RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
NOVEMBER 2016

Variety Bash 2016 List of Donations by Dr Wayne Herdy 30/090-9/10/16 Page 20

See Where We Work & Live on page 20.
The Queen of the Colonies Continues:

President's Report Dr Kimberley Bondeson

The festive season is fast approaching us. It seems as if the year has gone so fast. We are into summer, and the weather is gorgeous, beautiful sunny days with the occasional storm. Looking back on the year, it is interesting to see that once again, we went through a Federal Election, but still have the same ongoing health expenditure issues that we faced at the previous election. There was the failure of the national census, reportedly a "computer glitch" which affected millions of people. We are still unsure if any of the data they did manage to collect is of any real significance, as the number of people and families reported as being unable to log on Census night and the subsequent days following the census still remains a mystery.

There has also been a tremendous change in the UK with its exit from the European Economy, and the results of the American Election are still to be felt around the world. As both these countries are democracies, these results are very interesting and will have profound consequences.

Even in Australia, we are seeing changes: the current Prime Minister in the build up to his election campaign stated he would support a plebiscite on Gay Marriage, as well as reversing the Medicare rebate freeze. These election promises have both been ignored.

However, we keep on going and looking after our patients.

Many thanks to Dr Wayne Herdy for sharing 200 of his 1000 photos of his variety bash trip at our last meeting. They were fantastic photos! Well done Wayne, a very worthwhile charity venture: and so good to actually see the towns that the Variety Bash goes to, the outback roads that were followed, the cars that got bogged, and so forth. I was fascinated to see the different cars and characters who are regulars in that event and the stories which you told about each of them and the importance to each small township of the income that the Variety Bash brings to their communities, simply because they are visited by the Variety Bash participants, who stayed in the towns and obviously spent money on accommodation and amenities.

I can understand why many participants commit to the event every year, and have done so for many years, and will continue to do so. Hopefully for Dr Herdy, he will be able to continue to participate.

And no, those two senior doctors who fell asleep whilst watching the presentation, did so because they were very tired, and it was very late, and absolutely no other reason.)

Seasons Greetings to Everyone – see you at our End of Year Function!

Kimberley Bondeson,
RDMA 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 Larry Gahan
Ph: 3265 7500

Treasurer:

Dr Peter Stephenson
Ph: 3886 6889

Meetings' Convener:

Ms Kristina Craner
Ph:3049 4444
M: 0413 760 961

Email: Kristina.craner@qml.com.au
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: tbc

Ph:
E:

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 16 NOVEMBER 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 2nd December 2016

26.10.16 Dr Kimberley Bondeson, RDMA President introduced Dr James Smith, Public Health Physician Topic: The Changing Lanscape Of Adult Immunisation & Zostavax on the Natioal Immunisation Program. Sponsor Seqirus Representatives: Greg Currant and Alexandra Harridge. **Farewell:** With great sadness the RDMA Executive farewelled Margaret MacPherson wished her all the best in her new QML Position and thanked her for her service as RDMA'S Meeting Convener. Margaret said she has enjoyed serving the team and was grateful for the privilege. **Below Clockwise:** 1. Nick Tzimas Farewelled Margaret MacPherson with a gift and gratitude. 2. Dr James Smith. 3. Greg Currant & Alexandra Harridge. 4. Greg Currant, James Smith & Alexandra Harridge. 5. Larry Gahan Kimberley Bondeson, Margaret MacPherson, Wayne Herdy and Peter Stephenson. 6. New Meeting Convener Kristina Craner and Margaret MacPherson. 7. Kimberley Bondeson & Wayne Herdy thank Margaret MacPherson for all her excellent service to RDMA.

Christmas Party

Redcliffe & District Medical Association Inc.

DATE: **Friday 2 December**

TIME: 7:00pm for a 7:30pm start

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

COST: Members: Free of charge
Members' partners: $60
Non-members: $60
Non-members' partners: $100

DRESS: Smart Evening Wear

SPONSOR: Redcliffe & District Medical Association Inc.
The Golden Ox Restaurant

DETAILS: 7:00pm - Arrival and Registration
7:30pm - Be seated - Entrée served
Welcome by Dr Kimberley Bondeson - President RDMA Inc.
8:15pm - Main Meal
8:40pm - General Business, Dessert, Tea & Coffee

RSVP: By Friday 25th November 2016
(e) kristina.craner@qml.com.au (t) 3049 4444

INSIDE THIS ISSUE:

Narangba Family Medical Practice

Narangba Family Medical Prac

Job Vacancy

A full time or part time Family Doctor for the Narangba Family Medical Practice (www.narangba-medical.com.au) as one of our doctors left to specialise.

We are a three doctor, fully computerised, non-bulk-billing practice established since 1986 in an outer, semi-rural northern suburb of Brisbane.

Contact: **Dr Peter C. Stephenson,**
Email: **PCS1@narangba-medical.com.au**
Mobile: **0403 151 602.**

Practice Phone & Location: **Phone: 07 3886 6889, Opposite the Narangba Railway Station, Main Shopping Centre, beside the Narangba Pharmacy.**

Street Address: **30 Main Street, Narangba Q 4504.**

Postal Address: **P.O. Box 3 Narangba Q 4504**

AMAQ BRANCH COUNCILLOR REPORT
Dr Wayne Herdy, North Coast Councillor

AMAQ COUNCILLOR'S REPORT UPDATE

After the Executive General Meeting of a few weeks ago, AMAQ has a new Constitution.

The most controversial outcome of the change is a revision of the relationship between the Board and the Council.

Formerly the Council received a full report of Board deliberations and oversaw the activities of the Board.

The new Board is now fully autonomous.

It may, but is not obliged to, send a précis of its decisions to the Council for information only.

The Council cannot veto or reverse any Board decision.

This is probably consistent with the role of Boards in corporate structure or with the role of Cabinet in Parliament.

But it means the Council has lost any vestige of supervisory function over the Board.

The other change is that the Council, which remains the policy-making arm of AMAQ, now meets twice a year.

This means that it has lost much of its capacity to develop policy in a timely manner or to respond rapidly to changes in the health environment.

The Council, the elected representatives of AMA members in Queensland, is effectively emasculated.

Wayne Herdy
Branch Councillor
North Coast Branch

New RDMA Meeting Convener

Ms Kristina Craner,

CONTACT DETAILS:
MOBILE: 0413 760 961
EMAIL: KRISTINA.CRANER@QML.COM.AU

AUSTRALIAN MEDICAL ASSOC PRESIDENT
DR CHRIS ZAPPALA

MEMBERS' UPDATE

Dear Members,

As I've previously pointed out, Australia is rich in doctors and graduating numbers are increasing every year. The dearth of a decade and a half ago together with appalling mal-distribution of doctors geographically and between certain disciplines, has driven the mammoth increase in medical students and the doctor workforce. This policy has obviously fixed problem one… But how have we gone on problem two?

An emergency medicine senior registrar recently told me that if every consultant emergency physician vacated their jobs and the current registrar workforce was installed, we would still have a third (several hundreds) of them left over. I was staggered. The recent National Medical Training Advisory Network (NMTAN) report indicates the anaesthetic workforce is 'in balance'… And this is all most people seem to read. Both the College and Anaesthetic Society of Australia have said there is a worrying over-supply in many metropolitan centres. Moreover, if one reads the rest of the executive summary sentence in the NMTAN Anaesthetics Report it goes on to say 'with the potential to shift into oversupply if trainee numbers are increased or if there is not a decrease in International Medical Graduates.' No reduction has ever been hinted at. The Australian Medical Association (AMA) is however discussing this very issue with Government.

Recently the Ophthalmology College successful re-directed the Commonwealth departments view on Ophthalmology Workforce by presenting accurate figures of current workforce, current immigration of ophthalmologists and, importantly, role substitution by optometrists. I am convinced other Colleges must do the same and become involved in critical workforce issues. Workforce data is so lacking and generally inaccurate, even when seemingly high-level reports have been produced. Any improvement therefore in this area would be helpful and clearly the profession can (must) take the lead.

By contrast, there is no question that some disciplines continue to face critical shortages, e.g. geriatrics and psychiatry. I suspect this significantly relates to a (poor) perception problem of students and junior doctors during their formative years that dissuades them from choosing these disciplines. Junior doctors often have a much clearer idea of what they do not want to do and juggle a few options to pursue depending on their evolving experiences, availability, etc. Once in the discard pile, a discipline is never to return to one's consciousness. This is, of course, unfortunate because acute, public, teaching hospital experience is often a poor reflection of work in a discipline. The recent deletion by the Commonwealth Government of the general practice program, that allowed junior doctors to have funded experiences in the community, including rural and regional areas, was a great loss as it very usefully combated this problem.

The AMA has campaigned strongly on the need to build prevocational and vocational training places in order to match the "upstream" growth from increasing medical student places – with an emphasis on credible workforce data to shape this training pipeline development. The AMA has secured a number of Council of Australian Governments (COAG) commitments and Federal Budget measures over the years to fund additional postgraduate training places, including in the private sector. Similarly, state AMAs have maintained pressure on state/territory governments to fund requisite numbers of postgraduate training positions in the public hospital system. To date, these commitments have more than covered the growth in domestic medical graduates, as well as supported significant numbers of international full-fee paying students entering the Australian medical workforce. As noted above, this growth needs now to be tempered and more focussed.

Australia's Future Health Workforce (AFHW) predicts a growing bulge of prevocational doctors resulting from a bottleneck in accessing first year advanced vocational training places. By 2018, AFHW predicts that there will be a shortage of 569 first year advanced training places rising to 1,011 by 2030. AFHW confirmed that Australia does not need any more doctors and instead future policy should focus on addressing **Continued on Page 7**

problems of distribution and specialties that are in undersupply.

The answer for discipline-specific shortages is clearly complex. Western Australia releases a detailed snapshot of workforce, training position, over-subscription rates and workforce projections every couple of years. This is a critical document for junior documents in making vocational training decisions and has, by report, led to meaningful improvements in the mal-distribution. There is no reason we could not do the same in Queensland. Watch this space…

The inordinate growth in the medical workforce has not particularly redressed discipline-specific deficiencies, or frankly made a significant improvement in the geographic mal-distribution. This is despite credible evidence which suggests if we train more doctors from rural/regional areas they are far more likely to work there. Surveys and published literature continually point to the lack of supports for family, education, leave and barriers to exit as some of the enduring impediments to long-term careers in rural/regional areas.

The Australian Medical Association and the Rural Doctors Association of Australia have provided many suggestions (unfortunately in several documents) on how to redress the maldistribution of the medical workforce – but this is yet to be fully appreciated by Government. I suspect this is partly because Government's shift responsibility, the degree of extra funding required causes some consternation and no policy change will ever deliver sufficient improvement within a short enough time frame to garner political interest. Nonetheless, I think there is value in Queensland's doctors collecting our thoughts on this important issue as it relates to both general practitioners and specialists in public and private practice, and presenting a concise series of recommendations to Government.

Sincerely,

Dr Chris Zappala
AMA Queensland President

AMAQ BRANCH COUNCILLOR REPORT
Dr Kimberley Bondeson, Greater Brisbane Area

Health Care Homes, MBS Changes and Proposed Revalidation Scheme.

Health Care Homes as spruiked by the Federal Health Minister, Sussan Ley, as being the single most important Medicare reform of the decade, are so far seen as a dramatic flop. The Health Care Homes Chronic Disease Management Reforms are described as underfunded and ill advised. It would mean dropping the current fee for service, and having patients registered to a particular practice. Doctors are not keen to be involved, as it means that they receive less funding for the current ongoing patient care that is currently being performed. Originally the plan included a five-visit cap on GP visits by Health Care homes patients for complaints not related to chronic conditions, but this limit was tossed out within 72 hours of the policy's release due to angry reaction from Doctors and patients.

They had not even begun to consider a patient's chronic wound care needs, with regular dressings 2 to 3 times a week in some instances, which would not be classed as being related to the patient's registered chronic disease. Those patients are not covered under this scheme. Dressings are not covered under this scheme. Practices could not afford to continue this care for many patients, and they would be forced into the public system. Then there are transport issues for the patients to get to the nearest public hospital. Public Hospitals often put restrictions on patients dressings, sending them "'back to the GP to have their dressings done". Minister Ley stated that the trial had been ''co-designed with docs''.

Personally, when I first heard Minster Ley put the concept forward at a meeting last year, again where she stated "'that it was what the doctors wanted'', I could not see how it would work. Or how the government, who state there is no extra funding for health, and in fact want to cut back on funding – hence the Medicare rebate freeze.

This is indeed affecting practices already, and cost cutting is already being implemented across the board by General Practice. This is because wages, rents, electricity and other costs, including dressings, are going up in price, not staying the same.

MBS changes have also been introduced, without any formal notification to practices. The changes include new methods to measure skin excisions and tighter restrictions on skin-flap repairs. How most practices found out about these changes, was when there Medicare rebate payments were rejected by Medicare. Doctors also need to retain histological reports and photographic or other supporting evidence that include scale.

The new proposed revalidation scheme being explored by the Medical Council of Australia is not going over very well. Nor is the RACGP college's proposed introduction of its compulsory "PLAN" CPD activity. Neither has any evidence that any of the proposed changes would make any difference to the quality of care delivered, nor that any doctors who may need assistance with further education and support would be picked up. However, the cost of any such proposed changes is expected to be borne by the doctors themselves.

In the meantime, there is ongoing, and increasing "'role substitution" occurring, despite the increasing number of Australian Medical Graduates and increasing shortage of Australian training places for young doctors, measured against the actual numbers or employed young doctors.

Sincerely Kimberley Bondeson

NORTHSIDE HEART & LUNG

BULK BILLED Sleep Studies | **BULK BILLED** Lung Function Testing
Echocardiography | Stress Tests | Blood Pressure Monitoring

Northside Heart & Lung at Cadogan House, Nundah, has been treating locals and Brisbane residents since 2013.

The clinic offers a number of services, including lung function testing, sleep studies, cardiac stress tests and echocardiograms. The lung function testing and sleep studies are bulk billed, so there is no cost to patients, and includes analysis and reporting by the highly qualified team of specialists.

NHL's unique practice model combines the full range of cardiac, thoracic and sleep services, including access to the latest developments in cardiothoracic medicine through our trials centre.

Patients are diagnosed and treated efficiently and effectively, with comprehensive follow-up and communication with their GP.

With friendly, personalised service and free parking, the Northside Heart & Lung clinic is able to provide the best treatment for respiratory, sleep and cardiac issues.

Dr James Douglas
Sleep &Thoracic Physician

- Long term non-invasive ventilation
- Neuromuscular disease
- Insomnia
- Restless legs syndrome
- Parasomnias
- Narcolepsy

A/Prof Dan Chambers
General & Transplant Thoracic Physician

- Chronic cough
- COPD
- Interstitial lung disease
- Advanced lung disease
- Bronchiectasis
- Lung transplantation

Dr Andreas Fiene
Thoracic, Transplant & Sleep Physician

- Chronic respiratory illnesses
- Breathing related sleep disorders
- Consultations available at North Lakes Day Hospital

Dr Andrew Small
General and Interventional Cardiologist

- Chest Pain Syndromes
- Coronary Artery Disease
- Coronary Angiography and Angioplasty
- Valvular Heart Disease
- Hypertension.

Dr Mugur Nicolae
Cardiologist

- Adult Congenital Heart Disease
- General cardiology
- Echocardiography
- Percutaneous Pulmonary Valve implantation.

Northside Heart & Lung | Cadogan House, 1382 Sandgate Road, Nundah | Ph 3635 8400

MEDICAL MOTORING

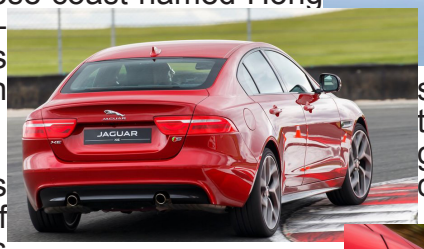
WITH DOCTOR CLIVE FRASER

Safe motoring,
doctorclivefraser@hotmail.com.

"Jaquar XE "The Best of British!""

In 1600 the English East India Company was established to exploit the riches of the Far East. Trading with Asia meant that Britain would need something to sell to its Far Eastern trading partners. From 1730 India was the conduit via which illegal opium went to China and tea and spices were shipped back to England.

When China confiscated 20,000 chests of opium in 1839, England responded by confiscating a small island off the Chinese coast named Hong Kong. But the British always saw India as its most valuable Asian asset.



Over nearly 350 years Britain extracted tons of tea, mountains of spices and piles of precious stones from India. By the time of Indian independence in 1947 the British had left behind a legal system, democracy, railways and a game called cricket.

Fast forward to 2008 and a reversal of fortunes when the Indian-based Tata Group purchased the iconic British brands Jaguar and Land Rover. Under Indian ownership these brands have gone from strength to strength.

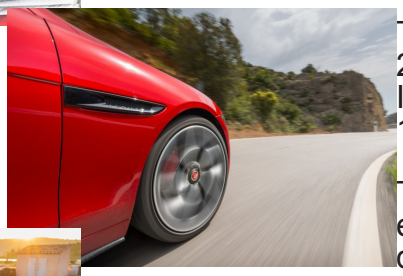
Last year Jaguar launched an all new mid-sized XE model.

The previously released X-Type from 2009 was disappointingly just a re-badged Ford Mondeo. But the Jaguar XE is mostly not borrowed from a parts bin with a new Ingenium diesel motor coming from Jaguar's Wolverhampton factory and an all new aluminium monocoque body assembled at Solihull.

My first Jaguar XE experience began compliments of a colleague who'd traded in his one year old Mercedes C250 on a Jag.

He just didn't like the harshness of the Mercedes run-flat ride or the noisiness of the Mercedes diesel. The petrol XE Jaguar was definitely ahead of the Mercedes on both fronts.

Whilst the Mercedes C-Class is undoubtedly attractively styled, the Jaguar XE is also particularly pleasing to the eye. That styling does seem to limit the space in the rear seat though. Under the bonnet there are four engine options starting with a 2.0 litre four cylinder petrol with either 147 kW or 177 kW.



Then there's Jaguar's 2.0 litre four cylinder Ingenium diesel with 132 kW.

The Ingenium diesel engine is a modular design which can be mounted longitudinally or transversely.

Finally there is a 3.0 litre super-charged V6 with 250 kW.

Performance from the lowest spec petrol engine is acceptable rather than out-standing with 0-100 km/h in 7.7 seconds.

There is an eight speed ZF automatic transmission.

As usual the ride and handling of the Jaguar are its outstanding features.

There is double wish-bone suspension and electric power steering which has excellent feel.

So how will the Jaguar XE fare against its German competitors?
Pretty well I think.

Whilst the pricing is on a par with rival BMW, Audi and Mercedes models, servicing costs are way less.

There also seems to be plenty of room to negotiate a deal as my colleague found out when the Jaguar salesman offered him $20,000 more on his C250 as a trade-in.

And just in case anyone is wondering how my colleague was offered such a great deal, I can assure you that no opium was exchanged.

Safe motoring,
Doctor Clive Fraser
Safe motoring,

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*

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

THE MAGIC POWER OF PERCEPTION
BY Dr Mal Mohanlal

Do you know that there is magic in our perceptions? Unless one clears up one's perceptions one can create a tremendous amount of confusion in one's mind. In fact our perceptions are constantly producing good and bad biochemical substances in our brain according to the way we perceive reality.

If one looks at a problem in the right way, there is no such thing as a problem. But if one looks at a problem in the wrong way, everything becomes a problem.

Our perceptions can make us happy or sad. When we are happy we are producing all the good chemicals in our system. When we are miserable and sad we are producing all the bad chemicals in our system. All these substances affect our immune system which is under the influence of our subconscious mind and therefore under subconscious control. Positive perceptions boost our immune system and negative perceptions undermine and lower our immune system.

Since mental and physical health is so important to all of us for enjoyment of life, should not we be looking at our perceptions and how we can change them?

Normally what happens is that when we are in our mother's womb our perceptions are conditioned by the internal environment and the moment we are born our perceptions are conditioned by the external environment. As we grow up and as we gather different experiences in life we are forced to change our perceptions.

When we are young, we are stupid. We do a lot of stupid things under the influence of all the surging hormones; and of course this is all part of learning. We think we are going to live forever and therefore life becomes one long adventure looking forward.

However, after a few knocks and bumps on the highway of life, reality sets in and we realise that we are mortal after all. Mortality stares in our face. This forces our perceptions to change again. We start looking backwards and start philosophising about our future. Because the ego or self does not want to die and wants to live forever we hide behind religious beliefs and God etc to make ourselves feel more secure and comfortable. Hence one can see that it is the time dimension we live in and our perception of time with its associated aging influence that forces us to make these fundamental changes in our lives.

But the magical power of perception is really appreciated when one can see that one can transform oneself effortlessly and instantly throughout life without bringing in the time factor.

For example everyone thinks that one needs willpower to achieve things. That is the perception. Now if you should put your finger in the fire, you know that it will burn. Do you need willpower to keep away from it? Obviously not, you know what it means and what it will do to you. You will automatically keep away from the fire without using willpower. Your perception here makes it an effortless action.

Yet, when it comes to smoking, drug dependence etc one will say "I have no willpower". One knows that the habit is harmful and doing damage, but one will continue to smoke saying "I have been smoking for years" and "smoking eases my nerves", etc. Quite clearly here the perception has not penetrated to the inner most layer of the self or ego. There is a separation of thought and action. There is a battle of desires. One desire wants to continue, the other wants to stop, giving one the impression that one has to have willpower to stop smoking. There is no understanding in the individual of the physical and mental conditioning that leads to this false perception. Once you bring in time between you and the action, it is no longer effortless any more.

Another perception among the public is the belief that doctors heal

Continued on Page 15

THE MAGIC POWER OF PERCEPTION (Continued from Page 14)
BY Dr Mal Mohanlal

and cure patients. This delusion of course is very convenient for the doctors in a consumer society to exploit. It is however, a two edged sword for the medical profession. Allowing people to believe that medicine is a consumer item may be good business, but litigation is the price the doctors have to pay for maintaining this delusion. However, do you really think or believe that doctors heal or cure patients?

Let us see what happens when you cut yourself. You will find that there is a healing power within yourself, wanting you to get back to normal. If you keep that wound clean and protected, it will heal up by itself in a week or so without any doctor or medicine. This is because this healing power wants you to get better. What will happen if you keep scratching it or expose it to dust and dirt? Is it going to heal? Quite clearly it is not and will probably get infected.

When doctors treat a patient what we do is provide the right conditions for Mother Nature to heal the patient. That is we help the patient's immune system to heal the person. But if that immune system does not respond, then no doctor in the world can save that individual. So can you see that it is not the doctor who does the healing? We basically help you to heal yourself.

Now science has shown us that this healing power lies in our immune system and is under the subconscious control. So if you have a physical or a mental problem you can use this power within you to heal yourself.

Suppose you suffer from a chronic back pain. How do you go about healing yourself? The doctor says you have a disc problem with some arthritis which does not require any surgical treatment. He prescribes you some treatment and recommends certain exercises and you think you will be cured. How wrong you are. It is what you do with yourself 24 hours a day that will cure you. It is no use doing exercises once or twice or occasionally, hoping that it will be enough to cure you. If you have pain, the body is telling you that you are not quite right. It tells you what to do. Avoid the aggravating factors and start listening to your body.

Be determined to get rid of the pain. The stretching and exercises are meant to shift the pain. If you are overweight, lose some weight. Tell yourself that you are going to be 100% free, not 99%. Do not give yourself soft options. If you approach your problem in this way, nothing in this world can stop you from being free of your symptoms.

Pain is a problem of perception. If it registers in your brain you have pain. If it does not register, there is no such thing as pain. Chronic pain is thus a bad habit which the body has acquired and you have to be determined to break it; no matter how long or what it takes to break it. However, if there is any financial gain to be made out of your illness, you can rest assured that you will never be cured and if you continue to think that the cure lies outside you, you will never be cured.

If your symptoms are persisting, ask yourself "What have I done in the past 24 hours to solve my problem?" If you have not taken any action, then of course your problem will continue or get worse.

Do you think that you now have an understanding of how to go about healing yourself of any illness? To cure one self of any illness, one has to work towards physical fitness and harmonise one's mind, it is that simple.

Remember the doctors are always there to help you diagnose the problem and help you cure yourself.

Read "The Enchanted Time Traveller – A Book of Self-Knowledge and the Subconscious Mind" and learn how to use your powers of perception, insight and awareness to help you heal yourself.

Anonymous wrote: "You were born original. Don't die a copy." Unfortunately most people do.

Visit website: http://theenchantedtimetraveller.com.au

Mexico,
A Melting Pot of Rich History and Bountiful Nature

by Cheryl Ryan

From the fast life of modern Mexico City to ancient Mayan ruins and fascinating museums, to scintillating night clubs and scrumptious cuisine, Mexico is a box full of surprises. It will surely have you all smiles, and on your toes, once you convince your spellbound-heart into leaving the mesmerizing beaches of the Mayan Riviera.

Revisiting the Past

1) Guanajuato: The beautiful colonial city of Guanajuato boasts of charming haciendas and spectacular colonial buildings. The streets and colourful streets branch out in every direction giving a unique and vibrant cityscape.

2) Dias des los Muertos, Oaxaca: Oaxaca's Day of the Dead Festival is when families decorate the tombs of their departed loved ones with flowers, and leave offerings for the returning spirits. The unique culture is definitely worth a visit.

3) Copper Canyon: A network of beautiful work of nature, the Copper Canyons can be explored best on the 'Chihuahua al Pacifico' Railway, which takes you through some breath-taking views of the canyon.

4) Chichen Itza: This remarkable Mayan city is truly a Wonder of the World. Its most popular attraction is the temple-pyramid of El Castillo. The Great Ballcourt and the El Caracol are other must-see sites.

5) Teotihuacán: Built by the Teotihuacán Empire, the largest metropolitan city of the world – with its imposing pyramids – definitely finds importance in your Mexico checklist.

Let the Waves Roll!

1) Espíritu Santo: Shallow, blue waters surrounded by light-pink cliffs, Espíritu Santo in La Paz, is a true gem of Mexico with its plethora of islands and beautiful beaches. It is a must-visit, especially for snorkelling and kayaking.

2) Tulum: The tropical beach of Tulum, with its pristine white-sand beach is great for relaxing in the Sun or, long walks with the rhythmic sound of the waves in the backdrop.

3) Los Cabos: A long beach, lively with restaurants, bars, fine resorts, and plenty of attractions including, water sports – Los Cabos is remarkable. Visit Los Cabos for remarkable sport fishing.

4) Cozumel: It is a prized National Marine Park, thanks to its beautiful coral reefs and incredible variety of tropical fish. Don't miss out on scuba diving and snorkelling while in Cozumel.

5) Acapulco: No trip to Mexico is complete without a visit to the famous resort town of Acapulco. It is famous for its azure waters, lively beach, and impressive cliff diving

What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions of Mexico.

- Trip to the archaeological site of Teotihuacán, and the canals and gardens of Xochimilco. Option to attend "Lucha Libre"(Mexico's famous wrestling) at night
- Trip to Puebla, Oaxaca and the Zapotec ruins of Monte Alban
- Trip to the lush Chiapas jungle with its abundant flora and fauna – a refreshing change of scenery from the history-rich Mayan ruins
- Guided trip to Chichen Itza, and Playa del Carmen, where you can shop for souvenirs, enjoy the nightlife, and swim, snorkel or dive in the Caribbean Sea
- Trip to the Mayan ruins of Tulum, and the beckoning beach
- Explore the Copper Canyon aboard the 'Chihuahua al Pacifico' Railway

www.123Travelconferences.com.au

Record Keeping – Are you?

As the years go by the ATO get more and more rigorous with record keeping for all different types of entities. It's alarming the number of people who don't know either the period of time they need to keep records for nor the type of records they should keep.

So one may ask, how long do you need to keep records for? and what are the minimum requirements?

Generally, for tax purposes, you must keep your records in an accessible form (either printed or electronic) for five years from the date you lodge your tax return or if you:

- Have claimed a deduction for decline in value (formerly known as depreciation) - Five years from the date of your last claim for decline in value;
- Acquire or dispose of an asset – for a taxable asset. Ie real estate or shares.
- Are in dispute with the ATO – the later of five years from the date you lodge your tax return or when the dispute is finalized.

Generally speaking you should keep records in these main categories:

- Payments you have received.
- Expenses/Deductions related to payments you receive.
- When you have acquired or disposed of an asset – such as shares or a rental property.
- Gift, donations and contributions – if they are tax deductible.
- Disability aids, attendant care or aged care expenses.
-

Invoices or receipts obtained should contain the following information to be valid:

- Name of the supplier;
- Australian business number of the supplier (ABN);
- Amount of the expense or purchase (including GST);
- Nature of the goods or services purchased or expense incurred;
- Date the expense was incurred; and
- Date of the document.

If you're not sure whether to keep a record, you should keep it – you can decide whether you need it at tax time.

If you incur expenses for private purposes, you must have records that show how you have worked out the amount of any private use.

There may be times when your records are accidentally lost or destroyed – for example, if your home is burgled, flooded or burnt. In theses instances, the ATO will allow you to claim a deduction for certain expenses if either of the following apply

- You have a complete copy of a lost or destroyed document;
- The ATO are satisfied that you took the reasonable precautions to prevent the loss or destruction and, if the document was written evidence, it is not reasonably possible to obtain a substitution document.

If you make paper or electronic copies they must be a true and clear reproduction of the original. We recommend that if you store your records electronically you make a backup copy to ensure the evidence is easily accessible if the original becomes inaccessible or unreadable – for example, where a hard drive is corrupted.

We strongly encourage everyone to keep adequate records for the required timeframe. An audit picked at random can become a costly nightmare (potential penalties & interest charges) if the parties involved are unable to provide the ATO with the adequate documents.

For more information on record keeping or if you have any concerns with your current records please do not hesitate to contact one of our tax specialists on (07) 5437 9900. *Written by Adam Niemiec – Poole Group*

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/

OBESITY – AUSTRALIA'S BIGGEST PUBLIC HEALTH CHALLENGE

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, Dr Michael Gannon, said today that obesity is the biggest public health challenge facing the Australian population, and called on the Federal Government to take national leadership in implementing a multi-faceted strategy to address the serious health threat that obesity poses to individuals, families, and communities across the nation.

Releasing the AMA's revised and updated Position Statement on Obesity 2016, Dr Gannon said that combating obesity demands a whole-of-society approach. "The AMA strongly recommends that the national strategy include a sugar tax; stronger controls on junk food advertising, especially to children; improved nutritional literacy; healthy work environments; and more and better walking paths and cycling paths as part of smarter urban planning," Dr Gannon said.

"A national obesity strategy requires the participation of all governments, non-government organisations, the health and food industries, the media, employers, schools, and community organisations. "The whole-of-society strategy must be coordinated at a national level by the Federal Government and must be based on specific national goals and targets for reducing obesity and its numerous health effects. "More than half of all adult Australians have a body weight that puts their health at risk. More than 60 per cent of adults are either overweight or obese, and almost 10 per cent are severely obese.

"At least a quarter of Australian children and adolescents are overweight or obese. "Obesity is a risk factor for type 2 diabetes, heart disease, hypertension, stroke, musculoskeletal diseases, and impaired social functioning. "Around 70 per cent of people who are obese have at least one established health condition, illness, or disease, which can increase the cost of their health care by at least 30 per cent. "Obesity was conservatively estimated in 2011-12 to cost Australian society $8.6 billion a year in health costs and lost productivity. More recent studies have put the cost much higher.

"The AMA recommends that the initial focus of a national obesity strategy should be on children and adolescents, with prevention and early intervention starting with the pregnant mother and the fetus, and continuing through infancy and childhood. "We are urging the Federal Government to lead a national strategy that encompasses physical activity; nutritional measures; targeted interventions, community-based programs, research, and monitoring; and treatment and management.

"Governments at all levels must employ their full range of policy, regulatory, and financial instruments to modify the behaviours and social practices that promote and sustain obesity. "Every initiative – diet, exercise, urban planning, walking paths, cycle paths, transport, work environments, sport and recreation facilities, health literacy – must be supported by comprehensive and effective social marketing and education campaigns," Dr Gannon said.

The AMA recommends that the Federal Government's national obesity strategy incorporates these key elements:

- greater and more sustained investment in research, monitoring, and evidence collection to determine which and individual and population measures are working;
- town planning that creates healthy communities, including safe access to walking and cycle paths, parks, and other recreational spaces;
- a renewed focus on obesity prevention measures;
- ban the targeted marketing of junk food to children;
- a 'sugar tax' - higher taxes and higher prices for products that are known to significantly contribute to obesity, especially in children;
- subsidies for healthy foods, such as fruit and vegetables, to keep prices low, especially in remotes areas;
- action from the food industry and retail food outlets to reduce the production, sale, and consumption of energy-dense and nutrient-poor products;
- easy to understand nutrition labelling for packaged foods;
- expansion of the Health Star Rating scheme;
- greater support for doctors and other health professionals to help patients lose weight; and
- local community-based education and information programs and services.

7 November 2016

CONTACT:
Kirsty Waterford 02 6270 5464/ 0427 209 75
John Flannery 02 6270 5477 / 0419 494 761

Follow the AMA, President, Australian Medicine on Twitter https://twitter.com: @ama_media, @amapresident, @amaausmed, @AMAGenPractice

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

Variety Bash Rally with Dr Wayne Herdy
Recognition of Donations

Dr Wayne Herdy's Gratitude Address

I joined the Variety Bash 2016 because I wanted to make a difference. I was inspired by the work of Variety - the Children's Charity QLD and wanted to support them by raising money as part of my participation in 2016 "Dusty Swags to Chequered Flags" Variety Bash. Thank you for your help and enabling me to help Variety - The Childrens Charity by giving whatever you could. The more people who knew about Variety - the Children's Charity QLD, the greater their impact, so thank you all for spreading the word and by sharing my page with your friends and family. Thank you once again to all my supporters and for your generosity, it means a lot! I received 26 donations from my generous family, friends and patients. We raised a total of $8,717.54 for the Variety Fund a national not-for-profit organisation committed to empowering Australian children who are sick, disadvantaged or have special needs to live, laugh and learn.

THANK YOU SUPPORTERS

$3,500 Redcliffe and District LMA
$1,005 Redcliffe LMA
$750 Sunshine Coast Radiology
$348.60 Maud St Medical Centre
$348.44 Maud street Medical Centre waiting room
$315 Kiet Doan
$262.50 Montserrat Day Hospitals
$210 Anonymous
$200 Melissa Herdy
$200 Kelly Williams nabHealth
$115.50 George Fraser
$110 Anonymous
$105 Peter Stephenson
$105 Anonymous
$105 Eleasa
$105 Di Minuskin
$105 Ray Wilson
$105 Noeline Ferguson
$105 Kimberley Bondeson
$105 Damien O'Brien
$105 Anon JB007
$100 Tim McNamara
$100 Noeline
$100 Bruce Moore
$55 Larry Gahan
$52.50 Jo Bourke