

CANBERRA Doctor

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Issue 3, 2020 | Canberra Doctor is proudly brought to you by the AMA (ACT) Limited. Circulation: 1,900 in ACT & region

Why make big promises on health if you can't keep them?

BY DR ANTONIO DI DIO, AMA (ACT) PRESIDENT

Four years ago, during the 2016 election campaign, the Canberra Liberals and ACT Labor were each spruiking competing plans for a new hospital to replace large parts of the Canberra Hospital. The Canberra Liberals promised a new hospital by 2019, while ACT Labor proposed their new hospital would be open by 2022. Promises rained like a Melbourne Test match.

At the time, the AMA ACT president, Professor Steve Robson, said he preferred the Liberals' plan as ACT Labor's proposal was on a much longer timeline and there was a "rapidly closing window of opportunity to move forward with the Canberra Hospital expansion, before the existing facilities would be overwhelmed."

Fast forward to 2020, and those concerns seem all too real.

Either way, I have a sneaking feeling that, even if the Canberra Liberals had won the last election, we could still be in a similar position today – waiting for a new hospital to open. Such are the vagaries of election promises for big-ticket items. Costs blow out,

people get nervous, other priorities fly in – some excuses are acceptable, and others not. I'm coming up to five years of being much involved with ACT Health, and in that time have developed admiration and respect for our many of our Health leaders – but there is much in this campaign that we as a community must ask of them, and demand answers to those questions.

The fact is, our healthcare system is incredibly complex and spans the range from major public hospitals to general practice and allied health workers through to the compassionate touch of a loved one or carer. It can be incredibly daunting for

patients and their families, and it can be incredibly rewarding for the people who work in it.

So, what is it about Canberra that makes our local healthcare system the subject of both criticism and praise, and what can we do about it? To start to work towards an answer, the AMA ACT believes we need to: firstly, find out what's really happening with the way we fund our public hospitals, secondly, work towards better integration of our local healthcare system, and thirdly, look after each other and focus on mental health.

ACT public hospitals

For many years now, the AMA Public Hospital Report Card has



AMA (ACT) President Dr Antonio Di Dio (photo courtesy Canberra Times).

shown our ACT public hospitals to be falling behind the rest of the country in waiting times for both emergency department treatment and elective surgery.

The question is: why are we seeing this underperformance from our public hospitals?

Continued page 2...

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Big promises on health... *continued*

...from page 1

Former ACT chief minister Jon Stanhope and ex-ACT Treasury official Dr Khalid Ahmed believe a significant part of the answer lies in the special characteristics of the ACT public healthcare system, and a consequent unwillingness by government to properly fund our public hospitals.

Stanhope and Ahmed claim that the main factors contributing to the relatively high cost of the ACT public hospital system are the small scale of the local operations and the cross-border patient flows from NSW.

While this makes sense for those of us who live and practice in the ACT, their research explained how these factors lead to the need for relatively higher funding than other, larger jurisdictions. Tellingly, ACT Labor has not responded to Stanhope and Ahmed, while the Canberra Liberals have remained likewise silent.

Our community deserves a response from both major political parties because, if Stanhope and

Ahmed are right, whichever party forms government after the October election will be faced with deteriorating public hospital performance and further delays in waiting times for emergency department services, elective surgery and outpatient appointments.

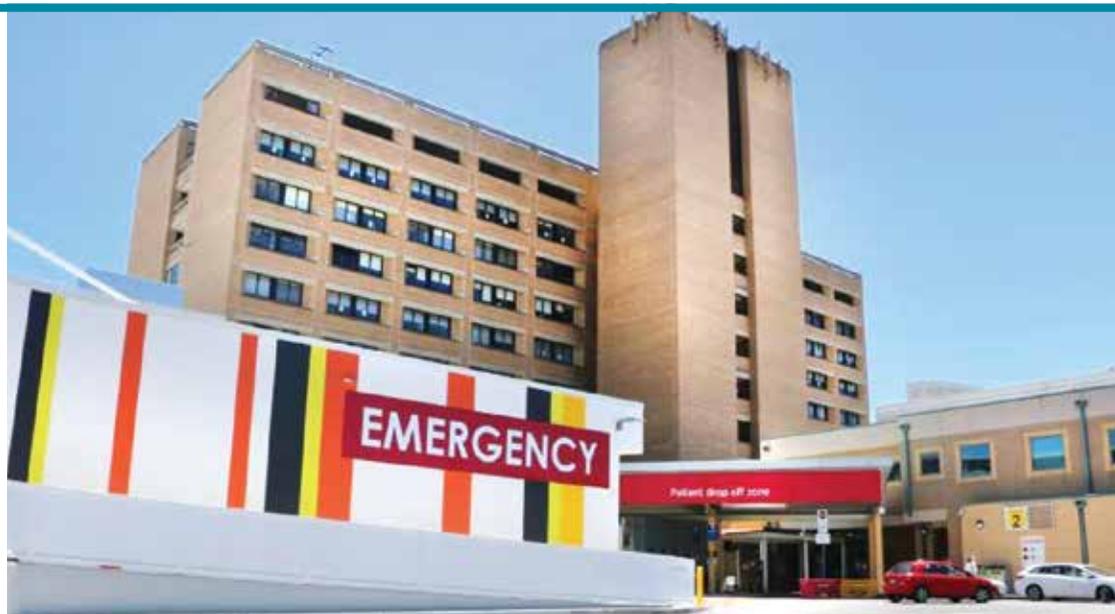
I challenge both major parties to tell us where they stand on this issue.

Better care

While it's important we get a better understanding of why our public hospitals are underperforming, we also need to focus on improving the way we deliver care. For some time, we've known that if we can better integrate care across our health system – from public hospitals, to general practices and on to allied and other healthcare services – better outcomes can be achieved for our patients.

In other words, patient-focused, GP-led integrated care.

We know it's a challenge to bring the various parts of the healthcare system closer together and



get them working in harmony – particularly during a time of COVID-19. But that's where the big gains lie. ACT Health knows this, as does Canberra Health Services, as well as our local primary care network. GPs know it and, most importantly, so do our patients.

This is also why ACT Labor's recent announcement of five new walk-in centres was so disappointing to me. At a time when we all should be working towards better integration of care, the new walk-in centres, where people are seen on a one-off or very short-term basis, carry with them the risk of further splintering that care. Instead of encouraging all Canberrans to have a GP and see them regularly, \$30 million annually will be spent on running the new walk-in centres. It is vital as well to ensure that such walk-in centres, if co-located in a general practice, are done so with probity and transparent expenditure of public money in an open tender process – not, as has been announced, in partnership with one particular practice without opportunity for a competitive process.

I'm an optimist, and I believe it's not too late to persuade Chief Minister Andrew Barr and Health Minister Rachel Stephen-Smith to change their minds and come on board to ensure we push forward with patient-focused, GP-led integrated care for our Canberra community. In fact, whoever forms the next government will continue to hear from me on this crucial issue.

Mental health

It might surprise you to know that about 80 per cent of all mental health issues are dealt with in general practice. Psychologists, psychiatrists and public hospital mental health facilities are a crucial part of the puzzle, but anyone with a loved family member going through a mental health issue is all too aware that the management is either with the GP and, if escalated and referred to specialists or hospital, is inevitably returned back to that GP, with complex requests for follow-up.

Thus mental health care needs to be co-ordinated back by that GP, often over decades of ongoing

clinical care, with ongoing support and prevention. General practice, long-term and longitudinal, is the key to co-ordination of acute and chronic specialised input in a complex system, where patients need a central support. We have a network of 92 general practices in this town, and the majority of Canberrans see a highly trained, experienced clinician in their GP regularly. That highly skilled workforce does the mental health heavy lifting here and everywhere else in Australia, and the best way to ensure better mental health outcomes is to support those GPs to do what they do in the pre-existing network they have.

Our new COVID-19 world means that we will never look at healthcare in the same way again. But it also gives us an opportunity to look at the way we do things and how we can do them better. This is the challenge for all of us in building a healthier Canberra community.

This opinion piece first appeared in *The Canberra Times* on 27 September 2020.



Dr Katherine Gordiev Orthopaedic Surgeon Shoulder and Upper Limb

MBBS (Hons) FRACS FAOrthA

Dr Gordiev specialises in Arthroscopy, Reconstruction, Replacement and Trauma of the Shoulder and Upper Limb. This includes arthroscopic and open shoulder stabilisation, shoulder replacement, rotator cuff repair, elbow, wrist and hand surgery. She has practiced in Canberra since 2005.

Dr Gordiev undertook Orthopaedic training in Sydney and Canberra and further specialised for 18 months at the Cleveland Clinic in the USA. She regularly attends local and overseas conferences concerned with developments in the surgical treatment of shoulder, elbow, wrist and hand disorders. Dr Gordiev participates in the teaching of Orthopaedic registrars through the AOA training program.

Dr Gordiev seeks to ensure that her patients are well informed about all treatment options available to them and to offer a high standard of operative treatment and aftercare. Please visit her website or call her practice for advice or more information.



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VALE

The president, Dr Antonio Di Dio, Board members and staff of AMA (ACT) extend their sincere condolences to the family, friends and colleagues of

Bruce Lean



AMA, RACGP and CHN join forces over new WICs

ACT Labor's election announcement of five, new Walk-in Centres has prompted a joint response from AMA (ACT), RACGP and Capital Health Network. Despite the key role played by each organisation in respect of general practice in the ACT, the announcement was made without consultation and included a further decision to co-locate the first of the new WICs with the National Health Co-op in Coombs.

The 5 new WICs are proposed to be located in South Tuggeranong, West Belconnen, Inner South, Molonglo and North Gungahlin.

The new Coombs WIC will utilise rooms leased from the NHC and possibly other facilities and staff. The total commitment by ACT Labor is said to be \$700,000 over the next term of government.

ACT Labor has foreshadowed that similar models may be used with regard to the other new WICs.

AMA RACGP and CHN Response

In response, AMA RACGP and CHN wrote to ACT Labor expressing our concern that they had "selectively chosen - and announced - the NHC as the

co-located general practice for the new WIC in Molonglo. In fact, from the strength of the joint announcements today, it may be that contracts have been signed. We sincerely trust that this is not the case but ask that you confirm no contracts have been entered into or commercial commitments made with the NHC."

While acknowledging that a re-elected Labor Government would have a mandate to proceed with the roll-out of the new WICs, AMA RACGP and CHN sought undertakings that the allocation of all of the new WICs would be via a public tender process.

Finally, all three groups indicated a willingness to work with a re-elected ACT Labor Govern-



ment to develop accessible and sustainable models for any future WICs.

ACT ALP Reply

In reply, the ACT Labor Campaign Director, Melissa James, wrote that a re-elected Labor

Government would "work with General Practitioners who have embraced the Walk-in Centre model to better integrate with primary health care providers and share the lessons across the sector."

Should ACT Labor be re-elect-

ed, there's clearly a significant issue for AMA RACGP and CHN to pursue in order that general practice in the ACT remains sustainable and that ACT Government resources are applied in a way that benefits the health of all Canberrans.

The Medical Benevolent Association of NSW (MBANSW)

Provides a free and confidential support service to Canberra doctors in need and their family. Financial assistance and counselling support are available to colleagues who have fallen on hard times through illness or untimely death. Support is also available to medical practitioners who may be experiencing difficulties at work or in their personal relationships.

The MBANSW is funded by your donations; please allow us to continue to provide support and assistance to your colleagues in need by making a donation to the Medical Benevolent Association Annual Appeal. Donations can be made visiting our website www.mbansw.org.au

If you are concerned about your own situation or that of a colleague, please contact the MBANSW social workers, Ida Chan and Sue Zicat on 02 9987 0504.

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Dr Antonio Di Dio recognised for services to AMA and Asylum Seekers

AMA ACT President, Dr Antonio Di Dio, was honoured at the AMA National Conference with the AMA President's Award for his work representing the AMA on the independent panel established to assess the medical evacuation cases of asylum seekers in offshore detention.

Dr Di Dio, a GP in Canberra, devoted countless hours of his own time as the chair of the Independent Health Assessment Panel (IHAP), set up under the Turnbull Government under the Medivac legislation, to review the cases of detainees on Manus Island and Nauru.

"At all times, Dr Di Dio undertook his work with IHAP in the best traditions of the medical profession and the AMA, applying his expertise without fear or favour while discharging his duties with care and compassion," AMA President, Dr Tony Bartone, said when presenting the award.

"Antonio's IHAP duties saw him undertake serious statutory obligations, involving his skills as a medical practitioner, and as an officer of the AMA. All of this involved an extraordinary call on his personal time, during circumstances that were highly politically charged.

"It is a tribute to Antonio's skill and compassion that he was able to so effectively discharge his duties; a matter that reflects great credit on both him and the AMA."

Dr Di Dio was presented with the President's Award at the AMA National Conference.

In addition, Dr Di Dio also received a fellowship of the AMA in recognition of his work including for the Federal AMA and AMA (ACT) together with the many hours he has given to the NSW and ACT Doctors Health Advisory Service.

Since moving to Canberra some fifteen years ago, Antonio has combined his passion for family and community, and medical culture with the holistic care of doctors. For several years, he has been the driving force behind the ACT DHAS, providing much-needed support to troubled doctors and their families.



Dr Antonio Di Dio, AMA Presidents Award.

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AMA ACT and RACGP: key health issues for 2020 election

AMA (ACT) and the Royal Australian College of General Practitioners NSW&ACT have come together to set out what they regard as Key Health Issues for the 2020 ACT Election.

Dr Antonio Di Dio, AMA (ACT) President and Dr Charlotte Hespe, NSW&ACT Faculty Chair, RACGP released a joint statement earlier in the campaign:

'Health policy will be a vital factor in the outcome of the 2020 ACT Election. It influences votes at every election. It must.

Between us, the AMA ACT and RACGP NSW&ACT, represent all Canberra's doctors, not just our members, and we advocate for the best health system and the best health outcomes for all Canberrans.

Doctors witness the best and worst of government health policy every minute of every day.

We witness it in public hospitals, private hospitals, in general practice, in private non-GP specialist practice, in aged care facilities, mental health, in peo-

ple's homes, in emergency situations, in medical research, in academia. In all settings.

We witness it in our city centre, in our town centres, in our suburbs and our region.

We witness it at all stages of life – from pregnancy to childbirth to infancy to teens to adult years and to aged care.

Doctors are uniquely placed to comment on health policy. We have the daily lived experience to know what works and what doesn't work. Our patients tell us what is good and bad about their patient journey.

We strive for a better-informed community, a better-informed polity, and a better healthcare system.

After all, health is the best investment that any government can make.



Our Key Health Issues for the 2020 ACT Election document sets out what the AMA ACT, the RACGP NSW&ACT and the medical profession believe are three key areas to focus on in order that our ACT health system continues to improve and deliver high quality services to our ACT community:

- Our ACT public hospitals
- Better care for our Canberra community
- GPs care for our mental health

What's required now is a commitment by the major parties to commit to these key areas, undertake the hard work and detailed policy development, to-

gether with significant well-targeted funding to keep our ACT health system continually improving and evolving as it delivers high quality care.'

The joint AMA (ACT) and RACGP NSW&ACT Faculty, Key Health Issues for the 2020 ACT Election can be found at ama-act.com.au under Latest News and Media.



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Anti-Maskers, Anti-Vaxxers... how can doctors ante up?

BY PROF STEVE ROBSON

Many of us have been shocked seeing images of 'anti-maskers' in Australia during the COVID-19 pandemic. Perhaps the most memorable example on our shores was when Ms Kerry Nash – known through the media as 'Bunnings Karen' – harangued a patient Bunnings employee in a suburban Melbourne store for insisting she wear a mask. In a Facebook post accompanying the video she herself made, Ms Nash justified her anti-mask posture by saying, "When I told them about... the charter of human rights and that discrimination is illegal they behaved in a way that suggested that Bunnings overrules not only the Australian Government but also the Charter of Human Rights."



It is a reasonably sure bet that having a would-be Bunnings customer shouting at a poor employee insisting that she wear a mask was "a breach of the 1948 Charter of Human Rights to discriminate against men and women" was a first for the Bunnings team. This unique interpretation of 'human rights' prompted Amnesty Australia to Tweet...

"Dear Australia, wearing a mask to keep everyone safe does not violate your human rights. We've been standing up for human

rights since 1961, we'd know. Love, Amnesty International."

In support of Amnesty, the Law Institute of Victoria (LIV) released a statement backing them up: "The LIV fully supports Amnesty Australia's message that wearing a face covering during a pandemic does not violate human rights." Even CDLA – Criminal Defence Lawyers Australia – backed the call for mandatory mask wearing, which really is saying something.

For many doctors, these types of militant attitudes are something which we're more than familiar. We see the same thing from some anti-vaxxers.

We're history

There is nothing new about anti-vax agitators. Edward Jenner, the legendary figure who developed the smallpox vaccination – the very word 'vaccination' comes from Vaccinia, the scientific name for the cowpox virus – had to put up with them

in his day. Anti-vaxxers annoyed Sir William Osler so much that he actually dared them to try to catch smallpox and offered to pay their funeral expenses. Since anti-vaxxers have been around since vaccination was first invented, it's unlikely they're going to change views any time soon, so we need to get used to hearing from them.

Almost all of us like to think that we practice medicine with an evidence base firmly underpinning our work. For that reason, it's easy to imagine that our patients share our values and appreciate evidence-based care. Not so fast. Even a cursory glance at social media reveals quickly that evidence goes out the window where vaccination is concerned. When somebody as influential as the President of the United States tweets anti-vax comments, it illustrates just how challenging a situation we face.

Measles – an infectious disease that should be a blast from the past – has made a clinical comeback in startling form. From 2017

European countries reported an increase in annual measles cases from the low thousands to close to 100 000 in a year, despite the ready availability of MMR vaccine. The situation here in Australia brings us no comfort. Researchers writing for the College of GPs report a 900% increase in anti-vax misinformation activities, this 'massive uptick' coinciding with falling rates of immunization around the country. At the moment no Australian state is reaching the 95% coverage rate required to eliminate ongoing measles transmission.

Anti-vaxxers... approach with care

Researchers from the Harvard School of Public Health point out that the community tends to split into three groups. The largest, fortunately, are people who are firmly convinced about the importance of vaccination and won't change their minds. A small minority are staunchly opposed to vaccination and unlikely ever to change their minds. Those in the middle – people trying to make



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the right choice but experiencing doubts and question – are the ‘swinging voters’ who can fall for the anti-vaxxers’ false messages. They are the group on whom we should concentrate.

Experts suggest some approaches that may help in dealing with vaccine hesitancy:

Some strategies for dealing with vaccine hesitancy*.

Ask what the concerns are that people have about vaccines. Understanding fears can help overcome them.

Keep the conversation going. If parents refuse the first time, keep seeing them – it’s likely that most will come around eventually.

Avoid scaring people. Paradoxically, research shows that statistics may actually scare parents. Emphasise wellbeing of the child.

Don’t assume that people understand vaccination. Because many infectious disease now are rare, people don’t have experience of them. Try to put the risks in perspective.

Avoid the debate. Rather than give the impression that vaccination is a risky option, use phrases like, “Okay, vaccination time so we can protect this young one.”

**From Hattie Hayes, Virtual Care Blog*



It is likely that public health authorities – and medical sources – need to take some leads from behavioural economics leaders. According to Professor Heidi Larson, head of the Vaccination Confidence Project at the London School of Hygiene and Tropical Medicine, quoted in The Lancet last year, official health information websites are far from

responsive and user-friendly. “A lot of public health officials have been anxious about going into social media, especially the older generation, but that is where the public are to be found these days. We are facing this growing gap between where the scientific and official information lives and where the public is going.”

So where does that leave us with anti-maskers? Some social media outlets are perpetuating the myth that “governments want people to wear masks as some form of mind control.” Experience tells us that “condemnation and punishment... reinforce resistance among the uncooperative,” according to Meg Elkins and Rob Hoffmann from

RMIT. They argue that punitive measures only serve to further reduce compliance. As a way forward, they suggest that we ask anti-maskers to wear masks bearing rebellious messages. “If we want anti-maskers to cooperate, we will need to tolerate them expressing their dissent.”

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- > Involving our patients in decision making through the Barton Private Hospital Consumer Committee.
- > Being committed to Research.
- > The Ethics Committee oversees and approves all research conducted at Barton.
- > The Credentialing Committee is responsible for the credentialing of all doctors working at Barton Private Hospital.
- > The Barton Private Hospital Medical Advisory Committee is actively involved in making sure that safety is on the top of our list.
- > A newsletter with the latest updates and news is available to read online on our website and as a hard copy at the hospital.



Should you be interested and for more information please contact **Jessy McGowan** the CEO on **02 6152 8980** or email: jessy.mcgowan@bartonprivate.com.au

Dr Bish Mukerjee 1937-2020

FRCS, FRCOG, FRANZCOG

BY MARTYN STAFFORD-BELL

Biswanath (Bish) Mukerjee died as a result of chronic obstructive airways disease on July 10 2020, aged 83.

Bish graduated in Calcutta in 1961 and, after working in the university hospital, headed to England in 1966. His method was unusual; he arrived at Heathrow Airport with eleven pounds in his pocket, asked his way to Stoke on Trent (in the middle of England), presented himself at the door of a friend from student days working in Stoke and asked if any jobs were available.

He worked in Stoke for 3 years, passing both the FRCS and MR-COG exams and returned to private practice in Calcutta in 1969. Realising he preferred the British approach, he returned to England in 1971 and, using the previously successful technique, secured a position at the highly respected Birmingham Women's and Children's Hospital.

Coming to Australia

When it became apparent that the best consultant posts usually went to British graduates, in 1975 he returned to practice in Calcutta and, having come to the same conclusion as previously, moved to Alice Springs in 1978 as staff specialist in O&G. During his tenure, he reorganised the hospital's O&G department and the Aboriginal O&G Service.

During this time, he met Janet and the marriage produced Anjali and Robin. Bish entered private practice with VMO attachment in Canberra 1985. He was a first-class obstetrician/gynaecologist who gave each patient a great deal of time. He had a highly developed ability for lateral thinking and retained a great deal of knowledge of medicine, surgery,

anatomy and physiology outside his speciality.

He developed a method of cervical repair after cone biopsy which sufficiently impressed the professor of oncology in Sydney to ask Bish to show him the technique. He also used a method of vault suspension at hysterectomy from which he claimed to have no cases of vault prolapse.

During this time, Bish served as the Treasurer of AMA (ACT) and was ACT representative on RANZCOG council.

I am grateful to Ann Hosking for reminding me that in the late 1980s, when there was great controversy as to which hospital should be developed into the major ACT hospital and there was serious risk of the obstetricians dividing into two philosophically opposite camps, it was largely Bish who, by his efforts, ensured that the group remained strong and united.

A Style of His Own

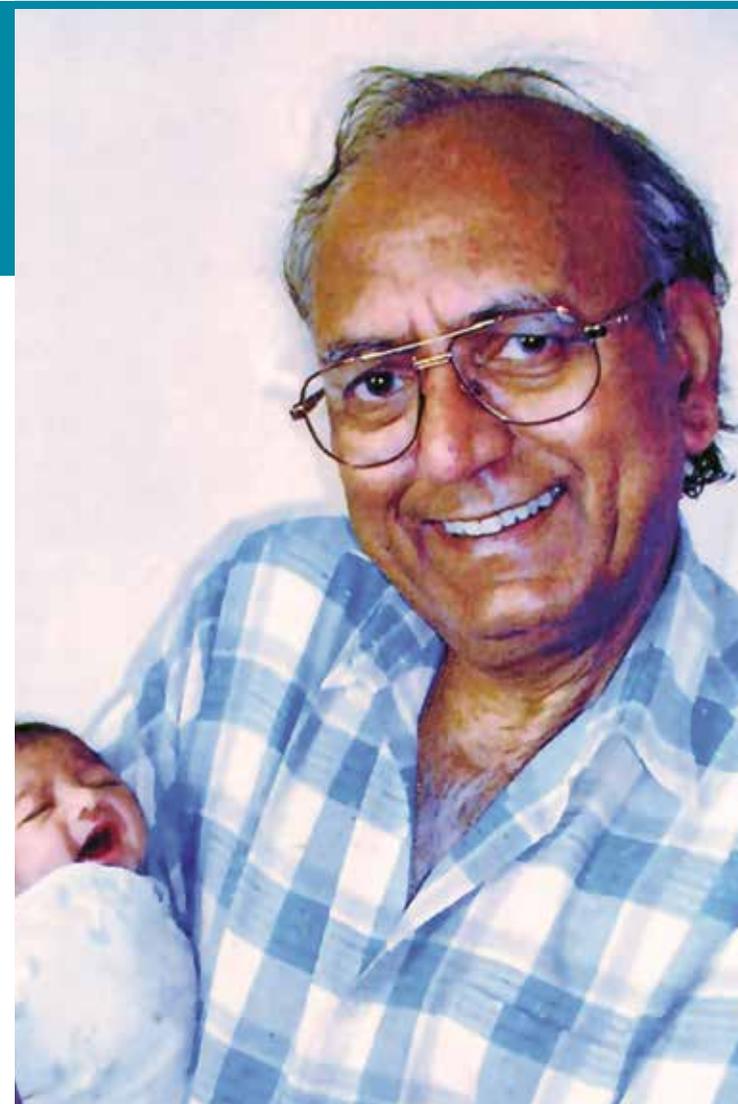
Bish thrived on controversial discussion.

A favourite technique would be to introduce a difficult clinical case that he was seeing or had been

asked to see as a second opinion. Those present were asked to suggest and justify a diagnosis and management. Since these discussions were invariably held over a bottle of wine, they usually became fairly lively but a good number of patients owe their successful outcome to a management plan formed from these ideas bounced off each other.

There are many stories about Bish, but two will suffice to demonstrate his commitment to his patients and his enthusiasm for imparting knowledge. At the start of a caesarean he suffered severe chest pain. Since the patient and therefore, to some extent the baby, was under GA he continued the procedure to the first layer of uterine sutures, checked that both patient and baby were satisfactory and then announced 'I'm going to sit down I think I've had a heart attack.' He had, and a bypass followed.

On another occasion, he had a chest drain removed. The nurse cleaned the skin with saline, replying to his question that iodine was not used anymore. Forty-eight hours later, Bish developed fever and rigors. He rang, the same nurse appeared and he



Dr Bish Mukerjee.

told her his symptoms. He asked her to phone the RMO and to ask them to take blood cultures and start i-v antibiotics because he had a septicaemia. Before the

RMO arrived he gave her a quick tutorial on septicaemia, causes and effects and management.

Bish will not be forgotten, either by his patients or his colleagues.

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Supporting general practice to survive COVID-19, recover and grow

BY MEGAN CAHILL, CAPITAL HEALTH NETWORK CEO

While we don't know for certain the future trajectory of COVID-19, we do know that it has had an impact on the operation and stability of general practice in the ACT and nationally. CHN has engaged with general practice to identify what some of the pressure points have been for you during this time. In response, Capital Health Network (CHN) is providing practices with practical information to help you survive, recover and grow.



Dr Mel Deery, Your GP@Crace testing a patient for COVID-19 at one of three GP Respiratory Clinics in the ACT.

Business Continuity Webinar Series

Our Business Continuity Webinar Series supports general practice to remain viable during a time of extreme trial by keeping you abreast of changes and informed with up-to-date, relevant strategies. In our webinars you'll hear from subject matter experts in a range of areas from health industry law to medical business analysis. The series continues to progress through business survival, immediate issues in governance and compliance, HR challenges, Work Health Safety, support programs and payments, through to recovery involving ways to lead your business out of the current distress and discover the new normal, on to growth of the business. Visit chnact.org.au/news/health-alerts/ to see recordings for each webinar presented by acknowledged subject matter experts.

Business Continuity Support Resource

There are a variety of support measures in place for general practices affected by COVID-19.

These include support measures announced by the Australian Government, state and territory governments, tax relief initiatives via the Australian Taxation Office and support packages from Australian banks. CHN's Business Continuity Support Resource provides links to a number of these resources. It also looks at how to develop a COVID-19 Plan using reliable resources and how to safeguard you and your staff's physical and mental health. Access this useful resource at: chnact.org.au/news/health-alerts/

Personal protective equipment (PPE)

The impact of the bushfires and COVID-19 led to shortages of personal protective equipment (PPE) both here in the ACT and on a national scale. This had an immediate impact on general practice with local supplies quickly exhausted. The Commonwealth released PPE from the National Medical Stockpile (NMS) for PHN's to distribute based on established criteria.

CHN's General Practice Improvement Team has delivered over 90,000 items of PPE to general

practice, community pharmacy and allied health providers. The team has also delivered over 27,000 items of PPE to the three ACT GP Respiratory Clinics.

Please note that per current Commonwealth guidelines, PPE may only be distributed where commercial supply is not available. If this applies to you, please complete our online form so that we can determine the requirements for your service: chnact.org.au/personal-protective-equipment-ppe-request-form/

New CHN podcast series: 5-Minute Catchup

We launched our new Podcast series the "5-Minute Catchup" for health professionals which brings you up to speed with the most relevant need-to-know primary care information in 5 minutes or less. For example, with telehealth clearly establishing itself as a bonafide communication tool between practices and patients during COVID-19, you may like to tune in to our "Transitioning to Telehealth" episode which is a foundational

guide covering the required technology to adopt Telehealth in your practice. Accompanying this is an episode about how to access healthdirect's Telehealth platform Video Call through CHN for free. You can catch all our podcast episodes at: 5mc.simplecast.com.

GP Respiratory Clinics

As ACT's Primary Health Network, CHN sought nominations from local general practices to set up GP Respiratory Clinics and made recommendations to the Australian Government for suitable locations, in conjunction with key local health stakeholders. The Australian Government has allocated more than \$206 million to support the establishment of clinics across Australia.

The three GP Respiratory Clinics in the ACT are located in established general practices dedicated to supporting their communities and increasing access to COVID-19 testing. They're located at:

- northside at Your GP@Crace

- southside at Lakeview Medical Practice, Greenway
- Winnunga Nimmityjah Aboriginal Health and Community Services is providing culturally appropriate testing for Aboriginal and Torres Strait Islander people and existing clients.

To learn more about how tests and results of your patients will be communicated with you and how you will be linked back to the ongoing management and care of your patient, our podcast features interviews with GPs from each GP Respiratory Clinic. I invite you to listen to the episode here: 5mc.simplecast.com

Free counselling for health professionals

Finally, and most importantly, our engagement with general practice has identified that the wellbeing of GPs and practice staff has been an issue of concern for many of you. Working on the frontline is rewarding but can be overwhelming, especially during COVID-19. It's OK to talk about how you feel. CHN is offering ACT general practice and allied health staff three free counselling sessions through AccessEAP. Just call their Health-care Hotline on 1800 571 199 and charge it to "CHN Medical Practice". Your sessions will remain confidential. I do hope you take up this opportunity if you feel it may help you.

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Commodore Michael Flynn

BY JOHN DONOVAN

If your birthday had been drawn in the Vietnam era birthday ballots what would you have preferred to conscription into the Australian Army?

Michael Flynn, then a medical student at the University of Melbourne, was influenced by his father's experience of naval service in World War II, and joined the Royal Australian Navy instead. He started as a Surgeon Lieutenant in 1969 and finished full time service in 1998 in the rank of Commodore, after serving as Director General Naval Health Services and Director General Corporate Health Services. Over that period his "Canberra time" consisted only of two stints at Campbell Park (Navy Office) in the 1990s.



Michael Flynn today.

Australia, fortunately, is not often at war. Services medical officers can study for many additional qualifications, both medical and military. Michael has post-graduate qualifications in General Practice (Kent-Hughes medallist), Obstetrics, Occupational Medicine, Venereal Diseases (University of Liverpool UK) and Aviation Medicine. He also qualified as an RAN Aviator in both fixed wing and rotary wing aircraft, and as a USN Flight Surgeon.

Services medical officers also serve in many places. Michael served on exchange and secondment with the United States Navy, the Royal Navy, where he was appointed Senior Medical Officer at the Royal Naval Air Station at Culdrose, near Helston in Cornwall, and the Papua New Guinea

Defence Force on Manus Island. A highlight occurred in May 1989, when he was seconded to the Australian Embassy in Beijing, for the entire period of the Tiananmen Square incident.

Operational Service

Michael saw operational service in Gulf War I in 1991. He was Officer in Charge of the Australian Tri-service Medical Support Element in the Hospital Ship USNS COMFORT for Operations DESERT SHIELD and DESERT STORM in the Persian Gulf. During this time he was instrumental in writing protocols for the medical management of repatriated POWs. For his leadership roles aboard COMFORT, he was awarded a United States Navy, Secretary of the Na-



A younger Michael Flynn showing preference for pointy-end travel!

vy's Commendation.

In 2000, by then a reservist, Michael served in East Timor. In 2004 he led the first combined surgical support team from Australia to Banda Aceh in the immediate aftermath of the tsunami that devastated that province of Indonesia. Following his retirement from full time service in 1998 Michael was appointed as Director of Counter Disaster Health Planning and State Medical Controller in the

NSW Department of Health in the lead-up to the Sydney 2000 Olympic Games. From 2001 to 2006 he was Medical Director of the Ambulance Service of NSW as well as State Medical Controller for Disaster Response.

Life in Canberra

Now fully retired from clinical practice, Michael remains active in a number of associations including PROBUS, and the Royal United Services Institute, for which he

volunteers at the Ursula Davidson Library in the Anzac Memorial in Hyde Park. Until his knees needed replacing, Michael was a keen jogger. He has completed five marathons, the most memorable being the 1983 Marathon to Athens race which finished in the 1896 Olympic Stadium.

He has been married to Caroline for 48 years. They have three children and three grand-daughters who help keep him on his toes.

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Dr Heather Lopert AM

BY JOHN DONOVAN

There can't be too many doctors remaining who started their medical studies while the world was adjusting to the end of World War II, but Heather Lopert did just that, and in England too.

She completed her studies at the University of Manchester, but because of the effects of the war, and shortage of doctors, she and her colleagues were working full time as residents for six months before her graduation in 1952. By 1954 she also had a Diploma in Anaesthetics.

Heather and her husband Ilija decided to migrate to Australia. Ilija went first, and Heather followed some months later to Ballarat, Victoria, where their two daughters were born, and where Heather practised as an anaesthetist and Ilija as an ENT surgeon. They moved to Canberra where Heather worked at the old Canberra Hospital from 1975, and Ilija opened a private ENT practice. She remembers with particular regret the initial hostility toward VMOs, and the intense rivalry between doctors at Canberra Hospital and Woden Valley Hospital (as it was) after the latter opened, and the difficulties caused by separate rosters.

Ilija was most unfortunately killed in a pedestrian accident in 1982. Several years later Heather married Spike Langsford during his posting to the Australian Embassy in Paris. Spike became Medical Superintendent at Calvary Hospital after he returned to Canberra, and following his retirement from this position, Heather and Spike ran a successful GP practice in Civic until the early 2000s. Spike died in 2016.

In 2009 Heather was awarded an AM for services to ambulance training and emergency medicine.

Although Heather has now given up driving, she lives independently, and enjoys reading, cryptic crosswords, radio, music, and her family. She has attained 50-year membership of the AMA but much more impressively she has been a member of the BMA for well over 60 years AND she still reads the Journals of both. Beat that if you can.



Dr Heather Lopert AM.

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Rachel Huxley wins 2020 'Art In, Butt Out'

Canberra High School Year 8 student, Rachel Huxley has taken out the thirteenth annual 'Art In, Butt Out' competition with Health Minister, Rachel Stephen-Smith announcing the winner at a socially-distanced ceremony.

Now in its 13th year, 'Art In, Butt Out' is an initiative of the AMA (ACT) and its Tobacco Task Force, that asks local Year 8 students to put their design and marketing skills to the test and come up with a poster that will help reduce the number of young people who smoke.

Health Minister, Rachel Stephen-Smith said peer to peer messaging is very important in spreading the campaign's message and encouraging young people not to take up smoking,

"Young people know how to speak to one another and what works with their peers. 'Art in, Butt Out' taps into this and provides a positive approach to reducing smoking among young people in the ACT. Campaigns like this can make a lifelong difference to our younger generation."

Praise for Young Designers

Dr Antonio Di Dio, AMA (ACT)

President said, "All the entries were of an exceptionally high quality and I'd like to commend all the budding art, design and marketing stars who submitted a design and got involved with 'Art In, Butt Out' this year."

"Rachel's winning entry has all the elements we were looking for, particularly in this time of COVID. The artwork sends a clear message that will help influence teenagers to think twice about taking up smoking or convince them to quit." Dr Dio said.

"The 'Art In, Butt Out' competition can help in the fight against smoking because the public health messages being created are designed by teenagers for teenagers. These students know what motivates their friends and how to most effectively convince them to make the smart choice."



Rachel Huxley with her family and, far left, Dr Antonio Di Dio with, second from right, Minister Rachel Stephen-Smith.

"Finally, we'd like to thank Health Minister Rachel Stephen-Smith and ACT Health, the ACT Education Directorate, Canberra Milk

and Tobacco Task Force members, Canberra ASH and the ACT Cancer Council for their continuing support." Dr Dio said.

2020 "Art In, Butt Out" Art Competition

winning entry by Rachel Huxley

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Rachel Huxley's winning entry.

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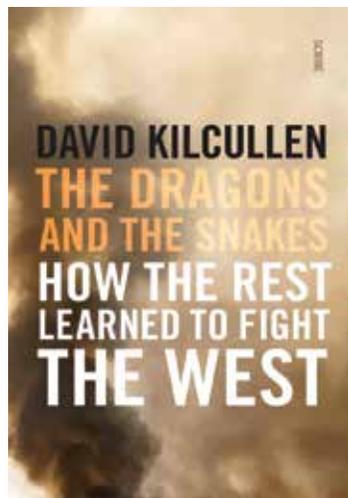
Reviewed by A/Prof Jeffrey Looi, Academic Unit of Psychiatry and Addiction Medicine, ANU Medical School

Shoshana Zuboff
– The Age of Surveillance Capitalism
 Ingram, 2017:
 ISBN 978-1610395694

This is a broad and deep analysis of the landscape of what Professor Zuboff terms surveillance capitalism: the vast electronic monopolies embodied by internet-based companies that dominate mobile computing and social media. Zuboff argues that these monolithic organisations are in the business of measuring, commodifying, developing predictive methods and seeking to shape the behaviour of their users, ostensibly to sell more products. Zuboff identifies other



motivations, as well as what she considers the pattern of circumventing regulatory processes and social compacts, concluding that concerted action is needed to hold surveillance capitalists to account and to reclaim freedoms erased by them.



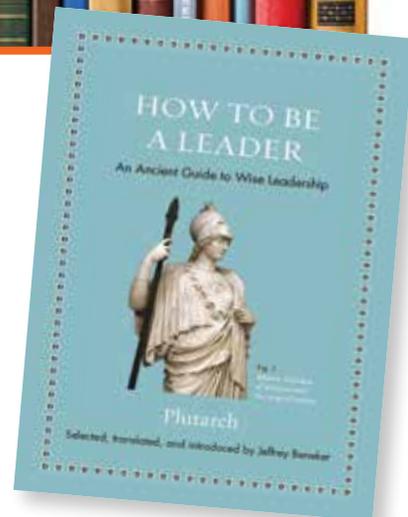
David Kilcullen
– The Dragons and the Snakes
 Oxford University Press,
 2020: ISBN: 978-0190265687

Professor Kilcullen, a former ADF officer and senior counterinsurgency advisor, now based in the US provides a panoramic sweep of the grand strategic challenges facing Western democracies. Drawing upon his academic training as an anthropologist, as well as apparently many other fields, he begins with analysis of the shaping of non-state actors, termed Snakes, due

to what he describes as the evolutionary pressures of conflict with highly advanced Western militaries. Kilcullen then details the grand strategies of state actors, which her terms Dragons: focusing on Russia, which he characterises as adopting liminal conflict, that shifts the boundaries of conflict such that activities are difficult to attribute and thus not easily addressed; and China, which he describes as employing conceptual envelopment, involving a very broad concept of strategy that encompasses vast areas of international interaction. He provides reflections on possible avenues of redress, while observing that the window of opportunity for effective intervention is fast closing.

Jeffrey Beneker – Plutarch
– How to be a Leader
 Princeton University Press,
 2019: ISBN 978-0691192116

This one of an excellent series of fresh translations of ancient Greek and Roman Classics from Princeton University Press. Professor Beneker has provided lively translations of excerpts from Plutarch's *Moralia* (corresponding to Book X of the Loeb Classical Library editions from Harvard University Press), comprising: To an uned-



ucated leader, How to be a good leader, Should an old man engage in politics. Though the words were set down approximately 1900 years ago, Plutarch's reflections on human psychology, interpersonal relations and politics remain relevant, even allowing for the Western model of democracy in which we live. Perhaps the best recommendation is to give an example of Beneker's translation relevant to contemporary public policy: *In truth kings are afraid for their subjects, while tyrants are afraid of their subjects. And so, tyrants increase their fear in proportion to their power: the more people they rule, the more people they fear.*

CANBERRA Doctor

A News Magazine for all Doctors in the Canberra Region

ISSN 13118X25

Published by the Australian Medical Association (ACT) Limited

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3. Browse the celebration menu to view all of the other opportunities on offer throughout 2020.

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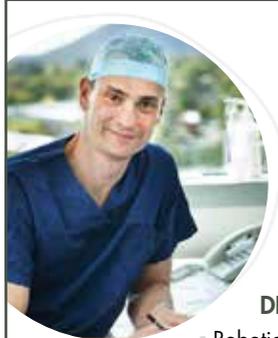
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**Dr Anandhi
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Dr. Anandhi Rangaswamy is a Pain Specialist and Anaesthetist. She completed her Pain Fellowship and Anaesthetic Fellowship from Nepean Hospital Sydney and then went on to do Paediatric Pain Fellowship from Westmead Children's Hospital Sydney.

Dr. Rangaswamy believes in a whole person's approach to pain management. She works with a multidisciplinary team to get the best outcome for her patients. Her area of interest includes Back pain, Neuropathic pain, CRPS, Pelvic pain, Paediatric and Adolescent pain management. She also offers evidence based interventional pain management to her patients where appropriate.

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- Dyspareunia

It can be used in conjunction with Hormone Therapy, as
an alternative treatment for patients who are not suitable
for Hormone Therapy, or for those patients who have found
Hormone Therapy to be ineffective. For more information
call (02) 6282 2033 or visit www.Monalisatouch.com.au.

Please refer to:

- Dr. Elizabeth Gallagher
- Dr. Omar Adham

Specialist Services Medical Group

12/12 Napier Close DEAKIN ACT 2600
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LET'S TALK INCOME PROTECTION

What is income protection and why do I need it?

Your ability to earn an income is your greatest asset. Income protection will provide you with an income in the event of not being able to work due to illness or injury. Income Protection is one of the most crucial insurance covers available. It's important your policy has features and definitions which are relevant to your occupation and lifestyle.

What are the odds?



You have a more than 60% chance of being disabled for more than 1 month during your working life¹



And a 1 in 3 chance of being disabled for more than 3 months¹



people aged 16- 85 have experienced a mental disorder at some time in any 12 month period.²



The risk of being diagnosed with cancer before the age of 85 will be 1 in 2 for males and 1 in 3 for females.³

Why use us to secure your income protection?

- + Specialist Wealth Group are the preferred provider for AMA NSW and ACT
- + We offer specialist advice to medical professionals
- + We have access to all Insurers
- + There is no extra cost for using Specialist Wealth Group
- + If you need to make a claim we act as your advocate
- + Cover for HIV, Hepatitis B & C
- + Choice of 'guaranteed agreed cover', which gives you certainty at claim time
- + Cover that doesn't go up because of age
- + Not aligned or licenced by any other bank or insurance company
- + Free claim service

Simply contact us on 1300 008 002 to book your free appointment.

1. Interim Report of the Disability Committee, Institute of Actuaries of Australia 2009. 2. Australia's Health 2015, Australian Institute of Health and Welfare, 2015. 3. Cancer in Australia, an overview, Australian Institute of Health and Welfare, 2014-2015. Specialist Wealth Group Pty Ltd (ABN 17 752 691 711) is a Corporate Authorised Representative (No. 440142) of Dealership Services Pty Limited (ABN 91 612 252 901 & AFS Licence No. 489 935). Specialist Wealth Group-Property Pty Ltd (ABN 58 159 274 131) is also licenced as a corporation under the Property, Stock and Business Agents Act 2002 (Corporation Licence number 10065110) the licensee in charge is Russell Price (Licenced Real Estate Agent - Licence number 20077757. Lending is provided by Specialist Lending Group Australian Credit Licence 404291.