RDMA
RDMA & NLMA's Joint Newsletter

Newsletter
SEPTEMBER 2015

Immigration and Immigrant Ships Moreton Bay Part II

See Where We Work & Live on pages 13 and page 20.

President's Report Dr Kimberley Bondeson

Thank you all for re-electing me as President, and congratulations to Dr Herdy, who was re-elected as Vice-President, Dr Ken Fry who, was re-elected Secretary, and Dr Peter Stevenson who was re-elected as Treasurer. I feel privileged to have the faith and support of the Redcliffe and District Local Medical Association, and the team, Dr Herdy, Dr Fry and Dr Stevenson. To the three of you, my thanks for your advice and encouragement, I feel very privileged. And please keep up with your comments, input and suggestions! And believe me, they are varied and vocal, and I thoroughly enjoy every minute of it.

One of the most challenging and interesting experiences that I had in my last year as President was the meeting that occurred with the Federal Health Minister, Susan Ley. With me were Dr Wayne Herdy and Dr Peter Stevenson, as representatives of "grass roots" General Practitioners, and RDMA. Dr Maxim Wilson was also present, as a Specialist Opinion. Dr Bob Brown and Dr Steve Hambleton were also present, as representatives of the North Side LMA, as well as Dr Shaun Rudd, the then President of AMAQ. It was my first interaction with the Minister, and I was impressed with her sensible questions and responses to our concerns. Dr Herdy presented her with a list of simple "cost cutting measures" to assist the government in cost cutting in health. This included getting rid of the authority prescription system (supported with evidence that the current authority prescription system where Doctors are required to phone through for verbal authority, did not actually result in any cost savings In the PBS), and streamlining chart prescribing in nursing homes. Whilst these simple, practice cost saving measures were acknowledged, there has been limited action in response. The overall message from all the Doctors present was to allow Doctors to bulk bill a patient and accept a co-payment at the Doctor's discretion. Sadly, there have been no outcomes to these suggestions to date.

We are at the beginning of spring. What a beautiful time of year! It is also a time for allergies: Perennial Rhinitis, the sniffles and runny eyes that go with it. Plus the common Cold and Influenza that is about.

This brings up the issue of immunisation. The government funded immunisation for influenza vaccination was late this year, and, unfortunately, did not cover one of the variants being Influenza B that is being named "the Brisbane Flu". And yes, it is around, with a large number of bouts of the common Cold. The prediction is that this will extend the flu season this year for another month.

Fortunately it has not hit the nursing homes, and hopefully they will miss out. Immunisation brings up the topic of vaccinations. It is interesting to see what is occurring with the proposed enforcement by the government on compulsory vaccination of all children in order to be eligible to enrol and attend child care. There is comment that this may encourage childcare centres for non-immunised children to spring up. I feel that this is more detrimental to the children's health and risk of infection, than having the occasional non-immunised child in a standard childcare centre where the majority of children are immunised. We will watch this space and see what evolves.

Kimberley Bondeson,RDMA President

RDMA & NLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Northside Local Medical Association

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

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RDMA 2015 MEETING DATES:

For all queries contact Margaret MacPherson
Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	24th
Wednesday	March	25th
Tuesday	April	28th
Thursday	May	28th
Tuesday	June	30th
Tuesday	July	28th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	26th
Tuesday	September	15th
Wednesday	October	28th
NETWORKING MEETING		
Friday	December	4th

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 10 September 2015
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CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	10th
2	April	14th
3	June	9th
ANNUAL GENERAL MEETING - AGM		
4	August	11th
5	October	13th
6	December	8th

Next Meeting Date 15th September 15

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: **Tuesday 15th September**

Time: 7 for 7.30pm

Venue: Renoir Room - The Ox, 330 Oxley Ave, Margate

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

Agenda:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Kimberley Bondeson - President RDMA Inc.
7.35pm	Sponsor: ICON Cancer Care
7.40pm	Speaker: Prof. Andrew Perkins Topic: Rise of the Machines: Genomics in Cancer Care
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: Margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 12th September 2015

QML Pathology.

RDMA August Meeting 26.8.2015

Chair President Dr Kimberley Bondeson introduced the Sponsor for the night Moreton Eye Group represented by (clockwise from right) Dr Graham Hay Smith and Peggy Ekeledo Smith; Speaker Dr Gurmit Uppal Topics: Novel/ Current AMD Treatments, A Window of Opportunity, Age Related Macular Degeneration. Clockwise from the right Guest Speaker Dr Gurmit Uppal with Moreton Eye Group Principals Dr Graham Hay Smith and Peggie Ekeledo Smith. Speak Presenting Dr Gurmit Uppal. Meeting Convener Mrs Margaret MacPherson and Dr Geoff Hawson.

INSIDE THIS ISSUE:

AMAQ BRANCH COUNCILLOR REPORT
North Coast Councillor Report
Dr Wayne Herdy

Plain Speaking, Domestic Violence, Illegal Immigrants and Refugees

ARE WE READY FOR PLAIN SPEAKING?

At a recent meeting, one of my regular readers came up to me and told me that he enjoys reading my column because I speak plainly and forthrightly. Apart from the fact that I was flattered that anybody actually reads my column, I was surprised that my readers see me as a plain speaker. Compared with what is going through my mind at times, I always thought that my scribblings were relatively restrained and diplomatic. And this remark had me thinking about political correctness all the way home.

I am fascinated to see that a lead contender for the American presidency, Donald Trump, is being both lauded and condemned because he advocates an end to political correctness, a disease that he believes is killing his country. I believe that Donald Trump will never achieve residency in the White House because he speaks his mind too openly (a quality that has won him many admirers, but when it comes to the crunch, I think that the voters will still prefer a leader who is more tactful) and I am open to being proven wrong next year. But I do agree with his underlying sentiment that political correctness and obeisance to minority groups is killing American society, and equally killing Australian society.

Aussies had a hard-earned reputation as a larrikin culture, but now too many of our dominant culture are so fearful of offending, so precious about internal or international condemnation for not saying what is really on their minds. Whether we are talking about mosques or same-sex marriage or illegal immigrants, Aussies should man up and use plain speaking. We should not deliberately and meaninglessly offend, and we can still deliver up to minorities what is due to them. But we should not be afraid to call a spade a dirty old shovel.

DOMESTIC VIOLENCE.

Within one week, Queensland witnessed three deaths from DV-related incidents. Hopefully this is a statistical spike rather than a trend. It has highlighted the prevalence and severity of domestic violence in the modern world. What have we come to, when we have started killing those who we are biologically designed to protect?

From my ant's-view perspective as an addiction-treating doctor, I cannot help but wonder how closely the changing pattern of DV is related to the upsurge in amphetamine use, the Ice Epidemic. Certainly past trends in DV have been closely related to alcohol, one of the drugs that notoriously inhibits frontal lobe behaviour. The National Ice Taskforce is busily examining how methylamphetamine is changing the face of our society, and DV must come within their event horizon.

As doctors, we must all be alert to the signs of DV. It is not only a general practitioner problem; indeed sometimes GPs are too close to the problem to be able to see it clearly.

ILLEGAL IMMIGRANTS AND REFUGEES.

The Syrian crisis has dominated the world news, at least in the huge problem of refugees swarming into Europe (if I can be forgiven for deliberately using the politically incorrect word swarm that landed the British PM in so much hot water). When so many people descend without preparation onto limited economies and hope to consume massive resources, the similarity to a predatory swarm cannot be overlooked.

What is critical for each country is a balance between the obligation that humans feel to care for other humans in distress and the obligation that countries have to care for the security of their own citizens. Security means not only financial security, not drawing too many resources away from public spending aimed at the indigenous taxpayers. It also means military security

Continued Page 9

AUSTRALIAN MEDICAL ASSOC PRESIDENT
Dr Chris Zappala

Member's Updates

Dear members,

Several weeks ago Medibank Private (MPL) and Calvary Healthcare reached an agreement in their contentious and ongoing contract dispute.

The contracts in question included a flawed safety and quality clause, with Medibank citing 165 "highly preventable" events they would not pay for, including infections after a hospital procedure and falls that occur while in hospital.

As if falls will ever be completely abolished?

As clinicians, we are aware that adverse events occasionally occur even with the highest standard of care. The attempts of MPL to stipulate quality controls based on flawed generalisations is divisive and mercenary, reflecting a clear indication that MPL's motivation is financial and not clinical. In this, they have the support of other health insurance funds.

Whilst we welcome an agreement between Medibank and Calvary, the decision to keep the terms of the new contract's quality clause private is one that creates uncertainty for patients, lacks transparency and sets a dangerous precedent for other negotiations between hospitals and private health insurers.

With several other insurers indicating they would follow suit in their negotiations, interests of private health insurers and hospitals remain conflicting. Transparency in how private insurance works and what they pay for is critical to the system working well.

A waning private sector influences the healthcare of everyone as the public system's burden increases.

In the Queensland public sector, Queensland Health advised earlier this year that it intends to introduce a set of Clinical Prioritisation Criteria (CPC) intended to help ensure access to transparent and equitable care.

The CPC would include criteria for referrals, outpatient treatment and intervention and would be initially introduced for specialties with the highest volume of outpatient referrals.

Whilst the CPC are clearly well-intentioned, AMA Queensland remains concerned about how it would work in practice.

At this stage, the implementation process and logistics remain unclear with the implementation by individual HHSs open to interpretation or amendment – remember HHSs are separate legal entities with self-governing boards.

AMA Queensland has expressed our concerns to Queensland Health and we commend them for their open consultation process. We share a common goal of ensuring an efficient health system for Queensland that provides patients with the best outcomes, and it is vital that any new criteria support this goal.

The relationship between referrer and hospital should not be obscured or complicated. Above all, CPC should not be used to control waiting lists or deny access.

AMA Queensland is currently drafting a position statement in regards to the CPC which will influence our advocacy work in the coming months.

We look forward to being part of the ongoing consultation process and hope to play an active role in the CPC's development.

If you have feedback or concerns about the CPC or about the role of private health insurers, I urge you to raise them with AMA Queensland via your regional councillor, craft group representative or by contacting me directly.

It is absolutely vital our work is influenced by honest and ongoing member feedback, and I encourage you to play a role in the process.

Sincerely,

Dr Chris Zappala, AMAQ President

AMAQ BRANCH COUNCILLOR REPORT
Greater Brisbane Area
Dr Kimberley Bondeson

Hospital Doctors Win, Medibank Contract Negotiations with Calvary

Has anyone noticed in the news the number of violent deaths that are occurring in the community? The recent death of a Grandmother and her 7yo grandson, by his uncle? The vicious attack on a young woman by her ex-boyfriend which resulted in her death?

The underlying cause appears to be drug related. And by this I mean the drug "ICE". It would appear that the perpetrators of many of these violent crimes are under the influence of the drug ICE.

This certainly to me, is a new danger to our society, the problem being worldwide. Many of us are affected by loved ones, family and friends, who are stuck in the vicious cycle of ICE addiction. I myself have family members who are caught in this vicious trap, and are often at a complete loss at what to do. It seems to be much more addictive and dangerous than heroin.

The addicts taking ICE become psychotic, elevated, and incredibly strong. This makes them very dangerous whilst they are under its effect. They don't need to eat, or sleep. Then they crash when they come down, and crave more of the drug.

There is a push by the AMA and by the Government to give doctors more training on how to deal with ICE addicts including how to manage them in the hospital setting, when they are acutely psychotic and General Practitioners in managing the care of these patients.

This is not just an Australian problem; this is a worldwide problem. I seriously fear that in the future, if we do not stop this vicious drug usage, we will end up in a very different world then what we have today. There is no doubt in my mind and from watching patients with ICE addiction that there are lasting effects of ICE usage on the brain – i.e. brain damage. They lose the ability to organise themselves, planning and concentration, as well as destroying social relationships.

The AMA has a position statement on Methamphetamine. It is quite complex and estimated that there is currently a five year lag between problem use and treatment. When methamphetamine users do present to doctors, it can be late in the course of their illness. Often the usage is hidden from their doctors.

The AMA is recommending that rehabilitation services initially need inpatient treatment with intensive support, and then a "step-up step-down" model.

In Australia we do not have this sort of system for treatment, rehabilitation and support. A recent Media Release by the Australian Labour Government has stated in the State of Victoria there is not a single publicly funded residential rehabilitation bed available in Australia.

Some private facilities are charging a minimum of $7,000 a month, and others charge as high as $28,000 a month. "For those pursing the most expensive private clinics, only 19 beds are available across Victoria."

Some families, are so desperate that they are looking at rehabilitation clinics in Thailand – again, these are not cheap, my latest research has shown that a one month stay in "The Cabin" in Thailand, which is run by Australians is $14,000 a month, and you still have to pay for airfares.

I am unsure what the answers are at this stage.

Kimberley Bondeson
Branch Councillor
Greater Brisbane Area

all countries are paranoid about granting entry to undercover terrorists. It also means cultural security Australians are especially sensitive to the propensity for one minority ethnic group or religion to demand superiority over the dominant culture.

Australia is accepting 13,000 refugees, which is well within our capacity to absorb without harming our economy or our society. Some say the number is too small, others are concerned that the selection process will be overly discriminatory.

But again asserting my doctor's ant's-eye view of the world, I express the view, sometimes not expressed loudly enough, that charity begins at home.

We doctors should have no objection to accepting a moderate number of genuine refugees from a war-torn world, but let's not take our eyes off the ball in our own playing field. We have thousands of homeless native-born Australians sleeping rough every night, the homeless and derelict and marginalised and, regrettably, forgotten souls who call the street their home.

By all means spend the taxpayers' dollar to provide safety and comfort to those whose lives have been destroyed through no choice of their own, but don't lose sight of those in our own back yards whose lives have been destroyed by poor choices of their own.

As always, the views herein remain those of your correspondent,

Wayne HERDY

Interesting Tidbits

NATTY MOMENTS:

1. Two blondes walk into a building ... you'd think at least one of them would have seen it.
2. 'You know, somebody actually complimented me on my driving today. They left a little note on the windscreen. It said, 'Parking Fine.' So that was nice.'
3. I went to buy some camouflage trousers the other day but I couldn't find any.
4. I went to the butchers the other day and I bet him 50 quid that he couldn't reach the meat off the top shelf. He said, 'No, the steaks are too high.'
5. A man walked into the doctors, he said, 'I've hurt my arm in several places'. The doctor said, 'Well don't go there anymore!
6. I went to a seafood disco last week and pulled a muscle.
7. Two Eskimos sitting in a kayak were chilly. They lit a fire in the craft, it sank, proving once and for all that you can't have your kayak and heat it.
8. Our ice cream man was found lying on the floor of his van covered with hundreds and thousands. Police say that he topped himself.
9. Man goes to the doctor, with a strawberry growing out of his head. Doc says 'I'll give you some cream to put on it.'
10. 'Doc I can't stop singing 'The Green, Green Grass of Home'. 'That sounds like Tom Jones syndrome.' 'Is it common?' 'It's not unusual.'
11. A man takes his Rottweiler to the vet. 'My dog is cross-eyed, is there anything you can do for him?' 'Well,' said the vet, 'let's have a look at him'. So he picks the dog up and examines his eyes, then he checks his teeth. Finally, he says, 'I'm going to have to put him down.' 'What? Because he's cross-eyed?' 'No, because he's really heavy'.
12. What do you call a fish with no eyes? A fsh.
13. So I was getting into my car, and this bloke says to me 'Can you give me a lift?' I said 'Sure, you look great, the world's your oyster, go for it.'
14. Apparently, 1 in 5 people in the world are Chinese. There are 5 people in my family, so it must be one of them. It's either my mum or my Dad, or my older brother Colin, or my younger brother Ho-Cha-Chu. But I think it's Colin.
15. Police arrested two kids yesterday, one was drinking battery acid, and the other was eating fireworks. They charged one and let the other one off.

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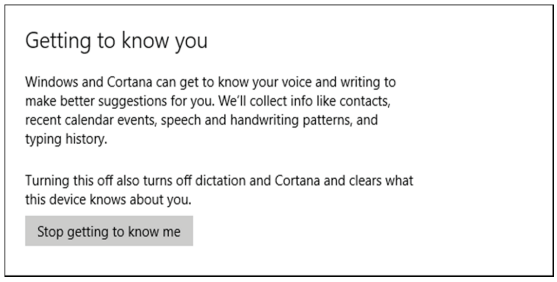
Computers & Gadgets

with Doctor Daniel Mehanna

"Windows 10 - A Step in the Right Direction"

Microsoft, once the company synonymous with the personal computing revolution has really been doing it tough in recently times. Under the "leadership" of (thankfully now removed) Steve Ballmer Microsoft lost its way. So hopelessly out of touch was Ballmer that in 2007 he famously lectured that "There's no chance that the iPhone is going to get any significant market share. No chance". While Apple and Google were revolutionising, Microsoft not only missed the boat in terms of the smart phone revolution but also managed to alienate their existing customer base by destroying their windows operating system with Windows 8.



Windows 7 was widely seen as a great operating system. Simple to use, logical and efficient. Then came Windows 8. Microsoft in their wisdom decided to get rid of the ubiquitous start menu and desktop and force hapless consumers onto a "tablet mode" that was simply unfit to be used with anything but a tablet. Most frustrating of all was that even if you were able to find the old desktop it was virtually impossible to do anything useful with it. Even something as basic as turning off the computer became an exercise in utter frustration. Not only novices but experienced PC users simply refused to upgrade. Those that did quickly learnt that the only way to use Windows 8 was to download programs such as **classic shell** in order to bring back the old start menu.

So perhaps not surprisingly Microsoft promised to make things right again with Windows 10 (they decided incidentally to miss Windows 9).
I have to admit I was really looking forward to Windows 10. Although I still use Windows 7 on my desktop, I have been using Windows 8 on my laptop for a year solely due to the fact that it came preinstalled. After tweaking it to function like Windows 7, I came to the point that I could use it happily enough.

So how does Windows 10 stack up? Well, like a lot of things in life, it depends. Compared to Windows 8 it is an improvement. Compared to Window 7, however, it's a little ho hum.

The main advantages the average user will notice are - the return of the start menu (which Windows 7 has), it boots straight into the desktop (which Windows 7 does), Cortana (which allows the user to speak to the computer like Apple's Sir) and better gaming (better graphics and Xbox integration). Some of the disadvantages include dubious privacy settings (whereby Microsoft is able to know what you are typing and also use your bandwidth to disseminate its software updates) and forced updates (whereby users are unable to decline windows updates potentially causing problems if the update is incompatible as has already happened to many).

For me though, the user interface is not consistent and feels like a compromise. There are numerous menus that are inconsistently designed and implemented. For example there are actually two settings panels – the old fashioned "control panel" with most of the settings and also the metro "settings" panel which has other settings. Also I am still not convinced the new start menu complete with tiles is an improvement on the start menu of Windows 7 (neither are millions of others who are still using **classic shell** with Windows 10). Hopefully Microsoft will address these issues over time.

To my mind, right now, Windows 10 does not offer anything over Windows 7 that I really really can't live without. Having said that, if you are curious, it is admittedly a move in the right direction and considering the price (free to those with windows 7/8) it is worth the price of admission. Remember if you do upgrade, you have a month to go back to windows 7/8 without losing your settings.
Good Luck.

MEDICAL MOTORING
WITH DOCTOR CLIVE FRASER

Safe motoring,
doctorclivefraser@hotmail.com.

"King of the Mountain, 2015 Bathurst 100"

October is the time of year for some great sporting events. There are grand finals in the NRL and the AFL, but for those who prefer motorized competition there is also the Supercheap Auto Bathurst 1000 on Sunday October 11th.

As 2016 will see the end of Australian automotive manufacturing, it will be interesting to see how the religious fundamentalism that exists amongst the supporters of Ford and Holden plays out over the next few years. But I think the Bathurst race has enough momentum to go on long after the demise of locally produced cars.

As this year's race approached I thought I'd take the 200 kilometre pilgrimage from Sydney to the Bathurst motoring Mecca. The biblical analogies are everywhere with visitors approaching Bathurst on The Great Western Highway from the east directed to the mount as you approach the town, Mount Panorama that is. A left turn at William Street takes you straight past the Charles Sturt University on to Murray's Corner and Pit Straight. At that point you are actually on the real Bathurst race track.

My instructions were to only tackle the track in an anti-clockwise direction. That was good advice because even though it is a two-way suburban road no one seems to go the other way around. Even the large number of pedestrians out for a stroll on a Sunday afternoon all seemed to be only going one way. Besides, I'd studiously watched every race from beginning to end for decades and I must have watched thousands of laps by now, all anti-clockwise. Recently re-surfaced, the bitumen is in beautiful condition and I didn't see a lot of burnt rubber on the road unlike many secluded streets near my house where hoons practise their burn-outs.

60 km/h is absolutely the speed limit for the next 6.2 kilometres as the track wanders past houses, sporting clubs and even a vineyard. For years my only view of the track has been straight ahead at anything up to 300 km/h so it was a real change to see normal suburban houses on either side. And whilst I was tackling the track in a Korean hire car there was no shortage of Mustangs, Commodores and V8 utes in hot pursuit. I couldn't help smiling as I headed up Mountain Straight behind an old Escort panel van as I watched the driver ahead of me swerve from side to side as he warmed up his tyres on the track.

Driver etiquette obliges you not to ever over-take anyone on your Sunday circuit lest the pedal goes to the metal and an impromptu race begins. As of 2014 the V8 Supercar Bathurst lap record is set at 2.07.4812 achieved by Paul Dumbrell in a VE Commodore, eight seconds faster than the fastest ever lap by a motorcycle.

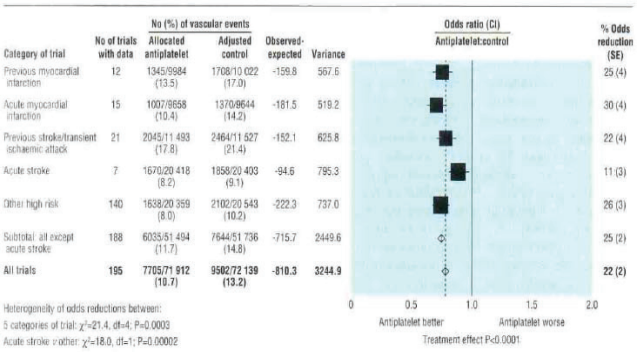
A Formula One vehicle did circuit the track in 1.48.88 in 2011, but no "car" of any description has ever come around the track in under two minutes. To do so would see an average speed of 186 km/h on the straights and around the 23 bends. My lap time was a shade under 15 minutes with plenty of time to stop and take a few photos.

Real estate fronting the track seemed quite affordable with a house on an acre worth about $600,000. Mount Panorama, Bathurst, it seemed like a nice neighbourhood. Maybe I might even move there!

Safe motoring, Doctor Clive Fraser

Asprin: Do We Still Need It? by Dr Roderick Chua, *Interventional Cardiologist & Heart Failure Specialist Cardiology Services. Qld Cardiology & Northside Cardiology Services*

Aspirin produces its antithrombotic effect by irreversibly acetylating cyclooxygenase-1 (COX-1) inhibiting platelet generation of thromboxane A2. Higher doses of Aspirin also inhibits cyclooxygenase-2 (COX-2) which then blocks prostaglandin production leading to analgesic and antipyretic effects. Inhibiting platelets decreases the incidence of coronary artery thrombosis. Aspirin appears to increase nitric oxide production and decrease pro inflammatory cytokines and C-reactive protein.



The main adverse effect of Aspirin is bleeding. Most Aspirin related bleeding happens in the gastrointestinal tract, rarely from the intracranial vessels. A meta-analysis of randomized trials has shown that with 5 years of treatment with Aspirin, there is a 1% absolute increase risk of a gastrointestinal bleed (2.47% vs 1.42%), this translates to a 1.7-2.1 x higher bleeding rate than placebo. Hemorrhagic strokes caused by Aspirin occur at around 2 strokes per 10,000. The bleeding risk for Aspirin does not defer whether lower doses or higher doses of aspirin are used. We know that the bleeding risk for Aspirin in the upper GI tract is largely negated when used with a proton pump inhibitor. Enteric coated Aspirin has also been effective in reducing the chances of erosions in the stomach but does not reduce the overall clinical end-point of GI bleeding. Enteric coated aspirin may also be less efficacious as they tend to have lower bioavailability as compared to plain Aspirin, due to its poor absorption in an alkaline environment such as the small intestine

In the secondary prevention of cardiovascular events including myocardial infarction, stroke and vascular death amongst patients who have survived an occlusive cardiovascular event, the Antithrombotic Triallist Collaboration meta-analysis of 195 randomised trials of anti platelet therapy mainly with Aspirin in a total of 135,000 patients showed that Aspirin significantly reduced the relative risk of subsequent vascular events by ~22%. It saved 36 vascular events per 1000 patients. Importantly, there was no difference in efficacy or safety between doses of 75mg to 325mg/day. Interestingly, in comparison to thienopyridines such as Clopidogrel, the latter confers slightly greater benefit. Thienopyridines were also associated with lower incidence of gastrointestinal hemorrhage and dyspepsia. In the primary prevention of cardiovascular disease, a meta-analysis in 2009 of 6 trials constituting 95,000 patients with no known vascular disease who were randomly assigned to Aspirin or placebo, showed that Aspirin significantly reduced the incidence of serious vascular events mostly attributable to a reduction in first non-fatal myocardial infarct. It did not reduce the incidence of stroke or cardiovascular death. Efficacy was similar in women and men. Primary prevention trials also showed the absolute risk for a cardiovascular event in asymptomatic individuals with no proven cardiovascular disease was <5%.

The risk vs benefit ratio when Aspirin is used in secondary prevention is clearer showing largely conclusive benefits in decreasing the incidence of myocardial infarction, stroke and cardiovascular death. The benefit of therapy of at least a 20% relative risk reduction in persons whose 10 year risk is >20% almost always exceeds the absolute risk of Aspirin treatment of 1-4% per annum of major or intracranial bleeding.

In primary prevention, the absolute risk reduction is much lower as the average absolute risk is already low to start with. Therefore a 20% relative risk reduction amounts to only an absolute 1% risk reduction over 10 years; whilst the bleeding risk remains the same for patients taking Aspirin for either secondary or primary prevention. The benefits then in primary prevention seem to only outweigh the risk when the cardiovascular event risk exceeds at least 6-10% over 10 years. The Framingham risk calculator or CT coronary artery calcium score maybe useful methods to determine patients' baseline cardiovascular risk. This can decide whether the benefits of taking Aspirin for primary prevention outweighs the risks. Surprisingly, age, gender and even diabetes per se in randomised trials do not individually significantly increase average cardiovascular risk over 10 years. These factors alone should not determine whether primary cardiovascular prophylaxis with Aspirin is warranted.

In summary, based on the available randomized clinical trials data to date, Aspirin use in secondary cardiovascular prevention is well established. Aspirin use for primary cardiovascular disease prevention in apparently healthy individuals at intermediate cardiovascular risk, should be decided upon on a case by case basis between the doctor and the patient. Aggressive treatment strategies to minimise or modify cardiovascular risk via lifestyle changes and statin therapy may further reduce cardiovascular risk without the potential hazards of regular Aspirin.

Immigration and Immigrant Ships, Moreton Bay Part II

(Read at a meeting of the Historical Society of Queensland, March 26, 1935.)

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

Since the days of the patriarchs of old the movements of families, tribes and peoples about the face of the globe have provided endless scope for fascinating research and material for the making of books. Coming to comparatively modern times, the migrations of men and women in immense numbers to the United States, to Canada, to South Africa, and to Australasia, open up just as fascinating a field for study. But over and above the vivid interest thus created, one surely must yield to the glamour of the sea and of the wonderful ships which crossed the trackless ocean wastes as instruments in transporting populations from the old world to the new.

Deck of the Artemisia, emigrants on board, by Frederick Smyth from the Illustrated London News, 12 August 1848 p 96

Most of us know something of the history of the early Australian settlements and of the causes which brought about a steady flow of immigration for the gradual building up of the colonies. Apart from the convicts, and the officials in charge of them, during the time Moreton Bay was under military rule, the first people from overseas to take up their residence on the Brisbane River were the Moravian missionaries, who came to the settlement early in 1838. Twelve of the missionaries left Hamburg, Germany, in July, 1837, crossing over to Leith, and thence going by steamer to Greenock.

There they embarked on a ship called the "Minerva" and sailed thence to Sydney, where they arrived on January 23, 1838. The "Minerva" had on board altogether 235 immigrants, and as typhus fever had broken out on the voyage, all were placed in quarantine in Port Jackson. The German missionaries came from Sydney to Moreton Bay in the schooner "Isabelle," arriving on March 20, 1838. I will not deal further here with the experiences of the missionaries after they had settled down at what became known as the German Station, and later as Nundah, as that story has been often told. Ostensibly the missionaries came to Queensland with the object of evangelising the natives of the country, and they doubtless did good work in that direction. They certainly played a notable part in the settlement and development of the district in which they originally settled, and ultimately in Southern Queensland generally.

How Immigration Started.

The development of Moreton Bay after it had become a free settlement was much retarded in its early years by the lack of suitable labour. Manual workers, shepherds, tradesmen and domestics were sorely needed by the pastoralists and by those living within the town boundaries. This demand led to the sending out of the first immigrant ship under Government auspices—the "Artemisia"— towards the end of 1848, Some of the ships in which immigrants were brought to Australia about that time were leaky, crazy old tubs which had been previously used for conveying convicts and all sorts of undesirable cargoes. No such complaint could be laid against the "Artemisia," because she was an absolutely new ship, launched at Sunderland towards the end of 1847, and was making her maiden voyage when she brought immigrants to Moreton Bay.

The "Artemisia," a ship of 558 tons, was commanded by Captain John P, Ridley, and was chartered for her outward voyage by the Colonial Land and Emigration Commissioners. She embarked her passengers at Plymouth, and left there on August 15, with 210 migrants, Dr George K. Barton accompanying her as medical superintendent.

Cooksland Settlement.

In the "Illustrated London News" of August 12, 1847, it was announced that the '"Artemisia"

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RACS EAG HARASSMENT REPORT A CATALYST FOR REMEDIAL ACTION ACROSS THE MEDICAL PROFESSION

The AMA welcomes the release today of the draft report of the Royal Australasian College of Surgeons (RACS) Expert Advisory Group (EAG) on discrimination, bullying, and sexual harassment.

AMA President, Professor Brian Owler, said the report is a catalyst for every member of the medical profession to acknowledge the unacceptable behaviour that has occurred over a long period of time, and work together to build a stronger profession with more welcoming and cooperative workplaces.

"The RACS draft report provides a sobering picture of the extent of bullying, discrimination, and sexual harassment in the surgical workforce, but the problem is much wider," Professor Owler said.

"The issue clearly cuts across the whole surgical workforce with College Fellows, trainees, and international medical graduates all reporting concerns.

"By establishing the EAG and issuing an apology, RACS is clearly taking a leadership role in tackling these issues.

"However, these issues go beyond the boundaries of surgical training, and are something the whole profession needs to confront and resolve.

"There needs to be a zero tolerance approach and close collaboration between all stakeholders - including employers, medical schools, unions, Colleges, and professional bodies - to drive the cultural changes required to stamp these problems out.

"We welcome the EAG's adoption of AMA suggestions, including the critical need to provide complainants with a safe place to come forward - free of the fear of retribution or stigma.

"The EAG report delivers some very sensible recommendations, and the AMA will continue to work with RACS and other stakeholders to ensure that we make real progress in this area," Professor Owler said.

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10 September 2015

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Its time to Spring Clean, Go Lean and Mean!

Life sure is busy in society today. If you aren't emailing, texting or talking to someone at least 30 times a day then you might just not be normal. I personally look forward to peace and quiet at some point during the day, without the constant email & phone stalking. That awkward sound of the phone drawing my attention away from what I am doing or ringing at the most inopportune moment.

Below are a list of suggestions to help both in your professional and personal lives to free up your time and money, so that instead of being caught up in useless "fluff stuff" you are making the best use of your time and life.

- Back up your devices to one central point. This will save time if you lose a device and save your sanity.
- Organise and clear your emails regularly. File the emails in folders or create a to do list of emails to clear. If you need an email reminder a useful tool is to send the email to yourself but delay the delivery (in email options) to arrive to you at a certain time.
- Have the one Calendar for work and personal, no double ups.
- Don't just delete spam emails, BLOCK and/or UNSUBSCRIBE, this way they won't ever come back.
- Facebook and Linked in can be valuable tools to connect for business but use them wisely.
- When you are working on a task, focus on that task alone, don't let a vibrating phone interrupt. This can be for work or when you are spending time with family and friends, focus your time for quality & quantity.
- Limit the games you play on your smart phone or limit the number you play. I regularly delete games or useless apps on my phone and tablet.
- Put your devices on "do not disturb" whilst you are sleeping or at work.
- Work offline so you don't get those annoying pop up emails "Mail"
- Do a cleanup of your house or office at work, at least once a year. If you haven't worn it in the last 12 months or used it in the last 5 years forget it.
- Sell useless items on Ebay or Gumtree and make yourself some money.
- Have a review performed on all of your insurances, car, house, health, life, income protection.
- Look at your super, you can't retire on it if you haven't nurtured it and made the best out of what you have. Gardens don't grow without water.
- Do a project at home or work you have been procrastinating about, paint the house or repair broken lights.
- Review your loans and credit cards with the banks. Keep them on their toes and giving you the best rates. Close unused accounts or condense your accounts down as much as possible.
- Clean out files at home, shred or scan and setup a future system.
- Move furniture around at both work and home to give these spaces a new feel.
- Do your tax returns. Setup a central area to keep all of your tax and financial records.
- Complete your Wills. May your wishes known. Look after your legacy.

If you can start to implement some of these strategies you may just free up some of your time to enjoy yourself and those around you. You may earn some money on those useless items that have been lying around for year. With this money plan and book a holiday to reward yourself.

We all constantly walk around saying "I'll do that when I get time". The only way to get the time is to actively seek it out. Do yourself a favour, have a Spring Clean of your life and declutter. Life is too short to spend it procrastinating.

Get it done and go outdoors and live! Enjoy.

Kerri Welsh, Manager Poole Group Phone 07 54379900.

Visit Madrid, Spain. The City Which Lives The Life

By Cheryl Ryan

The capital city of Spain and a financial hub for much of Southern Europe, Madrid has enchanting cultural lifestyle that attracts holidaymakers from across the globe. It boasts of artistic history, which spells bound art lovers to visit here again and again. With its beautiful historical architectural heritage of Roman culture, exotic Spanish culinary varieties, friendly people and exciting nightlife, it's an engaging and fascinating city.

Madrid is a cosmopolitan city, with modern amenities and rich artistic heritage, blended together for centuries of history. Madrid caters to everyone, with varied tastes and opens itself to everyone to discover and explore.

What Madrid has in store for you?

- Art Galleries – Madrid has art galleries, which features regularly in World's Top Art Galleries like Prado Museum, Reina Sofia Museum and Thyssen-Bornemisza Museum among others. It is recommended to take The Art Walk where you enjoy pleasant walk through amazing gardens and visit historical monuments like Cibeles and Neptuno fountains, the Bank of Spain and Puerta de Alcala.
- Palaces and Monasteries – Madrid has many ancient Palaces and Monasteries, which were once inhabited by Royal family and noble laureates. The guided tours help you unfold the mysteries behind palaces and other heritage sites.
- Nature at its best– Apart from rich architectural and cultural heritage, Madrid has 10 protected natural zones like Natural Park of the Summit, Regional Park of the Cuenca Alta del Manzanares, and Natural site of national interest of Hyedo de Montejo de la Sierra. These protected areas offer recreational and educational activities like Bird watching, far from the hustle-bustle and fast-paced city life. A must do, if you are a nature lover!
- Outdoor Activities – If your holiday revolves around getting the adrenaline rush, then Madrid has a lot to offer you with plenty of outdoor activities. Madrid is famous for its nautical sports like canoeing, skiing, sailing, rowing, rafting and windsurfing. The natural forests of Madrid offer activities like hiking & trekking, skiing and cycling.

- For the food lover in you – A holiday without good food is incomplete and if you want to satisfy your food loving soul, then head to some of the best restaurants of Madrid. Madrid boasts of world's oldest restaurant, Botin at Habsburg Madrid, known for its traditional roasted pig in wood oven. The restaurants in Madrid have evolved and made the city as the food capital of the Europe. They offer a blend of innovation and creativity in the traditional menu, showcasing infinite variety of food from every corner of Europe.

What we have planned for you?
A detailed itinerary has been developed, with all the amazing activities together to give you memories for lifetime.

- The Art Walk through the gardens and to the Museums and Exhibition centers, visiting historical monuments and savoring the centuries old rich European heritage
- Bird watching in Natural parks, listening to the melodious chirping of birds and enjoying lush green forests and varieties of biodiversity
- Nautical sports like sailing, rowing, canoeing and rafting in the San Juan reservoir
- Food walk in the old centenary restaurants of Madrid, reliving the past history and moving your taste buds in exotic cuisines from all over Spain.
- Experiencing Street life of Madrid that perfectly complements the sheer energy of city, binding the very soul of city with music and nightlife.

Book today and open the doors to discover yourself! Having just returned I can highly recommend a visit to Spain.

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3rd September 2015

AMA

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

GOVERNMENT USING MEDICARE DATA TO SET THE SCENE FOR HEALTH CUTS - AMA

AMA President, Professor Brian Owler, said today that comments from the Health Minister about the latest Medicare data suggest that the Government is setting the scene for Health budget cuts through the Medicare Benefits Schedule (MBS) Reviews, which are due to report to the Minister by the end of the year. Professor Owler said the Health Minister is being alarmist about health expenditure. "The Government is misleading the public by talking about the number of Medicare services per patient as if they are all separate visits to doctors, which is wrong," Professor Owler said. "A single visit to a doctor can result in several services being provided to the patient on the day. "Contrary to the Minister's view that the Medicare data paints a complex picture, it is really quite simple. Growth in health expenditure will always occur, as the population increases and ages.

"A first world country like Australia should embrace the fact that it can offer its citizens timely and affordable access to a full range health care services. "This is essential to a productive nation. Good health keeps people in jobs. And good health keeps people actively contributing to their communities, which contributes to a strong economy. "Rather than focusing on the number of items on the Medicare Benefits Schedule, the Government should be celebrating the positive health outcomes that the MBS delivers to the nation. "Many of the items that have recently been added to the schedule are a direct result of Government policies. "The MBS should and must reflect modern medical practice. "The medical profession is participating in the MBS Reviews that the Minister has commissioned. "The profession will take the lead identifying healthcare waste and inefficiency"

Professor Owler said that it was the AMA's understanding that the MBS Reviews were not set up as a Budget cost-cutting exercise, but the Minister's media release today contains language that suggests otherwise. "By using terms such as 'Medicare usage had continued to skyrocket' and 'the cupboard needed a good clean', the Minister has clearly indicated that the 'blueprint' for the MBS Reviews will inevitably have a focus on the budget bottom line rather than a funding mechanism for supporting good health care," Professor Owler said. "The Australian public would prefer the Government to set the strategic vision and direction for Australia's healthcare system, which in turn will guide the MBS Reviews." Professor Owler said it is wrong for the Government to claim that health funding is out of control.

"Medicare expenditure increased by 5.6 per cent in 2014-15. Over the last seven years, this is the second lowest annual increase in Medicare expenditure. Last year (2013-14), was the lowest, at 3 per cent. "The Government's Commission of Audit report stated that Medicare expenditure was expected to grow by 7.1 per cent per year until 2023-24, and continue growing. Yet the last two years have been well under that projection. "The Commonwealth Government's total health expenditure is reducing as a percentage of the total Budget. In the 2014-15 Budget, health was 16.13 per cent of the total, down from 18.09 per cent in 2006-07. "It reduced further in the 2015-16 Budget, representing only 15.97 per cent of the total Commonwealth Budget. The Reform of the Federation White Paper estimates 'that 10 per cent of patients account for around 45 per cent of MBS expenditure'. "This shows that the MBS is working as intended."

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STRONGER GENERAL PRACTICE KEY TO PRIMARY HEALTH CARE REFORM

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

The AMA Submission to the Government's Primary Health Care Review highlights the robustness of the Australian health system, particularly the crucial role of general practice, and stresses the need to build on the proven track record of general practice with significant new investment. AMA President, Professor Brian Owler, said today that the Review must focus on strengthening the parts of the system that deliver quality, accessible, and affordable care to the community, most notably general practice. "This is not the time to throw the baby out with the bathwater," Professor Owler said. "In terms of both cost and health outcomes, the Australian health system is performing very well by world standards, and general practice delivers outstanding public health outcomes from modest Government investment. "We must avoid radical change for change's sake. "Some of the potential reforms raised in the Primary Health Care Advisory Group's (PHCAG) discussion paper have been tried or are in place in other countries, and there is only very limited evidence about any significant positive impact.

"General practice in the UK, for example, has been the subject of several rounds of funding reforms, and the GP workforce in the UK is now being reported as demoralised and suffering from extreme shortages. "We do not want or need to repeat the same mistakes here. It is concerning that some of the failed UK experiments are still on the table here for PHCAG consideration. "For the Review to have genuine credibility, the Government must change its reform language – it must start talking about primary care reform as an investment, not a cost or a saving to the Budget bottom line.

"There is no doubt that extra investment in general practice will deliver long term savings to the Government, and improve the sustainability of the health system. "The Government needs to take a long term view and make this investment now, in the knowledge of savings in later years, better patient outcomes, and less pressure on our hospital system.

"Significant new investment in general practice and the urgent need to lift the current freeze on the indexation of Medicare patient rebates must be priorities for the Review, or they will be priority issues for voters at the next election," Professor Owler said. With the growing burden of chronic disease and the long term impact this will have on the health system, the AMA is encouraging the PHCAG to consider reforms that will better support these patients in accessing high quality GP-led care

While the AMA Submission promotes a number of reforms, it also emphasises that fee-for-service should remain the primary source of funding for General Practice. Professor Owler said that the fee-for-service model works well for the majority of patients in the Australian context. Fee-for-service provides patients with autonomy and choice, and access to care based on clinical need as opposed to the potential for rationed care that arises under some other funding models," Professor Owler said. "It also supports the doctor-patient relationship, with patients receiving a Medicare rebate to support them in accessing GP services." The Submission also highlights that there may be scope to go further when looking at the introduction of blended payment models, but these would need to be carefully designed, piloted, and subject to thorough evaluation.

The AMA also acknowledges the current discussion about the potential benefits of the introduction of the medical home to Australia, and supports the principles that underpin this concept. Most Australians currently have a medical home - via their usual GP or usual general practice. If the medical home approach is to be formalised, the AMA recommends appropriate:

- funding; complements fee-for-service arrangements;
- utilises voluntarily patient's usual general practice
- targets chronic disease patients
- minimal administrative burden,
- GP based led team etc.

"The AMA has put forward to the PHCAG a measured, workable plan to improve access to care for patients, particularly those with chronic disease," Professor Owler said.
"The Government has raised the expectations of the community, as well as stakeholders, and it must now deliver the significant real new investment needed to achieve genuine reform that benefits patients and communities."

8 September 2015
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Immigration and Immigrant Ships, Moreton Bay Part II

Artemisia from illustration by Frederick Smyth in the Illustrated London News, 12 August 1848

was about to leave "for the new settlement of the Moreton Bay district of New South Wales, otherwise known as Cooksland," It also was stated that theGovernment was giving free passages, including food, to New South Wales and South Australia, to agricultural labourers, shepherds, female domestics and farm servants, and dairymaids; also to a few blacksmiths, wheelwrights, carpenters, and other country mechanics," Mention was made of the fact that among those on the "Artemisia" were seven boys and two girls from the Ragged Schools in Westminster, these being the first from these schools to leave England as colonists, though it was stated that the intention was to send others subsequently.

The "Artemisia" arrived off Cape Moreton on December 13, 1848, and landed her immigrants without delay. She left again on January 5, 1849, for Sydney, and loaded wool there for London. The three ships which came out to Moreton Bay with immigrants, under the auspices of the Rev. John Dunmore Lang, followed very soon.

Arrival of "Fortitude."

The first of these was the "Fortitude," a ship of 608 tons, which arrived in Moreton Bay on January 21, 1849, after a voyage lasting 128 days. Having had some infectious disease on the way out, the ship was placed in quarantine, and all the immigrants landed on Moreton Island for the detention period. The ship had left Gravesend with 256 passengers; but during the voyage there had been eight deaths and four births. Dr Challinor was the medical superintendent and, as cabin passengers there were the Revd. Charles Stewart and Mrs Stewart, Mrs and Miss Challinor, Mr. W. Pettigrew and Master George. After the immigrants had been released from quarantine they were brought up from the bay to Brisbane by the schooner "Susan," which had to make several trips for the purpose.

The Revd. Mr. Stewart, almost immediately after his arrival in Brisbane, commenced to conduct religious services, the first of which was given in the Court House, North Brisbane. Another of the new arrivals, Mr. S. P. Welsby, started a boarding and day school at Ipswich. It is said that one of the immigrants brought out twenty tons of miscellaneous goods for sale as a speculative venture. Two of the lady passengers are said to have set up in business with hats and bonnets as their stock in trade. The "Fortitude" sailed from Moreton Bay on March 12, carrying 40 tons of local coal as ballast, bound for Hong Kong.

"Chaseley" and "Lima."

The second of Dr Lang's ships to visit Moreton Bay was the "Chaseley," of 515 tons, which arrived on May 1, 1849, with 214 immigrants from London. The "Chaseley" was said to have been chartered by Dr Lang on behalf of the Port Philip and Clarence River Colonisation Coy, Under the command of Captain Charles F. Aldrich, she made the passage out in 120 days. Her cabin passengers included Mr. and Mrs. David M'Connel and servant, Mr. and Mrs. Thomas Bowden and Miss Bowden, Dr Hobbs, Mrs, and Miss Hobbs, Revd, Thomas Kingsford (Presbyterian), Messrs, William and Frank Aldrich, It is well known to students of the early history of Moreton Bay that much dissatisfaction arose among the immigrants brought out in Dr Lang's ships as a result of the refusal of the authorities to recognise the land orders issued to them. Some evidence of this is afforded by an advertisement which appeared in the Moreton Bay "Courier" of May 19, 1849, notifying a sale of goods brought out by immigrants in the "Chaseley," "due to disappointment at not receiving the land guaranteed to them by Dr Lang."

Chasely and Lima continued next month -PIII.