



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

See Where We Work & Live
 P20.

President's Report Dr Kimberley Bondeson

The first day of spring has come and gone. The weather has been more like winter so far, than spring, with temperatures of 10-12 degrees in the am and 20 to 25 degrees during the day.

The flu season is underway, but we are still not seeing as many infections as bad as last year, which is a bonus.

I would like to thank the members for voting myself and the team in again. Sadly, Dr Larry Gahan did not re-nominate for Secretary, as he felt that as he is away travelling overseas in his retirement so frequently (lucky thing), that he is not able to contribute to the RDMA committee as much as he would like to. Dr Geoffrey Hawson has kindly stepped into the Secretary Position, and of course we have again, Dr Peter Stephenson as Treasurer, Dr Wayne Herdy as Vice-President and myself as President.

I would particularly like to thank Dr Larry Gahan for his past contributions as Secretary, with his thoughtful advice and comments. We will make sure that Dr Gahan sends us photos of his travels, so we can all enjoy them.

We have a new Prime Minister, The Honourable Scott Morrison. The Federal Health Minister has remained the same, being The Honourable Greg Hunt, which is a bonus for Health, as he is already familiar with the portfolio and has relationships with many of the key players, which include the AMA.

As far as the rest of the Liberal Party goes, it seems to be imploding upon itself. It has been fascinating to watch this unfold in the media over the last few weeks, and I am sure there is much behind the scenes which we will never become aware of that has contributed to what is happening now.

My 91 year old father rang me on the morning of the Spill, and told me we were about to get a new Prime Minister. He also predicted that there would be an election next year, and that we

would have another new Prime Minister. Will be interesting if he is correct. Only time will tell.

An update on the Health Care Homes Trial— the new data shows that this is not a success. Only 2075 HCH patients were enrolled up to mid -June, 65,000 were predicted to be enrolled, (data taken from The Medical Republic, Aug 2018).


My concerns about this trial was that it is underfunded, and is a trial for capitation payments to doctors, based on patient enrolments. The funding for this trial, is around \$110 million, and was taken from existing chronic-care MBS items. (The Medical Republic, Aug 2018).

On a lighter note, I will be attending the AMAQ Conference in New Orleans at the end of this month.

Upon my return, I will update our members on some of the fascinating topics that are on the agenda to be covered, both by our own Australia speakers, and International Speakers.



Kimberley



RDMA & NLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Northside Local Medical Association

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



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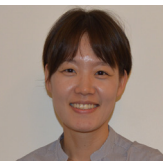
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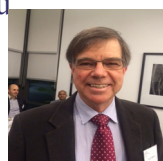
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RDMA 2018 MEETING DATES:

For all queries contact Emelia Hong Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	27th
Wednesday	March	28th
Tuesday	April	24th
Wednesday	May	30th
Tuesday	June	26th
Wednesday	July	25th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	28th
Wednesday	September	12th
Tuesday	October	30th
NETWORKING MEETING		
Friday	December	7th



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W: www.redcliffedoctorsmedicalassociation.org

NLMA 2018 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3121 4029
Email: gmcnally1@optushome.com.au

W: www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	13th
2	April	10th
3	June	12th
ANNUAL GENERAL MEETING - AGM		
4	August	14th
5	October	9th
6	December	11th OR 14th



NEXT MEETING DATE 12TH SEPTEMBER 2018

RDMA AGM Meeting for 28.08.18. Executive Committee Re-Elected. President K Bondeson, Vice President W Herdy, Secretary G Hawson, Treasurer P Stephenson.

Dr Bondeson, RDMA President Introduced the Speaker:

Speaker

1) Dr Con N Aroney, Director of Cardiology, Holy Spirit Northside Qld. Topic 1. "Prevention of Stroke in Non Vascular AF".

2. "Transcatheter Aortic Valve Implantation".

Sponsor: Bristol-Myers Squibb and Pfizer

Photos (Left to Right):

Speaker

Dr Con Aroney.

Sponsor Representatives:

Kellie Graham, Dr Aroney Speaker, Michael Van Egdon and Amanda Pleusnin.

Returning Officer:

Dr Pravin Kasan.



Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 12th of September 2018

TIME: 7pm for 7:30pm start

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

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

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsor: iNova Pharmaceuticals
7:40pm	Speaker: Dr Rakesh Malhotra Endocrinologist/ General Physician Caboolture Hospital Topic: "Science of Obesity"
8:20pm	Main Meal Served Question Time
8:40pm	Dessert, Tea & Coffee served General Meeting

RSVP: By Friday 7th of September 2018

(e) RDMA@qml.com.au or 0413 760 961

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- ▶ Non-members \$55.00

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AMAQ BRANCH COUNCILLOR REPORT

DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



MEMBERS UPDATE

There are two topics which doctors in Queensland are faced with and are debating.

One is Euthanasia and Physician Assisted Suicide. I would like to point out that this issue has been raised by the people of Australia, and that there is strong support out in the community amongst our patients to enable Euthanasia and Physician Assisted Suicide to be legalised in Australia (and Queensland).

The current AMA Position Statement is available online, and is dated 2016. It was written (rewritten) after careful consideration with the various AMA State Councillors and Members.

This was an incredibly difficult document to write, a conservative document, which protects doctors and patients. Basically it states that Medical Practitioners (Doctors) have an ethical duty to care for dying patients so that death is allowed to occur in comfort and with dignity.

It does not support doctors being involved in interventions that have as their primary intention the ending of a person's life.

It also states that the AMA acknowledges that laws in relation to euthanasia and physician assisted suicide are ultimately a matter for society and government.

The AMA position statement also states, that if governments decide that laws should be changed to allow for the practice of euthanasia and/or physician assisted suicide, that the medical profession must be involved in the development of relevant legislation, regulations and guidelines which protect all doctors and patients.

This includes doctors and patients who do not want to participate, as well as vulnerable patients who may be coerced into requesting suicide, etc.

This topic is an ongoing one, and again, I stress is being led by the people of Australia.

As Doctors, we have to listen to what our patients want, try to protect them from basic bad medicine, and alleviate pain and enable dying with dignity.

The next topic is also an extremely controversial one, Abortion Law Reform.

The response from the AMAQ to the Queensland Law Reform Commission is published online on the AMAQ website, which is where I found it.

Currently in Queensland and NSW, abortions are illegal unless a doctor decides that a pregnancy puts a women's health or life at risk.

Queensland's conservative abortion laws were written in 1899, and has had subparagraphs added to try to protect doctors who offer abortions not to be charged with a criminal act, (The Medical Republic, August 2018).

So, we live in a changing world, and as doctors, we are often put in precarious positions, by the very people who are our patients.

Trying to get it right is extremely difficult, and often controversial.

The views expressed in this article are personal views of Dr Kimberley Bondeson, and do not necessarily reflect the view of the Redcliffe and District Medical Association, or the Australia Medical Council of Queensland.

Sincerely

Kimberley Bondeson

THE VARIETY BASH by Dr Wayne Herdy

For a third year in a row, your correspondent participated in the Variety Bash.

Variety Queensland is a long-established children's charity, and the Bash is its biggest fund-raising event of the year. This year, the Bash raised \$1.3M and used the proceeds to make gifts to the disadvantaged children of Queensland.

Team 5555 have established themselves as members of the Variety family. Dr Wayne Herdy and co-driver Bernard Ballantine from Palmwoods have got the Bash routine down pat. Our car, "Goldie" is now more or less fully set up to keep appearing in future Bashes. What we never have enough of is fund-raising to meet the endless needs of the kids who are ultimately the reason for it all. Each year, we



have been grateful for the contribution that the LMA has made towards our total.

Goldie is a 1986 Mercedes Benz 300E, maybe getting harder to recognize under all the Bash paraphernalia, but nevertheless Benz to the core. As we cruise across the rough dirt roads and farmers' tracks of central Queensland, we are repeatedly reminded that the strong and reliable German marque is untroubled by adverse driving conditions. We often sail past other Bash cars that boast a lot more muscle than our modest power plant, taking advantage of the balance and stability built into our car's design. And at the end of the day our team clearly has the advantage of less driver fatigue than the lesser manufacturers. I don't have to sound like a Mercedes salesman, when the 30-year-old car is testimony to the product.

This year, the Queensland Bash had 3 Mercedes entrants. When we joined the



Victorian Bash at Charters Towers, even I was surprised to find that Victoria had entered –



ready for it ? – no fewer than 17 Mercedes Benzes.

For lovers of other luxury cars, I am sorry to inform you that there was not a single Beemer in sight. Check out the car sales websites for cars over 30 years old – lots of Benzes but very few Beemers



THE VARIETY BASH continued by Dr Wayne Herdy



or Jags or Porsches.

My favourite car this year was “Grannie”, a 1939 Bedford with an unmistakable hillbilly theme, even down to the pig (named Oinker) and the chook in a cage. The crowning glory was the corrugated iron roof.

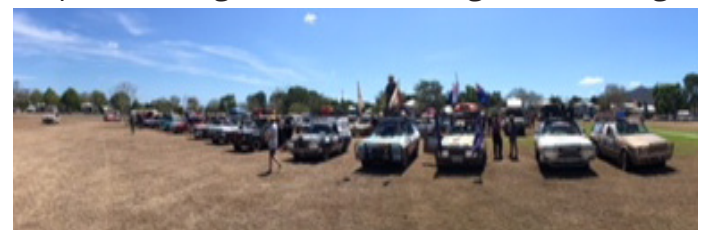


Building on last year, we continued our medical theme. Last year, our best day was the RBT (Random Breast Testing) day, with the support of Breast Screen Queensland. We are now running a public safety campaign – our Health First theme has transformed into “if Health comes First, What comes Last?” attached to the sticker with “Live safely, Drive safely”. This was not so much planned. but an accident that the



wizard costume that I sometimes wear makes me look more like the Grim Reaper.

The Bash has short stops at a succession of schools in little country towns every day. The kids there go quite manic over the funny cars, the funny costumes worn by many of the crews, and the many little gifts that we hand out at every stop. Looking back at the 10kg or so of sugar



that 5555 handed out, it is as well that we have a medical theme and not a dental theme.

Our stops in country towns are significant events both socially and economically. We are fed by contractors such as Lions or Rotary or school P&C’s and church groups. Between catering and fuel and personal expenses, each stop leaves about \$90,000 in the kitty for service clubs or other fund-raisers. Our participants seem to always buy out the local raffles, and then donate the prizes back to the organizations to be re-raffled.

Bashers always seem to have a good time, playing with their old cars in the dirt, meeting old friends from past Bashes, and just relaxing and being a little silly. But the event is the culmination of years’ worth of fund-raising in support of a worthwhile charity.





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



Mandatory Reporting laws

In August, the Council of Australian Governments (COAG) Health Council agreed to a targeted consultation process, with a very short turn around period, for amendments to mandatory reporting requirements by treating practitioners. The results of the targeted consultation process will inform a Bill to be presented to the Queensland Parliament in the near future. AMA Queensland has continually lobbied to overturn the unintended consequences of the current law that leads to doctors not seeking treatment out of fear of the consequences. In August, we met with the Department of Health's Legislative Policy representatives and pushed for changes in accordance to agreed principles at Federal AMA level.

Rural maternity health services

The issue of safe rural birthing services has been in the news lately.

AMA Queensland's position has always been of an obstetrician-led model of care in collaboration with midwives to provide the best and safest outcomes for mothers and babies. In response to media reports, AMA Queensland issued two media statements, which can be found at www.amaq.com.au.

We have appointed Past President and Obstetrician, Dr Gino Pecoraro, onto the Ministerial Rural Maternity Taskforce that will assess and review the current state of Queensland's rural and remote birthing services. We will keep members abreast of progress on this issue.

Meeting with members to discuss local issues of importance

In the coming months, AMA Queensland will be meeting with members, both locally and regionally and attending local medical association (LMA) meetings across the state. In August, Dilip met with the Toowoomba and Darling Downs LMA and the Central Queensland LMA and visits to the Sunshine Coast, Brisbane North, Fraser Coast and Cairns are all planned before year's end.

Dilip will be meeting with the Redcliffe LMA on Tuesday 30 October.

We consider the LMA meetings invaluable to understanding local issues of concern, directly from the practitioners on the ground in those areas. It also presents members with a chance to directly address the President about how they can contribute to AMA Queensland's policy and advocacy work.

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

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland

THANK YOU TO ALL THOSE WHO ATTENDED THE RACGP ACCREDITED 'BEHIND THE CLINIC DOOR' CONFERENCE

Collaboration and teamwork are key to Sports & Spinal providing quality patient care and we welcomed the opportunity to learn & discuss cases with you on the day.

Special thank you to the exceptional speakers: Dr Daevyd Rodda, Dr Stephen Byrne, Dr Peter Georgius, Dr Rob Park, Dr Siavash Es'haghi, Dr Scott Masters, Tristan White, Dr Alison Grimaldi, and our amazing staff; Briony McSwan, Laura Perry, Danielle Keogh, Andrew Duff & Sophie Stewart.

WE LOOK FORWARD TO SEEING YOU ALL AT THE 2019 CONFERENCE!



Sports & Spinal clinics can be found in: Recliffe, North Lakes, Chermiside & Woolloongabba

Interesting Tidbits **NATTY MOMENTS:**



Children Are Quick and Always Speak Their Minds!

TEACHER: Maria, go to the map and find North America .

MARIA: Here it is.

TEACHER: Correct. Now class, who discovered America ?

CLASS: Maria.

TEACHER: John, why are you doing your math multiplication on the floor?

JOHN: You told me to do it without using the tables.

TEACHER: Glenn, how do you spell 'crocodile'?

GLENN: K-R-O-K-O-D-I-A-L'

TEACHER: No, that's wrong

GLENN: Maybe it is wrong, but you asked me how I spell it. (I Love this child)

TEACHER: Donald, what is the chemical formula for water?

DONALD: H I J K L M N O.

TEACHER: What are you talking about?

DONALD: Yesterday you said it's H to O.

TEACHER: Winnie, name one important thing we have today that we didn't have ten years ago.

WINNIE: Me!

TEACHER: Glen, why do you always get so dirty?

GLEN: Well, I'm a lot closer to the ground than you are.

TEACHER: Millie, give me a sentence starting with 'I.'

MILLIE: I is...

TEACHER: No, Millie..... always say, 'I am.'

MILLIE: All right... 'I am the ninth letter of the alphabet'

TEACHER: George Washington not only chopped down his father's cherry tree, but also admitted it. Now, Louie, do you know why his father didn't punish him?

LOUIS: Because George still had the axe in his hand.....

TEACHER: Now, Simon , tell me frankly, do you say prayers before eating?

SIMON: No sir, I don't have to, my Mom is a good cook.

TEACHER: Clyde , your composition on 'My Dog' is exactly the same as your brother's.. Did you copy his? **CLYDE :** No sir, It's the same dog.

(I want to adopt this kid

TEACHER: Harold, what do you call a person who keeps on talking when people are no longer interested?

HAROLD: A teacher



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ELDER ABUSE LIKELY TO RISE WITH AGEING POPULATION
AMA Position Statement on Health and Care of Older People 2018

Elder abuse - physical, psychological, and financial abuse and neglect of older people - is likely to rise as Australia’s population ages, the AMA says in a new Position Statement.

The AMA Federal Council has formally adopted the Position Statement on *Health and Care of Older Australians 2018*, an “umbrella” statement over a suite of position statements on aged care.

AMA President, Dr Tony Bartone, said that Australia is facing an ageing population, with more chronic, complex medical conditions than ever before, which will put extra pressures on an already underfunded aged care system.

“By 2056, more than one in five Australians will be over the age of 65. Improving the health and care of older people must be a national priority,” Dr Bartone, a GP who visits residential aged care facilities in Melbourne, said today.

“Under international law, older people have a right to the highest achievable level of health, and Australia’s systems must adapt in order to uphold this human right.

“Our senior citizens have served this country well. They have contributed to the growth and prosperity that we have come to expect, and now they deserve access to good quality, long-term care in their twilight years.

“The 2017 AMA Aged Care Survey of doctors working in residential aged care facilities revealed that more than one-quarter of respondents stated that they had identified issues with elder abuse.

“While many reported that it was rare, or a long time ago, there were reports of financial abuse through family members, and neglect due to a lack of appropriately trained staff because of limited resources.

“Increasingly, residential aged care facilities are relying on lesser-trained personal care assistants instead of registered and enrolled nurses.

“As Australia’s population ages, and without resourcing for enough appropriately-trained staff, and education for carers and health workers to identify and prevent elder abuse, neglect and abuse of older people - whether accidental or intentional - is likely to increase.

“While currently there is little data on the prevalence of elder abuse in Australia, I note that there is Government funding for a national study to examine its prevalence as part of a broader National Plan to address elder abuse.

“I look forward to seeing the results when the Council of Attorneys-General receive a draft of the National Plan later this year.

“Not acting on the needs of older people compromises their basic human right of experiencing the highest achievable level of health.

“Ignoring the needs of older people means more avoidable hospitalisations and excessive costs to Australia’s health system. The Government must invest in aged care now,” Dr Bartone said.

ELDER ABUSE LIKELY TO RISE WITH AGEING POPULATION

The Position Statement calls for information, training, and support for carers at the time the person is registered for care, to reduce the risk of elder abuse, and for education and training programs on how to recognise, intervene, and manage elder abuse for all health professionals involved in the care of older people.

It also calls for health promotion programs to ward off preventable conditions earlier in life, and for age-friendly environments within society that support healthy ageing.

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

The AMA Position Statement on *Resourcing Aged Care* was released in April 2018, and is at <https://ama.com.au/position-statement/aged-care-resourcing-2018>. The AMA Aged Care Survey is at <https://ama.com.au/article/2017-ama-aged-care-survey>

This work will be supplemented by three further Position Statements, on *Innovation, Palliative Care*, and *Medical Care* for older people.

Background

- In 2016, 15 per cent (3.7 million Australians) were aged 65 and over. This is expected to grow to 22 per cent (8.7 million) by 2056.
- At June 30 2017, of people in permanent residential aged care, 31 per cent had high care needs across all three Aged Care Funding Instrument (ACFI) domains, 52 per cent had a dementia diagnosis, and 85 per cent had at least one behavioural or mental health condition diagnosis.
- At March 31 2018, there were 108,456 people waiting for an appropriate home care package, the majority of whom have high care needs.
- Of the estimated 235,000 aged care workers in 2016, 70 per cent are personal care assistants, 15 per cent are registered nurses, and 10 per cent are enrolled nurses.
- Elder abuse includes physical, psychological, sexual, emotional, material or financial abuse, neglect or abandonment, and may be intentional or unintentional.

Sources: Australian Institute of Health and Welfare, the Department of Health, Office of the Attorney-General.

6 September 2018

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Meditation and the Timeless Dimension

By
Dr Mal Mohanlal

Rene Descartes, also known as the Father of Modern Philosophy was a French philosopher and a mathematician who lived in the Seventeenth Century. He made this famous statement: "I think, therefore I am". In it he expressed a universal belief that the ego cannot exist without thinking. It implied that if one stopped thinking the ego might disappear from the mind.

This belief and fear which most people have are why the thinking process goes on and on non-stop in a person's mind. It is indeed a false perception and a delusion which I will reveal later. The ego is a great survivor and a great manipulator in the mind. It never wants to disappear from the mind. It wants to live forever. Death is an anathema to the ego. Since thinking makes the ego aware of its presence in the mind, it becomes an obsession to continue to speculate and theorize about life after death etc. Thus, we find that we have created various beliefs and philosophies in the world today to appease our subconscious mind.

But do you know that there is a timeless dimension right in front of us and most people are not even aware of it? You experience this timelessness when you move away from any man-made structures and go out into the wilderness. There you can find the stillness of nature and you become one with the timeless universe. One can feel that you are part of the universe and eternal peace. But, as soon as you start using words in your mind to describe what you see, you are snapped back into your own time zone.

Clearly, the thinking process ties the ego to time because when we think we use words and sentences in our mind. These words have a direct effect on our subconscious mind; meaning or beliefs do not matter. Our subconscious mind is constantly reacting to these words in a conditioned way in the same way as a piano key producing a certain sound. If one uses a lot of negative words, one would feel negative; if one

uses a lot of positive words one would feel positive. It is a hypnotic effect.

Let us try to understand how we create time and how we travel in time. The ego, the thinker in the mind is constantly thinking. It uses words and sentences to express its feelings not only to communicate but also to travel in time by using words like 'yesterday, today and tomorrow'. As we grow up the words using past, the present and the future tenses become ingrained in our psyche and develop conditioned reflexes in our subconscious mind. We all become expert time travellers using our imagination to go into the past and into the future, hardly standing still in the present. We become addicted to time travelling and thus become caught in the net of the time dimension of our own making.

There is, however, nothing wrong with time travelling. It is a physical measurement we have developed to advance our lifestyle, science, and civilization. The only problem is that when you use this time dimension of our own creation, we age faster than we need to, and we lose contact with reality which is the ever-present timeless dimension. It distorts our perception of reality.

Constant thinking and time travelling is a very exhausting business. When one keeps going backward and forwards in time and hardly standing still in the present, one is bound to be overwhelmed by our thinking process. Non-stop thinking becomes a habit. To counteract this effect and to still the restless mind, the clever ego has devised various techniques of meditation.

Now I am not going to go into the various systems of meditation here. They all aim to calm the mind. However, the whole purpose of any meditation should be and is to discover the timeless dimension which is all around us. Everyone experiences it from time to time but escapes from it for fear of losing contact with our own man-made time dimension.

Meditation and the Timeless Dimension

By
Dr Mal Mohanlal *continued*

Here is a simple way of understanding your mind, getting rid of those fears and eventually acquiring that peace and tranquillity that you desire. This way of meditation you may meditate anywhere and anytime. You may be sitting at a desk or walking in a garden, it does not matter.

Take in three deep breaths and relax. Look at the picture in front of you. If you are sitting in a chair with a desk in front of you, become aware of the present moment and look at all the objects sitting on the desk. Do not say any words to describe anything. You can understand what all the objects are sitting on the desk without saying a single word. Become aware of the present.

Broaden your field of vision to see the rest of the room until you can encompass the whole of the room except the back of you. Now you can see the whole room and its contents. Do not say a single word. Try to understand the picture. You will find there is an observer in your mind, the ego observing the whole room.

Note that the observer in your mind is still there; you have not disappeared from the mind, have you? You are fully alert and aware of the present with everything in it. If you keep looking at the picture without saying any words in your mind, you will notice and feel an ethereal quality and tranquillity in the room.

The habit we have acquired is to verbalize everything. Become aware of this habit. Please remember that you do not have to describe an object sitting in front you to understand what it is. With practice, you will become good looking at a picture without saying anything.

The timeless dimension is like a 3 Dimensional picture. At first sight, the 3D picture looks flat. You can only see just the

length and the breadth. But if you keep looking at it, a third dimension will appear as depth. So when the observer in your mind and what is being observed become one phenomenon, you will experience the timeless dimension. It is just as real as the time dimension of our own. Please do not be afraid. Become aware and experience the peace, tranquillity, and solitude in this state of mind. You will realize that you are part of this timeless universe and one with it.

However, once you use words you will immediately step out of this timeless zone. The only thing that separated you from that timeless dimension was your perception. There is no need to fear that you will disappear from the mind if you stopped thinking. It is a false perception. With awareness and practising meditation this way, you will soon gain more insight into your mind and appreciate the present instead of escaping from it. You will find that if you practice meditation this way trying to understand the present your mind will become like a calm sea with your thinking process only just making ripples.

I want people to discover the nature of their ego while they are alive, not after they die, by discovering and experiencing the timeless dimension. We are all part of a Universal Mind but you will not realize it until you start understanding the timeless dimension.

You will discover the truth in what I write by trying to disprove what is written.

Read "The Enchanted Time Traveller – A Book of Self-knowledge and the Subconscious Mind" and wake up your powers of perception, awareness, and insight. Visit Website: <http://theenchanted-timetraveller.com.au/>

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The Medical Journal of Australia • MJA

MEDIA RELEASE

SEPSIS RATES UNDERESTIMATED IN AUSTRALIAN ICUs

THE incidence and mortality rates of sepsis in Australian intensive care units (ICUs) are both significantly underestimated by the current database methodology, according to the authors of research published online by the *Medical Journal of Australia*.

Sepsis is conservatively estimated to cause around 6 million deaths worldwide each year, many of them preventable. Being able to make accurate estimates of population-level incidence and mortality is vital for setting patient safety standards and hospital policies.

“Accurately quantifying the incidence and disease burden of sepsis is difficult,” the authors, led by Professor Simon Finfer of the George Institute for Global Health, wrote. “As there are no definitive tissue or serological tests for sepsis, the gold standard for diagnosis is clinical identification of organ dysfunction caused by infection.

“At the population level, this would require either prospective cohort studies or retrospective medical record reviews on a scale impractical for routine disease surveillance.”

Instead, estimates of the incidence and mortality of sepsis in patients in Australian ICUs have been made by the Australian and New Zealand Intensive Care Society Centre for Outcome and Resource Evaluation (ANZICS-CORE). The accuracy of these estimates has been unknown.

The researchers therefore screened, twice daily, all patients over 18 admitted to the 60-bed ICU at Royal North Shore Hospital in Sydney for clinical diagnoses of sepsis or septic shock. The patients were also assessed with the methodology of the ANZICS CORE adult ICU patient database.

They found that “the estimated incidence of sepsis among adult ICU patients was significantly higher when based upon the reference standard — prospective clinical diagnosis — than when applying the ANZICS CORE database criteria, as was the proportion of patients with sepsis who died in hospital”. They also found that “the estimated incidence of septic shock was higher when using the ANZICS CORE methodology”.

“When compared with prospective clinical diagnosis, ANZICS CORE database criteria significantly underestimate the incidence of sepsis and overestimate the incidence of septic shock, and also result in lower estimated hospital mortality rates for each condition,” Finfer and colleagues reported.

“Calibration of methods based on [International Classification of Disease] coding and routinely collected data (such as those of ANZICS-CORE) in cohort studies similar to ours could increase the accuracy of data on the incidence and burden of sepsis, a major public health challenge and a threat to patient safety.”

World Sepsis Day, a global effort to improve awareness of sepsis and reduce resulting death and disability, is held on 13 September each year.

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

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

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Media Release
Friday 7th September

Medical students welcome RACGP move towards sustainable investments

The Australian Medical Students' Association (AMSA), the peak representative body for Australia's 17,000 medical students, welcomes the news that the Royal Australian College of General Practitioners (RACGP) is developing an [Environmental and Social Governance investment policy](#).

Two weeks ago, AMSA announced its [intention to divest from fossil fuels](#), in recognition of the health impacts of climate change and the responsibility of future doctors to minimise them. This announcement is the culmination of a long-running campaign by [AMSA Code Green](#), AMSA's climate change and health advocacy project.

Georgia Behrens, one of the AMSA Code Green Project Coordinators, said: "It is encouraging to see RACGP become another leader in the divestment movement within the healthcare sector of Australia.

"Health organisations in Australia must do all that they can to mitigate the impact of climate change, the biggest global health threat of this century. This is why AMSA has committed to divesting from fossil fuels."

The Royal Australasian College of Physicians (RACP), the AMA, and AMSA are amongst a growing number of organisations to recognise the harms of climate change on the health of humans and the environment.

RACP announced its decision to divest from fossil fuels in 2015. The AMA formalised its Guidelines on Ethical Investing in 2015, noting that it should not invest in companies whose products, services, or practices cause unacceptable environmental damage.

A consensus on the health impacts of climate change amongst professional leaders is key to moving the medical field towards a more sustainable future, and preparing doctors for new challenges in healthcare caused by climate change.

"As future doctors of Australia, we are encouraged to know that our present-day colleagues stand with us in actively taking measures to invest in a healthy future for all," Ms Behrens said.

"It is time for all health organisations in Australia to make the same commitment."

AMSA President Alex Farrell said: "These commitments are the first step. Divesting from fossil fuels is an important move for medical students. We can see the disastrous impact that climate change will have on the health of our future patients, and feel a responsibility to be part of the solution."

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EGYPT

by Cheryl Ryan

Home to one of the most marvellous historic monuments on the planet, Egypt is a land of fascination.

Situated in the North African region, this country offers an unforgettable travel destination. Egypt offers an eclectic mix of modern and ancient era, and many would believe that there are two Egypts in many ways.

On one hand, you will find medieval Egypt that consists of bazaars, noseless Sphinxes, and the exotic Agatha Christie-era beauty.

On the other hand there is the urban Egypt that houses modern hotels and resorts serving a variety of interests and activities to sun-bathers and adventure junkies.

Apart from the natural and manmade structural marvels, Egypt is best known for its hospitable and humble people. If you are bargaining at the local market or strolling down a remote village, you can get a taste of country's character and soul.

Egypt – More than the Nile and Giza

Unlike shown in movies, Egypt is not just about the pyramids of the Giza or tribes settled along the river Nile. From world-class dining to desert adventures and scuba diving, there is a lot more you can do in Egypt than visit the tombs of the pharaohs.

What have we planned for you?

Check out the specially created itinerary, which promises to bring you the best experiences in Egypt:

- Visit the pyramids of the Giza –



the last remaining wonder of the ancient world.

- Visit the tombs of pharaohs in the Valley of the Kings.
- Go shopping at the Khan el-Khalili – the biggest marketplace of Cairo.
- Revisit history at the Luxor Museum and learn more about Egyptian history.
- Explore the abode of the King of Egypt in the Montaza Palace.
- Visit the sacred lands of Mount Sinai, where Moses received the Ten Commandments.
- Learn the process of turning the deceased into mummies in the Mummification Museum.
- Take a tour of the Nile and witness various ancient cities situated along its banks.
- Visit the Ras Mohammad National Park, and go diving with over 1000 species of fishes in the Red Sea.
- Visit the burial place of Egyptian courtiers and royals at Saqqara.
- Take a dip in the Cleopatra's Baths, or offer prayer at the Temple of the Oracle Amun at the Siwa Oasis

Be prepared for an adventure of a lifetime as you experience ancient and modern intricacies of Egypt!

www.123Travelconferences.com.au



Preserving the Family Wealth

When making decisions on how to structure finances the estate planning considerations are important to consider.

Review your Will

Your Will provides instructions on how to distribute assets that fall into your estate.

Before making changes to your assets it is important to review your Will to ensure the changes do not create unintended consequences.

You should review:

- The terms of your Will and how your estate will be distributed (including the refunded accommodation deposit (RAD) see below)
- Who is nominated as your executor

You may also wish to consider whether to change the terms of your Will and/or ownership of assets to pass assets onto your children rather than to your spouse. This may help to minimise any impact on your spouse's age pension benefits, taxation and/or aged care fees but it is first important to ensure your spouse will have sufficient resources to meet their ongoing needs. This can be discussed with your legal adviser and we can provide further advice on the financial implications to you & your legal adviser.

Any changes to your Will should be made with advice from a lawyer or legal professional.

What is included in your estate

Your estate includes assets that you own at the time of your death, with the following exceptions:

- Assets owned jointly as joint tenants – ownership passes to surviving owner(s) eg Family home.
- Superannuation investments (both accumulation and pension phase) – may be paid directly to a beneficiary instead of your estate
- Insurance policies (including annuities) that have nominated a beneficiary – paid directly to that beneficiary
- Assets held in a discretionary trust – assets remain in the trust.

Your Will does not control the distribution of these assets as listed above.

However, your Will should take into account how to distribute any superannuation investments you have in case the beneficiary payment is left to your estate.

Keeping in touch and discussing these issues with your Solicitor and your Accountant is really important and will save emotional and financial issues upon your death.

If you have any questions please feel free to call our office. 07 54379900.



AMA WELCOMES RE-APPOINTMENT OF HEALTH MINISTER GREG HUNT

AMA President, Dr Tony Bartone, said today that the AMA is pleased that Greg Hunt has been re-appointed Minister for Health.

Dr Bartone said that the health portfolio is broad and complex, and it takes time for Ministers to get fully across all the issues and get acquainted with all the stakeholders.

“Greg Hunt has been a very consultative Minister who has displayed great knowledge and understanding of health policy and the core elements of the health system,” Dr Bartone said.

“In his time as Minister, he has presided over the gradual lifting of the Medicare freeze and the major reviews of the Medicare Benefits Schedule (MBS) and the private health insurance (PHI).

“And he has acknowledged that major reform and investment is needed in general practice.

“These are all complex matters that would have been challenging for a new Minister.

“It takes months for new Ministers to gain command of the depth and breadth of the Health portfolio.

“With an election due in the first half of 2019, new Prime Minister Scott Morrison has made the right call in leaving Health in the safe hands of Greg Hunt.

“A fourth Health Minister in five years would have undermined the priority that Australians place on good health

policy,” Dr Bartone said.

Dr Bartone said that the AMA looked forward to continuing its strong working relationship with the Minister for Senior Australians and Aged Care, Ken Wyatt, who is also Minister for Indigenous Health.

The AMA has been advised that Senator Bridget McKenzie will retain Rural Health as part of her Regional Services, Sport, Local Government, and Decentralisation portfolio.

27 August 2018

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Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educational 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.

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Where We Work and Live

'The Uncle We Never Knew'

20 June 2018 by Claire Hunter

<https://www.awm.gov.au/articles/blog/remembering-Ivor-Whittaker>

Ivor Whittaker was on a reconnaissance flight when it went missing over the Mediterranean.

More than 75 years after her older brother disappeared while gathering intelligence during the Second World War, Marcelle Price's family gathered at the Australian War Memorial in Canberra to attend a Last Post Ceremony commemorating his service and sacrifice.

For Marcelle, who turned 100 this year, it was a particularly special moment to know that her beloved brother, Ivor Whittaker, was being remembered at the Memorial.

In September 1941, Ivor was on a reconnaissance flight that went missing over the Mediterranean. He was declared missing, presumed dead, but his body was never found.

The news was a devastating blow for the family, who continued to hold out hope that he would be found alive. "It must have been devastating when Ivor went off to war," Marcelle's daughter Jocelyn Henry said after the ceremony. "It was a very close family ... [and] they were very proud of him, but I remember them saying for a long time it was very hard not knowing what had happened to him."

Jocelyn never met her uncle, but she grew up hearing stories about him from her mother and her grandparents. "One of my brothers referred to him as the uncle we never knew," she said. "But I think all of us felt that he'd been quite a role model for us."

Ivor Whittaker was born on 14 August 1910 in Brunswick, Victoria, to Robert and Muriel Whittaker. He had two younger sisters – Shirley, who was born when he was four years old, and Marcelle, who was born when he was seven – and was educated at Scotch College and Melbourne University.

"Everything he turned his hand to he did very well," Jocelyn said. "He was a prefect, school captain, school pianist, captain of rowing and the football team, and was dux of mathematics."

He was also a noted skier, representing Victoria and becoming a founding member and president of the University Ski Club. In 1931 he won the prestigious Silver K trophy in Switzerland. In

line with his passion for skiing, Whittaker was an expert accordion player, performing a range of Swiss and Austrian skiing songs at ski lodges in the evenings.

"He was very sociable," Henry said. "He played his squeezebox, as they called it, and being able to play by ear he would have been in demand to play the piano."

Whittaker began his military career with the Scotch College Cadet Corps and joined the Melbourne University Rifles while studying commerce. He even served as a guest officer in an English regiment on Salisbury Plain during an overseas visit.

By the age of 25, he was secretary of the family business, Whittaker Clothing, and had visited clothes manufacturers as far away as New York and London to study their practices.

His sister Shirley, who was a promising tennis player, died in June 1939 after suffering a long illness.

When war broke out in Europe a few months later, Whittaker was one of the first to join up, enlisting in the Second Australian Imperial Force in October 1939. He was given the enlistment number VX24 and was appointed as an intelligence officer with the 17th Infantry Brigade, part of the 6th Division.

After attending Staff and Command School in Sydney throughout December, Captain Whittaker became engaged to his sweetheart Margaret Symons before joining his unit at Puckapunyal in Victoria in February 1940.



Continued next month.