CANBERRA
Doctor
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VMO contract negotiations to kick-off in April 2019

At the December VMO Tripartite Committee meeting, the number one issue was the upcoming negotiations for a new VMO Service Contract. ACT Health have suggested that the bargaining period should commence in April 2019 with arbitration on outstanding matters to be undertaken in the second half of the year. The AMA (ACT) and the VMOA have agreed to the timetable.

From the AMA (ACT) perspective, our claim will include a 3% increase in remuneration and catch-up on indexation, fixed workload and enhanced notice periods for new contracts. More information appears later in this article.

Nominate a Bargaining Representative

Before we get to the negotiations however, it's important to remember that the VMO legislation specifies that an authorised bargaining agent for VMOs – either AMA (ACT) or the VMOA – needs to have authorities signed by 50 VMOs. AMA (ACT)'s view is that the negotiating power of VMOs will be maximised when the AMA (ACT) and the VMOA work together. Hence it is important that both AMA and the VMOA each get their 50 nominations.

Given that there are only about 150 VMOs in the ACT, it's *vitally important* that you nominate your representative if you are a VMO. The nomination form can be found at ama-act.com.au under ACT Latest News or by contacting the AMA (ACT) office on 02 6270 5410.

AMA (ACT) Claim

The upcoming negotiations and arbitration will result in a new contract for VMOs in the ACT. While remuneration is a key component, several other issues have been raised with us by members. The list of issues in the claim includes:

Dr Andrew Miller, VMO Negotiator.

Dr Liz Gallagher, VMO Negotiator.

- Increase in remuneration – 3% plus catch up on one-off indexation from 2013 contract
- Fixed workload – no variation for life of contract except by agreement
- Clarify that telephone advice provided to cross-border patients is covered by ACT Health indemnity
- Minimum three-month notice period for new contract. The 3-month notice period commences from date offer and proposed contract is first provided to the VMO
- Remuneration for after-hours work at home when oncall. Calls that require telephone advice analagous to being in the hospital should be remunerated at call-back rates
- If replacing a VMO with a staff specialist or new position created, ACT Health/Calvary should provide AMA (ACT) and VMOA access to the business case for exclusion of a VMO appointment
- Ensure that GST component of rates is taken into account for calculation of continuity bonus
- Continuation of free parking for life of contract

Negotiating Team

Dr Andrew Miller and Dr Elizabeth Gallagher will be leading the AMA (ACT) VMO Negotiating team but we would welcome other VMOs who wish to be part of our team. In addition, if you have further issues that might be included in the claim please contact the AMA office on 02 6270 5410 or email to execofficer@ama-act.com.au

Finally, please remember to lodge your bargaining authority with AMA (ACT). We can't stress enough how important it is for you to do this.

President's **Notes**

WITH PRESIDENT, DR ANTONIO DI DIO

With the holiday season rapidly approaching, it's time for a well-earned break. Before that happens, this edition of Canberra Doctor will give you an insight into some of the recent events on the local scene.

Independent Review

The AMA (ACT) submission has been lodged and concentrated on identifying the major issues that exist in the ACT with workplace culture and presenting survey and other information we have obtained relating to the ACT and other Australian states and territories. We have also identified some models for changing the workplace culture and proposed a pathway for change.

Our submission has been provided to the Independent Review for consideration with the Review scheduled to release an interim report at the end of January. In order to give the Review Panel members an opportunity to consider all submissions and consider how they will approach their work, it's our intention not to publish the AMA (ACT) submission until later in 2019.

In the meantime, if you have any issues that you wish to raise in regard to the Review, please contact the AMA (ACT) office on 02 6270 5410.

VMO Bargaining

Following the 'split' of ACT Health into the two new entities – Canberra Health Services and an entity dealing with policy, VMO bargaining is set to be kicked off in early April 2019. In order for AMA (ACT) and the VMOA to be authorised to bargain on behalf of VMOs, we each need to obtain 50 VMO authorities.

I know many VMOs have already handed over their authority but with only abut 150 VMOs in the ACT it's become an increasing issue to ensure both organisations have a seat at the table. Remember you can only authorise ONE organisation to be your representative.

There's no doubt the bargaining – and the arbitration – work better when the AMA (ACT) and the VMOA work together.

To get an authority form to nominate the AMA (ACT) please go to the 'Latest News' section of the AMA (ACT) homepage at ama-act.com.au

New 50 Year Members

I'm delighted that this edition of Canberra Doctor contains information on two of our new 50-year members who achieve this milestone in 2019 – Dr Tom Walker and Dr Ian Jeffery. Congratulations Tom and Ian.

Special thanks also to past-president, Dr John Donovan, for putting together the stories on the new life members.

AMA Post-nominals

Over many years, members have requested a means by which they might be able to publicly demonstrate their membership of the AMA. In response to these requests, the Federal AMA Board has introduced 'post- nominals' to denote membership of the AMA, effective from earlier in 2018.

Consequently, members may now use the post nominal letters AMA(M) while you are a current financial member of the AMA. As a member, you must also agree to abide by the AMA Code of Ethics that was updated in 2016. Copies of the code can be accessed at ama.com.au

I urge you to take up the entitlement to use the post nominal letters to demonstrate membership of your AMA.

Hospital Doctors EA

As we head into Christmas, the Hospital Doctors enterprise agreement negotiations grind on towards a finish – hopefully early in the new year. Having been through 32 bargaining meetings, the AMA (ACT)'s Tony Chase tells me that it's way past time that ACT Health stepped up to the plate and settled the remaining issues – particularly for junior doctors.

While I'm not getting my hopes up just yet, surely it can't go on much longer?

Best wishes

In signing off for 2018 I'd like to wish you, your family and friends a wonderful Christmas and a happy New Year. Wherever you are and however you plan to spend the holiday season, take care and we will see you all again in 2019.

Independent Review: AMA Submission and Interim Report

The AMA (ACT) has lodged its submission with the Independent Review of into the Workplace Culture within the ACT Public Health Services. The submission was compiled with the assistance of AMA (ACT) members and drew on survey information and individual information provided confidentially to AMA (ACT).

Consequently, we'd like to acknowledge and thank those members who've been in contact and the contribution they have made to the AMA (ACT) submission and to the work of the Independent Review.

In addition, Mick Reid, the Review Panel Chair has met with AMA (ACT) and also with the AMA (ACT) Council of Doctors in Training. The willingness to seek information and listen to the views of the medical profession – both senior and junior – is heartening. Of course, the Review still has a way to run with an interim report due at the end of January 2019 and then subsequent tabling in the ACT Legislative Assembly.

AMA Submission

Given the limited powers granted to the Independent Review, the AMA (ACT) submission concentrated on providing national and local data to the Review Panel in order that they could gain greater understanding of what is happening in our Canberra workplaces. This information will inform the Review as they seek to determine the extent of adverse systemic issues in the ACT public healthcare services.

Dr Antonio Di Dio, AMA (ACT) President.

The AMA (ACT) submission also proposed models for cultural change that the Review should consider. In particular, we referred to the 'Vanderbilt Accountability Pyramid' and 'St Vincent's Health Australia Ethos Program'.

Finally, the submission dealt with areas for improvement we hope that the Review will look at – leadership, goals and objectives, complaints systems and improved employment terms.

Given that the work of the Review Panel will continue up to the tabling of the interim report, the AMA (ACT) will not be publicly releasing our submission until later in 2019.

Mick Reid, Chair of the Review Panel.

A Challenge for the Review Panel

The Review Panel has several challenges ahead of it as it strives to integrate the information it's received from submitters. While it's no easy task, there is significant experience and understanding of public hospital practice and policy amongst the Review Panel members.

While we should remain hopeful, it's also true to say that hopes have been dashed and expectations defeated on many occasions in the past. This time around, we are cautiously optimistic that significant progress towards a solution can be made.

Mental Health and New Mums: the silent and potentially deadly epidemic

BY PROF STEVE ROBSON AND BRIGID RYAN

Brigid Ryan is a Canberra-based Clinical Psychologist specialising in Perinatal and Infant Mental Health

Steve Robson is an Obstetrician and Gynaecologist, and was a member of the MBS Review group that recommended the new screening guidelines for Australia.

Most women will find the perinatal period – from the time that pregnancy begins until two years after their birth – one of the most challenging times of their life. During the perinatal period up to one woman in five will experience a mental health problem.

Even though these important and, indeed, potentially lethal conditions are among the most common complications of pregnancy, they are not often discussed. Like so many mental health problems a stigma exists. Many women and their partners worry that they will be thought of as bad parents, or that they are failing. For this reason, it is common for women not to speak up or to seek help.

In Australia, as in many developed countries, suicide and self-harm are one of the common causes of perinatal mortality. Yet suicide is the tip of a large iceberg. Many women face serious harm to their health, ability to function and care for a new baby, and their family relationships. The economic impact alone has been estimated by PANDA to be close to half a billion dollars each year in Australia.

It is now just over a year since the MBS Review brought in welcome changes to funding for perinatal mental health screening. The updated Australian guidelines recommend that all women having a baby in Australia received screening not only for depression, but also for associated issues such as partner violence and substance use.

From November of last year, the MBS introduced rebates to support mental health screening of pregnant women and for up to two months after birth. One of us (SR) was a part of the MBS Review team and was delighted that the group's recommendations were adopted by the Health Minister. Thus, in a first for the MBS, linking of screening to the MBS was used to bring about culture change and drive good practice.

Prof Steve Robson.

Brigid Ryan.

A changing paradigm

It is only over the last few years that the paradigm of maternal mental health issues has changed from 'postnatal depression' to the recognition that problems can arise at any stage in pregnancy and for up to a year or more after a child is born. It also is now better recognised that anxiety is a significant issue as well as a common accompaniment of depression – hence the encompassing term 'perinatal mood disorders.'

In virtually all pregnancies, a general practitioner is involved in care. This may occur when women seek pre-pregnancy advice from their family doctor, or when they present for confirmation of pregnancy and guidance on pathways for pregnancy care. The GP has a key role in providing advice and assistance to women who present with mental health issues, particualrly those that have a history of mental health issues, especially those in a previous pregnancy.

Knowing the risk factors

One of the first steps in helping women is understanding the risk factors for perinatal mental health problems. Major risk factors include not only a history of mental health problems, but also a family history of mood and anxiety disorders as well as psychosis. Trauma, especially developmental trauma and sexual abuse are significant risk factors for perinatal metal health issues.

Birth trauma, particularly untreated, will almost always result in perinatal issues postnatally or with a new pregnancy and perinatal period. Trauma related to birth can be understood as being on a continuum, with some women meeting the criteria for Post Traumatic Stress Disorder (PTSD). Perinatal loss is also a significant factor in perinatal mental health issues.

More broadly there is strong supporting evidence that isolation, poor family and social supports, and especially relationship issues with partners increase risk for mood and anxiety issues. A women's relationship their parents are significant. Women reflect on their own upbringing once a parent themselves and this can be confronting. Women with a disproportionate amount of stress in their lives also face increased risks.

Other factors that act to heighten the chance of a perinatal mental health disorder include woman describing, or being described by family, as "worriers", obsessive and 'perfectionist' personality – something that a GP who has

known a patient for a long time commonly recognises. More generally socioeconomic disadvantage and limited educational achievement correlate with perinatal mental health concerns.

For women with a history of serious mental illness, such as a psychosis, major depression or bipolar disorder, early referral to a service with close links to specialised psychology and psychiatry expertise – either a private psychiatrist and psychologist or public mental health service – is important.

Screening for mental health issues in pregnancy

Most doctors involved in pregnancy care are familiar with the Edinburgh Postnatal Depression Scale (EPDS) which despite the name can be administered reliably throughout the perinatal period. An increased score on the EPDS (a score 13 or above) does not necessarily mean that a woman definitely has a mental health issue but does warrant further assessment. Even in the current environment, when mental health issues are acknowledged and discussed more openly, many women still fear being 'judged' and may be resistant to offers of help.

An important distinction between the perinatal period and mental illness at other times of life is that the baby or newborn is directly involved. There is evidence that maternal anxiety increases exposure of the baby to increased cortisol levels, and it is possible that this exposure increased rates of behavioural, mood and anxiety disorders in a child's life.

Having a mental health problem often means that a woman neglects self-care, has impaired daily functioning, and is at increased risk of self-harm and suicide. It also increases the risk of attachment difficulties, abuse and neglect of a newborn, and in severe cases, infant death. Untreated puerperal psychosis significantly increases risk to infants. These are tragic and serious consequences and justify the effort in screening for mental health problems in the perinatal period.

Managing women with a problem

One of the challenges in managing women who do have mental health problems in pregnancy, or even those at risk, is that there is an understandable resistance to the use of medications. For this reason, one of the cornerstones of starting care is taking the time to listen carefully and develop the therapeutic relationship.

When medications are used during pregnancy and breastfeeding, the guiding principle is minimising the number of medications and optimising the dose such that a therapeutic effect is obtained but the dose is not excessive. It is important that the GP, who is

usually the primary contact with the patient and her family in the perinatal period, has close contact with the obstetrician.

It is important to understand the benefits and potential risks of pharmacotherapies in pregnancy and during breastfeeding. Most large studies are observational, and not clinical trials, so the literature needs to be interpreted with a little caution. However, there is no conclusive link of congenital malformations with use of the common antidepressants with the exception – perhaps – of paroxetine.

Although the SSRIs are category C, this is largely because of a lack of evidence rather than evidence of harm. The most studied are sertraline (Zoloft™) and Citalopram, and these should be considered very safe in pregnancy and breastfeeding: these should be the first line treatments if required. However, venlafaxine (Efexor™) and duloxetine (Cymbalta™) are also considered very safe.

About a decade ago, concerns were raised that SSRIs might increase the risk of persistent pulmonary hypertension in newborns. However, evolution of the evidence over time has largely dispelled these concerns now. Treating anxiety and depression adequately is more important than theoretical concerns about potential side effects.

The important role of the psychologist

Referral to a psychologist with an awareness of how perinatal mental health issues present and respond to treatment is useful. Establishing a good rapport within the therapeutic relationship is paramount. The most common and evidence-based practices in working with woman and their partner in this period of their life is Cognitive Behaviour Therapy (CBT), Interpersonal Psychotherapy (IPT), Mindfulness based CBT, Acceptance and Commitment Therapy (ACT) and in some cases Schema Therapy.

For patients experiencing trauma in response to pregnancy, birth or postnatal experiences, and for those with a complex trauma history, a trauma-informed CBT such as Prolonged Exposure Therapy or Eye Movement Desensitisation and Reprocessing Therapy (EMDR Therapy) may be appropriate.

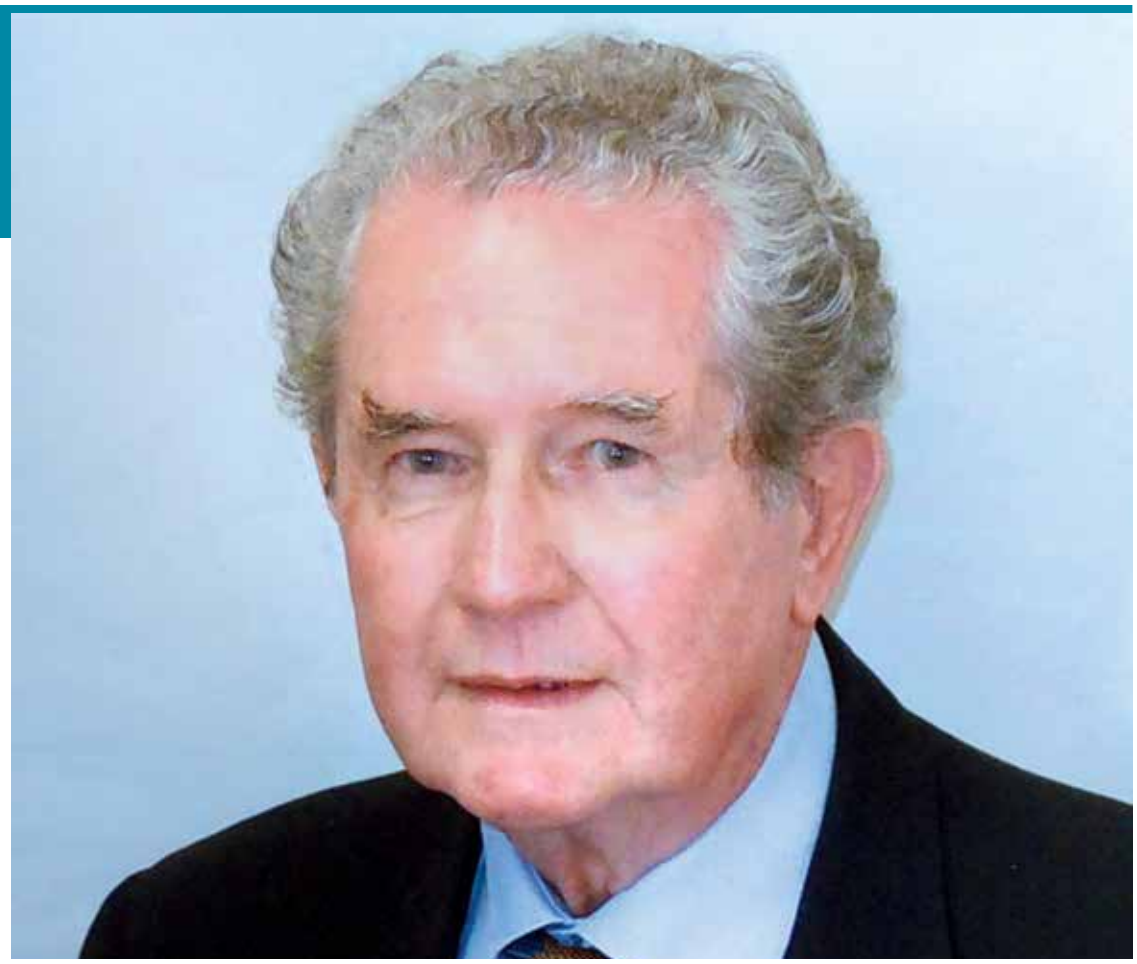
Unless severely unwell, most perinatal clients are highly motivated to work in therapy for their own, and their baby and family's benefit, and respond quickly to treatment. For woman more severely unwell, medication is often useful in combination with therapy. In some cases, a woman is too unwell to undertake solely psychological treatment and usually requires treatment with medication either before or in conjunction with therapy. In these situations, having psychiatric assessment and treatment, and in some cases psychiatric admission, is necessary.

In summary

Mental health problems are among the most common complications of pregnancy and the postnatal period and beyond. Although times and attitudes are changing, many women still are reluctant to acknowledge problems and seek help. Screening is important and funded through the MBS. When women are at risk, or screen positive, it is important for GPs to have a good relationship with experienced maternity carers such as psychiatrists, perinatal psychologists and midwives to manage these often-complex situations where both mother and baby face risk.

50 Year Member – Dr Tom Walker

Tom trained at St Vincent's Hospital, then affiliated with the University of Sydney, and was an RMO and Registrar there before starting ophthalmological practice in Canberra in 1968. He was elected Head of the Ophthalmology Unit in the ACT from 1978 to 1996. He also served two terms as an elected member of the Medical Board of the ACT.



Dr Tom Walker.

He left practice in 2006 to study for an M Phil in Surgery granted in 2009, and was awarded that degree for his thesis *The effect of Xylocaine hydrodissection on reducing posterior capsular opacification after cataract surgery*. The thesis was later published as a book. More recently he has returned to a limited clinical practice.

In 1964 Tom married Maria Beckett, herself the daughter of an ophthalmologist. They had four children. Sadly, Maria died earlier this year.

A life in medicine

Tom writes: 'Medicine has been good to me.

'I have learned so much about life that only doctors, clerics and criminal lawyers are privileged to hear. Two cataract camps in India, Aboriginal medical service in Coober Pedy and travelling the Kimberleys with Fred Hollows are highlights. I have treated the whole spectrum of society including indigenes and Prime Ministers.

'The Order of Malta (in full, the Sovereign Military Hospitaller Order of St John of Jerusalem, of Rhodes and of Malta) granted me knighthood in 1984 for charitable work.

'In 2006 I became an academic at ANU for 4 years and gained a Masters Degree by thesis. But this life was not for me and I am fortunate and happy to be back consulting.

'All this was possible only with the support of my late wife Maria and our family.

'I am grateful to accept AMA life Membership. I have not always agreed with official policy but have always received courteous acknowledgement of my point of view.'

The ACT Branch of the AMA is delighted to welcome Tom as a 50-year member.

A colleague and friend

Rob Lones adds 'I first met Tom when I did a locum for him in the early 1980s. I was delighted to find logical, legible notes which indicated a deep concern for patients' best treatment. The case load was light, as most patient loyally waited for his return.

'Later we had adjoining suites in the John James Medical Centre. This gave me the opportunity to seek invaluable second opinions. We could cover for each other when on leave and share some of the expensive equipment which was becoming necessary. Maria was a great asset to his practice management at that that time.

'One of Tom's great gifts is his ability to be on top of the latest advances. Often he has evaluated new techniques and ideas, quickly separating the useful from the trendy. This gift has helped him achieve the quality of patient care for which he is justly known. His faith has also been the backbone of his life and work.

'Tom has always been a closet rev head. He certainly had some exotic and unusual vehicles before settling on his now longstanding Lexus. He even introduced me to the enjoyable but frustrating game of golf. I remain unsure whether I should thank him.'

50 Year Member – Dr Ian Jeffrey

We congratulate Ian Jeffrey on his 50 years of membership. He writes:

At the end of high school I made a late decision to enrol in medicine after my application to enter the RAAF as a pilot was thwarted when I was found to be colourblind. I now regard that as a stroke of luck! So I started medicine in the third intake at the University of NSW. The staff were enthusiastic and innovative and created an informal and exciting course.

Dr Ian Jeffrey with wife Kerry Deans.

I graduated in 1969 with Honours and the prizes in surgery, O & G and the Prize for Proficiency in the Clinical Years. One of my close friends, David Graham, was awarded the prize in medicine and for many years we joked that he became a surgeon and I became a physician despite the prizes.

My residency at Prince Henry Hospital in Sydney was in cardiology with Professors Ralph Blacket and David Wilcken. The registrars were Bob Lvoff and Peter Caspari – both now cardiologists in Sydney. I guess with that background the die was set for my future in medicine. After my residency I worked in London, initially as SHO with Dr. Geraint-James at The Royal Northern Hospital (a friend of Ralph Blacket and organized for me by him). After six months I moved to the cardiology unit at The Hammersmith Hospital as SHO to Prof. Jack Shillingford.

Next I worked for six months as a solo GP in a small village called Holt in Norfolk. I learnt a lot about medicine not seen in teaching hospitals! Following that I drove a camper van around Europe for nearly six months.

Immediately on my return to London I sat the MRCP exam even though I had not been in the hospital environment for a year. I failed – but passed a subsequent attempt. Marcus Faunce sponsored me for Fellowship of the London College several years later.

On return to Sydney I was back at Prince Henry/ Prince of Wales Hospitals initially as medical registrar, then Fellow in Cardiology. I spent three years as a physician at the Gosford Hospital and Clinical Assistant in Cardiology at RNSH before having the good fortune to have Howard Peak and David Coles appoint me to the hospitals in Canberra where I have remained happily. I was lucky enough to be Director of Cardiology when we started the interventional cardiology and cardiac surgical service.

I retired in April. I miss my patients and those with whom I have worked but am enjoying the life without work obligations.

My wife Kerry and I are keen walkers and remain fit enough to enjoy it (mostly!). We have just returned from a very, very wet eight day hike in the Orkney and Shetland Islands. I walk twice a week with my friend and colleague Stephen Nogrady but when climbing Red Hill we now stop to enjoy the view a little more frequently than previously.

We hope never to leave Canberra! Kerry and I recently "downsized" to three doors from our previous house. The neighbours were amused!

Updated Award information for Private Practice employers

Health Professionals and Support Services Award 2010 (HPSS Award) / Nurses Award 2010 Casual Conversion clause – operative 1 October 2018

For information

On 5 July 2017, the Full Bench of the Fair Work Commission decided to incorporate a model casual conversion clause into 85 modern awards, including in the HPSS and Nurses Awards.

The new cause came into effect on 1 October 2018 and allows a casual, after 12 months of regular engagement, to request to change their status to part-time or full-time employment (depending on hours worked). Refusal can occur but the employer has obligations to meet before doing so.

The new clause will affect employers that engage casuals on regular and systematic work patterns and covered by the HPSS Award or Nurses Award. Employers will need to ensure casuals are provided written notice of the clause after 12 months of engagement. In addition, they should consider a method of giving reasonable consideration and responding to requests for part-time or full-time employment. AMA (ACT) also recommends having a means of identifying casuals that might have eligibility for conversion.

The new casual rights under the clause

The clause applies to a "regular casual employee" defined as: a casual who has worked a pattern of hours without significant change for at least 12 months. The work could instead be performed full-time or part-time via the clause and under the modern award.

Such a casual may make written request to convert to full-time or part-time (dependent on the rough / fair average of hours worked per week). The employer must consider any request and can only refuse on reasonable grounds after consultation.

Reasonable grounds for refusal are:

Significant adjustment to the hours of work would be required or the position will cease to exist, or the hours will reduce, or days/times of work will significantly change (known or reasonably foreseeable) within the next 12 months.

The reasons for refusal must be in writing within 21 days of the request. The casual can use the Award dispute resolution clause if wishing to dispute the decision.

Agreement for conversion must be in writing then begin on the next pay cycle.

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For Doctors, it's special

As a medical practitioner, if you are currently looking at buying a home, investment property, practice premises or starting an investment portfolio, you should by now be aware of your unique ability to access certain lending packages/products that have been tailored to your needs. These funding programs have been setup on the back of the financial strength of the medical profession.
SWG: A preferred partner of AMA (ACT)

What does this mean for you?

Lending is based on risk of loss, and it is risk that determines what lending limits and ratios are applied to client groups, asset classes or industries. Broadly speaking, the greater health industry is the largest growth driver for employment and sector size in the modern Australian economy. Further, it is (largely) underwritten by the Government and based on a need and not a discretionary want. All these factors mean there is far less risk involved when lending to medical practitioners than any other client group, giving you an advantage over the rest of the population.

Why is this so?

According to the 2016 census data, healthcare is now the number one employer of Australians by a very solid margin, and with it having had a 15.7% growth run from 2011 to the 2016 census date. Obviously, this isn't all medical – but you must consider that with an ageing population comes a greater reliance on the overall health system. This then comes back, to a large extent, to the 87,620 medical practitioners (ABS CENSUS 2016).

Note also that one of the only sectors that can create wealth from the 54% of the population that selected 'not applicable' for their employment sector is going to be the broader health services industry. Not sure if that's actually a good thing....

This is the basis for a number of funders to create particular policies and lending criteria to benefit your profession, including CBA, NAB, Westpac, St George, ANZ, Auswide Bank, Medfin, Boq Specialist, Canon Finance, Alphera and a few other divisions of lenders within this group.

Interestingly, each individual funder has features that another does not. They all have their strengths and weaknesses. What is worth noting from your perspective is that if a combination of two, or more, funders are used, then the overall result for you could be greatly different and allow you to achieve much more than if you relied on a single provider. For instance – some of these lenders can assist with funding up to 95% of a residential property without Lenders Mortgage Insurance (LMI). But what you didn't know was that with a blend of these providers, you can fund over 110% of the property purchase price AND an investment portfolio – also without LMI. Which is great if you're at an early stage of your private practicing career and have little savings behind you.

STATUS	MEDICAL PRACTITIONERS	GP'S & RMO'S	ANAESTHETISTS	SPECIALIST PHYSICIANS	PSYCHIATRISTS	SURGEONS	OTHER MEDICAL PRACTITIONERS	TOTAL
EMPLOYED FULL-TIME	1,360	39,441	3,313	5,632	2,103	4,934	8,211	64,990
EMPLOYED PART-TIME	347	12,296	779	1,488	841	755	2,238	18,732
EMPLOYED ON LEAVE	102	2,368	204	314	142	223	542	3,893
TOTAL	1,810	54,105	4,291	7,423	3,084	5,912	10,989	87,620

Data Source : Census of Population and Housing, 2016, TableBuilder.

So what now?

The above might well make it timely to discuss with us what might be possible for you. At least this might open a door for you which you didn't know was there.

For further information contact Specialist Wealth Group on 1300 008 002 or at admin@specialistwealth.com.au

When the doctor becomes the patient

Former Federal AMA President, Dr Steve Hambleton, fell ill suddenly and unexpectedly last week in Canberra.

He flew in to Canberra earlier in November for a meeting of an MBS Review Committee. He made it to the meeting, but not for long. By midday, he was in the ED at Canberra Hospital.

After tests and care and an overnight stay in Canberra Hospital, he was on a 6.00am flight the next day on his way home to Brisbane and straight back in to hospital in his home town.

He underwent surgery later that day but is now recovering.

In a brief window of opportunity during his transition from robust doctor to vulnerable patient, Steve found time to write a 'Thank You' note to all his carers, which is also an emotive account of his patient journey.

Thank you all ...

Dr Steve Hambleton

Thank you to all the people who made my stay in the Canberra Hospital a little more bearable.

Thank you to Dr Eleanor who, when I asked for help, was decisive and supported my need to seek help. Thank you to Dr Andrew for making that call to the hospital to smooth the way for me.

Thank you to the staff at the triage desk, to whom I was just another person. I was treated with care and compassion. I was not that well, and not at my best, but very grateful. I wasn't the only one there. Around me were people from all walks of life, with a bandage here or there, and their own personal stories to tell. Some were impatient. But if it bothered them, they did not show it.

Dr Steve Hambleton at his day job.

Dr Steve Hambleton.

Thank you to the cleaners. Your work behind the scenes makes a huge difference. My body told me it was time to vomit, which is always a bit awkward when wearing a suit and tie. On one knee on the floor in a clean toilet rather than a soiled one made all the difference to me. I am sorry if I made your next run a little bit harder.

Thank you to the triage nurse who kept me informed while I was in the waiting area, and for showing me to my bed.

Thank you to the emergency nursing staff. You don't know how much comfort the sight of you in your uniform brings to those of us feeling helpless.

Getting changed out of my suit (which makes me feel important) into that gown confirmed that I was truly the patient on this occasion, totally dependent on the kindness and skills of others.

Thanks to the Emergency Physician who took a history from me. You asked me to describe my pain and I could not. It was pain, bad pain. It was waxing and waning every few minutes, and I was struggling to find an adjective that would help you. You smiled and were patient as you gently probed and questioned.

I was not a very good historian. In that moment there was a lot of my history I could not remember. Certainly not dates and times, and what happened in what order, and I don't really have any chronic diseases. It made me think about how much harder it must be for those that do.

Thank you for putting in that intravenous line, which sort of validated for me that I was not a fraud and did need to be there.

Thank you to the student nurse, who recorded my observations and administered the first of the medications. I was not well, and probably did not express my thanks all that well.

Thank you to your Senior, who was quietly guiding you as you administered the analgesia. The pain did not go away immediately, but the warm feeling on my skin was reassuring that something was being done.

I wondered how the meeting that I left was going, and what my colleagues were thinking about my sudden departure.

Thank you to the wardsmen who transported me to the radiology department on two occasions. For your light-hearted banter as we

Doctors' health resources

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Doctors' Health Resources online

AMA's Doctor Portal:
https://www.doctorportal.com.au/doctorshealth/resources/

JMO Health:
http://www.jmohealth.org.au/
Partly funded by DHAS and a range of other organisations.

Doctors Health Advisory Service
http://dhas.org.au/resources/resources-for-junior-medical-officers.html On the DHAS website itself.

AMSA students and young doctors:
http://mentalhealth.amsa.org.au/about-the-campaign/
http://mentalhealth.amsa.org.au/keeping-your-grass-greener/

weaved our way along the corridors in my bed, which seemed to have lost its steering. We need to get that trolley fixed – it just wouldn't go straight. Sorry about the rubbish bin. It was a welcome distraction to take my mind off the way I was feeling.

Thank you to the ultrasound operator who was gently efficient – his job was to be in that darkened room, applying his knowledge of anatomy to help answer the clinical questions.

Thank you to the CT scan nurse and the radiographer for your part of the diagnostic journey.

I spent a long time in your emergency department. I love the reference to the flight deck, which is your central point. I was there long enough to hear shift changes and the handovers.

I heard you gently managing the patient with the mental illness, whose understanding and connection with our reality was tenuous at best.

I heard you keeping the patients' relatives informed about the next steps on their journey.

I heard you manage the man with dementia who was someone's brother/husband/father. He was loud, and he was angry as he fought his demons. Despite that, he was treated with the same kindness as all your other patients. Do you remember telling me that by the time he left the Department that he was "the nicest old man". I hoped that you would be around if ever I was that man in the future.

I wanted to go home but needed to stay. I needed help and you gave it to me willingly and I am so grateful. When I leaned on the call button accidentally or when I needed extra help, you were there quickly.

Did you know that if you hold your breath you can watch your oxygen "sats" go down and make the alarm go off? The machines beep to tell you when things are going well, and when they are not.

Thank you for letting me use the phone to keep my family informed. It seemed every time you came into my room, I was talking to someone else.

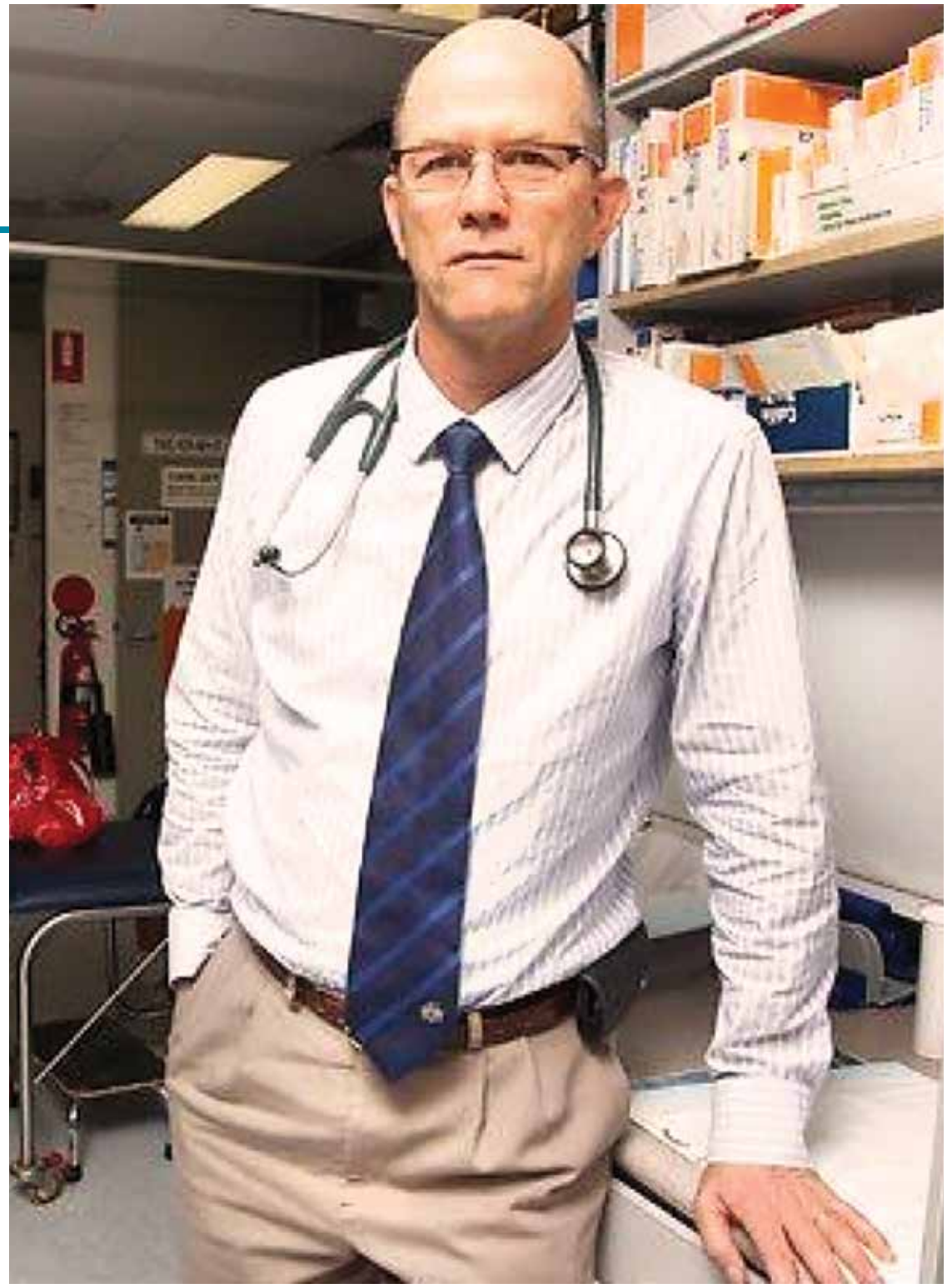
Thank you for letting me go home when you knew that I was still not quite right. I know you worried about whether it was the right decision. Thank you for tolerating that uncertainty.

Nothing in medicine is absolute – it's all about trade-offs.

As I walked through the Department on the way out, I could not believe the patient load you were facing.

Thank you to the night registrar who, even at the end of his shift, had a smile for me.

Dr Steve Hambleton is a former President of the Federal AMA and AMA Queensland.



The PM's Summer Reading List

Once again, the Grattan Institute have chosen the PM's summer reading list.

'Reading a well-written book that has something important to say can change the way we see the world and inspire us to do things differently.

As much as any of us, the Prime Minister deserves some time out occasionally to enjoy reading something that challenges, enlivens and entertains. So every year Grattan Institute compiles a summer reading list for the Prime Minister (and his parliamentary colleagues).

The list contains books that we believe the Prime Minister – or indeed any Australian – will find stimulating during the long days of summer, or at any time of the year. They're all good reads that say something interesting about Australia, the world and the future.

While we don't stand by every word in these books and articles, we believe they provide excellent food for thought. We enjoyed reading them, and we hope our leaders do too. We want them to have a refreshing break and return inspired to lead the country in 2019.'

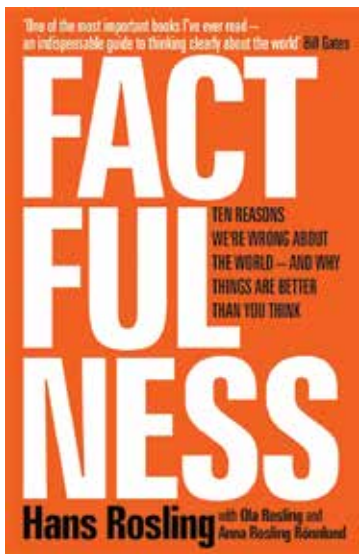
Factfulness

Hans Rosling (Sceptre, 2018)

Hans Rosling starts Factfulness with a pop-quiz. The questions are straight-forward, but a surprisingly high number of people get them very wrong. Even people who are used to doing well on such tests get an F:Nobel laureates, attendees of the World Economic Forum, prominent academics, and policy wonks all fare poorly.

Rosling's quiz isn't on advanced calculus or obscure grammar rules. It's about the state of the world. He asks about what affects people every day: poverty, wealth, population growth, education, health, the environment, and more. Few people pass because most people think the world is much worse than it really is.

This lack of understanding is a problem, Rosling says, because we can't make the world a better place without knowing where – and how – progress has already been made. An over-dramatised worldview is likely to make people more gloomy about our future than is warranted.



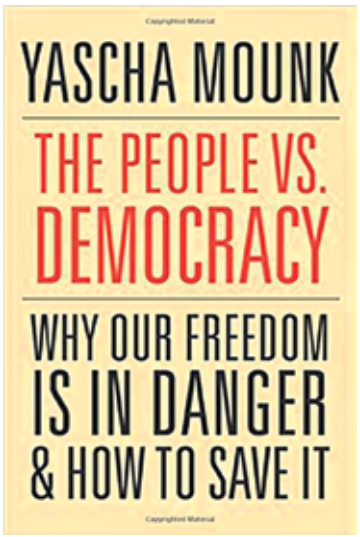
People who care about improving the lives of others may focus too much on the wrong things, or give up, hopeless and disengaged.

In fact, we live much better lives than our grandparents. Billions of people have risen out of poverty. And good policy has time and time again made a difference.

Factfulness is a joy to read. Rosling is a master at combining data and story-telling. He exposes the tricks of the mind which lead all of us to underestimate the power of human progress. In so doing, he pinpoints where we can – and should – do better.

The People vs Democracy

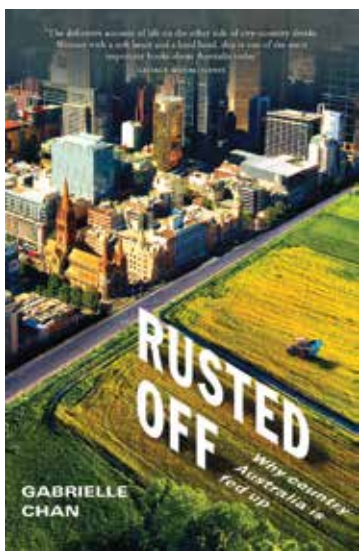
Yascha Mounk
(Harvard University Press, 2018)



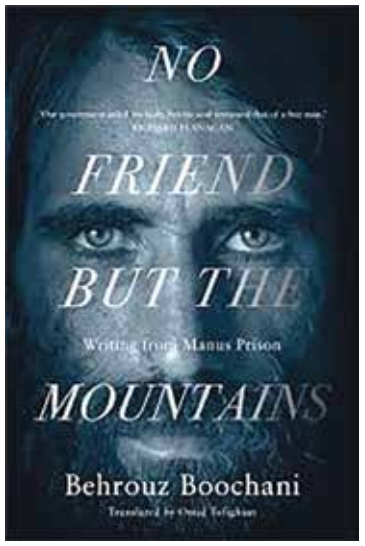
Rusted Off

Gabrielle Chan (Penguin Random House Australia, 2018)

Growing up in Sydney, Gabrielle Chan thought of rural Australia as "Another Country . . . a land in a fairy tale, existing only in books and movies". Then in 1996, she married a farmer, and moved to a sheep and wheat farm in the southern NSW town of Harden. The unusual combination of life in the bubble of the Canberra press gallery and the open spaces of 'the bush' have given journalist Chan a perspective on why rural voters are fed up with politics, deserting major parties even faster than city residents.



The deepest difference she uncovers between city and country folk is connection to 'place':



identity, family background and history, all linked to a town or a region. In the city, people's identity is often built around their job, and their connections are to people with similar education or interests. But in the country, the connection is place.

So, people from the country get upset when city-based power centres impose one-size-fits-all policy solutions. They resent the gravitational pull of academia that draws kids away from the towns where they grew up. They take it personally when dis-economies of scale shut down local services. And they hate being stereotyped by city-dwellers as stuck in the past, not smart enough to get out.

Chan draws on personal stories – including her own – to illustrate how the gulf between Main Street and Canberra is widening, sapping voter faith. The way to win back country voters, she suggests, is not decentralisation policies, throwing money at boondoggles, doubling down on social conservatism, or blaming it all on migrants or city-slickers.

Instead, Chan thinks that we need more authenticity, a real acknowledgement of the cultural divide, and willingness to do the hard work to rebuild community cohesion between city and country Australia.

No Friend but the Mountains

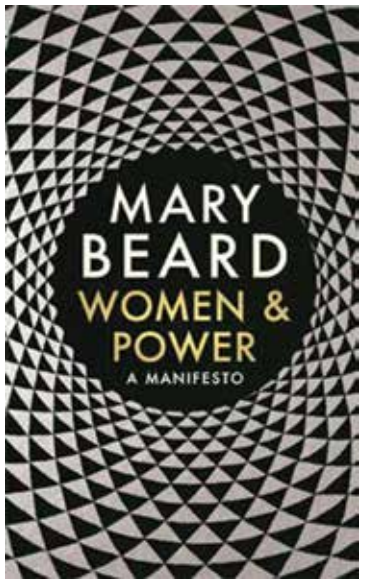
Behrouz Boochani
(Pan Macmillan Australia, 2018)

Women & Power

Mary Beard (Profile Books, 2017)

Flames

Robbie Arnott
(Text Publishing, 2018)



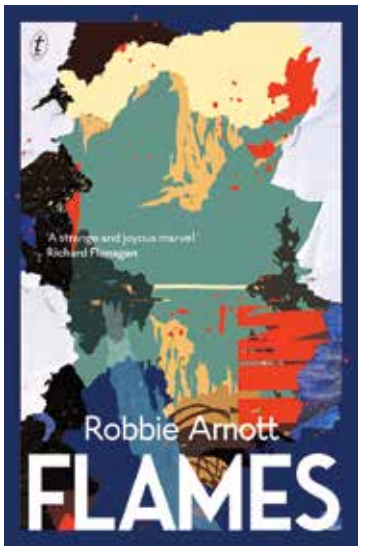
When Charlotte and Levi's mother returns from the dead, Levi resolves to build his sister a coffin. Charlotte, not taking these developments well, decides to leave – and embarks on a journey through the wild Tasmanian landscape. On her way, she meets a private investigator who seems to run on gin, a river god, a farmer who is on a Stanley Kubrick-style descent into madness, and, perhaps, somebody she can love and trust.

This is Robbie Arnott's first novel, and it is delightful. He jumps playfully between different writing styles in every chapter, telling the story of Charlotte and her brother from the perspective of a different character each time. It's a lot of fun for his readers (and, one imagines, for the author too).

One humorous chapter follows written correspondence between Levi and a renowned – if a bit gruff – coffin-maker, who initially resists Levi's pleas for help with his project, but finally relents due to 'a longstanding difference of opinion with the Tax Department'. Another chapter echoes the style of film noir. Another, the magical realism of Gabriel García Márquez. Another, a gossipy autobiography of a small-town matriarch.

The hum of the Tasmanian bush is the one constant, providing a familiar backdrop to the surreal events that unfold. It is here that Arnott shines as an author. In many ways, the story in Flames is very simple.

The book's complexity, depth, and beauty come from its delicate exploration of the link between people and their environment.



It's been a tough year. We all need a little escape. And Arnott provides one in this enchanting story that also captures something very real about Tasmanian life.

New Coordinator-General for Office of Mental Health

Dr Elizabeth Moore has been appointed to the new position of Coordinator General for the Office of Mental Health. Dr Moore, a psychiatrist of some 25 years standing, has worked in both public and private hospital and community settings, and held clinical and administrative positions in mental health services Australia-wide.

Dr Moore said it's a privilege to be chosen for the role of Coordinator-General and is looking forward to the challenge of bringing a holistic approach to mental health and suicide prevention services through a process of collaboration and co-design with relevant stakeholders.

"I am excited about the move to Canberra and I am looking forward to meeting and working with staff in the Office to drive a renewed vision for mental health and wellbeing for the ACT community," Dr Moore said.

"My focus for the Office will be underpinned by evidence-based care pathways and better coordination of services across all sectors to promote mental health recovery.

"I am also looking forward to helping create the Territory-wide mental health services needed to meet the needs of the community, from prevention and early intervention through to rehabilitation and recovery.

"To do this I'll be working closely with carers and consumers, mental health service providers, experts in the sectors and across all ACT Government directorates to raise the prominence of and make changes to enhance mental health.

Minister for Mental Health, Shane Rattenbury said today's announcement is a great milestone for the Office of Mental Health.

"The creation of the Office reflects this government's commitment to suicide prevention and improving mental health outcomes for all Canberrans," Minister Rattenbury said.

"Dr Moore brings great experience to the ACT and she will provide important strategic leadership and direction for our mental health system, which will drive better mental health outcomes for Canberrans," Minister Rattenbury said.

Dr Moore commenced in the role on 3 December 2018.

Dr Elizabeth Moore, new Co-ordinator-General.

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Dr Krishna Karpe
MBBS, FRACP, M Clin Epid

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