored and treated. Or the Court Ordered drug addicts, who are sent in by their Parole officers to get counselling and be seen by a psychologist. All expected to be bulk billed of course. Or the Department of Child Safety, who insist on weekly visits of their clients, and then demand reports. Or the Post-op wound care and infections we see from the public hospital. Or the new "Collaborative Pre-Admission Assessments and reports" that the public hospitals are now requesting that the GP's do or the compulsory childhood immunizations, and the documentation that goes with this. The Centrelink certificates that patients are sent by Centrelink or their 'job providers' to get? Apparently even they can't find them a job, and therefore are insisting that the Patient must be sick, which is why they can't find them work. Drug addicts on the Methadone program? The list goes on, and on, and on!

This is the most ill-thought of Health Budget I have ever seen. In my practice, we would not be able to charge a co-payment to the 82% of patients that we currently bulk bill as they cannot afford it! This 82% bulk billing statistic is a national average, which the Government itself recently released. This means our Practice income would be down approximately 27% (not to mention that this includes the loss of the bulk billing incentive). We would have to get rid of one staff member, cut back on our dressings and consumables, and decrease our income overall. Let us hope that our Part-time Doctor workforce, who have to pay for their registration and medical insurance (all compulsory), and College fees decide that it is still worthwhile even working as a doctor!!

Kimberley Bondeson,

AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

Thoughts on the Horror Budget....

Well, the Budget has been handed down and it is inevitable that my column is going to include a few thoughts on that horror.

Because a horror it was, worse for health than predicted in the speculation that led up to the night. Before we get too entrenched, don't forget that the budget has to get past the Senate before it becomes law, and this draft Budget is not going to escape unscathed.

And an amusing aside, most of the media calls I got on the day following Budget night were asking for comments on controversial issues covering anything but the Budget - the more canny journos were predicting that their readers were getting Budget fatigue even before Joe Hockey made his speech.

The biggest debate is going to be over the co-payment:
(i) A starting point is the near-universal recognition that it was desirable and possibly necessary to send some price signal to the consumer. Health care, especially aged care, is drifting inexorably towards a user-pays basis.
(ii) The $7 quantum was a trifle more than the media hype was predicting, but only half of the $15 recommended by the Commission of Audit.
(iii) What was unexpected was that there were no exemptions. We all expected to see the very young and the frail elderly excluded from a co-payment scheme. That did not happen. I worry about how some parents will decide whether to take their children to the GP at an early stage of illness. I could speculate very negatively about how this is going to be put into effect in dementia wings of nursing homes, especially during terminal care. Co-payments create another barrier to attracting younger GP's into nursing home practice.
(iv) We also were surprised to see pathology and radiology included in the co-payment scheme. This will inconvenience the sicker patients, despite the protection of the 10-visit cap.
(v) There will be logistic difficulties - we all know that collection of small sums of cash is going to impose an administrative burden which costs almost as much as the amount being collected, but electronic transfers will make that burden less painful.
(vi) As Labor wailed, this is truly the end of Medicare as we know it. But if Medicare was unsustainable, we could debate that Medicare was beyond it's use-by date.
(vii) Depending on your point of view, doctors will now become forced to collect their private fee that was previously collected for them by the tax office, but the opposite view is that we will now become unpaid tax-collectors for the Treasury. I favour the former view, but I am uncomfortable with the thought that I will become a tax collector.

Moving on from co-payments and on to the massive de-funding of hospitals, my take on this is that more of the cost of hospitals is going to be shifted to the States. This is an opening strategy to force the States to start demanding an increase in GST revenues. A Liberal sacred cow was the fixed rate of GST, and the many exemptions (including health costs). The States will now be forced to accept the blame for a renewed look at GST revenues.

And I have to add my personal cheering squad to a politically unpalatable component of the Budget - the shift from a culture of entitlement to a "culture of opportunity". The "learn or earn" component will force the young into jobs that they previously didn't want (and were often taken by itinerant overseas workers who took most of their income out of the country).

It's rough on the young unemployed, and their families who will house and feed them until they find their own ways. But I expect that most of my readers have worked and paid taxes all their lives, have never received government cash for doing nothing, and will also applaud the shift away from a mentality of triple-generation social service dependency. This is hard love indeed, but we really cannot afford to have over 30% of the population living exclusively on government handouts while the taxpayer struggles to balance his own home budget.

My final thought turns to the proposal to review eligibility for the disability pension. While the media shows images of profoundly handicapped individuals drooling in wheelchairs, the reality is that most DSP recipients function at much higher levels, many enjoy part-time employment, and every GP knows of one or two pensioners with bad backs who obviously hang out substantial

The Horror Budget cont:.....

by Wayne HERDY,
North Coast Branch Councillor

parts of their lives at the gym, or at least making the most of a good day on the surf beaches. The medical profession has a responsibility to facilitate (but not ensure) that DSP's go to those who really need it. We are responsible for recording the relevant clinical information on which DSP eligibility is based.

Since we are duty-bound to remain advocates for our patients, we have to give the government information that helps each patient obtain the maximum benefit that the system has to offer - but the treating doctor should never be the decision-maker who determines whether that patient actually receives a government benefit.

As always, the thoughts herein remain those of your correspondent,

Wayne HERDY,
North Coast Branch Councillor, AMAQ.

AMAQ BRANCH COUNCILLOR REPORT GREATER BRISBANE AREA

Dr KIMBERLEY BONDESON

Updates on the AMAQ President and Budget Impacts

The AMAQ has a new president elect, Dr Chris Zapella, who was elected unopposed. Dr Zapella is a Respiratory Physician at the Royal Brisbane Hospital and his term will commence in May, 2015.

The current AMAQ President Dr Christian Rowan will formally complete his term on the 13th May 2014, and Dr Shaun Rudd will formally take up his position as the new AMAQ President. Dr Rudd has already being very involved in the Hospital Doctor contracts, along with Dr Steve Hambleton, the AMA Federal President.

Dr Wayne Herdy and I are currently in Canberra attending the AMA National Conference. We heard this am a speech by The Honorable Peter Dutton on his vision for change and improvement to health care.

He talked about co payments, low gap incentive payments to health care card holders, co-payments for GP payments attending A & E departments instead of going to see their GP's to avoid co payments. He also touched on streamlining 5 PIP payments into 1 PIP payment.

He stated that Medicare Locals will not continue in its current form, they will be replaced with smaller number of larger groups, "Primary Health Networks", from 1st July 2015." At least they are getting rid of the controversial term "Medicare Locals". The ML's will, of course, be able to enter the tendering process scheduled for later this year.

Other items under consideration for change are authority prescriptions and partnerships with primary insurers, as well as promoting the PCEHR.

However, he also stated that the conversation had just started, with doctor groups and the AMA, as practices which had 100% bulk billing was not sustainable.

On the other hand, the Shadow Minister for Health, Catherine King, stated that her government did not support co-payments in any form; they classed it as a GP tax and a change to the fundamental principles of Medicare. She was also against the increase in costs to PBS medications, and the cutting of funds to hospitals. She would not negotiate on GP Co payments at all. The Shadow Minister also said that Palmer and the Greens also do not support it. She however, did not offer any solutions, and did not accept any responsibility for financial difficulties that the Australian economy may be facing as a result of the previous Labour Party policies.

Both Speakers spoke well, and this will lead to very interesting debate, which we will watch with interest, particularly in the Senate, where these new changes have to be passed in order to be made into law.

Kimberley Bondeson,

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 2
COST for non-members:
$30 for doctor, non-member

CHANGES TO CLASSIFIEDS

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

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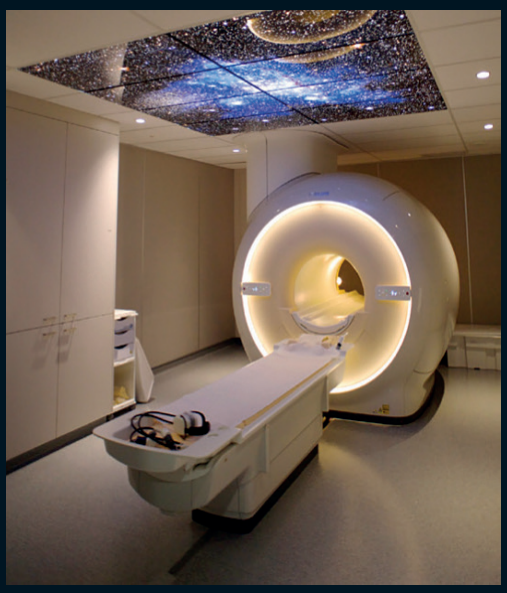

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Motoring Article #113

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On Budget "1969 HT Holden Kingswood!"

Regular readers of this column know that I always do my best to steer clear of politics. After all this is the "motoring column" and I'm not Andrew Bolt. But it's been difficult since the Federal Budget to think about anything else and in particular its impact on those that I regard as vulnerable and less fortunate.Whilst there are undoubtedly those that will be better off after Joe Hockey's song and dance I dare not mention their names for fear of being barraged with mail from medical researchers and pregnant company executives.

But I did want to spare a thought for university students, unemployed youth, pensioners, families, the poor, the sick, asylum seekers and any Australian born after 1965. When university students staged an overly long protest on Q&A recently Federal Education Minister and Leader of the House Christopher Pyne remained remarkably calm and tight-lipped when he responded by asking the audience to "wait and see" what was in the Budget. As if he didn't already know? At the other end of life we can now expect to officially have the world's oldest retirement age at 70 whilst those workers from Pakistan, India, China, Russia and Ukraine down tools at 60. Even John Howard retired at 58 which is also the retirement age in Nepal.

Coming from Queensland it's not surprising that none of these cutbacks were mentioned in the lead-up to the last election and we should all just accept that none of this would be happening if it wasn't for that nasty right-wing Commission of Audit. Whilst there have been accusations of broken election promises, I'd simply see what's happening as prevarication. Not that we should expect anything else, they are politicians after all. But for me the lowest point of all in the recent debate was when our Federal Health Minister and member for Dickson the Honourable Peter Craig Dutton MP likened Medicare to a Holden Kingswood in a speech last month.

My aversion to Mr Dutton started in 2001 when he won the seat of Dickson from The Honourable Ms Cheryl Kernot. Just like Gareth Evans I loved Ms Kernot very much especially for her ability to work with political opponents for the good of the people. But is Peter Dutton being un-Australian by taking a swipe at our national icon (the Holden Kingswood)? And Mr Dutton will need to watch his words with the Motoring Enthusiast Party having such a strong position in the Senate. I'd dare say that the Holden Kingswood and Medicare have nothing in common. For starters the Kingswood was an affordable and popular vehicle targeted at meeting the needs of Australian families. Replacing a long line of Holden Specials the first HK Kingswood rolled off the production line in 1968 when John Gorton was PM. The HK carried over the 186 cubic inch motor from the much-loved HR Holden, but for the first time in Holden's history you could order a Kingswood with a Chevrolet 307 cubic inch (5.0 litre) V8. It wasn't until the next HT model that automatic transmissions came with three speeds (Tri-Matic).

Up till then autos only had a two speed Powerglide transmission, but the three speeder was prone to failure and came to be known as the Traumatic. The HG had only minor cosmetic changes until the all-new HQ which had two new sixes (173 and 202) and a choice of three V8's (253, 308 and 350). The HQ had coil springs on the rear, but handling was limited by cross-ply tyres. The HJ went metric with the engine displacements becoming 2.85, 3.3, 4.2, 5.0 and 5.7 litres. In 1975 Gough Whitlam gave Australia Medibank and Holden gave us the Kingswood Vacationer which had radial tyres, carpets and a radio.

Emission controls saw the HX drop the 2.85 litre six, but handling didn't receive attention until the very popular HZ with its radial tuned suspension. Anyone who has read this far will agree that (unlike the Federal Government and Medicare) Holden made incremental changes to the Kingswood culminating in a vehicle that is still much loved. Perhaps the only way I can excuse Mr Dutton for his comments about the Kingswood is to note that he wasn't even born when it was released and he was only 10 years old when production ceased in 1980.

Holden Kingswood HK HT HG HQ HJ HX HZ (1968 – 1980)
For: Spawned TV series (Kingswood Country)
Against: Large cars didn't need to be as large as families became smaller.
This car would suit: Anyone who doesn't believe that the age of entitlement is over.
PS In the sit-com Kingswood Country Ted Bullpit would constantly ask, "Where's the bloody Kingswood" and prophetically said, "No wonder the country's in a mess!"

VETS STILL FIGHTING

by Dr Ray Huntley

On 21st May approximately 40 local ex-service Vets attended a medical function at Dr Ray Huntley's Hub Medical Centre at Burpengary.

The function underpinned the huge lack of understanding by government of the problems facing many Vets following discharge from the armed forces of our great country.

Suicides of mates, their own suicide attempts, destruction of family units, ongoing mental health problems - these were some of the stories some Vets shared about issues continuing to confront many of them and their families.

Add to this the apparent uncaring attitude of people entrusted with decision making in regard to the issue of Gold Cards and you begin to understand some of the problems now being faced by the very people who quite possibly risked their lives to ensure the national security of our nation and the lifestyle the rest of us enjoy.

Most of those present had waited more than 5 years to hear whether they would 'earn' a Gold Card.

The Vets mentioned the often shameful and/or uncaring treatment from DVA personnel with little or no knowledge of their personal experiences and resulting anguish.

Some, discharged on medical grounds, were not considered worthy of being granted their rightful recognition – recognition that their sacrifices actually meant something when they and their families faced the horror of Post Traumatic Stress Disorder (PTSD), sometimes not diagnosed until years after their discharge.

There was unanimous urging for the politicians who attended to take forward a strong proposal that our Vets who have served in war zones or areas of conflict be issued automatically with a Gold Card, on discharge, and that they personally oversee passage of this issue.

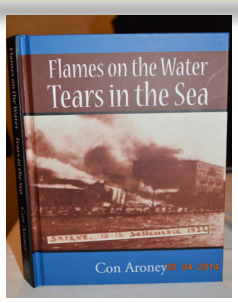
The Vets expressed thanks to the MPs present - The Hon Teresa Gambaro, Federal Member for Brisbane, Member for Longman Wyatt Roy and Senator-Elect Jackie Lambie for their attendance and for listening to their issues.

"This article was provided by RDMA member Dr Ray Huntley." Dr Huntley has many returned Vets as patients and having witnessed first-hand the trauma experienced by these people, he sincerely believes they deserve to be issued with a Gold Card to assist them and their dependants in treating their medical conditions.

"The views expressed herein are those of the author and do not necessarily reflect the opinions or policies of this Association."

RDMA April Meeting 30.04.2014

Chair President Dr Kimberley Bondeson, Speaker: Dr Con Aroney Topic: What's New In Cardiology, Sponsor: Pfizer Pharmaceuticals



CENTRE TOP LEFT:
SPEAKER Dr Con Aroney &
BRISTOL MYER SQUIBB
REPRESENTATIVE Gareth Cole

Clock wise: Speaker Dr Con Aroney's Novel

Dr Bram Singh & QML LIAISON OFFICER Margaret McPherson.

PFIZER REPRESENTATIVE:
Darrel Hunter.

RDMA SECRETARY: Dr Ken Fry

NLMA TREASURER: Dr Graham McNally

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

DATE CHANGE

Date: **Tuesday May 27th**

Time: 7 for 7.30pm

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

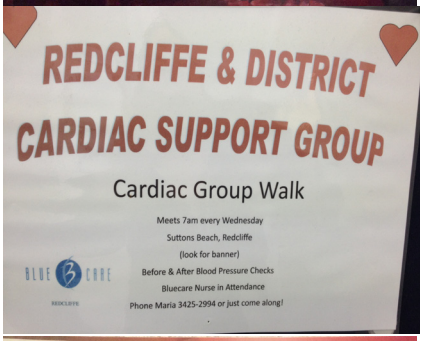
Cost: Financial members - FREE
Non-financial members $30 payable at the door. (Membership applications available)

Agenda:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Kimberley Bondeson - President RDMA Inc.
7.35pm	Sponsor: Nevro Corp
7.40pm	Speaker: Dr Frank Thomas Topic: Three new techniques for managing chronic pain.
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 23rd May 2014

QML Pathology.



THE REDCLIFFE & DISTRICT CARDIAC SUPPORT GROUP 20TH ANNIVERSARY CELEBRATION

The Redcliffe & District Cardiac Support Group set up by RDMA 20 years ago. Is still going strong, and recently celebrated its 20th year anniversary held recently at the Leagues Club at Redcliffe.

The group was initially run by 2 of the doctors from RDMA, who would go down to the Red Banner at Suttons Beach, and measure patients BP before and after their 3-5 km Walk. It meets every Wednesday at 7 am. It is now funded by Blue Care, who supply 2 nurses, Simone and Jane to do the before and after Blood Pressure Measurements.

It has continued to grow over the last 20 years, and is still run by its founding member, Maria, shown in photo 1 with Dr Huntley, also a founding member, cutting the anniversary cake.

It has approximately 40 members who attend on a regular basis. It also, as part of its support group, meets at Azure Blue, on the 1st Wednesday of each month, for a talk, and sandwiches. On the 2nd Wednesday of each month, after the walk, a BBQ breakfast is served. **Congratulations guys, well done!**

Bottom left Clockwise: 1. Cardiology Group 20th Anniversary: Dr Huntley, Maria and blue care sponsors. **2.** Brochure in GP Surgery's in Redcliffe & District Area. **3.** Dr Huntley, Maria cutting the cake. **4.** Mr Gordon Tong, who attends the Cardiac Support Group, and is also one of the organizers of the Diabetes Support Group. **5.** Darryl Rasby, attends both the Cardiac Support Group and the Diabetes Support Group and has for many years. **6.** The team - Organizer Maria, blue care nurses Jane and Simone, and patients. **7.** Dr Huntley, Maria with their Blue Care Partners.

Interesting Tidbits NATTY MOMENTS:

JOKES http://kickasshumor.com/all-time-best/5/funny-short-jokes

Boy : Marry me? Girl: Do you have a house? Boy : No.. Girl: Do you have a BMW car? Boy : No.. Girl: How much is your salary ? Boy : No salary.. but,.. Girl: No but. You have nothing.. How can I marry you.?? Leave please.! Boy: (talk to himself) I have one villa, 3 property lands, 3 Ferraris, 2 Porsches.. Why do I still need to buy a BMW.?! How can I get a salary when actually I am the BOSS

How do you know that Santa is a man? No Woman wears the same outfit year after year.

I rang up British Telecom, I said, ''I want to report a nuisance caller'', he said ''Not you again''.

Doc, I can't stop singing the 'Green Green Grass of Home'. He said: 'That sounds like Tom Jones syndrome'. 'Is it common?'I asked. 'It's not unusual' he replied.

I'm on a whiskey diet. I've lost three days already.

I went to buy some camouflage trousers the other day but I couldn't find any.

When Susan's boyfriend proposed marriage to her she said: ''I love the simple things in life, but I don't want one of them for my husband''. '

'My therapist says I have a preoccupation with vengeance. We'll see about that.''

COMPUTERS & GADGETS

Email: apndx@hotmail.com.

with Doctor Daniel Mehanna

"Accidental Genius"

After my article last month regarding the marketing machine of the large technology companies, I thought we'd take a different tact this month and discuss how some notable inventions came about. While many inventions are a result of years of hard work and research, some are actually discovered by accident, often while in the process of trying to discover something completely different.

Did you know that... The Slinky was supposed to hold equipment on naval ships. A navy engineer by the name of Richard James was working to create a meter to monitor the horsepower output of ships during World War II, when one of the springs used to stabilize the meter fell off the table and continued to "walk" away. Hence the Slinky was born.

Coca-Cola was supposed to be a medical remedy. Pharmacist John Pemberton, while trying to invent a cure for his headaches, mixed a bunch of ingredients into a kettle, in the process creating coca cola, the recipe of which is still a secret.

Post-it Notes were supposed to be a super adhesive. In 1968, while trying to invent an extra strong adhesive at the 3M company, scientist Spencer Silver inadvertently created the exact opposite. No one thought this would be of any use, until another scientist, Art Fry, realized that the little pieces of paper made great book marks for his church songs without leaving residue on the page.

Potato chips were the result of an angry chef. George Crum, a chef at the Carey Moon Lake House in Saratoga Springs, got so fed up by the complaints of a fussy customer that he sliced his fried chips super thin and added plenty of salt. To the chef's surprise, the customer loved them and wanted more and so potato chips were born!

Play-Doh was supposed to be wallpaper cleaner. Play-Doh first originated as a wallpaper cleaner sold by Noah McVicker's soap company, Kutol Products. Over time it became popular among school teachers, who used it for classroom arts and crafts. Years later McVickers decided to re-market the product for children.

Artificial sweetener was discovered by a chemist who didn't wash his hands. Who says you have to wash your hands! In 1879, after a long day of working with coal tar, chemist Constantin Fahlberg came home to have dinner with his wife without washing his hands first. While eating his meal, Fahlberg noticed that everything he put in his mouth had a very sweet taste and discovered that the saccharin on his hands was responsible.

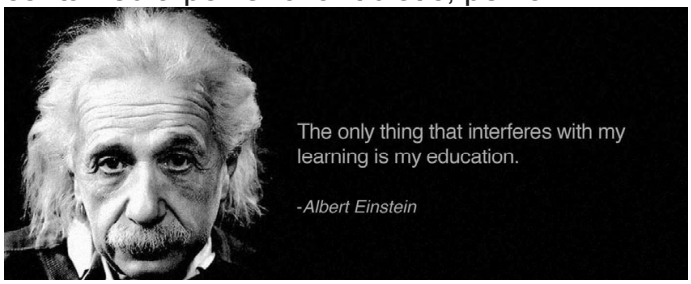
Chewing gum was supposed to be a natural latex. Frustrated by his attempts to create a rubber replacement out of natural latex, Thomas Adams put a piece in his mouth and noticed the flexible material was actually very enjoyable to chew on. He began adding flavours and by 1888, the name "chewing gum" was coined.

The microwave oven was discovered while researching radar technology. Percy Spencer, an engineer with the Raytheon Corporation, while conducting radar-related research project with a new vacuum tube, realised that the chocolate bar in his pocket began to melt during his experiments. He then put popcorn into the machine, and when it started to pop, he knew he had a revolutionary device on his hands

Corn Flakes was discovered due to forgetting to take food off the stove. The Kellogg brothers, John and Will accidentally left a pot of boiled grain on the stove for several days. The mixture turned mouldy but the product that emerged was dry and thick. Through experimentation they eliminated the mould part and created corn flakes

Ink-Jet printers were discovered because of a hot iron. A Canon engineer noticed that after resting his hot iron on his pen by accident, ink was ejected from the pens point a few moments later. This principle led to the creation of the inkjet printer.

And last but not least, Penicillin was discovered by accident. As I am sure most of us know, Sir Alexander Fleming while searching for a 'wonder drug' that could cure diseases noticed that a contaminated Petri dish he had discarded contained a mould that was dissolving all the bacteria around it. When he grew the mould by itself, he learned that it contained a powerful antibiotic, penicillin.



Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
Website : http://www.ama.com.au/

AMA NATIONAL CONFERENCE 2014 (Twitter: #amanc14)

SUCCESS OF STATE AND TERRITORY AMAs RECOGNISED

State and Territory AMAs have been recognised for their exceptional work in advocacy and communications.

AMA President, Dr Steve Hambleton, tonight presented awards acknowledging the outstanding work of several State and Territory AMAs in a range of categories including Best Lobby Campaign, Best Public Health Campaign, Best State Publication, National Advocacy and Most Innovative Use of Website or New Media.

This year's highly deserving winners include:

Best Lobby Campaign 2014 – AMA South Australia
'Co-location of the Women's and Children's Hospital with the new Royal Adelaide Hospital'

The relentless and strategic efforts of AMA South Australia resulted in the State Government and Opposition changing their respective policies to lock in support for the co-location of the Women's and Children's Hospital with the new Royal Adelaide Hospital. This is a very significant achievement.

AMA South Australia demanded that clinical outcomes be considered as important as efficiency in assessing the co-location plans. The co-location of the two services will ensure that women encounter pregnancy and birthing complications will receive the best possible health care.

AMA South Australia lobbying helped convince the SA Government to overcome its long-held reluctance and commit to invest $600 million in the project.

The judges were impressed with the effectiveness of AMA South Australia's campaign, which centred on demands for a better functioning hospital system.

Best Public Health Campaign 2014 – AMA New South Wales
'Alcohol-related Violence'

AMA New South Wales showed great leadership and resourcefulness in creating the 'Alcohol-related Violence' campaign.

Conducted amid a spate of violent assaults linked to drinking, the campaign effectively highlighted the serious health consequences of the nation's drinking culture.

The campaign's blunt but carefully worded messages hit the mark, and continued to be heard even amid NSW's tragic toll of alcohol-fuelled deaths and injuries.

The campaign was characterised by close collaboration with other concerned organisations, which was a great strategy to extend its reach and change attitudes.

The Importance of Reviewing your Insurance Policies

I was recently referred a client who has a range of personal insurance policies including Term Life, Total & Permanent Disability (TPD), Trauma and Income Protection. The policies were set up via another adviser over 5 years ago and the client's main concern was that he had not heard from the adviser since the initial policy was taken out and he believed he was paying a hefty premium compared to his partner's policy.

On review of the policies, I discovered that the client had a 50% premium loading on his Term Life and TPD cover, 100% premium loading on the Trauma and Income Protection and a bowel cancer exclusion on the Trauma contract.

I initially reviewed the existing policies against the market on a like for like basis and it was still in the client's best interest to remain with his existing insurer due to the type of definitions and products they offer for self-employed clients and the premium remained competitive. The second process was reviewing the existing loadings and exclusion with the senior underwriter to see what could be removed or lowered given the clients current health. I discovered that the reason for the initial premium loadings and exclusion was due to a combination of family history issues with bowel cancer and the fact that the client was diagnosed with Atrial Fibrillation approx. 6 years ago.

An important aspect with the insurance company was that they had a product upgrade 2 years ago where existing clients could apply to upgrade their policies to the new contracts without any medical underwriting. The new contracts also provided more favourable underwriting terms especially in regards to family history issues.

I completed a new upgrade application with the client which also simply involved a copy of the most recent colonoscopy and cardiologist report. After a meeting with the senior underwriter the insurance company agreed to remove all premium loadings and exclusions. The result in dollar terms was a **premium reduction of over $2,700 p.a.** The client now also has a Trauma policy with full cover in regards to bowel cancer and the new contract also provides greater flexibility in regards to heart attack, melanoma and prostate cancer.

If the clients existing adviser was doing his job and reviewing policies annually, the above result could have been achieved 2 years ago which would have already saved the client over $5,400. More importantly, if the client was diagnosed with bowel cancer in the last 2 years he would not have been covered under his existing adviser.

We prepare an annual review for all clients. If you would like to talk about your situation or have a simple question please call Hayden White, Risk Specialist at Poole Group 5437 9900.

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"AMA NATIONAL CONFERENCE 2014 - EXCELLENCE IN HEALTHCARE AWARD"

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

A Turkish-born GP who has broken down barriers to the treatment of socially isolated and marginalised communities in rural Victoria has won the AMA Excellence in Healthcare Award for 2014.

Dr Mehdi Sanati Pour, who works as a GP in Mildura, has been recognised for his extraordinary work in overcoming cultural, social and linguistic barriers to provide specialist care, especially mental health services, for many unwilling or unable to access mainstream health services in the Sunraysia region.

Dr Sanati Pour was presented with the award by AMA President, Dr Steve Hambleton, at the AMA's annual conference in Canberra today.

The Excellence in Healthcare Award is given to an individual who has made a significant contribution to improving health or medical care in Australia.

Dr Hambleton said Dr Sanati Pour had, in the best traditions of the medical profession, strived to ensure quality health care was provided for all in his community, including many groups that often fall through the cracks of the health system.

Dr Sanati Pour, who trained in and practised medicine in Turkey, before migrating to Australia, began working in the Victorian public hospital system in 2005. In 2008, he moved to Mildura where he undertook GP training and joined a busy local practice.

"During his training in Mildura, he realised there was a shortage of specialised services in rural and regional areas, particularly for culturally and linguistically diverse groups," Dr Hambleton said.

"Dr Sanati Pour saw how differences in language and culture can throw up big barriers that hamper access to medical services, and he has taken it upon himself to try and bridge these gaps in health care."

Among his initiatives, Dr Sanati Pour has organised health workshops and assessments for the local Turkish community; after-hours Pap screen sessions, run by a female Pap smear nurse, to provide screening and health information for women in full-time work and those for whom cultural and religious issues preclude regular health checks by male GPs; as well as a weekly refugee health clinics where recent arrivals are given comprehensive health assessments, including of their mental health.

"This award recognises and acknowledges Dr Sanati Pour's tireless efforts to achieve the best possible health outcomes for the Sunraysia community, particularly for those who – for reasons of culture, language and social isolation – might otherwise not get the care they need," Dr Hambleton said.

"He is truly a worthy winner of the AMA Excellence in Healthcare Award."

23 May 2014

CONTACT:

John Flannery 02 6270 5477 / 0419 494 761

Odette Visser 02 6270 5464 / 0427 209 75314

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

Like the AMA on Facebook:https://www.facebook.com/AustralianMedicalAssociation

REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription Benefits

Don't waste time! Join now!

Monthly: Newsletters, Topical Educational Meetings, 3 Course Cuisine,

CPD Points & Attendance Certificate Available

Rounded off with the End of Year Networking Meeting

Get your membership benefits! Socialise! Broaden your knowledge!

Dear Doctors

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

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

RDMA SUBSCRIPTION FORM – INTERNET PAYMENT PREFERRED

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

ABN 88 637 858 491

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

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

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

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

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

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

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

METHODS OF PAYMENT:

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

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

Where We Work And Live

On Anzac day this year, the President of the Redcliffe & District Local Medical Association, Dr Kimberley Bondeson, laid a wreath to honour our ANZAC's at the service in Redcliffe.

ANZAC Day Ceremony