



Newsletter October 2020

RDMA & BLMA's Joint Newsletter

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 – October 2020
Dr Kimberley Bondeson

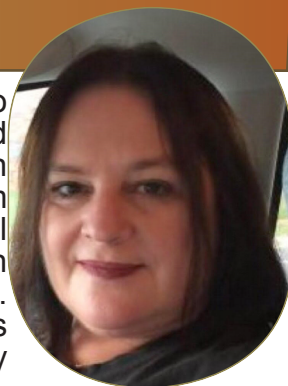
Summer is well and truly upon us. In Queensland we are blessed with beautiful weather and currently, zero active covid infections, with no community spread.

The rest of the world is still struggling with Covid 19 infections, and lockdowns. Parts of the UK are going back into lockdown, along with Spain and other countries. I have included in this article a document called "The Great Barrington Declaration" available at www.gbdclaration.org

It is written in a town called Great Barrington, in Massachusetts, USA authored by three infectious disease epidemiologists at Harvard, Stanford and Oxford Universities. I believe it is absolutely worth reading. It has 36 co-signatories at its launch, with impressive credentials. According to its website, there are today 30,000 medical practitioners, 10,600 medical and public health scientists and 535,600 concerned citizens who have signed this declaration. It bases its premise on "Focused Protection" – and discusses an approach to Covid 19 that "balances the risks and benefits of reaching herd immunity, to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protection those who are at highest risk". The declaration states that this is derived from information and better understanding of the virus. It also incorporates into its declaration the use of a vaccine, when one is available.

Whether you agree with this approach or not, this Declaration is worth reading. And are we heading in this direction anyway? Evolving with how we manage this pandemic? Not just in Australia, but other countries overseas? Other countries may not be as lucky as Australia, which has space and distance on its side. Yet we are still struggling with a lockdown in Melbourne, the closed borders,

closed businesses and so forth. I am seeing more and more distressed patients in my practice, suffering from the financial and mental stressors associated with the current restrictions. And hearing more stories from them about family and friends in other states, particularly Victoria who are suffering. As well as their families who live overseas in a variety of countries.




This declaration is well worth reading see it on page 4. There is also a video and more information online, discussing this declaration.

We are having a face to face meeting at The Golden Ox this month, and I look forward to seeing everyone.

I would like to thank everyone who made our September Zoom meeting AGM possible, and thank my team for continuing – Dr Wayne Herdy, Vice President, Dr Geoffrey Hawson, Secretary, and Dr Peter Stephenson as Treasurer, and myself, as President.

Kimberley Bondeson

Continued Page 4



**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



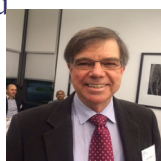
Vice President

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 November 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: The Great Barrington Declaration**

- P 05: Greater Brisbane Area Branch Councilor's Report Dr Kimberley Bondeson BLMA Meeting**
- P 06: RDMA's Next Meeting Invite**
- P 07: Election Support for Senior Active Doctor Registration Category By Associate Professor Geoffrey Hawson,**
- P 08: RDMA Meeting Minutes 30th September 20**
- P 11: RDMA Meeting Treasurers Report 30th September 20 Dr P Stephensen**
- P 12: AMAQ President & CEO Update**

- P 14: Questions in Quora (Internet) Answer By Dr Mal Mohanlal**
- P 16: Travel Article by Cheryl Ryan**

- P 17: Media: Optimistic Incentives for Rural Medical Workforce**

- P 18: MEDIA: Covid 19 Road Map Needs Redirection**

- 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.

The Great Barrington Declaration

The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

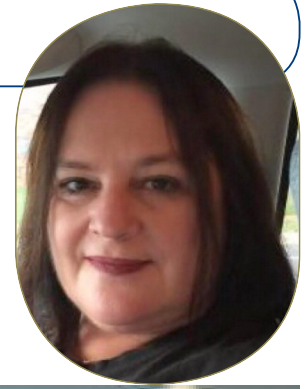
The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

On October 4, 2020, this declaration was authored and signed in Great Barrington, United States, by:

1. **Dr. Martin Kulldorff**, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.
2. **Dr. Sunetra Gupta**, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.
3. **Dr. Jay Bhattacharya**, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.



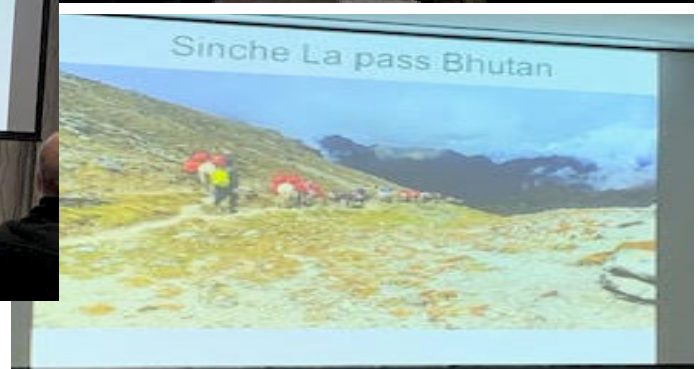
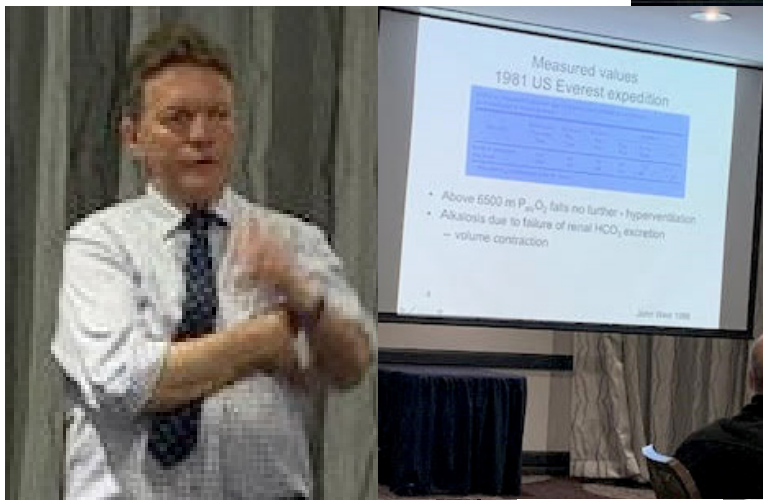
BLMA MEMBERS MEETING

TUESDAY 13TH OCTOBER 2020

The BLMA Meeting held on Tuesday night was an excellent evening, with a very informative talk on the differences between humans and migrating geese, who both are able to climb/ fly over Mount Everest without supplemental oxygen.

The talk was given by Dr Simon Bowler, Respiratory Physician.

Sincerely
Kimberley Bondeson



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.

DISCLAIMER: Views expressed by the authors or articles in the RDMA Newsletter are not necessarily those of the Association. RDMA Inc accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any actions as a result of anything publications.

NEXT MEETING DATE 27TH OCTOBER 2020

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 27th October 2020

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

Sponsors: Caboolture Private Hospital
Besins Health Care

Represented by: Lizelle Adams
John Jordan

7:40pm Speaker: Dr Archana Saraswat, Gynaecologist
Topic: Menopause: The New Perspective
Main Meal served through out presentation

8:20pm Question Time
8:30pm Dessert, Tea & Coffee served

8.40pm General Business

RSVP: By Friday 23rd October 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

Election Support for Senior Active Doctor Registration Category

Dear RDMA and BNLMA member,

As you know, RDMA and Brisbane North LMA have been very supportive of a new registration category for Senior Doctors. The State election is almost upon us and we have an opportunity to let our candidates know about this issue

A letter for candidates has been prepared and can be downloaded from the ASADA website – www.asada.net.au (You may wish to replace Dear 'candidate' with the name of the local member/candidates you are approaching).

Links are also provided for contact details of the candidates and sitting members for all Qld electorates.

If you would like to join the campaign to have our voices heard, I encourage you to download the letter,

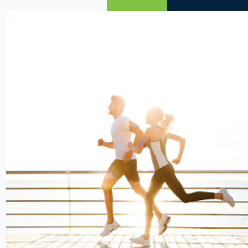
Regards
Geoff Hawson
RDMA Secretary
ASADA President
Senior Doctor Craft group representative (AMA Qld)



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

Redcliffe & District Medical Association Inc.

ABN 88 637 858 491

Email: rdma@lists.internode.on.net

Web: www.rdma.org.au

PRESIDENT	VICE PRESIDENT	SECRETARY	TREASURER	ADDRESS
Dr Kimberley Bondeson (07) 3284 9777	Dr Wayne Herdy 0418 880 068	Dr Geoff Hawson 0418 870 140	Dr Peter Stephenson (07) 3886 6889	1/10 Endeavour Blvd North Lakes

Minutes of RDMA Inc. Annual General Meeting Wednesday 30th September 2020

Zoom Meeting

7.00 pm AGM opened by current President Dr Kimberley Bondeson

2019 RDMA AGM Minutes – available on website

Approved - Dr Kimberley Bondeson

Seconded – Dr Mal Mohanlal

Presidents Report – Dr Kimberley Bondeson

- Dr Bondeson discussed the year that was, it's been a very unfortunate year for RDMA and rest of world with Covid-19 and we have missed our meetings. At least now we can use Zoom for future meetings if needed.
- Our previous July meeting was cancelled last minute (within 24 hours of meeting), the sponsor pulled out due to the increase in Covid cases. The Ox had already paid their vendors for food and would be out of pocket \$1500. Committee had a committee meeting at the Ox the night of scheduled meeting and paid the \$1500. Motion put forward that the sponsor needs to sign a document and sign a form and pay a non-refundable deposit to the Ox prior to the meeting. Agreed by members.
- Would like to go ahead with next month's meeting face to face at the Ox.
- Dr Bondeson introduced Dr Hawson to discuss ASADA and retired doctors. Dr Hawson discussed letter sent to minister asking for interview and to look at changing Section 273 this letter was signed by ASADA President and AMAQ President. Unfortunately, this process can take months before they hear from minister. ASADA also planning to send letter to LNP and Labor candidates for their feedback regarding change in section 273, the plan is to have this letter available to other LMA groups to be able to send to their own local parties.
- Dr Bondeson noted her latest article in newsletter regarding patient and other doctor's feedback/concerns in ending lockdown/open borders and changing the response to Covid-19. However, another article from Dr Chris Perry (AMAQ President) and new federal AMA president supporting the steps taken to respond to Covid-19. Dr Bondeson opened meeting for feedback.

Redcliffe & District Medical Association Inc.

ABN 88 637 858 491

Email: rdma@lists.internode.on.net

Web: www.rdma.org.au

PRESIDENT	VICE PRESIDENT	SECRETARY	TREASURER	ADDRESS
Dr Kimberley Bondeson (07) 3284 9777	Dr Wayne Herdy 0418 880 068	Dr Geoff Hawson 0418 870 140	Dr Peter Stephenson (07) 3886 6889	1/10 Endeavour Blvd North Lakes

Treasurers Report – Dr Peter Stephenson

Copy of the audit is available for all members to review

- Another great year for our RDMA newsletter, completely self-funded. Thank you to Karen the newsletter editor who did a great job.
- Membership numbers are dropping, currently 39 financial members, this is down from last year's 49, usually sitting around 60. However, we do have 9 retired doctors, one life time member and 13 doctors in training attending.
- We did reduce membership fees due to Covid
- Please note the MYOB error of trade debtors, this is a book keeping error. We have no trade debtors
- Office expenses were high this year, due to moving the website. Meeting expenses were higher too as we to paying for last month's meeting when the sponsor cancelled last minute. Donations were made to newsletter editor and meeting conveners as a thank you.
- Please thank Daniel Mohana who runs the RDMA website

Dr Stephenson proposed accepting the financial report and Dr Kimberley Bondeson seconded.

A motion to reappoint John Dixon as auditor. Proposed by Dr Peter Stephenson, second by Dr Geoff Hawson

Dr Bondeson declared that all office bearer positions were now vacant and called upon the returning officer, Anna Wozniak to present the nominations for vacant positions.

Returning Officer – Anna Wozniak

Positions vacant are: President, Vice President, Secretary and Treasurer.

Nominations for President were: Dr Kimberley Bondeson, nominated by Dr Mal Mohanlal, seconded by Dr Wayne Herdy. As there were no other nominations members took vote which led to Unanimous 'Yes'. Dr Bondeson accepted her nomination, she was elected President.

Nominations for Vice President were: Dr Wayne Herdy, nominated by Kimberley Bondeson, seconded by Dr Geoff Hawson. As there were no other nominations members took vote which led to Unanimous 'Yes'. Dr Herdy accepted his nomination, he was elected Vice President.

Nominations for Secretary were: Dr Geoffrey Hawson, nominated by Dr Kimberley Bondeson, seconded by Dr Wayne Herdy. As there were no other

Redcliffe & District Medical Association Inc.

ABN 88 637 858 491

Email: rdma@lists.internode.on.net

Web: www.rdma.org.au

PRESIDENT	VICE PRESIDENT	SECRETARY	TREASURER	ADDRESS
Dr Kimberley Bondeson (07) 3284 9777	Dr Wayne Herdy 0418 880 068	Dr Geoff Hawson 0418 870 140	Dr Peter Stephenson (07) 3886 6889	1/10 Endeavour Blvd North Lakes

nominations members took vote which led to Unanimous 'Yes'. Dr Hawson accepted his nomination he was elected Secretary.

Nominations for Treasurer were: Dr Peter Stephenson, nominated by Dr Kimberley Bondeson, seconded by Wayne Herdy. As there were no other nominations members took vote which led to Unanimous 'Yes'. Dr Stephenson accepted his nomination, he was elected Treasurer.

Any final comments from members:

- Dr Mal Mohanlal, we wish you a very successful year to the new committee members
- Dr Geoff Hawson, is it possible to have member's contributions/articles for the newsletter towards the start of the newsletter and the advertising towards the end. Concerns that people don't read the whole newsletter. Dr Bondeson commented she reads from cover to cover but something we can look in to with Karen. Can discuss in person at the next meeting.
- Dr Robert Hodge, disappointed last sponsor pulled out even when the Golden Ox have a Covid safe plan in place. Good idea to ask for a deposit. Dr Bondeson suggested writing a letter to previous sponsor regarding disappointment, agreed by members.
- Members revisited current response to Covid-19 and planned to discuss with more members at the next meeting.

8:00 pm Meeting Closed

Approved:.....Seconded:.....

Attendees of the AGM

Kimberley Bondeson
Melanie Lau
Geoff Hawson
Eugene Lim
Robert Hodge
Wayne Herdy
Mal Mohanlal
Peter Stephenson
Karen Bond
Anna Wozniak

Redcliffe & District Medical Association Inc.

ABN 88 637 858 491

Email: rdma@lists.internode.on.net

Web: www.rdma.org.au

PRESIDENT	VICE PRESIDENT	SECRETARY	TREASURER	ADDRESS
Dr Kimberley Bondeson (07) 3284 9777	Dr Wayne Herdy 0418 880 068	Dr Geoff Hawson 0418 870 140	Dr Peter Stephenson (07) 3886 6889	1/10 Endeavour Blvd North Lakes

RDMA Treasurers Report 2019-2020 year

Overview

I must start with congratulating Karen our newsletter producer on yet another year of giving us an interesting newsletter and yet again, self funding! To keep the advertising going, we must support our advertisers where we can, and keep the articles from our members coming.

The not so good news is that our membership is dropping. Last year the final tally was only 49 when we usually have well over 60. This year to date we only have 39 financial members so if you have NOT received a receipt, you are not financial. We have 9 retired members regularly attending meetings, with our one and only life member Peter Marendy. However, the good news on membership is that we had 13 doctors in training attending which is definitely up!

Membership Fee Dropping

Because of Covid, we have reduced our fees accordingly for the next financial year to \$90.00 and \$150.00 for a couple.

MYOB

As you can see from the audit, there is an amount in the trade debtors figure taken MYOB. This is a book keeping error. I used to send out invoices and many were not paid or I entered payments without looking to see whether there was an invoice. I can assure you, we have NO trade debtors!!!! Since the audit, I have reversed these trade debtors but MYOB is an unhelpful program. Now you know why I now do not send out invoices, and only just a reminder email.

Office Expenses

The office expenses were high this year because we had to move the web site. Meeting expenses were higher too as we had a sponsor back out at the last minute. Donations were presents to Karen, Anna and Amelia who really go beyond their job descriptions to keep us going.

Website and Auditor

Please thank Daniel Mehanna for looking after our web site.

I recommend we have John Dixon audit us again.

Let's hope we get back to regular face to face meetings soon.

Peter Stephenson

Treasurer.



**Dr Chris Perry
President AMA Queensland**

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



September and October have been extremely busy, with the AMA Queensland team at full throttle progressing our policy agenda, planning our workshops for incoming interns and finalising our election priorities for the upcoming State elections.

We are in challenging times as doctors. COVID 19 has placed a spotlight on our health system and shown it to be one of the best in the world. Queensland as you know has fared pretty well with COVID. However, COVID 19 has also exposed our health system's cracks.

2020 State Election 11-point healthcare action plan

As we head towards a State Election on October 31, AMA Queensland launched an 11-point action plan designed to improve working conditions for doctors as well as the delivery of healthcare to Queenslanders.

Our \$641m strategy calls for:

- \$2.5m to strengthen the role of doctors in decision-making, including hospital governance, future pandemic planning and a greater role for GPs when patients are discharged from hospital.
- \$2.35m to support doctors working in regional and rural communities with guaranteed locums, to cover all accommodation costs for doctors in rural Hospital and Health Services, and to permit access to rural hospitals for private GPs to work as VMOs.
- \$1.67m to continue improving the health and wellbeing of doctors through the successful Wellness at Work program and to change mandatory reporting laws in Queensland.
- \$313m to roll out e-health technologies in collaboration with doctors and to advocate for the continued use of telemedicine.
- \$3m to strengthen the role of primary care in managing the use of opioids.
- \$520K to provide compulsory addiction medicine training for all junior doctors.

The Action Plan also calls for \$26m to boost local pain management services and \$4m to improve the health of First Nations Queenslanders through a dedicated hospital network supported by Surgery Connect, fluoridated water and other initiatives.

In addition, AMA Queensland is calling for the next State Government to invest \$277m into creating more palliative care services across the state.

AMA Queensland has asked all political parties running in the upcoming state election to respond to our plan to enable members to make informed choices at the ballot box.

Continued Page 13

Beyond COVID-19

Other major issues we have been dealing with this month include:

- COVID has continued to dominate with much advocacy work being undertaken in regards to telehealth, impact on business viability, access to PPE, and health worker infections.
- In particular, we have been advocating firmly against pharmacy prescribing and COVID testing within retail pharmacies.
- Doctor in Training concerns regarding COVID and its impacts on the 2021 clinical year.
- AMA Queensland's opposition to the Medicare changes around ECG items has been actively supported by Federal AMA and the GP Colleges.
- Rural and regional healthcare issues.
- The VMO Committee has been activated to provide guidance on work and contract issues impacting on VMOs. Specifically, we will be fighting for VMOs to be included in

any future industrial awards, which will afford greater protections and access to dispute resolution rights.

Your feedback

If you see issues emerging in your practice or at your hospital, please do not hesitate to contact us via email at membership@amaq.com.au, via the AMAQ App 'AMA Community' or the Queensland Doctors Community (QDC) platform.

Your feedback is vitally important to ensure we know the issues you are facing and we can advocate on these and other emerging issues and voice your concerns during our regular meetings with the Minister, the Director General and the Chief Health Officer.

Dr Chris Perry, President AMA Queensland

Questions in Quora (Internet)

Answers by

Dr Mal Mohanlal

How are your thoughts and behaviour affected by the changes happening to your physical body and to your brain?

Our thoughts and behaviour are constantly affected by the changes taking place in our physical body and to our brain. It is because these changes affect our perception of reality. Perception influences our thinking and this, in turn, influences our behaviour and action.

So when you are young, the perception is that one is a superman, who can go on forever. But as time goes by, the aging of the body will force one to change that perception to appreciate the fact that one is no superman after all.

Please read my book so that you can gain some insight into your mind and realise that you can change your perception as you go along and not let time to force you to change your perceptions. We live in a world full of distorted perceptions which require changing to improve our mental health

Why is it said it's better to have loved and lost than to have never loved at all when losing that love hurts so bad?

This is one way of consoling oneself when the love that existed before is now no more. It is like the fox and the grapes. When the fox could not get the grapes, he walks away saying, "They were sour anyway". That is not a bad way of consoling oneself.

But the best way to overcome the heartbreak is to understand what love is. It is a unique feeling you would never have felt until you fell in love with that person. Yes, that person made you forget yourself and made you go beyond yourself. It opened up your heart beyond your imagination.

As such, you do not realise you how lucky you have been. You see, when you love, you never lose. You are always a winner, but when you possess you must always lose. That is the fundamental law of the mind.

Please read my book and discover how one falls in love, and one falls out of love. Discover also how to mend a broken heart. When you find out what love is, you are always a winner, not the other person.

Why does it seem so difficult to forgive? Can you really forgive and forget?

To forgive means that someone's action has hurt you and you are trying to reconcile with the negative memory and the result of that experience. To be able to forgive, therefore you need to come to terms with that past experience.

To do this, you must first stop trying to forget it. You must ask yourself what you have learnt from this experience. If you have become bitter, disappointed and resentful, it means you have not learnt anything from it. All experiences in life, the good and the bad, are there to teach us a lesson in life. They make us a better person.

Once you can appreciate this fact, your subconscious mind would have resolved this problem for you, and you would not have to forget anything. Please read my book and acquire some self-knowledge. You will find it very helpful in changing your perceptions.

Why we should not give up on people we love?

I do not think you really understand what love is.

When you give up on something or someone, it means that you are giving up on something you possess. Ask yourself, do you own someone you love?

Love is an unconditional feeling that exists, whether the person is with you or not. You never lose when you love. You are always a winner when you love. But what you possess, you must always lose because there is a feeling of loss attached to it. So how can one give up on something one never possessed?

Please read my book and clear up your perceptions. There is magic to be discovered in your mind.

What can I do to forget someone? What do I do when I know they don't belong to me?

Your perceptions need to be straightened out. If you don't, you will suffer unnecessarily.

First of all, why do you want to forget someone who has been a part of your life? He or she has given you an experience, good or bad, from which you can learn about yourself. Please do not try to forget, but learn from your experience. That is what life is all about.

Why do you want to belong to someone? You are not a property that someone can own. We are all born alone and die alone—no big deal. The main thing is to appreciate the life you have and make the best of it. Say thanks for the experience and say goodbye and good luck to everyone in the past. It is time to move on.

Do I make sense? Please read my book if you want to improve your thinking and perceptions. If you follow someone, you will always be a follower. That is the destiny you create. Visit Website: <https://theenchantedtimetraveller.com.au>

Route 66, USA

by

Cheryl Ryan

Route 66 joining Chicago and Los Angeles, once served as the major road corridors of USA.

It is considered as a paradise for cruisers, who love to venture out on open roads and experience the classic historical aspect of American history.

The road itself plays an important part in native communities and regularly features in songs, movies, and TV shows.

The 2200 miles of long road in western America stretches out to great variety of activities and takes you directly to the soul of American life, through Urban Chicago, spectacular Grand Canyon and the famous Santa Monica beach.

What Route 66 offers you?

Route 66, along the way, offers many attractions and lets you peek into the American countryside life.

- Museums – Route 66 is home to Will Rogers Memorial Museum in Claremore, Cadillac Ranch in Amarillo and Georgia O’Keeffe Museum in Santa Fe among several others. At Will Rogers Museum, indulge yourself in collection of art, telling the life story of legendary movie star, Philosopher, Columnist. The Cadillac Ranch features 10 Cadillac in a line, buried nose dip in sand. It was opened in 1974 and remains a popular tourists spot for street art fans. Georgia O’Keeffe Museum is home to more than 4000 art forms created by the renowned artist and a research center pioneering in the study of American Modernist art forms.
- Paradise for the Food Lovers – The route is lined up with numerous roadside restaurants, cafes and Bed & Breakfast motels. There are many famous diners, dating back to 1920s when original route 66 was commissioned. Clanton’s Café in Arizona, Cozy Dog Drive In, 66 Diner in Albuquerque, Dixie Truckers Home, and Summit Inn in California are some of the oldest cafés on the route offering Native American food, in the original 1930s style.
- Attractions - The road trip along pop cultural iconic Route 66 is complemented by the attractions which make the trip even better and interesting. Each stop is unique in its



own sense and has helped in keeping the appeal of the trip throughout decades. The major attractions include Chain of Rocks Bridge, Sears Tower, Route 66 Rocking Chair, Painted Desert, The Site of World’s First McDonald’s and Lowell Observatory.

- Santa Monica Beach – Santa Monica beach marks the end of splendid road trip through route 66. The beach is flocked by international tourists and surfing community as well. Santa Monica beach is lined by swaying palms, clear waters, and a lively crowd, complementing the termination of route 66. Take a walk through the beach towards Santa Monica Pier, which declares itself as “End of the Trail”.

What we have planned for you?

We have developed a detailed itinerary for your road trip so that you don’t forget to look around and miss exciting attractions

- Starting the road trip from Chicago with a visit to Sears Tower
- Taking stops along the route at roadside cafes and motels to experience American countryside lifestyle
- A visit to Cadillac Ranch and Rocking Chair of Route 66 to get a picture perfect memory
- Visit to Santa Monica, ending amazing trip and relaxing at beach in the vicinity of swaying palm trees, enjoying scenic beauty over Pacific Ocean

Book a journey today across this famous route.
www.123Travelconferences.com.au

123 TRAVEL CONFERENCE



Optimistic Incentives for Rural Medical Workforce

Medical students have applauded the Government for committing to improve infrastructure for vocational training in rural and regional Australia.

AMSA Rural Health Chair, Sarah Clark, said she is hopeful that the \$50.3 million Rural Health Multidisciplinary Training (RHMT) Federal Budget allocation will help facilities to attract and sustain medical students and doctors-in-training to join the workforce in rural and regional Australia.

“The AMSA National Survey reported that three out of four AMSA members are interested in rural practice. However, the rural specialty training bottleneck remains an obstacle to translating this motivation into spending the earlier years of our careers in rural and regional Australia”, Ms Clark says.

“Opportunities and facilities recognised by specialty colleges in rural areas are the key to retaining rural workforce. Interns and registrars undergoing specialty training in rural areas are four times more likely to continue rurally, compared to those trained in metropolitan areas.”

Ms Clark said that the Regional Training Hubs (RTHs), which sit under the RHMT, have the potential to advocate for increased specialty training pathways and connect medical students and junior doctors with these opportunities. While some RTHs do this already, there is room to improve and AMSA is excited to see this growth.

AMSA President, Daniel Zou, said the funding extension reflects constructive feedback from medical students, with AMSA recently providing a submission to the RHMT evaluation and consultation.

“AMSA believes international students should be part of the RHMT conversation. One of the five themes in the submission addresses the lack of support for international students to complete rural placement,” Mr Zou says.

Greater proportions of international students work rurally immediately after graduation. However, this group of junior doctors are only half as likely to continue working rurally after 15 years. The RHMT funding could be instrumental to bridge the gaps in services for these junior doctors to remain in the rural workforce.

“Being supported to complete rural placement and fostering an early interest in rural health improves graduates’ abilities to meet the needs of rural communities in both the short and long term. This applies to both international and domestic students,” Mr Zou says.

AMSA is the peak representative body for Australia’s 17,000 medical students, approximately one-third of whom are from a rural background.

Attachment

AMSA 2020-21 Pre-Budget Submission

<https://www.amsa.org.au/sites/amsa.org.au/files/AMSA%202020%20Pre-Budget%20Submission%20FINAL.pdf>

Media Contact:

Heness Wong, Public Relations Officer – 0415 918 110

Email: pro@amsa.org.au

Isabelle Nehme, Vice President External – 0448 090 297

Email: vpe@amsa.org.au

Head Office
42 Macquarie Street,
Barton ACT 2600

Postal Address
PO Box 6099
Kingston ACT 2604

ABN 67 079 544 513

Email info@amsa.org.au
Web www.amsa.org.au
Twitter [@yourAMSA](https://twitter.com/yourAMSA)



COVID-19 ROADMAP NEEDS REDIRECTION

AMA Federal Council Communique The Australian Medical Association is calling on National Cabinet to review its May 2020 COVID-19 Roadmap at its meeting this Friday. AMA Federal President, Dr Omar Khorshid, said that with COVID-19 successfully eliminated in many parts of the country - something that was considered unlikely when the plan was first developed - it is time to assess whether the roadmap remains fit for purpose.

"We have learnt a great deal about COVID-19 since May, with both local and overseas experience showing just how hard it is to keep infection numbers in check," Dr Khorshid said.

"We believe that a renewed roadmap is necessary to continue to support our health response, as well as guide a sustainable economic recovery."

Countries that have crushed COVID-19 have done much better from both a health perspective, as well as an economic perspective, Dr Khorshid said. "We also know that even when countries have the virus well under control, it can quickly reemerge when complacency takes hold and governments dismantle many of the restrictions on day-to-day life that had kept the virus at bay."

The most recent Federal Budget works from the optimistic assumption that future outbreaks in Australia will be localised and contained, with larger outbreaks considered a substantial risk to recovery.

It also assumes that a population-wide vaccine would be fully in place by late 2021, whereas the AMA believes we could be living with the virus for some considerable period of time. Dr Khorshid said that even taking into account a best-case scenario, the plans outlined in the May Roadmap now appear overly ambitious, with the end point of minimal restrictions leaving Australia at risk of severe outbreaks and potential lock downs.

"The recent New South Wales experience shows just how hard it is to keep COVID-19 under control, with the State taking three months to contain its most recent outbreak, despite it being caused by only a small number of infected people coming across the border from Victoria," Dr Khorshid said.

"While NSW has a highly organised and effective system of testing and contact tracing, it also relies heavily on a range of restrictions and work-from-home directives. "Had NSW moved to step 3 of the

May Roadmap with minimal restrictions, it could have quickly found itself in the same position as Victoria." Western Australia has dropped most restrictions, having eliminated the virus and is now highly reliant on border controls and quarantine arrangements. This makes it very vulnerable to an outbreak – particularly given the level of complacency that now exists in the community.

"We do not think this approach is sustainable in the long term," Dr Khorshid, a surgeon in Perth and former AMA WA President, said. "While we understand that governments want life to return to normal, this is a risky strategy.

"Instead, Australia needs to learn to live with a sensible set of restrictions for the time being, while we wait for a vaccine and/or better treatments. "Our approach needs to build resilience, which gives the community confidence that Australia remains as safe as possible and supports economic recovery."

Dr Khorshid said governments must be more honest with the community about the need for restrictions and stop sending mixed signals that fuel complacency. "In the last few weeks, we have seen the NSW community told to stay away from beaches because of crowds, the banning of small protest marches, and that it is on the verge of a Crossroads Hotel-style outbreak," Dr Khorshid said.

"At the same time, they are being told that crowds of up to 40,000 at sporting events are safe and that it is time for people to return to Sydney CBD workplaces.

"People are struggling to understand these messages or take them seriously."

The AMA's most recent communique on COVID-19 and the measures required to tackle the virus and support economic recovery is at <https://ama.com.au/article/ama-federal-council-covid-19-communicue>

19 October 2020 CONTACT:CONTACT:

Maria Hawthorne 02 6270 5478 / 0427 209 753
John Flannery 02 6270 5477 / 0419 494 761

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>

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

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 thing more—Goodbye”

Name: Athol Snook

Date: 1942

Unit: 100 Squadron RAAF

Location: New Guinea

“Don Leigh, a gunner, was little, untidy and wore badly fitting false teeth. He nearly always sported a filthy, battered topee and his shorts were too long. In civilian life he had been a radio announcer in Hobart. He had a wonderful, wicked sense of humour. I thought he was the funniest thing since Charlie Chaplin.

“Bill Young was just the opposite. Good looking, pipe smoking, he exuded an atmosphere of calm control. He even managed to look clean.

Both he and I were navigators. All of us treasured a battered portable gramophone; our greatest joy was to play a very noisy and scratchy recording of Colonel Corn. Vera Lynn brought emotional lumps to our throats and we wallowed in colourful and no doubt erotic memories of life ‘down south’. Harry Tate, with his ‘Running an Office’ sketch was the perfect ‘middle of the road’ distraction.

It neither enraged our neighbours nor reduced us to emotional wrecks.

“There were endless ways of introducing catch phrases from the sketch into the general conversation and it became a sort of bond to our friendship, rather like belonging to a secret society which has some form of ritual known only to the initiated. Others not in the know would be puzzled by odd references to ‘being back in the spring’ or that we were ‘closing the office’. The favourite, however, was to call someone back who was already some distance off and say, in a hesitating and vague way ‘Oh - eh - one thing more - goodbye’.

This had the satisfying effect of infuriating the victim. It was the last line of the sketch and we used it whenever possible. Childish? Perhaps; but it was a form of escape from the monotony and yes, the fears of those days so long ago.

“We were down at the strip when news came in that there was a Japanese naval force consisting of a cruiser and destroyers within striking distance of our planes. No one who has not

experienced the chill which strikes when you know that you are going to risk your neck within the next few hours can imagine, fully, how it feels.

Nine crews were put on immediate stand by. Aircraft were to be checked. Take off was to be just before dusk.

It started to rain. A depressing half light did nothing to brighten the atmosphere.

“Then our machine went U/S [unserviceable] with hydraulic trouble and we as a crew were withdrawn from the strike; we went to the briefing just the same, relieved to be out of what looked like being a very sticky ‘do’, yet carried along by the impetus of our near involvement.

“The Ops Room was a thatched hut, trestle tables end to end split the room in half down its length. Wall maps of the area showed the military situation.

The enemy ships’ position was almost due east of the bay. The room was crowded, it smelt of dampness, sweat and cigarette smoke. The hard light of pressure lamps seemed to intensify the late afternoon gloom. It was to be a classic torpedo attack with the planes coming in at the cruiser from three different directions.

It was simple enough - fly out in formation, find the enemy in the half dark, split up, attack and destroy. Then come home independently. All one had to do was to do it.

“The briefing came to an end.

The crews collected their belongings, nav. Bags, head-phones, survival kits.

All the paraphernalia of bomber crews.

Gradually the room cleared. My two friends moved towards the door; I stood watching. As if suddenly remembering something, Don turned.

He came a few steps towards me and with a little smile said ‘Oh - one thing more - goodbye’.

To Be Continued