



RDMA & BLMA's Joint Newsletter

**Newsletter
November 2020**

Find Us On **facebook**

"Value Our Veterans"
<http://anzacportal.dva.gov.au/stories-service/australians-war-stories/One-thing-more-Goodbye>

See Where We Work & Live P20. One Thing More-Goodbye

[HTTPS://WWW.FACEBOOK.COM/REDCLIFFEANDDISTRICTMEDICALASSOCIATION/](https://www.facebook.com/redcliffeanddistrictmedicalassociation/)

RDMA President's Report Dr Kimberley Bondeson

Presidents Report – Dr Kimberley Bondeson
November 2020

This year seems to be going so quickly, with so many changes. There is positive news on the vaccine progress in several areas, with a potentially excellent vaccine against Covid 19 perhaps being available early next year. This would be an absolute game changer, in our fight against this virus. The difficulties with a vaccine, will be on getting it out into the community, in an orderly fashion. One of the promising vaccines needs to be kept at -17 degrees Celsius, and there are already designs of eskies capable of transporting this vaccine at that temperature being discussed.

Queensland recently had a state election, and the Labour party, with Anastasia Palaszczuk being returned to power, voted in by the people of Queensland. This is in stark contrast to what we are seeing in America, with President Donald Trump refusing to concede to President-Elect, Joe Biden. President Trump is claiming electoral fraud, and is challenging the results in Court. I find watching this situation unfold fascinating.

There is a particularly interesting article written on cognitive dissonance, (Medical Observer, Opinion by Dr March (PhD) Nov, 2020), which describes when a person or a group of people encounter events that are inconsistent with their attitudes, beliefs and behaviour. The author goes on to describe that this dissonance is uncomfortable as it challenges what we believe to be true, and to reduce this discomfort, we engage in strategies such as ignoring new evidence and justifying our behaviour. It is also seen as an adaptive process, as the strategies used to overcome dissonance help navigate an uncertain world and reduce stress.

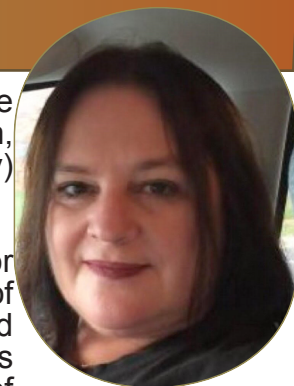
I am sure most of us have seen this in some of our patients at some time, when they ignore clear evidence in front of them, make up excuses

or other reasons for the evidence in front of them, and go happily (or unhappily) along in life.


In the next 2 weeks or so, towards the end of November, Queensland is expecting to reopen its borders to certain areas of New South Wales. Victoria is slowly emerging from its long lockdown. The Covid 19 infection numbers are decreasing Australia wide. Other countries are not so fortunate, with strict lockdowns being re-introduced again.

Again, this virus has changed the way we live, and I suspect these changes are going to remain.

We have our End of Year networking function coming up shortly, then the following week after this there is the "Dinner for the Profession", and the following Friday, we have the BLMA end of year networking function. I am looking forward to all of them! – next, will be Christmas, and then the New Year!



Kimberley Bondeson



RDMA & BLMA's Joint Newsletter
Welcome from
Dr Robert (Bob) Brown
President Brisbane Local Medical Association

Note: Doctors in Training
RDMA Membership is Free
RDMA & BLMA Meeting Dates Page 2.

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

QML Pathology
Specialists in Private Pathology since the 1920s

NORTH LAKES LABORATORY
Partnering with Redcliffe District Medical Association for over 30 years.

RDMA Executive Contacts:

President:

Dr Kimberley Bondeson
Ph: 3284 9777



Vice President :

Dr Wayne Herdy
Ph: 5491 5666



Secretary:

Dr Geoff Hawson
E: reception@cancersecondopinion.com.au



Treasurer:

Dr Peter Stephenson
Ph: 3886 6889



Meetings' Convener

Ph:3049 4444
Ms Anna Wozniak
M: 0466480315



Email: qml_rdma@qml.com.au

Newsletter Editor Dr Wayne Herdy
Newsletter Publisher. M: 0408 714 984
Email:RDMAnews@gmail.com

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

BLMA Executive Contacts:

President:

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



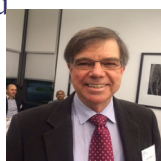
Vice President

Dr Paul Bryan
Ph: 3261 7000
E: paul.bryan@uqconnect.edu.au



Secretary:

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



Treasurer & Meeting Convener

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



RDMA 2020 MEETING DATES:

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

CPD Points Attendance Certificate Available
Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	25th
Wednesday	March	25th
Tuesday	April	28th
Wednesday	May	27th
Tuesday	June	30th
Wednesday	July	29th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	25th
Wednesday	September	30th
Tuesday	October	27th
NETWORKING MEETING		
Friday	November	20th



NEWSLETTER DEADLINE

Advertising & Contribution 15th December 20

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

BLMA 2020 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3265 3111
Email: gmcnally1@optusnet.com.au

W: <https://www.brisbanelma.org/>

CPD Points Attendance Certificate Available

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

Time: 6.30 pm for 7.00 pm

ANNUAL GENERAL MEETING - AGM		
1	February	11th
2	April	14th
3	June	9th
4	August	11th
5	October	13th
NETWORKING MEETING		
6	November	27th



INSIDE THIS ISSUE:

- P 01:** RDMA President's Report & Where We Work and Live
- P 02:** Date Claimers and Executive Team Contacts
- P 03:** Contents and Classifieds
- P 04:** RDMA's Next Meeting Invite
- P 05:** RDMA's 27/10/20 Meeting
- P 07:** RDMA Meeting Date Claimers 2021
- P 08:** RDMA Vice President's Report Dr Wayne Herdy
- P 10:** Media: Vaccine News is Promising but Safety is Key
- P 12:** AMAQ President & CEO Update
- P 14:** Rational or Delusional Thinking By Dr Mal Mohanlal
- P 16:** Travel Article by Cheryl Ryan
- P 17:** MJA Media: Royal Melbourne Hospital's Response to Covid 19 Infection in Health Care Workers
- P 18:** MEDIA: Bushfire Royal Commission Recommendations Must Be Implemented as a Matter of Urgency.
- P 19:** Membership Subscription
- P 20:** Where We Work and Live: One-thing-more-Goodbye



The team behind your result

QML Pathology has spent more than 90 years servicing Queensland and northern New South Wales medical practitioners and patients.

Our continuous innovation and vast testing capacity across Haematology, Biochemistry, Endocrinology, Microbiology, Histopathology, Cytopathology, Immunology, Cytogenetics and Cardiology, has made us a leader in our field, a position we do not take lightly.

With over 600 collection centres supported by exceptional Pathologists, highly trained scientific and medical staff as well as a substantial courier network, we are able to deliver an extensive, reliable, quality service.

PUB/MR/1435_V1_Jun17

qml.com.au  **QML Pathology**
Specialists in Private Pathology since the 1920s

Competitive Advertising Rates:

- Full page A4: \$560.00
Half page A5: \$330.00
Qtr page A6: \$260.00
Business Card size (new): \$70.00
Advertorials: \$260.00
Inserts: \$260.00

The preferred A5 size is Landscape Format. and A4 size is in Portrait Format.

Please note the following discounts:

- ▶ 10% discount for 3 or more placements
- ▶ 20% discount for 11 placements (1 year)
- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

CLASSIFIEDS

Classifieds subject to the Editor's discretion.

- ▶ No charge to current RDMA members.
- ▶ Non-members \$55.00

If you would like to advertise in the next month's newsletter please email RDMAnews@gmail.com in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page with approximately 800 words.

NEXT MEETING DATE 20TH NOVEMBER 2020

End of Year Networking Party

Redcliffe & District Medical Association Inc.

DATE: Friday 20th November 2020

TIME: 6.30pm for 7.00pm start

VENUE: Renoir Room - The 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

DETAILS: 7:00pm - Arrival and Registration
- Entrée served

Welcome by Dr Kimberley Bondeson - President RDMA Inc.

Guest Attendees: Associate Professor Chris Perry, AMAQ
President

7:30pm - Main Meal

8:00pm - General Business
- Dessert, Tea & Coffee

RSVP: By Wednesday 18th November 2020
(e) RDMA@qml.com.au or 0466 480 315

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

qml.com.au

QML Pathology

Specialists in Private Pathology since the 1920s

RDMA Meeting 27.10.20

Dr Kimberley Bondeson RDMA President
Introduced Caboolture Private Hospital & Besin
Health Care Sponsor Representatives: Lizelle
Adams and John Jordon

Speaker

Dr Archna Saraswat,

Topic : “Menopause: The New Perspective”

Sponsor: Besin Health Care

Photos (belowLeft to Right & Down):

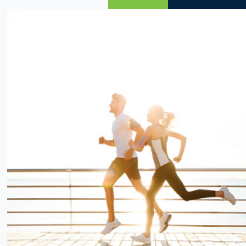
1. Jesse Stirling (New Member), Alexandra Russell
2. Speaker Dr Saraswat, John Jordan, Libby Fletcher, (Besin Health Care), and Lizelle Adams Caboolture Private.
3. Dr Andy Lee and Dr Robert Green (New Member),



TOTAL HIP REPLACEMENT SURGERY – THE EVIDENCE FOR PRE & POST OP PHYSIOTHERAPY

SPECIAL INTEREST HIP
PHYSIOTHERAPISTS
AVAILABLE AT OUR NORTH
LAKES, CHERMSIDE,
WOOLLOONGABBA &
SPRINGFIELD CLINICS

REFERRALS VIA MEDICAL
OBJECTS, FAX OR PHONE
WWW.SPORTSANDSPINAL.PHYSIO



RESEARCH SHOWS:

- A pre-operative assessment and treatment benefits include decreased length of stay, decreased anxiety levels, and improved self-confidence
- Pre-operative education on precautions leads to better post-op adherence
- Physiotherapy improves strength and gait speed and helps prevent complications such as subluxation and thromboembolic disease
- Physiotherapy provides pain relief, promotes rehabilitation and the reintegration of patients into ADLs



Clinical
TRIALS

WE'RE HIRING!

GENERAL PRACTITIONERS

Positions available at our Morayfield clinic

- Part time consultancy
- \$150 per hour
- 8–20 hours per week
- Clinical research training provided

Call Sharon Rankine on 07 5456 3989 or email
srankine@usc.edu.au

Redcliffe & District Medical Association Inc.

ABN 88 637 858 491

Email: rdma@lists.internode.on.net

Web: www.rdma.org.au

PRESIDENT

Dr Kimberley Bondeson
(07) 3284 9777

VICE PRESIDENT

Dr Wayne Herdy
0418 880 063

SECRETARY

Dr Geoffrey Hawson
0418 870 140

TREASURER

Dr Peter Stephenson
(07) 3886 6889

ADDRESS

1/10 Endeavour
Blvd North Lakes

Monthly Meeting Dates 2021

February – Tuesday 23th

March - Wednesday 31st

April – Tuesday 27th

May – Wednesday 26th

June – Tuesday 22nd

July – Wednesday 28th

August - (Annual General Meeting) - Tuesday 24th

September – Wednesday 15th

October – Tuesday 26th

November - End of Year Networking Function – Friday 19th



IF IT AIN'T BROKE, DON'T FIX IT.

I have, in a previous Newsletter, harangued my poor audience with my personal views on the recent changes to PBS rules regulating the prescription of S8 medications.

The regulations effective 1st June basically required all S8 prescribers to make an authority application for every script for a long-acting opioid, to conform to a lugubrious collage of requirements, and to answer a series of questions – repeated for every application.

This was clearly unworkable. The more glaring proof of the new rules being impractical was the fact that the whole compliance protocol would not fit on the A4 page on which the script was written. If you made a telephone application, the operator could not see that your documentary compliance ran out half-way down the page. But if you mailed in the application, you had to hand-write the compliance criteria along the margin of the application form. It also became quickly obvious that the Department had underestimated the impact, as wait times for telephone applications hit the half-hour mark by Friday evening after they were introduced.

Even the gnomes who run the PBS recognized that this wasn't going to work, so they abbreviated the process. It is still unworkable, but less unworkable than it was.

However, as one who prescribes more S8's than the average GP – a price I pay for being prepared to accept challenging patients which, to be blunt, most GP's find just too difficult – I pause to think about whether this was a necessary change.

I have read the AMA release, the College release, and an official statement by the Chair of the TGA. Bottom line – they think they are addressing the observation that too many people are dying from toxic doses of prescription opioids, and they think they are addressing that problem by attacking incompetent prescribers.

With all due respect to my learned professorial colleagues – whose practical experience I have to seriously question – I struggle to agree with their chosen pathway. Now I admit I don't have a string of academic research publications to adorn my slender cv, but I have had nearly 50 years of street cred experience with patients who suffer chronic pain and nearly as long with maybe 10,000 patients who are/were undisguised addicts.

In my time, I have never (as far as I know) had a non-cancer patient die of narcotic toxicity from my prescribed medications – unless you accept those palliative patients where the intent was increased comfort and not shortened life expectancy.

Among my recognised addicts, the only narcotic deaths of which I am aware occurred when the patient ran off the rails with unprescribed something. Like the track record of trauma surgeons, that's a pretty good record for a regional GP working in addiction medicine without a cast of dozens to support me. But before I get too carried away with the perpendicular pronoun, I believe – despite the numbers belaboured by the TGA – that most GP's who prescribe narcotics for non-cancer pain can boast a similar track record.

I firmly believe that there are 40,000 competent GP's out there who regularly

RDMA VICE PRESIDENT'S REPORT

DR WAYNE HERDY,

CONTINUED **A PERSONAL INSIGHT**

prescribe opioids for chronic arthritis, who improve the quality of life of their sick old patients, and who manage to do so without killing them off in droves from narcotic toxicity.

I know that fentanyl is a deadly poison – when used intravenously extracted illegally from a patch purchased off the main prescription stream. I also know that it is the most effective way of giving my patients some real quality of life. And I believe that 40,000 other GP's in Oz have the same knowledge and experience.

So how could the TGA have addressed the problem of a perceived excess of opioid deaths?

By hamstringing the caring GP's who want to relieve unnecessary pain by using the tools that they know will work? Or might it not have been a better solution to continue to trust a huge cohort of skilled professionals who know their patients better than the TGA ever could? I

f there is a problem emerging, educate those professionals, raise a few alarm bells, suggest a few cautions? But hogtie them completely? Is that not throwing out the baby with the bathwater, and tossing the bathtub out for good measure?

A PERSONAL INSIGHT.

I just had the pleasure of a brief trip to Cairns, primarily for business but predictably including a few personal activities.

I was surprised, or even stunned, to see this thriving city looking like a corpse in its death throes. Businesses closed everywhere. Most eating places closed down before sunset, for lack of business.

One operator told me that November is always quiet at the end of the academic year, and monsoons limit tourism in the tropics during the really hot spell. But Cairns, usually a thriving centre of tourism during the winter, has suffered enormously under the COVID restrictions. Many hotels and eateries were shuttered, and it seemed that I was almost the only resident in the 100-room motel where I stayed. I was part of a small group in a large Chinese restaurant and we were the only customers (OK, it was football night and the pubs had slightly larger crowds).

The parallel surprise was the observation that, at least judging from the advertising signs adorning the streets, while hospitality is the primary enterprise in Cairns, a close second is the health industry. I thought that the signs advertising medical or dental care outnumbered the signs offering accommodation. Including plastic surgeons and ophthalmologists.

On the flights to and from, I thought the hi-vis vests were what was keeping the airlines from certain doom, but in Cairns I got the feeling that Medicare was keeping the economy alive more than any other contributor.

I came home with the uneasy feeling that we in the S-E corner are still well insulated from the most devastating impact of COVID. I can only hope that there will be enough of a tourism industry to pick up the threads when the tropical North is back on the tourists' agenda.

Wayne Herdy

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/>



VACCINE NEWS PROMISING BUT SAFETY IS KEY
AMA Statement on Vaccination for COVID-19

Early results of the Pfizer-BioNTech COVID-19 vaccine trial are promising, and highlight the unprecedented levels of cooperation around the world to defeat the virus, AMA President, Dr Omar Khorshid, said today.

Releasing a new AMA policy statement, Dr Khorshid that winning the trust of the public will be key to the successful rollout of any COVID-19 vaccine in Australia.

“Regulators are working hard to streamline approval processes so that any successful vaccines can be distributed as quickly as possible,” Dr Khorshid said.

“Australia has a strong record on vaccine safety, due in great part to the rigour of the Therapeutic Goods Administration (TGA) in assessing all medications before they are released to the Australian public.

“While we support the TGA’s efforts to speed up its approval processes in this case, given the scale of the pandemic, it must still apply its usual criteria to assess the safety, quality and effectiveness of COVID-19 vaccines.

“This is critical to winning public confidence.”

Instead of making any COVID-19 vaccine compulsory, extensive efforts should be made to foster trust in the community and encourage its voluntary uptake.

“Some people may have concerns about the rapid development of potential COVID-19 vaccines, compared to the traditional vaccination development timeline,” Dr Khorshid said.

“We must also accept that, even if a vaccine is approved, social distancing will be part of our lives for some time yet.

“We do not know how effective the vaccines under development are going to be and, during the early part of any roll-out, the limited available vaccine will need to be prioritised to vulnerable members of the community.

“It will be important that the community understands why some groups might get a vaccine before others, and the AMA has set out the criteria that should be used to guide these decisions.”

Strong planning and coordination between the Commonwealth, States and Territories, and industry stakeholders will be needed for Australia to move forward quickly with any vaccine distribution.

“This planning process must include GPs, who know and understand what is needed at the coal face to roll out a vaccine,” Dr Khorshid said.

“GPs are often an afterthought in government planning processes, and it is critical that policy makers engage early with general practice and incorporate the feedback of GPs into any vaccine strategy.



VACCINE NEWS PROMISING BUT SAFETY IS KEY

“General practices should be the primary vehicle for delivering any new vaccine, particularly as it is likely to involve a two-dose regimen and use multi-dose vials – something that requires more skill and training than is available at the shopping centre pharmacy.

“While it will have been extensively trialled and approved, it still will not have the long track record that most vaccines have, so it must be delivered in a medically supervised environment.

“Extensive efforts must be made to foster trust in the community and encourage its voluntary uptake.

“Some people may have concerns about the rapid development of potential COVID-19 vaccines, compared to the traditional vaccination development timeline.

“We must also accept that, even if a vaccine is approved, social distancing will be part of our lives for some time yet.

“We do not know how effective the vaccines under development are going to be and, during the early part of any roll-out, the limited available vaccine will need to be prioritised to certain groups in the community including those who are at greater risk of infection..

“It will be important that the community understands why some groups might get a vaccine before others, and the AMA has set out the criteria that should be used to guide these decisions.

“There is every reason to be optimistic about the prospects of a COVID-19 vaccine, with more than 190 currently at various stages of development.

“However, the community must also understand that its rollout will involve enormous technical and logistical challenges, and will take longer than many people might have come to expect or hope.

“In the meantime, we must all continue to practise the habits and follow the rules that have helped us weather this pandemic much better than almost all other countries.”

The AMA Statement on Vaccination for COVID-19 is available at
<https://ama.com.au/articles/ama-statement-vaccination-covid-19>

10 November 2020

CONTACT: Maria Hawthorne 0427 209 753
media@ama.com.au

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



Dr Chris Perry
President AMA Queensland

AMAQ Vice President,
Dr Bav Manoharan,
Executive General Manager
and Company Secretary



Many of you have been contacting us over the last few months sharing your stories and seeking support as the COVID-19 pandemic continues. We know that many AMA members have been directly affected and continue to feel the economic and social effects of COVID-19. Please remember that AMA Queensland is here to support you during this time.

NO MEMBERSHIP FEE INCREASE FOR 2021

Despite the uncertain financial outlook for the next year and rising costs, it is our duty to, first and foremost, consider our members' best interests.

As such, there will be no increase to membership fees for 2021 to help ease the financial burden on our members and further support you to continue practicing during these challenging times.

Check your email for your 2021 renewal notices with instructions on the easiest ways to renew including an Express Renewal link.

If you are experiencing financial difficulty as a result of COVID-19, please contact us on (07) 3872 2201 or at membership@amaq.com.au for membership fee support.

CALL FOR ACTIVE ROLE IN NEW HEALTH POLICIES

In early November, AMA Queensland congratulated the Palaszczuk Government on its resounding re-election at the state's poll, but we urged the re-elected Government to involve frontline clinicians in the introduction of its election health promises to ensure well-intentioned policies deliver practical improvements to patient care.

Real improvements to the healthcare system can only be realised when doctors at the coalface are part of the process.

You can find further information at amaq.com.au/media

VOLUNTARY ASSISTED DYING IN QLD

As you may be aware, the Palaszczuk Government has fast-tracked the proposed VAD legislation to February 2021 where parliamentarians will be allowed a conscience vote and has asked the Queensland Law Reform Commission to draft the legislation.

Our position on VAD has not changed - we are on record in our submission to the Parliamentary Inquiry (May 2019) the following:

AMA Queensland remains opposed to the introduction of voluntary assisted dying in Queensland. AMA Queensland believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life.

AMA Queensland recommends that if the Queensland government proceeds with the development of legislation regarding Voluntary Assisted Dying, then the medical profession must be involved in the development of relevant legislation, regulations and guidelines which protect:

- all doctors acting within the law;
- vulnerable patients – such as those who may be coerced or be susceptible to undue influence, or those who may consider themselves to be a burden to their families, carers or society; patients and doctors who do not want to participate; and
- the functioning of the health system as a whole.

Continued Page 13

The QRLC has indicated in their discussion paper, "The question is not whether a VAD scheme should be introduced in Queensland, because we have been asked to develop the legislation by the current Queensland Government, the question is what the legislation and regulations associated with the proposed Queensland VAD represent."

AMA Queensland has developed a **7-minute survey** to seek the advice and input from members about the development of the proposed VAD legislation in Queensland.

Your responses will guide the development of the submission which AMA Queensland will send to the Queensland Law Reform Commission by the due date of 27 November 2020.

The survey closes on Wednesday, 18 November 2020, 12am.

If you haven't taken the survey yet, you can find the survey link on our member-only platforms, Queensland Doctors' Community (QDC), or via the 'AMA Community' member app.

Alternatively, you can email policy@amaq.com.au and our Team will resend you the survey link.

AMA QUEENSLAND APPOINTS NEW CEO

It is our pleasure to announce that the Board has appointed Dr Brett Dale (PhD) as the next AMA Queensland Chief Executive Officer.

Brett comes highly qualified to lead AMA Queensland with 20 years' leadership experience in health, education and government relations.

He has successfully transformed cultures, high performance teams, business reputations and balance sheets across the private, public and not for profit sectors.

Brett is currently the Group Chief Executive of MTA Queensland, a member-based organisation representing 15,500 businesses that employ in excess of 90,000 staff.

Prior to this, he served as Chief Executive of the Northern Territory GP Education and Primary Health Workforce Programs, responsible for GP training and workforce distribution of primary health care for the NT. He has over 15 years in clinical and educational roles with the ADF across pre-hospital, primary and secondary care, health operations and workforce planning. He holds graduate and post-graduate qualifications in business including a doctorate specialising in entrepreneurship and change leadership.

Brett will commence his role as AMA Queensland CEO on Monday 30 November 2020 and Dr Bav Manoharan, Vice-President, will continue to lead the organisation as Executive General Manager until that date.

Dr Chris Perry, President AMA Queensland

Rational or Delusional Thinking?

By
Dr Mal Mohanlal

Are you a rational or delusional thinker?

Here is an example of how a majority of people think. It is a dialogue arising from a question in Quora on the Internet. It reflects how self-deceptive it is for people to believe that they are on the right track. Quite clearly, their perception is distorted.

I am continually trying to improve the mental health of society, but I am afraid it is a losing battle. It seems that we live in a zombie type of world where people have lost their ability to use a commonsense approach to any problem. The self or ego is the greatest manipulator in mind. Most people have no idea how their thinking affects their physical and mental health, and it seems most people could not be bothered learning about how our mind works.

Question:

[Do we freely choose what we think, or does our mind subconsciously control our thoughts?](#)

My answer:

"This is what I call convoluted thinking in which I wonder someone is trying to ask a question for the sake of asking a question. If you think this way, it reflects a sad state of affairs. I would strongly recommend that you please read my book to acquire some self-knowledge and understanding of your mind. There is a thinker in your mind (the 'nut' behind the wheel) doing the thinking which influences your subconscious mind. Please try to understand the ego. The thinker can delude himself into thinking that someone is controlling him if he does not understand how the subconscious mind works."

Comment by the questioner:

"I ask questions because I'm genuinely interested; otherwise, I wouldn't bother asking. And I ask because I haven't written a book on the subject and so don't understand everything there is to know about a subject. I

Rational or Delusional Thinking *Continued:* By Dr Mal Mohanlal

learn by having an enquiring mind and sharing and learning with other knowledgeable souls on a topic.

What would Quora be if our questions are denigrated and judged without any understanding of the person behind the question? Convoluteness has nothing to do with it.

And as per ego, I won't read your book because you've used this question as a blatant marketing tool, rather than encouraging me to explore further through tidbits of useful information.

If you didn't want to answer my question, then better you didn't in the first place."

My Response:

"Thank you for your comment. As one can see, not many people are genuinely interested in finding out the truth about the mind. I am sorry if I offended you."

The final comment by the questioner:

"Thank you for your follow-up, Dr Mohanlal. No offence taken."

This case shows how important it is for any person who wishes to improve his or her mental health to understand what perception means. Perceptions influence our thinking, and our thinking influences our behaviour and actions. When we carry distorted perceptions on any issue, we may think we are so right and yet can be so wrong.

After reading the above, do you want to know more about your mind and what makes you tick?

If you do, then you should read "The Enchanted Time Traveller – A Book of Self-knowledge and the Subconscious Mind".

It can help you understand how you operate in your mind and better manage the world around you.

Visit Website: <https://theenchantedtimetraveller.com.au>.

Freycinet National Park, Tasmania

by
Cheryl Ryan



One can see that the Freycinet National Park is an unimpeachable example of the universe humbly tied together in one place. Perched on the eastern coast of the Tasman Sea, guarded by the pink-hued mountain range the national park is a sanctuary for wildlife to grow and foster in the peninsula. The beauty of the park resides in its picturesque white-sand beaches, rocky turfs, magnificent beach curves, and the concealed bays overlooking the sea and the Hazard range.

The peninsula is flushed with tourists all year long who come to seek the beauty of the wildlife and the adventures it has to offer. There is something here for everyone! For the ones who are here to witness the sheer beauty and serenity of nature, you can catch a glimpse of the setting sun lighting up the dramatic highs and lows of the Hazards range. You can enjoy the panoramic view of the peninsula either from a cruise or a take the sky tour from a flight. Do not miss the chance to come face to face with whales, seagulls, and dolphins over the coastal tour.

The national park can do more than just relax your sore eyes. You can pick from any of the 1 or 2-day trekking trails that takes you over a thrilling tour of the Wineglass bay with its smoothly curved beach, the Honeymoon beaches, the Bluestone bay, the waterfall wall trailing back through the gradual slopes of the Granite Mountains. Push yourself a little further by taking up snorkeling, the guided kayaking tour, or dive into the turquoise waters from the Sleepy bay rocks. If your tastes are a bit more profound, a quad bike tour through the wild is just the thing to lift your spirits higher. No matter what, not a day goes dull in the national park.

Experience the culture

The lands of the peninsula are of great value to the people and the government. Not only does the island conserve creatures but also the rich history and culture. The national park also attracts tourists who come to understand and relish in the culture and people of the peninsula. The national park is significant with the traces

of the Aboriginal settlements of the Tasmanian community that are held sacred by all.

Fill up your heart and soul and appetite

No trip to the national park is complete without a visit to the Freycinet Marine Farm. The freshly procured seafood is the specialty of this region that is brought out best in this cafe where the food scent fills you up with hunger. The perfect food portions, when gulped down with a sip of the local wine, can be felt as flavors exploding in your mouth. Do make it a point to visit the local wineries and sip onto some of the most amazing wines direct out of the cellar.

What we have planned for you

- Join a wildlife cruise witnessing nature roaming freely in the waters and the woods
- Take an early morning trek to Wineglass bay lookout to enjoy the sunrise as it falls onto the clear waters
- Take the Devils in the night tour of the coast
- Visit the Friendly Beaches Airfield to take a sky tour of the coastal beauty
- Indulge in the local seafood cordon bleu at the Freycinet Marine Farm after a trek to the Freycinet Vineyard.

We have some great deals available now. Give us a call or check out our website for more information www.123travel.com.au

Book a journey today across this famous route.

www.123Travelconferences.com.au

FLIGHTS • ACCOMMODATION • HOTELS • TOURS • TRAVEL INSURANCE • CRUISES

123TRAVEL

WE'RE PROUD TO BE **ATAS** travel accredited

PROFESSIONAL CREDIBLE & RELIABLE

The Medical Journal of Australia • MJA

MEDIA RELEASE

ROYAL MELBOURNE HOSPITAL'S RESPONSE TO COVID-19 INFECTIONS IN HEALTH CARE WORKERS

ROYAL Melbourne Hospital endured the largest institutional outbreak of COVID-19 in health care workers in Australia to date, but rapidly controlled its spread by using a multidimensional approach adapted to their particular settings and demographics, according to the authors of a Perspective published online by the Medical Journal of Australia.

Between 1 July and 31 August 2020, 262 cases of COVID-19 were identified among Royal Melbourne Hospital staff. Fifteen individuals (5.7%) required inpatient care and 13 (4.9%) received care by a hospital in the home service. Two were admitted to the intensive care unit (ICU), none requiring mechanical ventilation, with no deaths. Nurses were most commonly affected, followed by support staff (such as food and cleaning services) and doctors (17/21 of these being doctors-in-training).

"The Royal Park Campus had the highest number of staff with COVID-19, making up 40.8% (n = 107) of health care worker infections at the Royal Melbourne Hospital, despite this campus constituting about 10% of the total staff workforce at the hospital," wrote the authors, led by Professor Kirsty Busing, infectious diseases physician at RMH, the University of Melbourne, and the Peter Doherty Institute for Infection and Immunity.

"Between 12 and 18 July, the Royal Park Campus received a large number of patients from external residential aged care facilities, not affiliated with the Royal Melbourne Hospital, with COVID-19 outbreaks. These residents were COVID-19-positive at admission and were managed with appropriate infection precautions throughout. COVID-19 cases among staff rapidly escalated across all six wards at the campus after 16 July, peaking on 27 July.

"Our response was necessarily iterative and pragmatic and advice often pre-dated formal state and federal recommendations," Busing and colleagues wrote.

The authors identified a number of key factors that shaped their responses, beyond a focus on personal protective equipment (PPE):

Critical burden

"We hypothesised that large numbers of patients in confined spaces may have created a

high density of droplets, aerosols and environmental contamination," they wrote.

"This triggered a detailed assessment of ward physical layout, including the possible role of patient placement and air circulation. We elected to use single rooms wherever possible and to physically space infected patients by closing beds on the ward.

"The intensity of transmission in some wards led to a decision to close wards and move some patients to other health care services.

"Further, we adopted the use of N95 masks for staff working in areas with large numbers of patients with confirmed or suspected COVID-19."

Testing

"The availability of rapid and accessible testing for staff was critical to informing real-time outbreak management," the authors wrote.

"Rapid availability of data informed our daily incident management meetings and enabled prompt decision making using the best possible information."

Support programs

"The importance of staff communication and wellbeing cannot be understated," Busing and colleagues wrote.

"Many staff reported physical and mental fatigue and stress during these outbreaks. In addition, workforce shortages meant that staff were taking on extra shifts at short notice and working in unfamiliar roles.

"Accordingly, access to employee support programs was an important element of this response."

All MJA media releases are open access and can be found at: <https://www.mja.com.au/journal/media> Please remember to credit The MJA. The Medical Journal of Australia is a publication of the Australian Medical Association.

CONTACTS:

Professor Kirsty Busing
Infectious diseases physician
Royal Melbourne Hospital
Email: kirsty.busing@mh.org.au

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.

BUSHFIRE ROYAL COMMISSION RECOMMENDATIONS MUST BE IMPLEMENTED AS MATTER OF URGENCY

The AMA today called on the Federal Government to urgently implement the recommendations of the Royal Commission into National Natural Disaster Arrangements to reduce the health and human cost of future bushfire seasons, and other natural disasters.

“The Royal Commission has recognised the serious health implications of bushfires, including the direct deaths and injuries, and the future consequences of exposure to smoke haze,” AMA President, Dr Omar Khorshid, said.

“More than 30 people died in last summer’s fires, and smoke exposure is estimated to have caused 417 excess deaths and thousands of hospital admissions. The mental health impacts are still being felt and cannot be underestimated.

“The Royal Commission has called for primary health care providers, including GPs, to be more involved in disaster planning, and for mental health services to be prioritised during and after natural disasters.

“The AMA has long called for greater integration of GPs into disaster planning and management processes, and has called for mental health supports to continue after disasters themselves.

“The Royal Commission also acknowledges that further global warming is inevitable and will contribute to more frequent and intense natural disasters.

“The AMA recognised that climate change is a health emergency, with clear scientific evidence indicating severe impacts for

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Australians now and in the future.

Last summer’s unprecedented bushfires were a devastating demonstration of this.”

The AMA has made a number of other key recommendations to Government that were not directly addressed in the report, including:

- pursuing a more ambitious emissions reduction strategy to limit frequency and intensity of the fire season;
- committing to developing a national strategy for health and climate change; and
- establishing a national Centre for Disease Control to educate the public about large scale-disease threats, including air and water quality.

“The AMA will continue to advocate strongly for these outcomes,” Dr Khorshid said.

4 November 2020

CONTACT

Maria Hawthorne 02 6270 5478 / 0427 209 753

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

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Follow Australian Medicine on Twitter: <https://twitter.com/amaausmed>

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

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@internode.on.net

ABN 88 637 858 491

1. **One Member Membership Fee Per Annum \$90.00;**
2. **Two Family Members Membership Fee Per Annum \$150.00 (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 064122 AC: 00902422

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 223 Redcliffe 4020

2) Or Emailing to GJS2@internode.on.net

Where We Work and Live

“Value Our Veterans” <http://anzacportal.dva.gov.au/stories-service/australians-war-stories/One-thing-more-Goodbye>

“One by one the-planes racketed into life, taxied to the take-off point. Propellers hurled the streaming air behind and wheels crashed over the shining metal matting. They lifted into the weeping dusk heading towards the east. The sound of their motors faded and we were left with only the hissing of the lamp and the dripping rain.

“And so we waited, making conversation for the sake of appearing normal but our minds carried us out over a grey sea that swept so close beneath our wings and suddenly there they are; dark smudges wildly swinging in an agony of evasion. Split up - line astern. Now the leading plane banks, turning in towards the ship. Now line abreast. Steady at 120 knots and 120 feet. Not much to remember, just do it.

Now the grey shapes show little flicks of light along their sides. What's that? They're firing at us, that's all. Get in close. Now the great shape seems to fill the windshield. Now is the moment. Bomb doors open. Press the tit. A slight jolt and the torpedo slices away from the plane. It is done, now nothing can change what is going to happen. The planes swerve and jink. The navigators spray madly with their twin Vickers.

The pilots sweat with an agony of tension as they battle to avoid the other planes and now they are pulling back on the control column and the great ship is whipping beneath. Planes seem to be everywhere. The ships fire madly. Skidding and weaving the aircraft climb away. The cruiser explodes in a thundering, tearing spasm of tortured metal, Inrushing sea and screeching steam. It is all over. The planes turn towards the west and home.

Now it is almost night and the rain beats against the wings. “We sat in the tent waiting. Overhead the palms move their fronds restlessly like great living, questing hairy creatures, dark against the weeping night. Now the sound of engines filling the dripping sky with the sad, lonely throb of their beat. One by one they come in to land, their brilliant lights seeking the sodden strip. Great dark shapes moving against a hedge of palms. The tyres touch, kissing the metal, sobbing in a watery embrace. Four down, four more to come. Now once more the sound, the piercing light the mad careering shape - it goes on and on throwing up great gobs of water, It cannot stop in time. The pilot pulls up the undercart, the plane slithers obscenely in the mud like some poor broken bird. Rescue teams rush to help but there is no need, there is no fire and

the crew climb out unhurt.

“Once more we wait and now the fear for our friends grows stronger, feeding on doubt, it spreads among the group of men who stand out in the rain straining their ears for the beat of propellers. The weather worsens, the palms bend to the rising wind. Squalls of rain lash obliquely at the planes, the flapping tents, the dripping jungle. Sheet lightning lights the world around like a series of false dawns, thunder rumbles, truculent, threatening. Suddenly we hear the plane. At first it is only a whisper, but quickly the sound grows stronger, as if gaining confidence. Now it is overhead drowning the other sounds with its pulsing beat.

We can even see the navigation lights, red and green twin wandering stars, misted by the rain, sweeping in concentric orbits till they are lost to sight in the pounding rain. Again and again the scene is repeated. The plane is very low, circling and circling. Over the E/T the voice of the radio operator strained but controlled, his message, broken by static, tells the story. Visibility is so bad that they cannot see the strip lights well enough to attempt a landing. Fuel is getting very low. “The CO makes the decision. They must gain height, set the machine on a course for the bay and bale out. It is the best chance they have.

“Now the engine note becomes stronger, more purposeful. They pass over us once more and the sound of their flight echoes from the crouching hills as they head for the sea. Suddenly, there is the dull boom of an explosion, then silence, only the wind and rain.

“The jungled arms of the bay have caught them in a wet embrace; the swaying trees and tangled vines ripped and torn by the violence of the union; the black wet earth layed bare by their metal plough. A self dug grave for four young men. Ken Magregor, pilot. Bill Young, navigator. Frank Ewing, radio operator and Don Leigh, gunner.

“Over the years I have often thought of them and of the other two crews who were lost that night, lost in the awful blind, wandering till they too found some mountain peak or watery end. I can still see the hissing lamp, still smell the musty jungle damp, still see the little figure with the battered topee, the long shorts and from the past a ghostly, taunting voice calls me back, intoning ‘One thing more - Goodbye’.”

The End