RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
MAY 2016

Immigration & Immigrant Ships Moreton Bay Part III Story of the "Fiery Star" Continued:

See Where We Work & Live on page 20.

Vice President's Report Dr Wayne Herdy

FEDERAL BUDGET

There are two stand-out health matters in the Federal Budget.

Firstly, the proposal to increase tobacco excise, and increase the cost of a pack of cigarettes to $40 by 2020, will have to bring health benefits. But the story is not so simple.

(a) The most hardened of addicts will feel the price signal and reduce consumption.

(b) But the social cost will include discretionary spending on tobacco instead of on life's essentials. Some parents will have to reduce spending on their children. We GP's already see Mums who complain that they cannot pay for their child's prescription while they have a cigarette pack clearly visible in their handbag. Mums will be prepared to spend less on food to maintain their tobacco consumption.

(c) We might not have a lot of effect on the behaviour of established addicts, but ultimately the health budget benefit will be fewer young kids taking up smoking.

(d) A century ago, America proved that prohibition doesn't work. It just drove the alcohol problem underground and made criminals wealthy. Taxing tobacco to the hilt will have a similar effect. "Chop-chop", illegal untaxed tobacco, will become more attractive to purchasers and the high excise rate will encourage illegal suppliers attracted by increased potential profits.

Secondly, the announcement that Medicare benefits will be frozen until 2020 has provoked a flurry of opinions from every possible source. Since we will have fixed incomes but ever-increasing costs (staff wages being the largest component), any increase in costs will be a dollar-for-dollar reduction in our take-home pay; every dollar cost increase will reduce our discretionary incomes by one dollar. This insult comes at the end of decades of progressive erosion of Medicare rebates – the annual increase in Medicare rebates has been almost exactly half the increase in CPI almost every year since 1976.

(a) If, as I believe, doctors are not going to accept a rapid decline in their discretionary incomes, the outcome will inevitably be an equally rapid decline in bulk billing.

(b) The question will not be one of whether bulk billing declines. It will be a question of how much and how fast. The first casualties in the bulk-billing decline will be patients who don't have Centrelink benefits, but we are still an altruistic profession so many who are financially hard-pressed will still benefit from what is undisguised charity.

(c) The other question will be – which doctors will blink first? I predict that the corporate will be the first to change their bulk-billing policies. They are already on low margins and have shareholders looking for a return on investments. They are less likely to tolerate an erosion in nett incomes than doctor-owned practices where most are governed by some degree of altruism.

(d) One thing is certain. Patients who are used to being bulk-billed will flock to emergency departments.

(e) We will have to be careful as a profession to ensure that the blame lies where it belongs. The government will blame greedy doctors for withdrawing from bulk billing. We must keep our patients on side by ensuring that, from the very beginning, they know that financial reality means that we cannot universally discount the price of our services.

Wayne Herdy
RDMA Vice President

RDMA & NLMA's Joint Newsletter

Welcome from
Dr Robert (Bob) Brown

President Northside Local Medical Association

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

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

Advertising information is on RDMA's website www.redcliffedoctorsmedicalassociation.org/
please contact **Newsletter Publisher.**
Email: RDMAnews@gmail.com
Mobile: 0408 714 984

NLMA Executive Contacts:

President:
Dr Robert (Bob) Brown
Ph: 3265 3111
E: drbbrown@bigpond.com

Vice President:
Dr Ken Fry
Ph: 3359 7879
E: kmfry@bigpond.com

Secretary:
Dr Ian Hadwin
Ph: 3359 7879
E: hadmed@powerup.com.au

Treasurer:
Dr Graham McNally
Ph: 3265 3111
E: gmcnally1@optushome.com.au

Meetings' Convener: TBC
Dr Graham McNally
Ph: 3265 3111
E: gmcnally1@optushome.com.au

RDMA 2016 MEETING DATES:

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

Wednesday	February	24th
Tuesday	March	29th
Wednesday	April	27th
Wednesday	May	25th
Tuesday	June	28th
Tuesday	July	26th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	24th
Tuesday	September	13th
Wednesday	October	26th
NETWORKING MEETING		
Friday	December	2nd

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 15 June 2016
Email: RDMANews@gmail.com
W: www.redcliffedoctorsmedicalassociation.org

NLMA 2016 MEETING DATES tbc:

For all queries contact Graham McNally
Meeting Convener: Phone: (07) 3121 4029
Email: gmcnally1@optushome.com.au

W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	16th
2	April	12th
3	June	7th
ANNUAL GENERAL MEETING - AGM		
4	August	9th
5	October	11th
6	December	13th

Next Meeting Date 25th May 2016

Dr Kimberley Bondeson, President Redcliffe & District Local Members Association introduced the Allergan Sponsor Representative for the night Ms Rose Gallagher.

Allergan Sponsored the speaker for the night. Dr Chrys Pule - Geriatrician, Topic: 'Falls and Fractures".

Below Clockwise: Dr Wayne Herdy, Dr Chrys Pule and Ms Rose Gallagher, Phillip Dupre and Emily Kwan, Nayana Weersinghe, Sally MacBride, Andrew Butler & Ray Collins, New Members: Fiona Scoffell & Monica Korecki

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Wednesday 25th May 2016**

TIME: 7 for 7.30pm

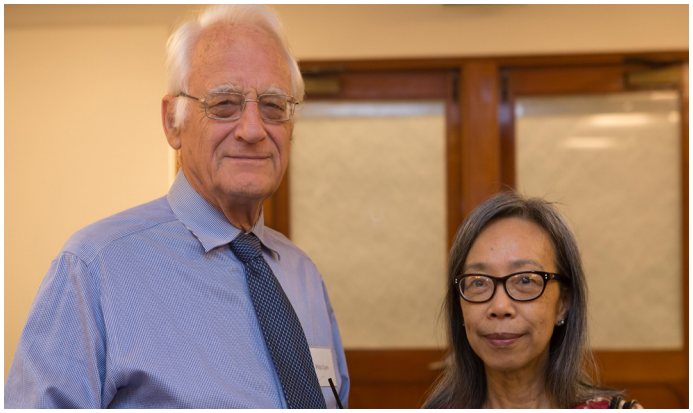
VENUE: Regency Room - The Ox, 330 Oxley Ave, Margate

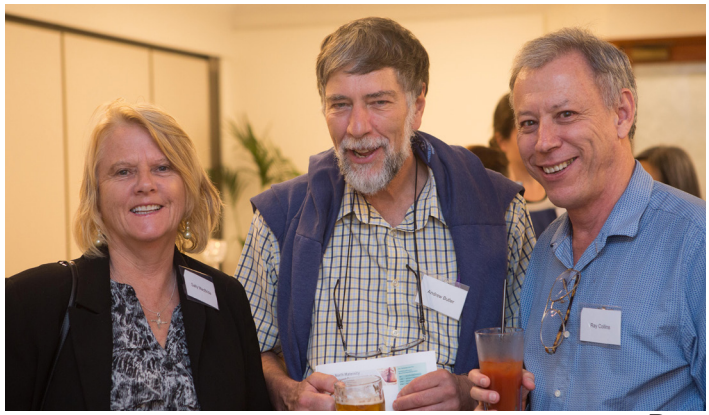
COST: Financial members - FREE
Non-financial members $30 payable at the door.
(Membership applications available)

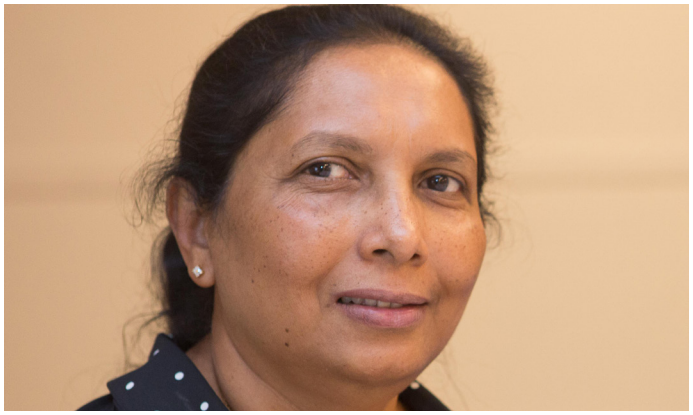
AGENDA:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Kimberley Bondeson - President RDMA Inc.
7.35pm	Sponsor: Bayer
7.40pm	Speaker: Dr Scott McKenzie Topic: Not clotting, not bleeding and stopping it all in a hurry: Anticoagulation and Cardiogenic Shock.
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: By Friday 20th May 2016
(e) Margaret.macpherson@qml.com.au (t) 3049 4444







INSIDE THIS ISSUE:

AMAQ BRANCH COUNCILLOR REPORT
North Coast Councillor Report
Dr Wayne Herdy

NEGATIVE GEARING. A PERSONAL PERSPECTIVE.

Like most other professionals, I have one or two investments other than my superannuation. Some of my investment portfolio includes rental properties, negatively geared of course. I am not an investment adviser, and to be truthful I have not even been a particularly successful investor, so the opinion that follows should not be accepted as unassailable gospel, and nobody should even accept it as advice. It is a personal opinion, no more. However, I think that the Labor Party's proposal to bring negative gearing to an end is crazy policy, just crazy.

If my negative gearing benefit comes to an end, I as a landlord will adopt the two obvious strategies.
(a) I will increase the income side of the ledger by increasing rents as much as the market will bear.

(b) I will reduce the debit side of the ledger by reducing my costs - and since most loans are fixed so I can't much alter my borrowing costs, this means spending less on maintenance.

The outcome – my tenants will be paying higher rent with falling quality of the property that they rent. And those families who already struggle to make ends meet will find themselves even less competitive in a marketplace that is a cold hard place for those without a good rental record and a guaranteed income (and no kids, no pets, or any of the other negatives that landlords view with distaste).

The policy is based on a presumption that, by forcing out of the home-buying market the big investors who pay inflated prices to buy rental properties, the result will be a fall in house prices. There are some real problems with that presumption.

Firstly, investors tend to be business-oriented and they buy economical properties at low prices. This contrasts with private buyers who have a tendency to pay high prices because they make their purchase decision emotionally, not just on financial calculations. It is the private buyer, not the investor, who inflates housing prices beyond fiscal reality.

Secondly, only a small proportion of investors who presently have a taste for rental investments will move away from housing investments to alternatives. No matter how you disparage the relatively small returns on housing compared to other traditional investments, nothing beats the long-term security of brick-and-mortar with capital gains that closely parallel CPI variations. For most investors, the benefit of negative gearing is not massive, but is is an incentive to sweeten an investment that doesn't produce the returns of some alternatives.

Thirdly, the price of established residential property is determined mostly by the price of equivalent new property. The cost of a new residence is determined mostly by two factors.

(a) The first is the price of vacant land. At least near Australian capital cities, the price of new land is way too high, mostly because governments have been far too slow to allow developers to release new estates, because of ill-conceived town planning restrictions. Developers have been reluctant, in the present market, to develop estates that will not deliver reasonable returns.

(b) The second major influence is the cost of building a new home, and most of that cost that is potentially variable is contributed by the very high wages demanded by tradesmen and construction workers. We have an underlying problem in a country that pays a plumber three times what I pay my practice nurse. However, I don't expect to hear the past trade union powerbroker advocating wage contraction to improve housing affordability.

Bill Shorten's rhetoric includes two arguments that don't stand up to scrutiny.

One is that he keeps referring to negative-

Continued Page 6

Dr Herdy's Report continued
FROM PAGE 5

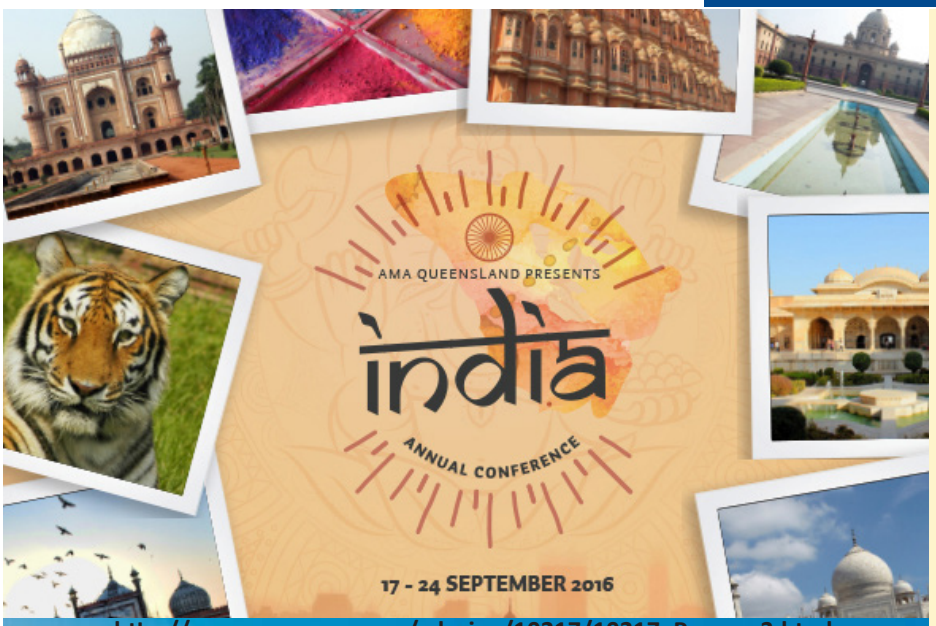
gearing landlords as big investors, while the truth is that most of the investors who will be affected are the hundreds of thousands of Mum-and-Dad small investors trying to put aside something substantial to leave their kids.

The second is that he compares us with other OECD countries where negative-gearing is not available.

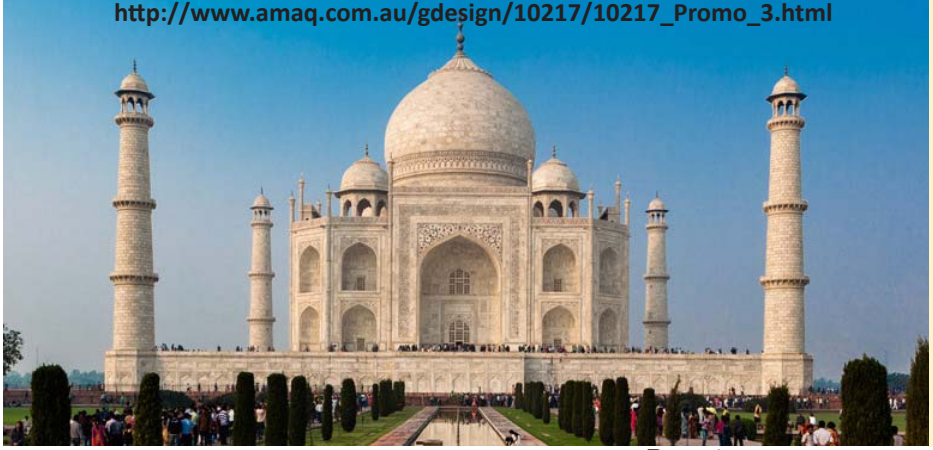
This is true, but if he wants the Labor Party to align with the USA, it is fairer to the little investor to make changes incrementally over a long and gradual process. To make sudden changes to long-established policy that has influenced small investors' strategies for decades is to court disaster.

My bottom line is to reiterate where I started. To abolish negative gearing is crazy policy.

Wayne Herdy
AMAQ North Coast Branch Councillor



http://www.amaq.com.au/gdesign/10217/10217_Promo_3.html



Experience Incredible India

AMA Queensland Annual Conference 2016

The 2016 Queensland Annual Conference will feature renowned medical leaders from India and across the globe Outside of the conference sessions, experience incredible India.

Your conference package includes:
- Seven nights' accommodation
- Return economy airfares with Singapore Airlines
- Buffet breakfast daily
- Four half-day conference sessions, including morning tea
- Four conference lunches
- Welcome function with entertainment and beverages in Delhi
- Welcome function with entertainment and beverages in Jaipur
- Half-day tour of Old Delhi
- Charter flights Delhi - Agra - Jaipur
- Luggage transfer directly from Delhi to Jaipur
- Tour of Agra and the Taj Mahal, including lunch and transfer to the airport
- Farewell dinner with transfers, entertainment and beverages
- Transfer - Delhi Airport to hotel (return) Transfer - Jaipur Airport to hotel
- Coach transport Jaipur to Delhi (one-way)
- $5,585 Twin or $6,190 Single

MONTSERRAT
— CANCER CARE —

Excellence in Cancer Care Across South East Queensland

Our clinics are built with patient outcomes, comfort and atmosphere in mind. Our Day Spa environment makes people feel welcome, calm and nurtured. The manner in which we care for them eases the experience and provides a high level of dignity and excellence that all people deserve.

Providing treatment for blood disorders and cancer:

- Chemotherapy
- Iron Infusions
- Bisphosphonate Infusions
- Supportive intravenous therapy
- Blood Transfusions
- Blood product support
- Patient education and support
- Supportive Allied health services Dietician, Exercise and Massage

Meet Our Team

Dr John Reardon
Medical Oncologist/
Clinical Haematologist
***SC**

Dr Hong Shue
Medical Oncologist
***SC**

Dr Sorab Shavaksha
Clinical Haematologist
***SC**

Jesse Goldfinch
Excercise Physiologist
***SC**

Dr Rosanne Middleton
Clinical Health Psychologist
***SC**

Dr Peter Davidson
Consultant Haematologist
***NL**

Dr Kieron Bigby
Medical Oncologist
***NL**

Sarah Higgins
Dietician/ Nutritionist
***SC**

Dr Darshit Thaker
Medical Oncologist
Palliative Medicine Specialist
***NL**

Dr Lydia Pitcher
Haematologist/ Oncologist
Paediatric Haematologist
***SC**

Tania Shaw
Oncology Massage Therapist
***SC**

Dr Raluca Fieser
Clinical and Laboratory Haematologist
***NL**

Dr Geoff Hawson
Medical Oncologist
Clinical Haematologist
Palliative Care Physician
***NL**

Be Our Guest

Sunshine Coast Haematology and Oncology Clinic is delighted to be supported by the McGrath Foundation through the provision of the McGrath Breast Care Nurse, who is available to help community members and their families through breast cancer by providing free advice, support and care when it's needed most.

North Lakes Haematology & Oncology Clinic
Tel: (07) 3833 6755 | www.nlhoc.com.au
7 Endeavour Bvd, North Lakes Q 4509 (next to OzCare)

Sunshine Coast Haematology and Oncology Clinic
Ph: 07 5479 0000 | www.schoc.com.au
10 King Street, Buderim, 4556

AMAQ BRANCH COUNCILLOR REPORT
Greater Brisbane Area
Dr Kimberley Bondeson

Federal Election,

Election fever is continuing, with policies from either party unfolding and evolving.

This am it was announced that the Labor Party would, if elected, reverse the freeze on Medicare rebates, which has just been extended by the current Liberal Government to continue until 2020.

Mr Shorten has stated that his party, if elected, would reverse this freeze on Medicare rebates, and allow the Medicare rebate to increase in line with inflation.

The AMA and other medical groups have demanded that the current government overturn its current unpopular decision to implement a two year extension of the frozen Medicare rebate from 2018 to 2020. The grounds for the AMA's stance are extremely basic – when Medicare payments made to general practitioners do not increase with inflation, it forces General Practitioners to pass on costs to patients – and that this "freeze" is "co-payment tax by stealth".

Pathology and Radiology are also being attacked – their subsidies being cut, which would force them to pass the costs on to their patients. One of the difficulties with this, is that as co-payments are not allowed under current Medicare legislation, the patient has to pay the entire bill, and then claim back the rebate.

Not many of my patients, particularly elderly pensioners, have the cash to do this, and an extra $10 - $20 a week (for those with eg. Warfarin, or in heart failure), is just not possible.

So, these patients will be sent to the nearest public hospital, and wait patiently to be seen and managed in the public system.

Or worse, simply not get the blood test done (or CXR) and suffer the consequences. Again, the result of this, is that the patient is likely to end up with an extensive inpatient stay in the public hospital.

Of interest, is the news a "pathology deal" to be made between the Pathologist and Government. On first glance, this deal is decribed as all Pathologists being supportive of the supposed arrangement, which is reported as follows:

Apparently, some pathology companies are paying high rents for their floor space in General Practitioners buildings, reportly as high as $14,000 per square meter for a room that would generally be $415 per square meter if rented as a medical suite.

I have no idea where these figures come from, but if this is true, I would love to receive $14,000 per square meter for a room as a rental income!

Now, I ask, who in their right mind would pay such an expensive rent in the first place? Are they mad?

But then again, this information has come off the internet (via Australian Doctor), and there is no evidence that this is actually genuine, which Australian Doctor have also stated.

Reportedly, the Pathologists have made a deal with the current government based on the following:

The government will not withdraw the Pathology Bulk Billing incentives, in exchange for the government imposing restrictions on GP practices who are charging these high rentals.

However, on further investigation, there are several Not for Profit Pathology companies, who know nothing of this "deal".

Personally, from my time as a doctor, the government cannot be trusted to keep their word, and any changes in the current fee for service or Medicare rebates that I have seen are always a cost cutting measure by the the Government.

And then of course, it is the doctors, who are "over-servicing and over-ordering" these pathology tests, who are also being dragged into the discussion. The radiologists are currently left out of this discussion, but we will watch and see. Particularly in view of the political climate and a forthcoming election.

Sincerely Kimberley Bondeson

AUSTRALIAN MEDICAL ASSOC PRESIDENT
Dr Chris Zappala

Member's Updates

Debates about the appropriateness and growing costs of health are guaranteed to evoke emotive, polemical rhetoric and ideological arguments. Of course, sectional/tribal interests pervade, which compounds the confusion. It is into this fracas that we venture whenever the profession tries to have a sensible discussion around MBS rebates and health care funding. We also need to remember it is a profession-wide issue and not just a general practice issue – although they are more exposed.

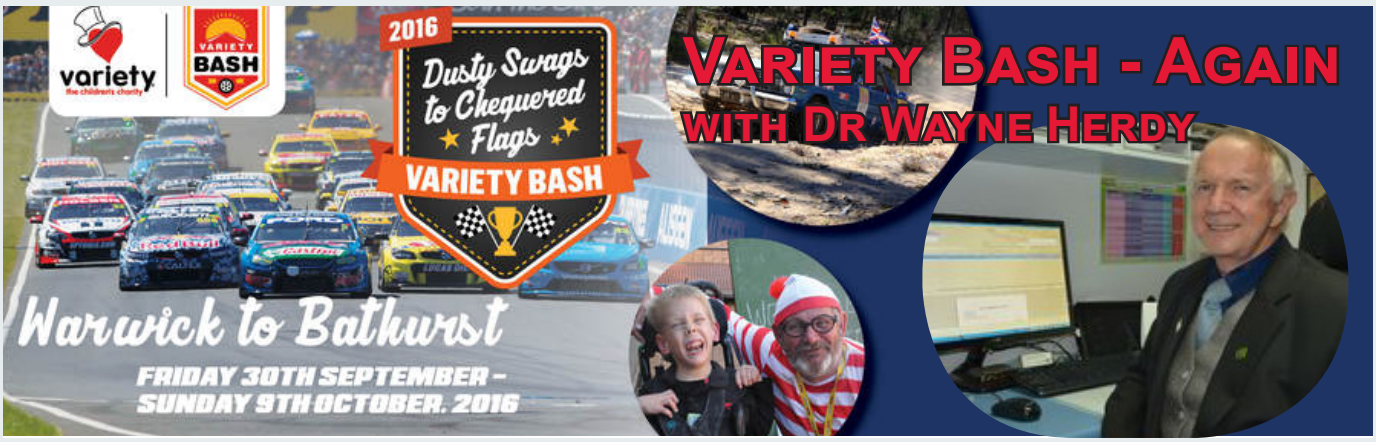
The announcement by the Commonwealth Government that the freeze on MBS rebates will continue until 2020 is disheartening for us all. The AMA has strenuously and correctly argued for the MBS rebates to be indexed appropriately and to truly reflect costs of practice so that patients are not left significantly out of pocket and doctors are not forced to perpetually reduce margins. This fight will go on. It is, however, critical to observe that constraint on MBS rebates is a bipartisan objective. Moreover, and perhaps most tellingly, MBS rebates have never really been properly indexed or reflected the costs of practice since they were introduced in 1984 (to reflect average prices in the 1970s!). Patients (and doctors who accept bulk-billing) have progressively slipped further and further behind over many years. We should not be surprised by the continuation of the rebate freeze, or woefully inferior indexation even if it were to be adjusted, because that has always been the case.

The MBS rebate freeze is a policy designed to reduce government costs and ultimately shift a greater portion of the financial burden to doctors, patients or third parties such as health funds. Governments seem to have developed the standard strategy of blaming doctors for all rising health care costs through exorbitant fees, over-servicing, errors and so on. So are costs becoming unmanageable? In short – No! Health care costs as a proportion of GDP remain static at 9.8 per cent and costs have grown below expectation recently at approximately three per cent per year (it was projected to be approximately five per cent). The Commonwealth Government is paying less in total (15.97 per cent of the total budget down from 18.09 per cent of total budget between 2015-16 and 2006-7) and the proportion of total health funding by private health insurers has remained static. Total payments by private health insurance companies have grown by 7.1 per cent, but premium revenue increased by 7.3 per cent for the 2015 financial year. In addition, private health insurance (PHI) management costs reduced from 10.5 per cent in 2008 to 8.5 per cent in 2014 – so the private hospital sector is becoming more efficient and no less profitable. Where on earth is the crisis?

It is true, however, that patients are paying more. Over the last decade, expenditure by individuals grew by an average of 6.2 per cent per year in real terms, compared with 5.3 per cent for all non-government sources, and grew faster than total health spending. What is less appreciated by the public, and conveniently ignored by policy makers, is that doctors (especially bulk-billing GPs) have also suffered financially as their practice costs have increased but revenue remained static, courtesy of the inadequate MBS schedule.

I find it amazing that bulk-billing rates in general practice have not reduced since the MBS rebate freeze was introduced (still in the 80s%). This patient rebate – designed to be the least the Government of the time can possibly get away with offering – was never designed to be a sole payment for services to doctors. It's a complete travesty that some colleagues, therefore, feel compelled that they must accept this arbitrary amount dictated by the Government. It's plainly not just or appropriate. As a profession is there something we can do to unshackle our colleagues and free us all from the whimsical dictates of successive Governments? Maybe…

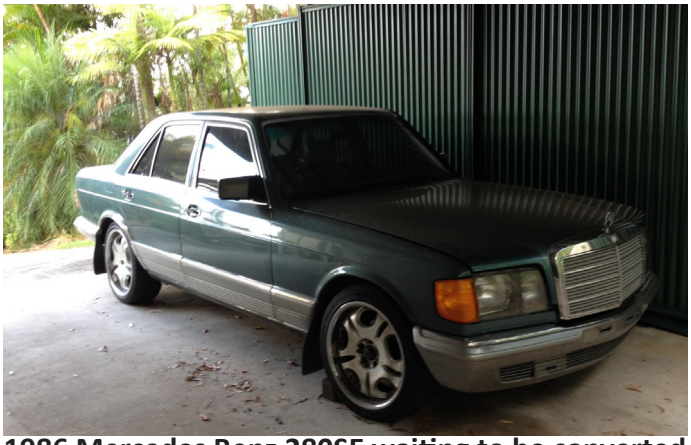
While continuing to argue for some increase in the rebate to benefit our patients, perhaps we should draw a line in the sand and finally accept bulk-billing is untenable and not conducive to high quality, safe practice (bear in mind complaints to the OHO are inexorably increasing). We should allow patients to pay just the gap when seeing a GP if desired – this should be an election issue too. The bulk-billing incentive needs to be built permanently into the rebate rate so patients who do pay a gap are not disproportionately disadvantaged. Let's also investigate chronic disease models of care which allow patients to claim some items through their private health insurance – especially if it can be shown this is keeping patients out of hospital and within the care of a familiar general practitioner who is no longer tyrannized by enervating bulk-billing. We need to gladly accept that such reforms will also drive quality of **Continued Page 12**



https://2016varietybash.everydayhero.com/au/wayne (Donations listed)

The Variety Bash is a car rally (well, sort of) with a purpose to raise funds for a respected charity.

"Variety , the Children's Charity" has been around for a long time. Check out their history on their website (www.variety.org.au). They started in Chicago when a group of actors, the Variety Club, found an abandoned baby in the Sheridan theatre on Christmas Eve 1928, with a note from the mother begging them to care for her daughter. They named her Catherine Variety Sheridan, and supported the child, who was fostered. The charity was founded. Catherine changed her name to maintain normality, became a nurse and served in Korea and Vietnam. She died in 1994.



1986 Mercedes Benz 280SE waiting to be converted to a Variety Bash contender

Variety the Children's Charity does not give cash handouts, but gives other support to children in need. This includes medical aids for handicapped children or kids with rare disease. It is one of the few charities where most of the money donated actually ends up where it is intended to go, buying stuff needed by disadvantaged kids.

The Variety Bash is an annual event as part of their fund-raising programme. Participants pay all their own costs and are authorized to conduct activities and receive donations on behalf of the charity. The Australian event was established by renowned adventurer Dick Smith 30 years ago (the Bourke to Burketown Bash was in 1985), and has been conducted annually since.

The basis of the event is that all cars have to be at least 30 years old, and not modified for performance. This is not a race, not even really a rally. It is a survival event for the machine and traditionally a whole lot of fun for the participants.

Dr Wayne Herdy is registered to participate in the 2016 Variety Bash. He has bought a 1986 Mercedes Benz 280SE (cost $800!) and his co-driver Keith Beard has been working to get it roadworthied and registered.

The 2016 Bash will start in Warwick on Friday 30th September and finish in Bathurst on Saturday 8th October, the day of the big race.

Dr Herdy is confident that his fellow doctors will find it easy to be generous to the charity. Donations are of course tax deductible.

Donations are most easily made via the internet: To make donations, go to **https://2016varietybash.everydayhero.com/au/wayne**

List of medical donors so far:

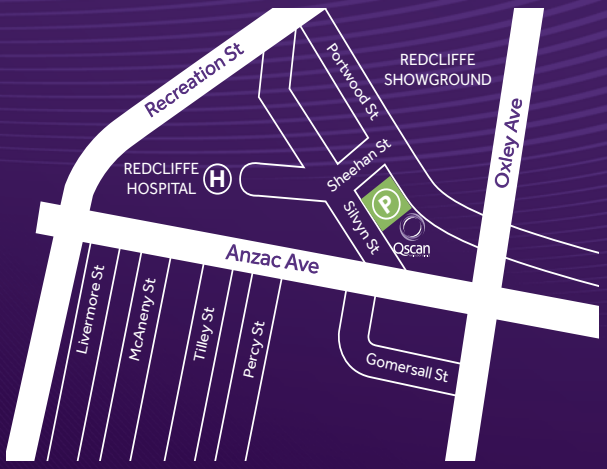
- Redcliffe LMA 1005
- Sunshine Coast Radiology 750
- Kelly Williams (NAB Health) 200
- Dr Peter Stephenson 105
- Dr Di Minuskin 105
- Dr Larry Gahan 55

Safe motoring, Doctor Wayne Herdy

Qscan Redcliffe

Your local medical imaging practice with a specialist radiologist onsite

A modern clinic offering state of the art diagnostic imaging and providing unrivalled patient care, safety and comfort



- Digital X-ray
- Ultrasound
- Computed Tomography
- Dental Imaging & OPG
- Bone Mineral Densitometry
- Magnetic Resonance Imaging
- Interventional Radiology
- Nuclear Medicine

Qscan Redcliffe | 6 Silvyn Street, Redcliffe Q 4020
P 07 3357 0922 F 07 3283 4277
Mon-Thurs 7:00am - 10:00pm
Fri 7:00am - 6:00pm / Sat 8:00am - 4:00pm
Sun 8:30am - 4:00pm (MRI Only)
qscan.com.au

Bulk Billing Available

icon cancer care

Exceptional cancer care

Icon Cancer Care Chermside aims to make treatment and care as integrated and seamless as possible.

From the doctors, to our nurses, pharmacists and receptionists, our entire team is dedicated to the unique needs of cancer and haematology patients.

We're alongside our patients and their families every step of the way.

- No gap for patients receiving chemotherapy or haematology treatments who are fully insured for private hospital cover with a recognised Australian Health Fund
- Access to clinical research trials through Icon Cancer Foundation
- Relaxing surrounds
- Lymphoedema clinic
- Free on-site parking

Clinical Haematologist
Dr Mark Bentley
Dr Ian Bunce
Dr Jason Butler
A/Prof. Simon Durrant
Dr Stephen Fanning
Dr Terrence Frost
Dr Trevor Olsen
Prof. Andrew Perkins
Dr Jason Restall
Dr Steven Lane
Dr Robert Hensen

Haemato-Oncologist
Dr Mark Bentley
Dr Ashish Misra
Dr James Morton

Medical Oncologist
Dr Rick Abraham
Dr Matthew Burge
Dr Jeffrey Goh
Dr David Grimes
Dr Brett Hughes
Dr Paul Mainwaring
Dr Agnieszka Malczewski
Prof. Andrew Perkins
Dr Adam Stirling

Paediatric Haematologist
Dr Lydia Pitcher

To refer a patient please phone 07 3737 4500 or fax 07 3737 4801
Level 1, 956 Gympie Road, Chermside | iconcancercare.com.au

Dr Zappala's Report continued from page 9

care improvements and disadvantage doctors offering an inferior service.

I think the public is sufficiently primed to understand that the government is trying to reduce health care payments (together with all other payments), that MBS rebates have been inadequate for some time and that a co-payment is the government's ultimate objective. Therefore, the public will understand that paying a gap ultimately derives from government actions.

One of the most important roles of the AMA is ensuring patients remain fully aware of this and creating the freedom for all doctors to be able to charge a reasonable fee for their own services – of their own determination. When we argue for a MBS rebate increase it should be on our patient's behalf only, because doctors are all charging what their service is worth.

As I've remarked before, the qualifier for my suggestions is that the vulnerable absolutely need to still be protected. There will still need to be some patients who are bulk-billed (but at the doctor's discretion and to a level that is reasonable) and the continued operation of safety nets remains important. Patients requiring multiple investigations and doctor visits should not face unmanageable health care expenditure – there are many ways to achieve this. The Government should perhaps recall the original laudable intent of the Medicare system in protecting disadvantaged patients and those with complex care requirements and re-focus the system along these lines.

As I write this, I am looking forward to the upcoming AMA Annual National Conference (which may have occurred by the time you read this newsletter). The Annual Conference is a truly unique opportunity to explore the critical issues facing us all and celebrate the achievements of the profession.

It also brings a change in Federal AMA leadership who will crucially need to focus on core issues of concern to our profession and also focus on how our Association can work more effectively together to grow members, meet their expectations and advocate for a better health care system for doctors and their patients.

Sincerely,
Dr Chris Zappala,
AMA Queensland President

Interesting Tidbits NATTY MOMENTS:

BRAIN TEASERS

Q. A prisoner is in jail. There are two doors, one leads to freedom one leads to death. There is a guard at each door. One guard always tells the truth, the other always tells lies. The prisoner is allowed one question to either of the guards. What is the question that will take him to freedom?

A If I was to ask the other guard which door leads to freedom, what would he say? Whichever door he points to, you go out the other door!

Q Which word is the odd one out: First Second Third Forth Fifth Sixth Seventh Eighth

A Forth is incorrectly spelt. It should be Fourth.

Q We live in a large tower block, 10 floors high. My 5 year old son goes to school each day using the lift from the 10th floor to the ground floor. However, when he returns in the evening, he uses the lift to get to the 5th floor and then uses the stairs for the remaining 5 floors. Why?

A He cannot reach the required button, floor 5 is the highest he can reach at the moment

Q A man is trapped in a room with no windows, no doors and no cracks. All there was is a table. How did he get out?

A He banged his head on the wall until it was sore. He then used the saw to cut the table in half. He put the two halves together to make a whole. He jumped through the hole and shouted until his voice was hoarse, then he rode away on the horse.

Q You are in a cabin and it is pitch black. You have one match on you. Which do you light first, the newspaper, the lamp, the candle or the fire?

A You light the match first!

Q The day before yesterday, Chris was 7 years old. Next year, she'll turn 10. How is this possible?

A Today is January 1st, yesterday 31st December was Chris's 8th Birthday. On December 30 Chris was still 7. This year she will turn 9 and next year she will turn 10!

Q I have no voice yet I speak to you, I tell of all things in the world that people do. I have leaves, but I am not a tree, I have pages, but I am not a bride. I have a spine and hinges but I am not a man or a door, I have told you all I cannot tell you more. What am I?

A A Book.

http://resources.woodlands-junior.kent.sch.uk/fun.html

MONTSERRAT
— CANCER CARE —

First in to Queensland to reduce Chemotherapy induced hair loss with the Cold Caps/Scalp cooling treatment

One of the most frequent questions we hear from patients when they discover they need Chemotherapy is, Am I going to lose my Hair?

We are proud to announce that Montserrat Cancer Care are the first in Queensland to officially offer patients a scalp cooling treatment (Paxman) that can prevent Hair loss caused by certain Chemotherapy drugs. *The service will be available at our Sunshine Coast Clinic.*

The treatment is clinically proven to be an effective way of combating Chemotherapy-induced hair loss and results in a high level of hair retention. It can be used with all solid tumor Cancers that are treated with chemotherapy drugs such as Taxanes (eg docetaxel), Alklating agents (eg cyclophosphamide) and anthracyclines/DNA intercalating agents (eg doxorubicin). The treatment cannot be used with Haematological malignancies, cold allergy suffers, cold agglutinin disease, presentation of scalp metastases and disease requiring imminent bone marrow ablation chemotherapy.

How does it work? The Paxman system causes blood vessel vasoconstriction, which reduces blood flow in the scalp to 20-40 % of the normal rate, resulting in less chemotherapeutic drug being delivered to the hair follicles. The drug infusion rate across the plasma membrane is reduced therefore decreasing the drug dose level entering the cells around the scalp. The system has been treating tens of thousands of patients annually throughout the world with a success rate from 56% to 73%. Efficacy studies in the United Kingdom show 89% efficacy. A comprehensive Clinical evidence report can be found at: http://paxmanscalpcooling.com/the-system/clinical-efficacy

We will be offering this as an additional treatment to our patients who met the criteria at **no cost.** Patients from our North Lakes Clinic can attend our Sunshine Coast Clinic at no additional charge for this service.

Further information can be found at www.schoc.com or www.facebook.com (Sunshine Coast Haematology and Oncology Clinic Friends), at the Paxman website: www.paxmanscalpcooling.com or by calling Clinical Nurse Manager Kim McCullough on: (07) 5479 0000.

Dr Kieron Bigby and Dr Darshit Thaker can be contacted via our North Lakes Clinic By calling (07) 3833 6755.

Kind Regards

Montserrat Cancer Care Team

**The Orbis Cooling machine*

FEDERAL BUDGET SUPERANNUATION SUMMARY

On the 03/05/2016 the Federal Government handed down the budget for the 2016-17 year that includes some of the biggest changes to the superannuation system since 1 July 2007. **Importantly**, the budget announcements are still only **proposals** at this stage and will depend on the outcome of the upcoming election and on the proposals being legislated. Below is a summary of the main proposed superannuation changes;

Concessional Contribution Cap (CCC) Reduced to $25,000

At present the Concessional (tax deductible) Contribution cap is $30K per financial year for clients under age 50 and $35K per financial year for ages 50 and over. The proposal is from 01/07/2017 the cap will be reduced to $25K for everyone, regardless of age.

Catch-Up Concessional Contributions

Effective 01/07/2017, unused CCC amounts will be able to be carried forward on a rolling basis over 5 consecutive years from 01/07/2017. Access to unused CCC amounts will be limited to individuals with a super balance of less than $500K. The Government is using this measure to allow those who take breaks from work the opportunity to "catch up" if they have the capacity or choose to do so.

Lifetime Cap for Non- Concessional Contributions (NCC)

NCC'S relate to contributions you are putting into super in after tax dollars and where you are not claiming a tax-deduction. This is one of the biggest proposals in addition to the $1.6MIL transfer cap and effective 7:30 pm (AEST) 03/05/2016. The Government is looking to impose a $500K lifetime NCC cap which is back dated to 01/07/2007. This replaces the existing NCC caps which allow clients to put in up to $180K per financial year or $540K over a rolling 3 year period for clients aged under 65. Clients that have exceeded the cap will need to remove their contributions or be subject to current penalty tax arrangements.

Remove Contribution Eligibility Requirements for those Aged 65 to 74

At present, clients over age 65 wanting to make contributions into super need to qualify for a work test. This test is being removed and will now allow all clients under 75 to contribute to super without a work test. This proposal is effective 01/07/2017.

Introduce a $1.6MIL Superannuation Transfer Balance Cap

This proposal is effective 01/07/2017 and is designed to restrict the total amount of super that can be transferred from accumulation to pension phase to $1.6MIL. If a client accumulates more than $1.6MIL they will be required to transfer the excess back to accumulation phase where earnings are taxed at the concessional rate of 15%.

Additional 15% Contributions tax: Threshold reduces to $250K

Currently, this additional tax applies to clients who are earning above $300K p.a. and is in reference to the CCC being taxed at 30%, rather than 15%. From 01/07/2017 the proposal is for the tax to apply to clients who have income above $250K p.a.

Transition to Retirement (TTR) Pensions: Removal of Earnings Tax Exemption

At present, clients who are in a TTR benefit from a 0% tax environment on their earnings. This proposal from 01/07/2017 is that these earnings will now be taxed at 15% which is the same rate while clients are in accumulation phase.

Extend Deductions for Personal Contributions

From 01/07/2017 the proposal is will allow any client under age 75 to make personal CCC to superannuation. At present, only clients who are self-employed are able to make personal deductible contributions.

There are also some spouse superannuation tax offset and low income super tax offset changes proposed for 01/07/2017 along with anti-detriment changes and defined benefit scheme changes. Importantly, as mentioned these are not legislation yet but it is important to speak to a qualified adviser about potential impacts on your person situation and options that could benefit you prior to 01/07/2017.

If you would like to talk about the effects the changes may have on your own personal situation feel free to give me a call.
Hayden White, Poole & Partners Investment Services Representative. 07 54379900 hwhite@poolegroup.com.au

Metro North Maternity GP Alignment Program workshop

Part 1: Wednesday 8 June 2016 – Redcliffe Hospital
Part 2: Wednesday 15 June 2016 – Caboolture Hospital
Eligibility for RACGP points requires attendance at both sessions

The alignment program covers a number of important topics including:

- first trimester presentations
- recommended screening tests
- ultrasound scanning including nuchal translucency recommendations
- diabetes in pregnancy
- prescribing in pregnancy
- communication with Metro North birthing facilities
- models of care options
- Rh-negative women
- hypertension
- pre-eclampsia
- early pregnancy bleeding
- reduced fetal movements
- immunisations
- depression
- postnatal care
- breastfeeding

Presenters

Presenters/facilitators include staff specialists in obstetrics and gynaecology, general and obstetric physicians, psychiatrist, paediatrician, maternal fetal medicine specialist, pharmacist, physiotherapist, dietician, social worker, lactation consultant, midwives, nurses and GPs.

By registering, you agree to participate in the full program, including completion of a pre and post workshop knowledge assessment.

Closely aligned with Mater Mothers Maternity GP Alignment Program and Queensland Health Maternity GP Alignment Programs.

Sponsors

This event is sponsored by Sullivan Nicolaides Pathology and Covidien

RACGP Accredited

Category 1, QI&CPD Accredited Activity (40 points)

QI&CPD Accredited Activity CATEGORY 1

Part 1: Wednesday 8 June 2016

Redcliffe Hospital (Level 2, Moreton Bay Integrated Care Centre)

5pm	Optional Tour of Maternity Services
5:45pm	Light Supper and Registration
6:30pm	Workshop
9:30pm	Workshop concludes

Part 2: Wednesday 15 June 2016

Caboolture Hospital (Skills and Education Centre)

5pm	Optional Tour of Maternity Services
5:45pm	Light Supper and Registration
6:15pm	Workshop
9:20pm	Workshop concludes

Register online

https://register.eventarc.com/33076/metro-north-maternity-gp-alignment-program-workshop

Registrations will close Wednesday 1 June 2016.

Workshop enquiries

Denise Spokes
Program Administration Officer

e: mngpalign@health.qld.gov.au
p: 07 3646 4421

Sullivan Nicolaides PATHOLOGY Quality is in our DNA

COVIDIEN

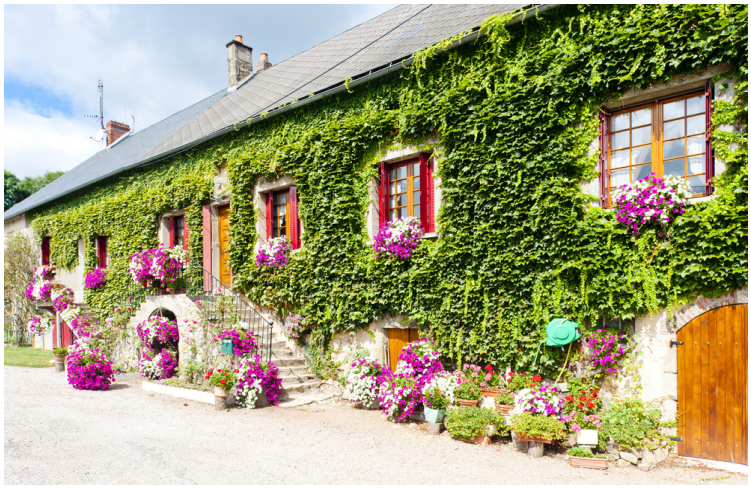
phn BRISBANE NORTH An Australian Government Initiative

Queensland Government

This is a joint initiative between Metro North Hospital and Health Service and Brisbane North PHN

Burgundy

The Gastronomical Capital of France



By Cheryl Ryan

Burgundy is a picturesque French region filled with lush landscapes, canals and beautiful lakes, which has become a favorite destination for visitors interested in the outdoors, cycling and fishing.

Aside from nature lovers, those who are fascinated by history adore this area as it's teeming with Roman churches, chateaux and other ancient buildings.

Despite its wealth of natural and historical attractions, Burgundy is most famous for its wines which are the undisputed major drawcard of this lovely French destination. Every year an influx of food and wine enthusiasts indulge in the region's local delicacies and savour Burgundy's finest wines. If you consider yourself a connoisseur of fine food and exquisite wines then this location is your holiday 'dream come true'.

There are so many things to see and do in this area of east central France which covers over 31,000sq kilometres that it's hard to pick a favourite but let's take a look at some of the activities you can enjoy on a tour of Burgundy:
Wine tour

Take a bike trip around the town of Chablis. Located in the northern part of Burgundy, Chablis is a French wine district best known as the producer of the zesty and bubbly Chardonnay. Listen to stories of how this famous French wine is produced and cultivated; get up close and personal with the grapes and wineries which specialize in creating this wine and other local varieties and best of all, sample a glass or two of Chardonnay.

Stop off at other wineries in the region that produce top-notch wines like Aloxe Cortin, Puligny Montrachet, Meursault, Volnay and Pommard. By touring the wineries on rented bikes, you appreciate the awe-inspiring backdrop of the local scenery and enjoy some exercise in between sampling the local culinary treats and wines.

Barge cruise
Next up is a barge cruise on the Burgundy Canal. This is truly a wonderful and luxurious experience like no other. As you cruise along the canal, enjoying a selection of wines and tasty French dishes, you take in scenic views of Burgundy's historic sites and appreciate their location from a different perspective.

Castles and historic sites
Pay homage to some of the most popular and celebrated historic sites, such as the L'Abbaye de Fontenay, The Basilique St. Madeleine, Musee de l'Hotel-Dieu de Beaune, Chateau de Cormatin or take the Owl's Trail and explore the region's capital Dijon, famous for its Renaissance and medieval architecture.

It's easy to combine a tour of Burgundy with other areas in France since the main route heads south towards the Riviera or north to Paris (two hours by train) but wherever else you decide to go, a visit to this region will prove unforgettable. I recommend you book today!

www.123Travelconferences.com.au

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

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/

NATIONAL PALLIATIVE CARE WEEK 2016

Living Well with Chronic Illness

AMA Vice President, Dr Stephen Parnis, today encouraged people living with chronic illness to consider seeking access to palliative care services for pain relief and symptom management.

Next week, 22-28 May, is National Palliative Care Week 2016, which carries the theme, *Living Well with Chronic Illness*, and the objective is promoting broader access to palliative care.

"While most people who access palliative care have cancer, many with chronic illnesses can also benefit from the services it provides, including pain and symptom management," Dr Parnis said.

"The AMA strongly supports Palliative Care Australia's key message that 'talking about dying won't kill you', and I encourage all Australians to start that conversation with family, friends, and their medical professionals.

"The AMA advocates that advance care planning should become part of routine clinical practice so that patients' wishes for health care, particularly end of life care, are known and met. This includes people living with chronic illness.

"Advance care planning can be part of a health care discussion with patients of all ages within the primary care environment or hospital setting."

Advance care planning is a process of planning for future health and personal care whereby the person's values, beliefs, and preferences are made known so they can guide decision-making at a future time when that person cannot make or communicate his or her own decisions.

The AMA's Position Statement on End of Life Care and Advance Care Planning can be read here: https://ama.com.au/position-statement/end-life-care-and-advance-care-planning-2014

The AMA also supports exciting new initiatives to promote end of life discussions, including the Death Over Dinner campaign, where friends and family get together to discuss their choices on end of life care over dinner, before a crisis arises.

Dr Parnis is an ambassador for Death Over Dinner, and attended the Death Over Dinner Event at Melbourne Town Hall last night.

For more information on National Palliative Care Week 2016, go to http://palliativecare.org.au/national-palliative-care-week/

For more information about Death Over Dinner, go to http://deathoverdinner.org.au/

---

20 May 2016

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

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

Labor's Medicare freeze policy delivers certainty to doctors and their patients

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, Professor Brian Owler, said today that Labor's pledge to lift the Medicare patient rebate freeze from 1 January 2017, if elected, would deliver certainty to doctors and patients, and remove a potentially devastating blow to medical practice in Australia, particularly general practice.

Professor Owler said the Coalition Government's policy to extend the Medicare rebate freeze until 2020, if maintained, would cripple thousands of medical practices and force all Australians to pay more for their health care.

"The medical profession has been united in its strident opposition to the Government's Medicare freeze policy, and we will campaign against it until it is withdrawn," Professor Owler said.

"Labor's announcement means that there is a real difference between the major parties on health policy.

"Labor's promise to lift the Medicare rebate freeze will be welcomed by doctors – GPs and other specialists – and patients across the country.

"Patients are the big winners from this announcement, especially working families with a few kids, the elderly, the chronically ill, and the most vulnerable in the community.

"It is a significant vote of confidence in general practice, and a boost to the health system for the benefit of all Australians."

Professor Owler said that GPs have for years done their best to shelter patients from the impact of the freeze, but the Budget decision to extend the freeze until 2020 will push many medical practices over the edge.

"Many GPs are now at a tipping point. With the freeze stretching out for seven years, they have no choice but to pass on the increased costs of running their practices to patients.

"The Medicare rebate freeze is bad policy, and it should be scrapped."

Professor Owler said there has been a tremendous response to the AMA #nomedicarefreeze campaign, with hundreds of members requesting campaign materials, and GPs and specialists talking to patients in their surgeries every day about the impact that the freeze will have on health costs and the ongoing viability of practices.

"The AMA looks forward to the release of further health policies from all parties."

The AMA's election policy document, Key Health Issues for the 2016 Federal Election, is at https://ama.com.au/article/key-health-issues-federal-election-2016

---

19 May 2016

CONTACT:

John Flannery
02 6270 5477 / 0419 494 761

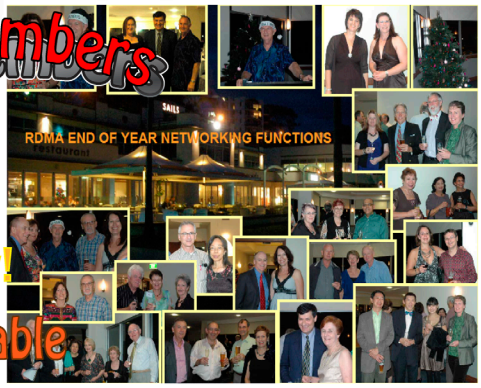
Kirsty Waterford
02 6270 5464 / 0427 209 753

Follow the AMA Media on http://twitter.com/ama_media

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC
MEMBERSHIP SUBSCRIPTION BENEFITS

ABN: 88 637 858 491

Notice to New and Past Members



Don't waste time! Join now!

CPD Points Certificate Available

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.

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.

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: $120.00; Oct to June: $90.00; Jan to June; $60.00; April - June: $30.00)
2. Two Family Members ($20.00 Discount each) ($200 pro rata) (Please include each person's details)
3. Doctors in Training and Retired Doctors: FREE

1. Dr _____

(First Name) *(Surname)*

Email Address: _____

2. Dr _____

(First Name) *(Surname)*

Email Address: _____

Practice Address: *Postcode:* _____

Phone: *Fax:* _____

CBA BANK DETAILS: Redcliffe & District Medical Assoc Inc: BSB 064 122 AC: 0090 2422

1. PREFERRED PAYMENT METHOD: INTERNET BANKING

2. PAYMENT BY DEPOSIT SLIP: INCLUDE your name: ie: Dr F Bloggs, RDMA A/C and Date

3. ENCLOSED PAYMENT: (Subscription Form on website, type directly into it and email)

i) Complete Form and Return: C/- QML or RDMA at PO Box 23 Redcliffe 4020

2) Or Emailing to GJS2@Narangba-Medical.com.au

Immigration and Immigrant Ships
Moreton Bay Part III Story of the "Fiery Star" Continued:

https://espace.library.uq.edu.au/view/UQ:241112/s18378366_1935_2_6_304.pdf

Story of the "Fiery Star" continued:
The ship had made two voyages to Moreton Bay with immigrants, under Captain W. H. Yule, and was homeward bound after her second visit when she fell a victim to the fiery element. The story is an epic of heroism in which the outstanding figures are the chief officer—William Claud Sargant, and his 16 companions in adventure. Mr. Sargant, a few year later, settled in Brisbane and was a partner in the firm of Potts, Paul and Sargant, ship-chandlers. A daughter of his is still living in Brisbane at an advanced age. The most remarkable feature of the tragic happening was that the 84 persons who left the ill-fated vessel in boats (including the captain) were never heard of again; while the 17 others who remained on the burning ship and tried to work her into a New Zealand port were the only survivors. The gallant 17 did not succeed in working the ship into port, though they very nearly did so. Finally, they were picked up by an American ship and safely landed in Auckland. On reaching London Mr. Sargant was rewarded by being given the command of a fine ship, the "Golden City" (formerly the American ship "Challenge").

American Hell-Ship.
The "Challenge," although in every way a splendid specimen of marine architecture, had gained the reputation of being one of the worst hell-ships under the American flag - one whose decks had often been drenched with blood in clashes between bucko officers and mutinous crews. This sinister reputation seems to have stuck to her during the time she remained under the Stars and Stripes. Fortunately, when she became a Black Ball liner and was given a fresh start under a new name—the "Golden City"—she seemed to enter on a happy and successful career. Under Captain W. Brown she left Queenstown towards the end of 1862 with 515 immigrants for Moreton Bay. She made the run out in 75 days, a record which was never afterwards beaten, though it had been equalled nine years earlier by the ship "Genghis Khan." The "Golden City" again came to Moreton Bay in 1865 and 1866, and on the latter occasion was in command of Captain Sargant.

"Queen of the Colonies."
Another ship which will be particularly well remembered by hundreds of Queenslanders, is the "Queen of the Colonies," named obviously as a tribute to what now has general recognition as the Queen State. Like so many others among the best of the immigrant ships, the "Queen of the Colonies" had previously been an American ship under another name. She was first known as the "Wizard," and there are good grounds for the belief that the reason this, and so many other fine American clipper ships were sold to British firms just about that time was that they were afraid of capture by the Confederate cruiser "Alabama," which was playing such havoc with American shipping while the Civil war was on. Indeed, there was much to justify these fears —the "Wizard" was bound for a British port in 1862, when the "Alabama" hove in sight and she just managed to elude capture by slipping into the Thames. It was then she was purchased by T. M. Mackay and Coy., the London managers for the Black Ball line. On December 13, 1862, she left London for Queenstown to take more immigrants aboard for Moreton Bay, In the Irish Sea she was again chased by the "Alabama," whose commander was not aware of her having changed her nationality.

Captain Cairncross was laughing up his sleeve all the time, although a couple of guns were fired in her direction. It was not until the very last moment that he hoisted the Union Jack, and Captain Semmes, of the "Alabama," had to retire discomfited. Captain Robert Cairncross, who brought out the "Queen of the Colonies" on her first visit to Moreton Bay, was a half-brother to Mr. William Cairncross, who in later years owned the Colmslie Estate, and whose family was very well known. Robert Cairncross, who was a native of Dundee, had a very fine record as a master mariner. He gained his first command in 1849, and had charge of several ships in the Australian trade, before being promoted to the "Cairngorm" and the "Queen of the Colonies."

In 1864 he was sent to England by the A.S.N. Coy. To superintend the building of the steamer "Cawarra," and he brought her out to Sydney. In 1866 he was appointed to command the Queensland Government steamer "Platypus." In his later years he was in the service of the Marine Department of Queensland. Captain Daniel Owen, who brought the "Queen of the Colonies" out to Moreton Bay in 1866 and 1867, was also very well known in Brisbane. In July,1865, he arrived here as master of the Ship "Commodore Perry." She was a Boston-built ship of 2,017 tons—larger than any other vessel which had come to Moreton Bay up to that time.

Continued next month: