RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
OCTOBER 2018

'The Uncle We Never Knew' 20 June 2018 by Claire Hunter
https://www.awm.gov.au/articles/blog/remembering-Ivor-Whittaker

See Where We Work & Live P20.

President's Report Dr Kimberley Bondeson

I have just arrived back from a spectacular conference in New Orleans, followed by a short educational tour of Cuba. The conference topic in New Orleans was centred around the Digital Age and its impact on Medicine. One of the speakers, Dr Bill McDade, Member, Board of Trustees of the American Medical Association, gave an insight into where Australia is heading in the next 10 years with regards to computerisation and the practice of medicine. Australia is approximately 10 years behind in its use of digital technology than the USA. One of his comments really struck me about this new digital world. He described a hospital where every doctor, nurse and staff carry an iPad. He reported on a study that was done shows the impact of digital technology on clinical care. For every hour a doctor spends with a patient, the doctor spends a further 2 hours recording and transcribing the information onto a computer. Incredible. The number 1 leading cause of burnout in the USA by Doctors is the daily grind created by electronic health records, which has created new burdens of work. In the USA, there are 400 suicides of physicians a year.

The old days of trolleys and hand-written charts are gone. As an intern, it was always a rush to keep up with the consultants' ward round, and hand write in the charts as you went. Time was spent afterwards hand writing medication charts and discharge summaries. But I do not recall that for every clinical hour spent with a patient, you were spending a further 2 hours documenting the findings and requesting further tests etc. Dr McDade also gave a soapbox discussion, which he starte with the statement "Gun Violence – the cause of 90 deaths per day in the USA. And doctors are not allowed to counsel their patients not to own guns. He commended the Australian gun control laws.

Two of the local Obstetricians in New Orleans gave a presentation, one of which was Dr Rajiv Gala, Director of the Department of Obstetrics. They are trialling a new system, managing antenatal care in pregnant woman. Each pregnant woman is given a set of scales, a BP monitor and a BSL monitor. She is seen on 3 occasions only by the specialist obstetrician during her pregnancy. All the antenatal care was then done by the patient herself, and auxillary staff, who would follow up on the patients self monitoring of their weight, blood pressure and BSL. There would be dietician interventions and psychologist interventions in regards to weight and diet. The selection criteria to enter into this program was that the patient does not have diabetes, high blood pressure or a weight greater than 174kg. These two doctors said that they were getting patients coming back for their 2nd and 3rd pregnancies, to be managed in this way. They did not describe good, old fashioned doctor/patient relationships.

Cuba was also a fascinating country. It is ruled by a new dictator, who is now allowing visitors from other countries and slowly promoting tourism. The money being generated from tourists is being carefully put back into the economy, and restoring buildings, roads and so forth. It was like stepping back in time, into around 1967. This country educates it own doctors, and allows any other countries medical students to study medicine in their medical schools. Once graduating medicine, the doctor is allocated an area or town to practice in for a period of time – 1 to 2 years. They are then rotated to another area or town. The doctor is responsible for the people's health in the town that they are allocated to. If they feel that the patient requires specialist care, then they will refer the patient onto one of the specialists in the larger cities. There are no private practitioners.

It was difficult to work out the currency. They only accepted the Cuban Conversion Currency from visitors, and it was a fixed conversion rate where-ever you went. You were only able to convert US$1 or Euro$1 and received exactly the $Cuban conversion dollar. I understood that 10% of each dollar spent went towards the government and something usual, in my view, was that you could actually see what works and improvements were being made by the government with the money generated. Old buildings, in the Spanish or French manner, were been restored, along with roads and so forth. Definitely a fascinating country, and a privilege to visit. The old cars were spectacular, and we had the opportunity to go for a ride in them! Next year's AMAQ conference is in Edinburgh, Scotland I am looking forward to, as I have never been there before. For those of you who have never experienced an AMAQ conference, they are well worth the time and effort. Pictorial page 5. Kimberley

RDMA & NLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Northside Local Medical Association

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

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

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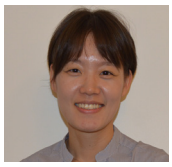

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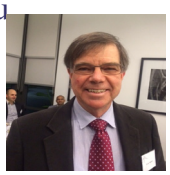

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E:gmcnally1@optushome.com.au

RDMA 2018 MEETING DATES:

For all queries contact Emelia Hong 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	27th
Wednesday	March	28th
Tuesday	April	24th
Wednesday	May	30th
Tuesday	June	26th
Wednesday	July	25th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	28th
Wednesday	September	12th
Tuesday	October	30th
NETWORKING MEETING		
Friday	December	7th

NEWSLETTERDEADLINE

Advertising & Contribution 16th November 2018

Email: RDMANews@gmail.com

W:www.redcliffedoctorsmedicalassociation.org

NLMA 2018 MEETING DATES:

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	13th
2	April	10th
3	June	12th
ANNUAL GENERAL MEETING - AGM		
4	August	14th
5	October	9th
6	December	14th

Next Meeting Date 30th October 2018

RDMA September Meeting for 12.09.18.

Dr Herdy RDMA Vice President Introduced the Speaker:

Speaker
DrRakesh Malhotra, Endocrinologist & General Physician, Caboolture Hospital

Topic " The Science of Obesity".

Sponsor: iNova Pharmaceuticals

Photos (Left to Right):

Speaker
Dr Rakesh Malhotra

Sponsor Representatives:
Lynda Toohey, Lisa Plant, Rakesth Malhotra and Laura Fell.

New Member Melanie Lau and Philip Dupre

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Tuesday 30th of October2018**

TIME: 7pm for 7:30pm start

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

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

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsor: Pulmonx Inc.
7:40pm	Speaker: Dr Andreas Fiene, Respiratory & Sleep Medicine Physician and Lung Transplant Physician/ North Brisbane Sleep & Thoracic, North Lakes Topic: "Treatment Options for Severe Emphysaema: Endobronchial Valves, Surgical Lung Volume Reduction and Lung Transplantation"
8:10pm	Main Meal Served
8:20pm	Question Time
8:30pm	Dr Dilip Duhpelia, President of AMAQ, Presentation
8:40pm	Dessert, Tea & Coffee served
8:50pm	General Business

RSVP: By Friday 26th of October 2018
(e) RDMA@qml.com.au or 0413 760 961

INSIDE THIS ISSUE:

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

All 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.

AMAQ BRANCH COUNCILLOR REPORT
Dr Kimberley Bondeson, Greater Brisbane Area

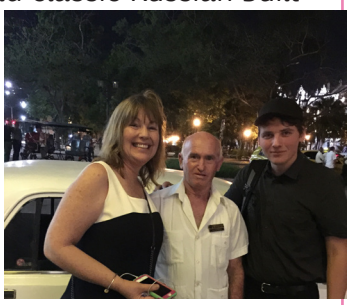
Members Update & AMAQ Conference Pictorial continued from President's Report.

Dr Debora Garcia Alonso, Cardiologist, Rockhampton, Queensland presenting at the AMAQ conference in New Orleans.

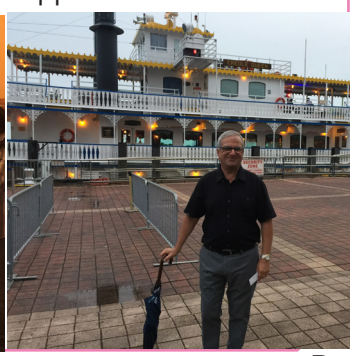
She gave a talk on The Future of Cardiology. She commented there are more iPhones in the world than toothbrushes. During her presentation, Dr Garcia Alonso commented that 20 years ago, babies with congenital heart defects were exposed to angiography - and as adults, have now developed leukaemia. Today, we now use cardiac MRI for imaging. She foresees a much greater use of 3D advanced visualisation, that will be accessible to GPs and patients.

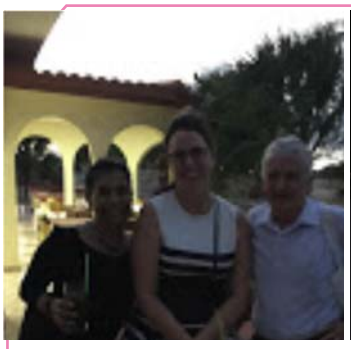
AMAQ Conference Pictoral continued from page 1 President's Report. Dr Kimberley

Below: Dr Geof and Sue Adsett at the Welcome Cocktail Party and arriving back at the hotel with our taxi driver, in an old classic Russian built



Below: Dinner entertainment and Dr Dhuplia about to get on the boat at New Orleans to tour the Mississippi





Above Left: Dr Vas Kasan, with our fabulous organisers, Ros Bulat and Neil McIntosh in Cuba! Well done for organizing a fantastic trip!

Above Right: Kimberley Bondeson and Mrs Gaybriella Burey at the welcome cocktail party.

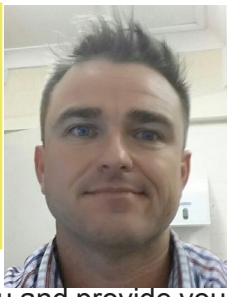
Dr John and Kay Monro in the back seat and junior members, Francis Burey and Jackson Bulat. They were on the way to a dinner in CUBA after the recent AMAQ conference in New Orleans.

The Mardi Gras in New Orleans - on our way to the Gala Dinner, with a full police escort in the Street of New Orleans

A Personal Call To Action From: Benjamin "Ben" Sibley Owner of new Podiatry Business … Your Podiatrist Brisbane

https://www.yourpodiatristbrisbane.com. PH: 30400230/ 54956437
EM: info@yourpodiatristbrisbane.com. FAX: 54956336.

REDCLIFFE: 88 Sutton Street. Redcliffe 4020
MORAYFIELD: 5/85 Michael Avenue. Morayfield. 4506
RUNCORN: 961 Beenleigh Road. Runcorn. 4113



Attention!! All Doctors Who Refer To Podiatrists For Foot Pain, Heel Pain, Plantar Fasciitis and Orthotics!"
"Why I Am offering Your Patients A Free Gait Assessment With Their First Appointment"

Dear Doctors,
Hi! If we haven't met then please let me introduce myself. My name is Ben Sibley and I'm the new owner and practicing Podiatrist of **Your Podiatrist Brisbane -Redcliffe** and Your Comfort Shoes.

Can We Talk?
I hope you'll excuse me for being blunt, but there's some things I want to address with you off the bat. When I decided to start ***Your Podiatrist Brisbane – Redcliffe*** a little over 18 months ago I realised I had my work cut out for me, more than usual.

Why?
Well you see there are quite a few Podiatrists practicing in the area and I've heard that some Podiatrists may not be addressing some of your basic professional needs …

- Regular communications with yourselves about your patients care
- Writing back letters after you have sent referrals !!!
- Letting you know if your patients haven't been happy with Podiatry service and what we have done to help them.
- LookingafterallyourDVApatientswithcustomfootwear-
- Giving your patients full money back guarantees on orthotics if the orthotics happen not to work for them. (And I can tell you after 24 years of using orthotics …sometimes they don't work!!!)

Some of you may be feeling a little bit taken for granted and not feeling valued as the primary care facilitator for all your patients health requirements which as you know is a huge and important responsibility. You see what I have discovered is that most of you is you want reliable consistent Podiatry services that patients can access that is either bulk billed (EPC and DVA bulk billed with no gaps) and pricing that is reasonable and not too far out of your patients reach.

You want regular communication and at least, a letter sent back when you refer a new patients and EPC patients. You see what I know is that most Podiatrists get so busy and lazy and don't send letters back. To me that communicates complacency and they don't value you, your time and effort. Your referrals are the lifeblood of any allied health business and must be taken care of and nurtured end of story!! Your Referrals Are Appreciated and Respected. So you now can see my dilemma! Lots of competition, professionals out there like yourself maybe feeling indifferent at not getting the Podiatry Service you should expect and maybe not feeling valued!

So as the "new guy" in town I have to do what I can to assure you those unmet needs get met. I want to develop a great relationship with you and provide you and your patients with a high standard of care, foot and ankle pain relief for your patients and custom comfortable orthotics and footwear. I have a very simple offer that I hope you'll take advantage of …

Here's $97 To Use Either Towards Your Patient's Initial Gait and Posture Assessment or Towards Their Custom Foot Orthotics … your choice!

The very best way to see if I am worthy to be your Podiatrist and orthotic provider is to try me at my own expense. So please accept this $97 gift certificate for you and your patients and come on in and give us a try. If after your patients first visit they decide that where not the one of the best in Brisbane and Redcliffe area then we'll part friends with no hard feelings.

Why You Should Give Us A Try?
1. Firstly, I'm not an absentee owner, part-time bitsa Podiatrist clinic or part of a bigger Podiatry chain with a large revolving door of "podiatrists" where you may not know who will be your next Podiatrist.
2. You will always know and receive personalised care, the latest up to date technology in gait and posture assessment and computerised comfort orthotics.
3. I have been a Podiatrist now for 24 years and this is my business and livelihood and my profession. I realise that my reputation as a business owner and as a Podiatrist is on the line with every client that you refer. So if your unhappy with our office, I take it personally … I'll do whatever it takes to make it right and earn the referrals from you and your co-workers.
4. In fact I am so serious about our office and the service, products and orthotics I deliver to you with great results that I give your patients this guarantee in writing.

Come On In and YOU Be The Judge
I could go on about the things I have done and my credentials and experience but frankly this isn't about me. It's about YOU having confidence and trust in me. Trusting that you're getting the best Podiatry Service in Redcliffe. And you can't build trust and confidence on paper … it has to be done in person wouldn't you agree?
Thanks for reading this letter. I look forward to meeting you soon.
Kindest regards, Ben Sibley

P.S. Your $97 can be used for Gait Assessment and or Orthotic Assessment. **Call our office on 30400230,** leave your first name, last name, email address, and practice address and for a referral pad/ USB.

Alternatively if you want to book your patient in …. go directly online to http://yourpodiatristbrisbane.cliniko.com/bookings and book an Orthotic Assessment or Gait Assessment appointment.
Kindest Regards Ben

AMAQ BRANCH COUNCILLOR REPORT
Dr Wayne Herdy, North Coast Councillor

GOOD NEWS FROM PROPOSED LEGISLATION and SOCIAL EVOLUTION

GOOD NEWS FROM PROPOSED LEGISLATION

I am part of a panel reviewing a proposal to re-write the State prescribing laws. There is one proposal which will bring some joy to the hearts of Queensland prescribers.

Under present law, when we write a prescription for a Schedule 8 medication, we have to re-write the details in our own hands under the computer-generated details. If the script has repeats, we have to re-write it on both sides.

This rule is an anachronism, not necessary once we changed to compute scripts. I am not aware of any evidence that re-writing the script by hand reduces the risk of fraud. If anything, the computer script is harder to forge than doctors' traditionally scrappy handwriting. The rule is also a barrier to electronic prescribing.

Under the proposed new laws, we will no longer have to hand-write the details.

Common sense scares up another victory.

SOCIAL EVOLUTION.

As part of the same re-writing of the prescribing rules, there is a proposal to amend the scheduling of marijuana. I have openly expressed my disapproval of the recent laws permitting prescribing of medicinal marijuana, albeit with onerous restrictions. The new proposals, if enacted, will make it much easier to prescribe medicinal marijuana. It is extraordinary that such a proposal should follow so closely on the introduction of the prescribing rules for medicinal marijuana.

I was also surprised to read in the media that Canada has passed legislation to legalise personal use of marijuana, only the second country in the world to do so (after Uruguay). If an enlightened and advanced country like Canada legalises personal use of marijuana, a country that is socially and philosophically closer to Australian values than any country, I foresee that there will be greatly increased pressure on Australian lawmakers to follow suit.

In a similar vein, Queensland has only just enacted legislation to decriminalise abortion. This reform struggled to find its way through the Parliamentary process, but it finally saw the light of day.

The proposal to change marijuana prescribing differs from the actual change in abortion law in a few respects. The changes to medicinal marijuana laws would be a quite rapid change in the legislative approach to marijuana, whereas the change in abortion law seems to be a logical next step in a long evolutionary process.

These two areas of law-making, and the law reform in Canada, seem to illustrate a growing will in Western law-makers to change laws to reflect the will of the people, the changing values of a maturing society.

As I reflect on the social changes being reflected in our changing laws, I can only speculate on what other changes we will see in the coming years.

We only need to look around us for examples where the laws of our land are in conflict with concepts and values, usually controversial, where there is a substantial weight of public opinion, often held by vocal minorities. The prime example that immediately springs to mind in the health sector is euthanasia.

But what about examples like sex selection in IVF, or surrogate pregnancy?

In a world that seems ready for social reform, it is incumbent on the medical profession to ensure that we are not passive bystanders but that we actively intervene to ensure that our lawmakers have accurate and impartial professional advice to guide them.

We might not be the social conscience of our society, but we are still their most trusted advisers.

The views expressed herein are those of your correspondent,

Wayne Herdy

Dr Dilip Dhupelia,
President AMA Queensland
and
Jane Schmitt,
CEO AMA Queensland

Queensland Parliament Delivers Flawed Outcome on Pharmacy Council

In October, the Queensland Parliament's Health Committee handed down its report detailing its findings regarding the establishment of a Pharmacy Council in Queensland.

AMA Queensland examined the report and we are deeply concerned with what the report recommends.

In its 100-page report, the committee made 11 recommendations some of which include;

- Allowing pharmacists who are not qualified as doctors to give out low-emergency and repeat prescriptions,
- Considering allowing community pharmacy assistants to handle dangerous drugs, and
- Setting up a Pharmacy Advisory Council without the expertise of a doctor.

AMA Queensland President Dr Dilip Dhupelia subsequently met with the Health Minister, Steven Miles and made clear our opposition to these proposed recommendations, urging him to reject the pharmacy industry's push to take over the role of qualified GPs.

The Minister has indicated that he will consider the findings of the report before deciding which of the recommendations the Government will accept.

AMA Queensland will continue to make the case against these potentially dangerous recommendations and will update members in due course.

Water fluoridation
AMA Queensland has long been advocating for fluoridated water to be restored across Queensland.

Last month, we launched a **media campaign** with the Australian Dental Association Queensland urging 16 local councils to immediately commence fluoridating their water supplies.

You can read the **local releases** on the AMA Queensland website.

In response to our call, the Gladstone Regional Council has announced a review of previous decisions to revert to fluoridation.

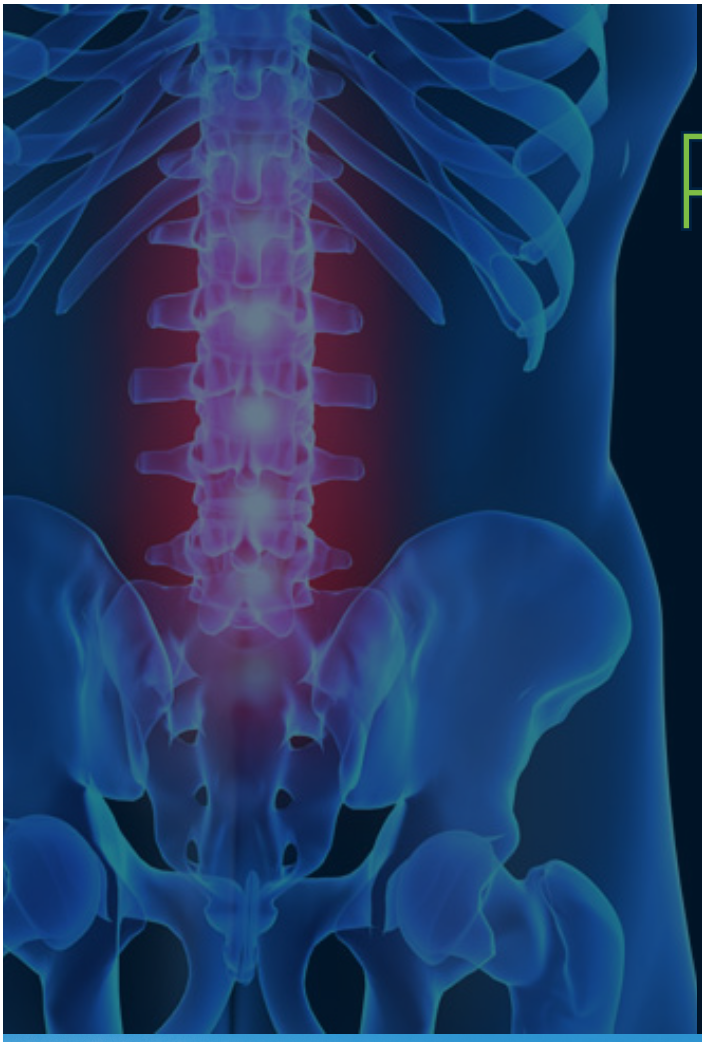
AMA Queensland will continue to endorse water fluoridation as a safe and effective public health measure and advocate for positive change.

Meeting with members to discuss local issues of importance.
On Tuesday 30 October, Dilip will be meeting with the Redcliffe LMA members.
We consider the LMA meetings invaluable to understanding local issues of concern, directly from the practitioners on the ground in those areas. It also presents you with a chance to directly address the President about how you can contribute to AMA Queensland's policy and advocacy work.

Dilip looks forward to meeting you all on Tuesday.

If you have any issues you feel need AMA Queensland's attention, please send us your thoughts directly via membership@amaq.com.au.

Dr Dilip Dhupelia, President AMA Queensland **Jane Schmitt**, CEO AMA Queensland



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AMA QUEENSLAND

EDINBURGH

SCOTLAND

AMA QUEENSLAND ANNUAL CONFERENCE

SUN 22 - SAT 28 SEPTEMBER 2019

Doctors, practice managers, registered nurses and other medical industry professionals from around Australia are invited to attend the ***Annual AMA Queensland Conference*** in **Edinburgh, Scotland from 22-28 September 2019.**

The program will feature high-profile British, Scottish and Australian speakers on a range of medical leadership and clinical topics in an exciting, and unique location. RACGP points will be on offer.

To find out more about the conference program or to register, please contact:

Neil Mackintosh,
Conference Organiser
P: (07) 3872 2222 or
E: n.mackintosh@amaq.com.au

Download a conference brochure from the events calendar at www.amaq.com.au

New advanced cancer treatment at Icon North Lakes

ICON INTEGRATED CANCER CENTRE

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- Delivers pinpoint accuracy and targets numerous, well-defined tumours
- Used to treat a number of sites including brain, lung and metastatic tumours

We accept referrals from GPs and specialists for all cancer types. Please send your referral via Medical Objects or Fax.

Icon North Lakes, delivering medical oncology, radiation oncology and haematology under the one roof.

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New Radiation Oncologists joining the team

Dr Jim Jackson

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Dr Mark Pinkham

Sub-specialities: stereotactic radiation therapy, brain, skin, melanoma, lung and lymphoma

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Chermside | Gold Coast Private | Gold Coast University | Greenslopes | Maroochydore | **North Lakes** | Redland | South Brisbane | Southport | Springfield | Toowoomba | Wesley

Stereotactic radiation therapy improves quality of life for cancer patients at Icon Cancer Centre North Lakes

Icon Cancer Centre North Lakes now offers stereotactic radiation therapy, including intra-cranial stereotactic radiation therapy (SRT), as well as extra-cranial stereotactic ablative body radiotherapy (SABR) for bony and lung lesions.

These treatment techniques are effective, clinically proven and non-invasive alternatives to traditional surgical options. The treatment is extremely precise and delivers conformal, high doses of radiation to the target tumour, with low doses deposited in nearby healthy tissues.

SABR is intended to improve a patient's quality of life with often curable intent for early stage lung cancers. The ultra-low doses of radiation deposited in normal, healthy tissues lead to minimal side effects, compared with other cancer therapies.

Icon Radiation Oncologists Dr Jim Jackson and Dr Mark Pinkham have extensive experience providing stereotactic radiation therapy and stereotactic ablative body radiotherapy, and are now offering this highly specialised treatment at North Lakes.

Dr Jackson says, 'By using precise three dimensional imaging and advanced treatment delivery techniques, stereotactic radiation therapy allows for larger amounts of radiation to enter the body across a shorter period of time,' he said.

Dr Jackson and Dr Pinkham are treating both intra-cranial SRT and extra-cranial (lung and bone) SABR at Icon Cancer Centre North Lakes utilising state-of-the-art treatment technology including a Varian TrueBeam linear accelerator with advanced patient positioning monitoring, including respiratory monitoring.

These advanced treatment techniques complement Icon's existing radiation therapy service that includes the latest in treatment technology and approaches for all cancer types.

What conditions are suitable for stereotactic SRT or SABR?

- brain metastases, following or instead of surgery
- benign and malignant brain tumours
- primary lung cancers
- lung metastases
- bony metastases

GPs and specialists can refer patients directly to Icon Cancer Centre North Lakes

Dr Geoff Hawson MBBS FRACP FAChPM DipClinHyp
RDMA EXECUTIVE COMMITTEE SECRETARY

How to discuss the risk/benefits about Adjuvant Chemotherapy following Surgery by Dr Geoff Hawson - Cancer Second Opinion - Herston continued page 12

The reasons as to whether or not to have adjuvant chemotherapy can be difficult to follow, both for patients and primary care practitioners. What follows is my method of discussing the issue with patients. It also presents the rather novel concept, to most patients, that not all patients actually need chemotherapy as a treatment after surgery but that chemotherapy is offered as an insurance policy against cancer recurrence.

I also discuss some of the new chemotherapy regimens that are improving patient outcomes and new methods of assessing whether patients need to have chemotherapy or not.

Are you unsure what adjuvant chemotherapy is and why it has been recommended?

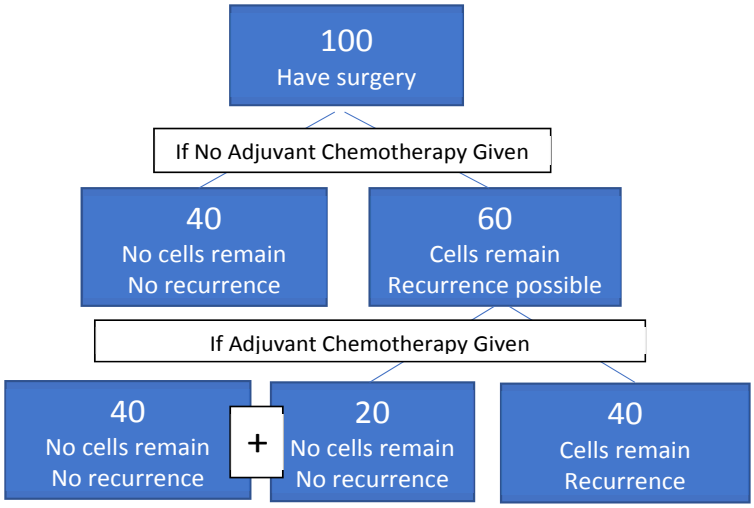
Adjuvant chemotherapy is usually offered after you've had surgery. The adjuvant treatment is given to "mop up" any remaining cells that might be left in your body that could grow and require further treatment. If cells are present and grow, this is called a recurrence. The adjuvant chemotherapy is given as an insurance against the possible presence and return of the cancer cells.

Adjuvant chemotherapy is given to treat any remaining cells. After surgery not everyone will have cancer cells remaining. As there is no way of knowing whether cells are present or not, adjuvant chemotherapy is given to all patients – some of these will have cells and some won't. While it might be argued that some patients who are offered adjuvant chemotherapy actually don't need it, because we don't know who they are, treatment is still offered to all.

One way to explain this is to imagine a cancer (not a real one) in which the risk of recurrence without adjuvant treatment is 60% (or 60 in each 100). That is, if 100 people undergo surgery for cancer and did not have adjuvant chemotherapy, 60 would experience a recurrence and 40 would not.

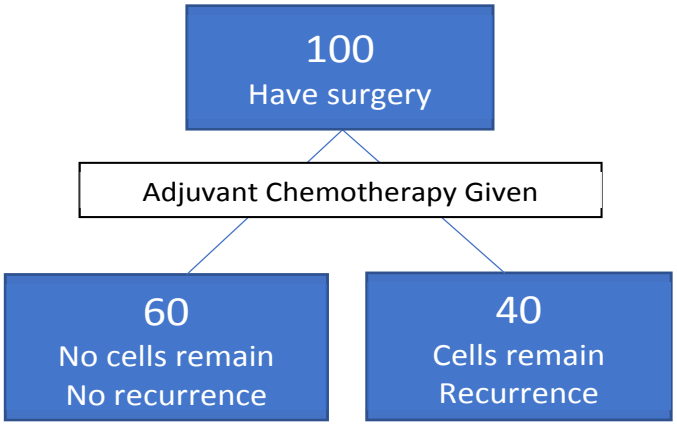
If adjuvant treatment is given, then 20 people who would have had a recurrence (and potentially could require long term chemotherapy) are cured. This adds to the 40 patients who were cured with surgery alone and did not need chemotherapy (40+20 = 60).

IF WE KNEW WHO HAS CANCER CELLS REMAINING AFTER SURGERY ADJUVANT CHEMOTHERAPY COULD BE GIVEN TO THEM ALONE



Of the 60 people who have cells remaining after surgery, 20 would be cured after adjuvant chemotherapy.

BUT WE DON'T KNOW WHO HAS CELLS REMAINING AFTER SURGERY SO ADJUVANT CHEMOTHERAPY IS GIVEN TO ALL



Adjuvant chemotherapy increases the number of people cured overall.

Does that mean you should not have adjuvant chemotherapy?

How to discuss the risk/benefits about Adjuvant Chemotherapy following Surgery by Dr Geoff Hawson - Cancer Second Opinion - Herston continued page 13

1. If we knew who was going to be cured by the surgery alone, we wouldn't need to treat them with adjuvant chemotherapy (40 people).
2. If we knew who was going to have their cancer recur and who would respond to adjuvant therapy, we would just target those individuals (20 people).
3. If we knew who was going to have their cancer recur and not respond to adjuvant treatment, we would not give them adjuvant therapy and look at treatment options when their cancer recurred (40).

Unfortunately, we do not know who will benefit and, so, most people are encouraged to have the adjuvant chemotherapy (See below for emerging information on ways to decide). Every cancer has its recurrence and cure rates and you are encouraged to discuss these issues with your oncologist.

If your cancer recurrence risk is low and you decide not to have adjuvant chemotherapy because of the side effects, it is important to understand that it may recur and at that time chemotherapy may be required. For many individuals whether or not to have adjuvant therapy comes down to how comfortable they feel with their decision and with the possibility (even if low) that their cancer may return if they decide not to have the treatment.

When adjuvant chemotherapy is used post-surgery, the number of cancer cells is often small.

Leaving treatment until a recurrence is diagnosed means that there are a large number of cells and chemotherapy treatment may not be curative.

Adjuvant chemotherapy is usually given within a particular time frame for a given cancer (on the basis of Clinical Trials). Delaying adjuvant chemotherapy can mean that it is not as effective.

If a Clinical Trial has indicated that using adjuvant chemotherapy has a particular result when given within a certain time frame, then using chemotherapy outside that time frame means we have little information on how effective the chemotherapy will be.

How to discuss the risk/benefits about Adjuvant Chemotherapy following Surgery by Dr Geoff Hawson Cancer Second Opinion - Herston

Emerging information on ways to decide

Recent research is looking at ways to determine who will not benefit from adjuvant chemotherapy.

Genomics and circulating tumour DNA, (ctDNA) may hold the answer. For some time, patients with breast cancer have been able to access (for a price) a test called OncotypeDX.

This test allows oncologists to decide who would benefit from hormone therapy alone (low score) or who would benefit from a combination of hormone therapy and chemotherapy (high score).

For the large group of patients with intermediate test scores, little was known about the best treatment.

Because we did not know, these patients usually received the default treatment of both chemotherapy and hormone therapy.

Recently published data (2018) from the TAILORx study has shown that hormone treatment alone is non-inferior (or no different) to the combination of hormone therapy and chemo therapy for patients with intermediate scores, thus allowing these patients to avoid chemotherapy.

At the moment the test is costly and it is hoped that access may eventually be provided through Medicare.

In colorectal cancer, a new trial (The DYNAMIC trial) is looking at recurrence rates for stage 2 and 3 colon cancer in those with ctDNA and those without it.

This study will help to define a group of patients with a high risk of recurrence who definitely should have adjuvant chemotherapy and those for whom chemotherapy can be omitted or the dose reduced.

This trial is recruiting in Australia and NZ.

A variation of the research is also trialling the use of ctDNA in ovarian cancer.

Links to the articles and a downloadable copy of the above is available from https://cancersecondopinion.com.au/articles

Dr Geoff Hawson

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RDMA EXECUTIVE COMMITTEE SECRETARY

Are You A Zombie?
By
Dr Mal Mohanlal continued page 15

According to the Cambridge Academic Content Dictionary, a “zombie” is defined as “someone who moves around as if unconscious and being controlled by someone else”. Another definition according to stories and movie is “a dead person brought back to life without the ability to speak or move easily”.

Now when you see the world around you today can you relate to the above definition? Can you see your own life in action? Can you see how people are rushing around doing their daily chores? You get up in the morning, have breakfast, catch a bus or train, or drive to work. When you come home in the evening, you have your dinner, put up your feet, watch TV and then go to bed.

If you are a housewife with children, you have your own routine for the day. If you are a husband, you have your own routine too. Then if you are a student, you have a different routine. No matter which role you play or what job you do there will be some routine involved.

As one can see, the world is turning us all into zombies. Do you think the educational system we have is helping us to think clearly? If you think so, I am afraid you are wrong. You do not realise that it is, in fact, conditioning us to believe in a particular way. It teaches us what to think, not how to think.

It means that if you have a good memory and regurgitate all the information they want, you will pass the exam. If you do not produce what the establishment expects from you, you fail.

Yes, even if you are a professional with lots of degrees behind your name, it does not mean you cannot be a zombie. In fact, professionals are more likely to be zombies because they are stuck in a groove of their own making. They think bureaucratic control is the way to raise standards This is a false perception. To raise standards in any profession one has to have an ethical approach. It is the only way to instil positive behaviour and attitude in the individual. How else can we develop a sense of responsibility towards our fellow beings? Bureaucracy numbs your mind, makes you insensitive, and thus turns you into a zombie.

This is because we live in a hypnotic world. Our thinking process is hypnotic. We use words and sentences to express our thoughts and feelings to communicate. But we do not realise that these words and phrases directly influence our subconscious mind. So we do not understand

Are You A Zombie?
By
Dr Mal Mohanlal continued page 16

that we are hypnotising ourselves.

If you look at the world around you, you will find everything you see or hear is hypnotic. The media including the Newspapers, TV and radio, are all trying to influence you. The computer and mobile phone industry are all hypnotic. They are out there to keep you mesmerised and entertained all day long. They are manipulating you.

In a recent newspaper report, a former Google manager has accused the company of "manipulating human nature". He said that their No.1 goal was to keep people plugged into its services. He also claimed governments around the world had given the tech industry "a free pass on regulation".

Is this not a disorder of perception? Whichever media you turn to, you must accept the fact that they are there because you want them there. You want to be informed and entertained. You allow them to exploit yourself.

Surely it is for you to decide when to switch off the TV, the Computer or the Cell Phone if it does not suit you. If you have lost that ability of decision making are you not turning into a zombie?

Again in the same newspaper, there was a report titled "We're not in control of our career, social life, or meals". It says one in five of us don't know what we'll be cooking most days. One in four said they were not on top of their careers, social lives or running a household. Two-thirds said they would be embarrassed if unexpected guests popped round as their homes are a mess. Half of the people surveyed did not plan ahead, and 40 per cent did not make any inroads on their to-do lists. Two-thirds admitted they regularly have to rewash clothes because they forget to take them out of the machine. And so the survey report goes on.

What a society we are turning into? It seems we are losing the ability to think for ourselves and nobody cares. Of course, the government is happy that you cannot think for yourself. Social welfare is the tool the government uses to make you dependent. Politicians are thus glad buying votes from you. So when people vote, they vote for the type of government they deserve, not what the country deserves.

Mental illness is a disorder of perception. It is increasing in every society in the world today because our perceptions are being distorted

Are You A Zombie?
By
Dr Mal Mohanlal

continuously. Can we depend on the government to clear up our perceptions? Can we depend on the scientists to clear up our perceptions? If you think the medical profession might help us in this direction, please think again. This profession has a duty to look after the physical and mental health of people. Yet when it comes to mental health, they cannot even clear up their own perceptions. They have their own mental health problems. How can the blind lead the blind?

In the right mind, no doctor should play politics as it is a game of distorting people's perceptions. To pursue this path is bad for mental health and is unethical behaviour. The medical profession should be independent of politics. They should expose politics. At present all they do is categorise you and prescribe medications for you.

So unless you wake up and think for yourself, can you see that the world is turning you into a zombie? Learn to understand your own mind and how you feel. Gain some insight and self-knowledge, so you know how you operate in your mind. The words you use in your mind have a powerful hypnotic effect. They have a direct impact on your subconscious mind. Learn how to manipulate the subconscious mind to make you feel better.

If you follow someone, no matter how great or wise, you will always be a follower. It is the same thing when you are travelling in a car. If you always occupy the passenger seat and let someone else drive the car, you will never learn to drive. It is only when you take the driver's seat and start driving yourself that you can learn to become an expert driver.

Awareness dehypnotises you. Read "The Enchanted Time Traveller–A Book of Self-knowledge and the Subconscious Mind" to awaken your mind.

Please become aware.

Do not turn into a zombie.

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

CLASSIFIEDS remain FREE for current members & a maximum of 3 placements & not used as advertisements. To place a classified please email: RDMAnews@gmail.com with the details.

DIRECT LIFE INSURANCE - BEWARE OF THE GIMICS

I have previously written about how expensive direct (online) personal insurance (Life, TPD, Income Protection etc) can be compared to retail or what is referred to as advised insurance. Even though the TV and online ads make their products sound cheap, the reality is that there is little to no underwriting involved, the policies are inferior to retail insurance and even the recent Royal Commission highlighted a number of flaws where policies were marketed to consumers that provide little to no benefit. ASIC has also previously released a report detailing that consumers who take out direct insurance are up to thirty times more likely to be declined on a claim than a normal retail insurance contract that is recommended by an adviser.

Earlier this year I met with a new client who had obtained direct Life insurance via their frequent flyer rewards with Qantas as they were sent marketing emails to take up the insurance. The carrot at the end was the promise of 100,000 frequent flyer points. Naturally it sounds like a good deal and being a reputable company like Qantas, you would assume that the insurance would be up to normal product standards and the premium would be competitive. On reviewing the policy, the good news for the client was that the policy was actually a normal retail contract from the fact that the insurance was actually with TAL who is one of Australia's largest insurers and the policy definitions and terms were the same as what i could recommend. However, that is where the good news ended. I did a review on a like for like basis and we could reduce the clients annual premium by $1,250 which against his existing premium was a percentage saving of 37%. Even doing a quote with TAL was cheaper than the TAL policy the client had with Qantas as the premium was obviously inflated to account for the frequent flyer points and assuming Qantas was also getting some financial benefit.

To take the comparison further, each Qantas point can normally be worth between 56c to 76c. Therefore, if we take the average of 66c, the financial benefit of 100,000 points is around $660. Hence, even in the first 12 months, the client would have still saved $590 p.a. and then $1,250 p.a. which over the next 10 years is a saving of $12,500.

Premium savings are not the only thing when it comes to insurance as product, definitions, features and tailoring the policy towards the client specific needs are more important. However, this simple comparison details the vast difference of insurance options available in the market. Not only were we able to save the client significant premium on his policy but we were also able to provide a review in regards to the level of cover and ensure the policy structure/ownership is the most tax efficient. Going forward, the client also benefits from an annual review of his policy and situation along with our team dealing with any administration needs and importantly handling any future claims. These services are not provided by Qantas being a direct insurer and they are just as important as the initial advice given considering how every ones situation can change year to year.

Another recent example was a medical client who obtained Life insurance via his credit card as it was an add on sell when the card was initially taken out. The client had been paying for this insurance over the last couple of years and believed the policy provided full cover. On review of the policy, we identified that the Life insurance only covered accident only related deaths and there was no cover in the event of death due to illness. Luckily the client had additional Term Life insurance via a retail policy but at the same time, he thought that he was properly covered and actually needed both policies to ensure all debts could be cleared plus additional lump sum funds for future spouse/children needs. The end result was that we were able to obtain new Term Life cover that provided comprehensive cover while at the same time restructuring the ownership of both policies to ensure the premium was tax deductible going forward.

The old saying "oils aint oils" is exactly the same when it comes to personal insurance as not all policies are created equal. Ensuring that you have a comprehensive retail insurance policy is vitally important at claim time which is why you pay premiums. A simple review of your policies and situation now, could make a world of difference in the future if a claim arises.
If you have any questions about the article feel free to give me a call on 07 54379900.
Article by Hayden White - Personal Risk Specialist at Poole Group Accounting & Investments PL.

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AGED CARE INQUIRY RECOMMENDS 24-HOUR REGISTERED NURSE AVAILABILITY IN RESIDENTIAL FACILITIES

A Parliamentary Committee report has accepted many of the AMA's recommendations on how to improve the care of vulnerable Australians in residential aged care facilities, including the need for more registered nurses.

AMA President, Dr Tony Bartone, who appeared before the Inquiry in May, said that the recommendations of the Report on the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia largely align with AMA policy. "It is critical that residents in aged care facilities, and the doctors visiting them, have access to appropriately trained staff at all times," Dr Bartone said.

"The AMA has been advocating for a registered nurse-to-resident ratio that aligns with the level of care need, and ensures 24-hour registered nurse availability. "The Committee has recommended that it be enshrined in law that all residential aged care facilities provide for a minimum of one registered nurse to be on-site at all times.

"This is a good first step. However, we recognise that one registered nurse will not be enough in many residential aged care facilities, which may have hundreds of frail residents. "We are pleased that the Committee has further recommended that the Government specifically monitor and report on the correlation between standards of care, including complaints and findings of elder abuse, and staffing mixes to guide further decisions in relation to staffing requirements.

"In the most recent survey of AMA members who visit patients in residential aged care, more than one in three doctors said that they plan to cut back on or completely end their visits over the next two years, citing a lack of suitably trained and experienced nurses, and inadequate Medicare patient rebates. "Our members are also concerned about the trend to replace registered and enrolled nurses with personal care attendants, who are not appropriately trained to deal with the health issues older people face.

"The Committee has acted on these concerns, recommending that the Government review the Medicare rebate for doctor visits to residential aged care facilities, and a review of the Aged Care Funding Instrument (ACFI) to ensure that it is providing adequate levels of care for the individual needs of aged care recipients.

"The AMA also notes the recommendation to improve the Community Visitors Program to ensure volunteers visiting aged care facilities are better able to respond to suspected abuse. The AMA Position Statement on Health and Care of Older People 2018 called for education and training programs on the recognition, intervention, and management of elder abuse.

"While we have a Royal Commission, the AMA still urges the Government to act as a matter of urgency in responding to the many reviews that have now been completed. We have seen too many cases of abuse and neglect to delay action any further. The need for access to appropriate quality care cannot continue to be left unaddressed."

The AMA Submission to the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia is at https://ama.com.au/submission/ama-submission-house-representatives-standing-committee-health-aged-care-and-sport-%E2%80%93. The AMA Position Statement on Resourcing Aged Care 2018 is at https://ama.com.au/position-statement/aged-care-resourcing-2018

The AMA Position Statement on Health and Care of Older People 2018 is at https://ama.com.au/position-statement/health-and-care-older-people-%E2%80%93-2018

The AMA Submission to the Department of Health's Draft Charter of Aged Care Rights is at https://ama.com.au/submission/ama-submission-department-health-%E2%80%93-draft-charter-aged-care-rights. The AMA Aged Care Survey is at https://ama.com.au/article/2017-ama-aged-care-survey. The AMA Position Statement on Health and Care of Older People 2018 is at https://ama.com.au/position-statement/health-and-care-older-people-%E2%80%93-2018

The AMA Submission to the consultation on the Terms of Reference for the Royal Commission into Aged Care Quality and Safety is at https://ama.com.au/submission/ama-submission-department-health-terms-reference-royal-commission-aged-care-quality-and

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'The Uncle We Never Knew'

20 June 2018 by Claire Hunter
https://www.awm.gov.au/articles/blog/remembering-Ivor-Whittaker

IThe 17th Infantry Brigade left Australia on 14 April 1940, arriving in Kantara, a town on the western side of the Suez Canal, in May. He gave lectures on map reading during the trip and was later injured in a head-on car crash in Libya while working as an intelligence officer for the 17th Brigade. He was reportedly taking information to a general who was captured just a few hours later.

Following his recovery, Whittaker was promoted to temporary major and seconded to the 1st Australian Corps Intelligence Section. It was during this time that he was attached to the Royal Air Force's Middle East Command Headquarters as the army's Air Intelligence Liaison Officer.

The following year he was on a reconnaissance flight in a Blenheim bomber when it went missing over the Mediterranean. Whittaker was declared missing, presumed dead, on 12 September 1941, but his body was never found, and today he is commemorated at the Alamein Memorial in Egypt.

In his will, he requested that a sum of money be used to build a skiers' retreat at Mt Buller in country Victoria. Named the Ivor Whittaker Memorial Lodge in his honour, it is run by the Ski Club of Victoria and is affectionately known as "the Whitt".

Today, visitors to the lodge are still greeted by a poem written by his friend John Armstrong in his memory.

Kick the snow off your boots as you enter,
For this is no ordinary shack,
It is built in the name of a skier who knew how to carry his pack,
With the highest ideals of the sportsman, he's gone to the ultimate crest,
Kick the snow off your boots as you enter,
By example this lodge has been blessed.

For the family, it was a particularly special tribute after a time of great uncertainty.

"I remember my mother saying the just not knowing was very hard to take," Henry said.

"He was missing, presumed dead, and I know

that was very open-ended and very uncertain …

We didn't really know what had happened to Ivor … [and] I don't know at what point they accepted that he wasn't in a prisoner of war camp.

"I think a lot of people who came back from the war didn't talk a lot, but we did talk a little bit. I guess like most families, you wish you'd asked more questions when you had the chance to… [but] we talked about him and his friends, [and] I guess over the years I've found out a bit more."

Henry's mother, Marcelle, had hoped to make the trip to Canberrra for the Last Post Ceremony commemorating his life, but couldn't due to health reasons. Instead, her son read the story to her at her nursing home in Melbourne; she couldn't have been more proud.

"Somebody commented on this occasion that [the Last Post Ceremony] was the funeral that perhaps he'd never had," Henry said.

"This man with so much promise and so much opportunity [went] away to war … and one of the things that really hit me during the service was … just to hear the age. That was a very poignant moment for me. Ivor was 31, and then in those moments, I just thought of all the things that lay ahead of him … that never would be.

The End